**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)**
* **Light aerobic activity (Walking, wheeling, stationary or hand cycling at slow to medium pace. No resistance training)**
* **Sport-specific exercise (No head impact activities)**
* **Non-contact practice (Harder training drills, e.g. passing drills. May start progressive resistance training. Including gym class activities without a risk of contact)**
* **Full-contact practice (Including gym class activities with risk of contact and head impact)**
* **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.

In the event that the athlete sustains a new suspected concussion, the WBCCP should be followed, beginning again at medical assessment.

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***

The following is an outline of the *Return-to-School Strategy* that should be used to help student-athletes, parents, and teachers to collaborate in allowing the athlete to make a gradual return to school activities. An initial period of 24-48 hours of rest is recommended before starting the *Return-to-School Strategy.* The student-athlete should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. 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. Athletes should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help student-athletes make a gradual return to school.

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| **Stage** | **Aim** | **Activity** | **Goal of each step** |
| **1** | Daily activities at home that do not give the student-athlete 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 |

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.

***Wheelchair Basketball-Specific Return-to-Sport Strategy***

The following is an outline of a basic Return-to-Sport Strategy (RTSS) 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. An initial period of 24-48 hours of rest is recommended before starting any RTSS*.* The athlete should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. 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 RTSS***.*** It is also important that all athletes provide their coach with a *Medical Clearance Letter* prior to returning to full contact sport activities.

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| --- | --- | --- | --- |
| **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 | Stretching and low to moderate pace aerobic work-outs. No resistance training *-For example, slow to medium pace aerobic work-outs for 15-20 minutes at sub-symptom threshold intensity.* | Increase heart rate |
| **3** | Sport-specific exercise | Low to moderate intensity individual dribbling, shooting and passing drills. Moderate intensity aerobic and anaerobic work-outs. No team drills or head impact activities | Add movement |
| **4** | Non-contact training drills | High intensity dribbling, shooting, and passing drills. Non-contact individual and team drills. May start progressive resistance training. No head impact activities | Exercise, coordination and increased thinking |
| **5** | Full contact practice | Following medical clearance *- Participation in full practice without activity restriction* | Restore confidence and assess functional skills by coaching staff |
| **6** | Return to sport | Normal game play |  |

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.