

## Medical Assessment Letter (page 1 of 2)

Athlete's Name: \_\_\_\_\_ Club/Team Name: \_\_\_\_\_

To whom it may concern (M.D/N.P.),

Athletes who sustain a suspected concussion should be managed according to *the Canadian Guideline on Concussion in Sport*. This athlete was involved in an incident on \_\_\_\_\_ in which a head injury is suspected.

- This athlete has not undergone a Sideline Assessment
- This athlete HAS UNDERGONE A SIDELINE ASSESSMENT by an ATHLETIC THERAPIST. The Athletic Therapist **SUSPECTS A CONCUSSION** therefore, the athlete has been removed from competition pending a Medical Assessment. Please refer to the **completed SCAT5/Child SCAT 5** to assist in your evaluation of this athlete. **Please initial to verify you have seen the SCAT5/Child SCAT 5** \_\_\_\_\_.

To ensure appropriate communication between the athlete, their family, and the sporting organization, we ask that you complete the below assessment.

### Results of Medical Assessment (to be completed by M.D/N.P)

- 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 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 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 the coach has been provided with a *Medical Clearance Letter* provided by a medical doctor or nurse practitioner in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

\_\_\_\_\_

\_\_\_\_\_

Thank-you very much in advance for your understanding.

Yours Sincerely,

Print & Sign \_\_\_\_\_ M.D. / N.P. (circle appropriate designation) \*

Date: \_\_\_\_\_

\*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.

[Parachute Canada](http://www.parachute.ca) recommends that this document be provided to the athlete without charge.

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### 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 collaborate 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 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 schoolwork

### Volleyball-Specific 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 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 drills. No head impact activities	Add movement
4	Non-contact training drills	Harder training drills, i.e. attacking drills. May start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

<sup>1</sup> Source: 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->