



Medical Assessment Letter

(Adapted from the Canadian Guideline on Sport Medical Assessment Letter)

Date: _____ Player's Name: _____

To whom it may concern,

Athletes who sustain a suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*. Accordingly, I have personally completed a Medical Assessment on this patient.

Results of Medical Assessment

- This patient has not been diagnosed with a concussion and can resume full participation in school, work and sport activities without restriction.
- This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

- This patient has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the patient's concussion by promoting a safe and gradual return to work, school and sport activities. The patient has been instructed to avoid all recreational and organized sports or activities that could potentially place them at risk of another concussion or head injury. Starting on _____ (date), I would ask that the patient be allowed to participate in work, school and low risk physical activities as tolerated and only at a level that does not bring on or worsen their concussion symptoms. The above patient should not return to any full contact practices or games until Rugby Ontario, the team coach and the Club President and Secretary have been provided with the *Rugby Ontario Medical Clearance Letter* completed by a medical doctor in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank you very much in advance for your understanding.

Yours Sincerely,

Doctor's name _____ M.D.

Doctor's Signature _____



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 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 parttime	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 fulltime	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 to 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 fulltime 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 reintroduction 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 staff.
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/bjsports-2017-096691>