Medical Assessment Letter

Date:	Athlete's Name:
To whom it may con	ern,
	a suspected concussion should be managed according to the <i>Canadian Guideline on</i> Accordingly, I have personally completed a Medical Assessment on this patient.
Results of Medical A	ssessment
□ This patient has no sport activities withou	t been diagnosed with a concussion and can resume full participation in school, work, and ut restriction.
□This patient has no recommendations:	been diagnosed with a concussion but the assessment led to the following diagnosis and
□ This patient has be	en diagnosed with a concussion.
and gradual return organized sports or a on physical activities as above patient shoul Medical Clearance I Guideline on Concus	on management is to allow complete recovery of the patient's concussion by promoting a safe of school and sport activities. The patient has been instructed to avoid all recreational and ctivities that could potentially place them at risk of another concussion or head injury. Starting (date), I would ask that the patient be allowed to participate in school and low-risk tolerated and only at a level that does not bring on or worsen their concussion symptoms. The not return to any full contact practices or games until the coach has been provided with the etter provided by a medical doctor or nurse practitioner in accordance with the Canadiction in Sport. Athletes and their parents/caregivers should check the return to play strategy to body to ensure they meet the necessary requirements.
Other comments:	
Thank-you very muc	n in advance for your understanding.
Yours Sincerely,	
Signature/print	M.D. / N.P. (circle appropriate designation)*
	regions, the Medical Assessment Letter may be completed by a nurse with pre-arranged octor or nurse practitioner. Forms completed by other licensed healthcare professionals shoul

access to a medical doctor or nurse practitioner. Forms completed by other licensed healthcare professionals should not otherwise be accepted.

We recommend that this document be provided to the athlete without charge.

Adapted from Canadian Guideline on Concussion in Sport | Medical Assessment Letter parachute.ca/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 that do not result in more than a mild exacerbation* of symptoms related to the current concussion	Typical activities during the day (i.e. reading) while minimizing screen time. Start at 5-15 minutes at a time and gradually build up.	Gradual return to typical activities. <i>Limit to <48 hours post injury.</i>
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.

^{*}Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

Source¹: Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022. Br J Sports Med. 2023;57(11):695-711.

Return-to-Sport Strategy¹

The following is an outline of the *Return-to-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 *Sport-Specific 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 4 to 6 of the *Sport-Specific 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	Daily activities that do not provoke	Gradual re-introduction of		
_	activity	symptoms.	work/school activities.		
2	Aerobic exercise	Walking or stationary cycling at	Increase heart rate.		
_	2A – Light (up to 55%	slow to medium pace. May start			
	max heart rate)	resistance training that does not			
	2B – Moderate (up to	result in more than a mild or brief			
	70% max heart rate)	exacerbation of symptoms.			
3	Sport-specific exercise	Running or skating drills. No head	Add movement.		
		impact activities. Away from team.			
	Steps 4-6 should begin after resolution of any symptoms, abnormalities in cognitive function, ar				
	any other clinical findings related to the current concussion, including with and after physical				
	exertion.				
4	Non-contact training	Harder training drills, e.g. passing	Resume usual intensity of exercise,		
	drills	drills. Can integrate into team	coordination and increased		
		environment.	thinking.		
5	Full contact practice	Following medical clearance.	Restore confidence and assess		
		Participate in normal training.	functional skills by coaching staff.		
6	Return to sport	Normal game play.			

^{*}Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale (with 0 representing no symptoms and 10 the worst symptoms imaginable) for less than an hour when compared with the baseline value reported prior to cognitive activity.

Source¹: Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022. Br J Sports Med. 2023;57(11):695-711.

Climbing-Specific Return-to-Sport Strategy

Please see the Climbing Escalade Canada Concussion Protocol: http://climbingcanada.ca/en/cec-policies-rules-guidelines/