

## Medical Clearance Letter

Date: \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

To whom it may concern,

Athletes who are diagnosed with a concussion should be managed according to the *Canadian Guideline on Concussion in Sport* including the *Return-to-School* and *Return-to-Sport Strategies* (see page 2 of this letter). Accordingly, the above athlete has been medically cleared to participate in the following activities as tolerated effective the date stated above (please check all that apply):

- Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)**
- Aerobic activity (Walking or stationary cycling at slow to medium pace.)**
- Sport-specific exercise (Running or skating drills. No head impact activities)**
- Non-contact practice (Harder training drills, e.g. passing drills. Including gym 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. soccer, dodgeball, basketball)**
- Full game play**

**What if symptoms recur?** Any athlete who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove himself or herself from the activity and inform the teacher or coach. If the symptoms subside, the athlete may continue to participate in these activities as tolerated.

Athletes who have been cleared for full contact practice or game play must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any athlete who has been cleared for full-contact practice or full game play and has a recurrence of symptoms, should immediately remove himself or herself from play, inform their teacher or coach, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice or games.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to 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 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.*

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

## Return-to-School Strategy<sup>1</sup>

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	<i>Daily activities that do not result in more than a mild exacerbation* of symptoms related to the current concussion</i>	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. <b>Limit to &lt;48 hours post injury.</b>
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.*

**Source<sup>1</sup>:** *Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6<sup>th</sup> International Conference on Concussion in Sport—Amsterdam, October 2022. Br J Sports Med. 2023;57(11):695-711.*

## Return-to-Sport Strategy<sup>1</sup>

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

**Source<sup>1</sup>:** *Patricios JS, Schneider KJ, Dvorak J, et al. Consensus statement on concussion in sport: the 6<sup>th</sup> 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/>