

# MEDICAL CLEARANCE LETTER



H O C K E Y   C A N A D A



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, 2<sup>nd</sup> edition, including the Return-to-School and Hockey-Specific 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):

Return-to-Sport Step 4: Non-contact training drills and activities with risk of inadvertent head impact (Exercises with no body contact at high intensity)

Return-to-Sport Step 5: Return to all non-competitive activities, full-contact practice and physical education activities.

Return-to-Sport Step 6: Unrestricted sport and physical activity.

**What if symptoms recur?**

Athletes who have been medically cleared must be able to participate in full-time school, if applicable, as well as high intensity resistance and endurance exercise without symptom recurrence. Any athlete who has been medically cleared and has a recurrence of symptoms, should immediately remove themselves from play and inform their coach, teacher, or parent/caregiver. Medical clearance is required before progressing to step 4 of the Hockey-Specific Return-to-Sport Strategy again.

Any athlete who returns to practices or games and sustains a new suspected concussion should be managed according to the Hockey Canada Concussion Policy and Protocol.

Other comments:

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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](#)*

WE RECOMMEND THAT THIS DOCUMENT BE PROVIDED TO THE ATHLETE WITHOUT CHARGE.



# 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>

MEDICAL CLEARANCE		
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><li>▪</li></ul>
IF THE PLAYER CAN TOLERATE USUAL INTENSITY OF ACTIVITIES WITH NO RETURN OF SYMPTOMS, PROGRESS TO STEP 5		
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>
IF THE PLAYER CAN TOLERATE NON-COMPETITIVE, HIGH-RISK ACTIVITIES, PROGRESS TO STEP 6		
6	Return to sport	<ul style="list-style-type: none"><li>▪ Unrestricted sport &amp; physical activity</li><li>▪ Full gameplay</li></ul>
RETURN TO SCHOOL IS COMPLETE.		



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