Medical Assessment Letter

Date: _____ Athlete's name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

☐ This patient has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.

☐ This patient has not been diagnosed with a concussion, but the assessment led to the following diagnosis and recommendations:

_____

_____

☐ This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to school, work and sport activities. The patient has been instructed to avoid activities that could potentially place them at risk of another concussion or head injury until they have been provided with a *Medical Clearance Letter* from a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

_____

_____

Thank-you very much in advance for your understanding.

Yours Sincerely,

Signature/print_____ M.D. / N.P. (circle appropriate designation)*

In rural, remote or northern regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged access to a medical doctor or nurse practitioner. Forms completed by

other licensed healthcare professionals should not otherwise be accepted.

Return-to-School Strategy

The *Return-to-School Strategy* should be used to help students make a gradual return to school activities. Progression through the steps will look different for each student. It is common for symptoms to worsen **mildly and briefly** with activity. If the student's symptoms worsen more than this, pause and adapt activities as needed.

Step	Activity	Description	Goal of each step
1	Activities of daily living and relative rest (first 24-48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities
2	School activities with encouragement to return to school (as tolerated)	Homework, reading or other light cognitive activities at school or home. Take breaks and adapt activities as needed. Gradually resume screen time, as tolerated.	Increase tolerance to cognitive work and connect socially with peers
3	Part-time or full days at school with accommodations	Gradually reintroduce schoolwork. Part-time school days with access to breaks and other accommodations may be required. Gradually reduce accommodations related to the concussion and increase workload.	Increase academic activities
4	Return to school full-time	Return to full days at school and academic activities, without accommodations related to the concussion.	Return to full academic activities

Return-to-Sport Strategy

The Return-to-Sport Strategy should be used to help the athlete to make a gradual return to sport activities. The athlete should spend a minimum of 24 hours at each step before progressing to the next. It is common for symptoms to worsen **mildly and briefly** with activity and this is acceptable through steps 1 to 3. If the athlete's symptoms worsen more than this, they should stop the activity and try resuming the next day at the same step. It is important that athletes return to full-time school activities, if applicable, and provide their coach with a Medical Clearance Letter before progressing to step 4.

Step	Activity	Description	Goal of each step
1	Activities of daily living and relative rest (first 24-48 hours)	Typical activities at home (e.g. preparing meals, social interactions, light walking). Minimize screen time.	Gradual reintroduction of typical activities.
2	2A: Light effort aerobic exercise 2B: Moderate effort aerobic exercise	Walking or stationary cycling at slow to medium pace. May begin light resistance training. Gradually increase intensity of aerobic activities, such as stationary cycling and walking at a brisk pace.	Increase heart rate.
3	Individual sport-specific activities, without risk of inadvertent head impact	Add sport-specific activities (e.g., running, changing direction, individual drills). Perform activities individually and under supervision.	Increase the intensity of aerobic activities and introduce low-risk sport-specific movements.
	Medical clearance		
4	Non-contact training drills and activities	Exercises with no body contact at high intensity. More challenging drills and activities (e.g., passing drills, multi-athlete training and practices).	Resume usual intensity of exercise, co-ordination and activity-related cognitive skills.

5	Return to all non-competitive activities, full-contact practice and physical education activities	Progress to higher-risk activities including typical training activities, full-contact sport practices and physical education class activities. Do not participate in competitive gameplay.	Return to activities that have a risk of falling or body contact, restore confidence and assess functional skills by coaching staff.
6	Return to sport	Unrestricted sport and physical activity	

Tables adapted from: Patricios, Schneider et al., 2023; Reed, Zemek et al., 2023