

# MEDICAL ASSESSMENT LETTER



H O C K E Y   C A N A D A



Date: \_\_\_\_\_ Athlete'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 school, work and sport activities. The patient has been instructed to avoid activities that could potentially place them at risk of another concussion or head injury until they have been provided with a Medical Clearance Letter from 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,

Signature/print \_\_\_\_\_ M.D. / N.P. (circle appropriate designation)\*

- *In rural, remote 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.*
- *In Manitoba the Medical Assessment Letter may be completed by a physician assistant.*
- *In Quebec, nurse practitioners cannot diagnose concussion. The role of physiotherapists in the assessment and management of concussion is specified. [Learn more](#)*



# Return-to-School Strategy

STEP	ACTIVITY	DESCRIPTION
1	Activities of daily living & relative rest (First 24 – 48 hours)	<ul style="list-style-type: none"> <li>Typical activities at home (e.g. preparing meals, social interactions, light walking).</li> <li>Minimize screen time.</li> </ul>
After a maximum of 24 – 48 hours after injury, progress to Step 2.		
2	School activities with encouragement to return to school (as tolerated)	<ul style="list-style-type: none"> <li>Homework, reading or other light cognitive activities at school or home.</li> <li>Take breaks &amp; adapt activities as needed.</li> <li>Gradually resume screen time, as tolerated.</li> </ul>
If player can tolerate school activities, progress to Step 3.		
3	Part-time or full days at school with accommodations	<ul style="list-style-type: none"> <li>Gradually reintroduce schoolwork.</li> <li>Part-time school days with access to breaks &amp; other accommodations may be required.</li> <li>Gradually reduce accommodations related to the concussion and increase workload.</li> </ul>
If the student can tolerate full days without accommodations for concussion, progress to Step 4.		
4	Return to school full-time	<ul style="list-style-type: none"> <li>Return to full days at school &amp; academic activities, without accommodations related to the concussion.</li> <li>For return to sport &amp; physical activity, including physical education class, refer to the Hockey-Specific Return-to-Sport Strategy.</li> </ul>
RETURN TO SCHOOL IS COMPLETE.		



# Hockey-Specific Return-to-Sport Strategy

STEP	ACTIVITY	DESCRIPTION
1	Activities of daily living & relative rest (First 24 – 48 hours)	<ul style="list-style-type: none"> <li>▪ Typical activities at home (e.g. preparing meals, social interactions, light walking).</li> <li>▪ Minimize screen time.</li> </ul>
AFTER MAXIMUM OF 24-48 HOURS AFTER INJURY, PROGRESS TO STEP 2		
2	2A: Light effort aerobic exercise	<ul style="list-style-type: none"> <li>▪ Walking or stationary cycling at slow to medium pace for 10 – 15 minutes.</li> <li>▪ May begin light resistance training that does not result in more than mild &amp; brief worsening of symptoms.</li> <li>▪ Exercise up to approximately 55% of maximum heart rate.</li> <li>▪ Take breaks &amp; modify activities as needed.</li> </ul>
	2B: Moderate effort aerobic exercise	<ul style="list-style-type: none"> <li>▪ Gradually increase tolerance &amp; intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 – 15 minutes.</li> <li>▪ May begin light resistance training that does not result in more than mild &amp; brief worsening of symptoms.</li> <li>▪ Exercise up to approximately 70% of maximum heart rate.</li> <li>▪ Take breaks &amp; modify activities as needed.</li> </ul>
IF THE PLAYER CAN TOLERATE MODERATE AEROBIC EXERCISE, PROGRESS TO STEP 3		
3	Individual hockey-specific activities, without risk of inadvertent head impact	<ul style="list-style-type: none"> <li>▪ Add hockey-specific activities (e.g., skating, changing direction, individual drills) for 20 – 30 minutes.</li> <li>▪ Perform activities individually &amp; under supervision from a parent/guardian, coach, or Safety Personnel.</li> <li>▪ Progress to where the player is free of concussion-related symptoms, even when exercising.</li> <li>▪ There should be no body contact or other jarring motions, such as high-speed stops.</li> <li>▪ Players should wear a “No Contact” identification pinny.</li> </ul>

<b>MEDICAL CLEARANCE</b> IF PLAYER HAS COMPLETED RETURN-TO-SCHOOL (IF APPLICABLE) & HAS BEEN MEDICALLY CLEARED, PROGRESS TO STEP 4		
4	Non-contact training drills and activities	<ul style="list-style-type: none"> <li>Progress to exercises with no body contact at high intensity, including more challenging drills &amp; activities (e.g., shooting &amp; passing drills, multi-player training, &amp; practices).</li> <li>Where possible, give extra space around other players to avoid collisions or falls on the ice.</li> <li>Players should wear a "No Contact" identification pinny.</li> </ul>
<b>IF THE PLAYER CAN TOLERATE USUAL INTENSITY OF ACTIVITIES WITH NO RETURN OF SYMPTOMS, PROGRESS TO STEP 5</b>		
5	Return to all non- competitive activities, full-contact practice & physical education activities	<ul style="list-style-type: none"> <li>Progress to higher-risk activities including typical training activities, full-contact hockey practices &amp; physical education class activities.</li> <li>Do not participate in competitive gameplay.</li> </ul>
<b>IF THE PLAYER CAN TOLERATE NON-COMPETITIVE, HIGH-RISK ACTIVITIES, PROGRESS TO STEP 6</b>		
6	Return to sport	<ul style="list-style-type: none"> <li>Unrestricted sport &amp; physical activity</li> <li>Full gameplay</li> </ul>
<b>RETURN TO SCHOOL IS COMPLETE.</b>		



H O C K E Y   C A N A D A