

Medical Clearance Letter

Dat	e: Athlete's Name:	
Το v	vhom it may concern,	
Cor.	etes who are diagnosed with a concussion should be managed according to the <i>Canadian Guideline on cussion in Sport</i> including the <i>Return-to-School</i> and <i>Return-to-Sport Strategies</i> (see page 2 of this letter). ordingly, the above athlete has been medically cleared to participate in the following activities as rated effective the date stated above (please check all that apply):	
	Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)	
	Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)	
	Sport-specific exercise (Running drills. No head impact activities)	
	 Non-contact training (Harder training drills. May start progressive resistance training. Including gy class activities without a risk of contact, e.g. tennis, running, swimming) 	
☐ Full-contact practice (Including gym class activities with risk of contact and head impact, e.g. so dodgeball, basketball)		
	Full game play	
pra acti	at if symptoms recur? Any athlete who has been cleared for physical activities, gym class or non-contact ctice, and who has a recurrence of symptoms, should immediately remove himself or herself from the vity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in se activities as tolerated.	
sch nor pra fror	etes who have been cleared for full contact practice or game play must be able to participate in full-time col (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including -contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact ctice or full game play and has a recurrence of symptoms, should immediately remove himself or herself in play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse ctitioner before returning to full-contact practice or games.	
-	athlete who returns to practices or games and sustains a new suspected concussion should be managed ording to the <i>Canadian Guideline on Concussion in Sport</i> .	
Oth	er comments:	
Tha	nk-you very much in advance for your understanding.	
You	rs Sincerely,	
_	ature/print M.D. / N.P. (circle appropriate gnation)*	

*In rural or northern regions, the Medical Clearance 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.

Canadian Guideline conconnection in Sports IdMedial Alexanse Violetto the athlete without charge. www.parachutecanada.org/guideline



Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to partner in allowing the athlete to make a gradual return to school activities. Depending on the severity and type of the symptoms present, student-athletes will progress through the following stages at different rates. If the student-athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the studentathlete symptoms	Typical activities during the day as long as they do not increase symptoms (i.e. reading, texting, screen time). Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2	School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4	Return to school full-time	Gradually progress.	Return to full academic activities and catch up on missed school work.

Athletics Canada Return-to-Sport Strategy¹

The following is an outline of the *Athletics Canada Sport Strategy* that should be used to help athletes, coaches, trainers, and medical professionals to partner in allowing the athlete to make a gradual return to sport activities. Activities should be tailored to create a sport-specific strategy that helps the athlete return to their respective sport.

An initial period of 24-48 hours of rest is recommended before starting their *Athletics Canada Return-to-Sport Strategy*. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that youth and adult student-athletes return to full-time school activities before progressing to stage 5 and 6 of the *Athletics Canada Return-to-Sport Strategy*. It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

Stage	Aim	Activity	Goal of each step
1	Symptom- limiting activity	Daily activities that do not provoke symptoms.	Gradual re-introduction of work/school activities.
2	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement.
4	Non-contact drills	Harder training drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching staff.
6	Return to sport	Competitions.	



¹Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, *51*(11), 838-847. http://dx.doi.org/10.1136/bjsports-2017-