



Medical Clearance Letter

for a Return-to-Sport/Physical Activity

Date: _____ Person's name: _____

To whom it may concern,

A person who is diagnosed with a concussion should be managed according to best practices in order to follow a personalized strategy for a gradual return to regular daily activities. Any person, who needs a medical clearance to complete their **Return-to-Sport/Physical Activity Strategy**, must be able to complete certain physical and mental activities without symptom recurrence.

Verification of recovery progression:

	Yes	No	N/A
1. Successful completion of all of the steps of the Return to School Strategy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complete return to regular mental activity (at work and/or at home) without restrictions:	<input type="checkbox"/>	<input type="checkbox"/>	
3. Successful return to non-contact physical activity and/or training drills (see Stage 4 of the Return to Sport/Physical Activity Strategy on the back:	<input type="checkbox"/>	<input type="checkbox"/>	
4. All signs and symptoms that led to the diagnosis of concussion have resolved and did not recur following the activities described in points 2, 3 and 1 (if applicable):	<input type="checkbox"/>	<input type="checkbox"/>	

Additional modifying factors taken into consideration to make the recommendation (see on the back):

Accordingly, I _____ (print medical doctor/nurse practitioner name) have examined the above person and confirm they have been medically cleared to participate in the following activities as tolerated effective on the date stated above.

The person may resume:

- Full participation in training exercises which involve activities with risk of head impact.
- Participation in team practice with full contact for any sport and/or physical activity.

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

The Return to Sport/Physical Activity Strategy and the additional modifying factors to take into consideration to make a recommendation can be found on the back side.

Certain people who have sustained a concussion may need to complete their recovery by going through the last 2 stages of the Return-to-Sport/Physical Activity Strategy (see below).

Return to Sport/Physical Activity

STAGE	DESCRIPTION	OBJECTIVE	ACCEPTABLE ACTIVITIES
0	REST	Cognitive, physical and social rest	Staying home in a quiet and calm environment.
1	Symptom-limited Activity	Gradual reintroduction of daily activities at home	Daily activities that do not provoke symptoms.
2	Light Aerobic Activity	Increase heart rate	Walking or stationary cycling at slow to medium pace. No resistance training.
3	Individual Physical Activity with No Contact	Addition of movement	Running or skating drills. No activities with a risk of head impact.
4	Non-contact Training Drills	Exercise, coordination, and increased cognitive load	Harder training drills (e.g. passing drills). May start progressive resistance training.
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5	Unrestricted Practice	Restore confidence and assess functional skills by coaching staff	Following medical clearance. Full participation in normal training activities.
6	Return to Game Play and/or Competition	Continued assessment of athletic performance	Full participation in any physical activity, practice, game or sport competition.

- Each stage must take a minimum of 24 hours, but could last longer depending on the person and their specific situation.
- If a person experiences new or worsening symptoms at any specific stage, they should go back to the previous stage for at least 24 hours. The person may need to move back a stage more than once during their recovery process.
- If symptoms persist (more than 2 weeks for adults or more than 4 weeks for youth under the age of 18), the person should be referred for further assessment by a healthcare professional with expertise with concussion.

Any person, who has been cleared for unrestricted practice and has a recurrence of symptoms, should seek a medical assessment by a medical doctor or nurse practitioner before returning to full-contact practice.

Additional modifying factors to consider when making a recommendation (Non-exhaustive list of most frequent factors)

- Abnormal cervical and neurological assessment: If indicated, investigate accordingly.
- History of concussion with one or more of the following characteristics:
 - Repeat concussion that occurs within a short time
 - Repeat concussion that occurs with decreasing threshold of traumatic force
 - Repeat concussion with a protracted recovery
- Pre-existing conditions: migraines, mental health conditions or learning disorders.
- Use of psychoactive or anticoagulant medication
- The activity or sport being considered is associated with a very high risk of concussion or involves intentional hits to the head
- Any doubt regarding the information obtained during assessment resulting from external or self-imposed pressure to return to sport.