



Prairie Rose School Division

Medical Clearance Letter

Date: _____

Name: _____

To whom it may concern,

Persons 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 person 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 or stationary cycling at slow to medium pace. No resistance training)
- Sport-specific exercise (Running or skating drills. 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, 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 person 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 person may continue to participate in these activities as tolerated.

Persons 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 person 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 person 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 Assessment 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 without charge.

Canadian Guideline on Concussion in Sport | Medical Assessment Letter www.parachutecanada.org/guideline



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Return-to-School Strategy¹

The following is an outline of the *Return-to-School Strategy* that should be used to help students, parents, and teachers to partner in allowing the person to make a gradual return to school activities. Depending on the severity and type of the symptoms present, students will progress through the following stages at different rates. If the student 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 student 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.

Sport-Specific 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 5 and 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	Light aerobic activity	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4	Non-contact training drills	Harder training drills, e.g. passing drills. May start progressive resistance training.	Exercise, coordination and increased thinking.
5	Full contact practice	Following medical clearance and complete return to school.	Restore confidence and assess functional skills by coaching
6	Return to sport	Normal game play.	

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/bisports-2017->