AQMSE

Medical Clearance Recommendation Following a Concussion

Name of patient:					
Date of evaluation:					
Verification of successful achieve of the following: 1. Complete return to cognitive active (including school) without restrictive 2. Individual sport-specific exercise (including school) without restrictive 2. Individual sport-specific exercise (including school) without restrictive 2. Individual sport-specific exercise (including school) without restrictive 3. Non-contact training drills in the specific exercise (including school) without restriction (including school) without r	vities ion: (Step 3): cort environment (Step 4): cothe diagnosis did not recur following	YES	NO		
Additional factors taken into consideration the back side):		•	lodifying factors		
The person identified on this form is return-to- sport strategy identified (one step per 24- hour period) as lo occurs*:	below and to progress to	the subs	equent steps		
□Non-contact training drill in the sport.	/team environment (see St	ep 4 on the	e back)		
☐Regular unrestricted training activities including contact (see Step 5 on the back)					
□Competitive activities / Game play (see	e Step 6 on the back)				
□Other: Step					
*Note: Additional clearance decision malaws or sporting regulations.	ay be required prior to Step	6 as direc	ted by local		
Name and Signature	Licence Number		Date.		



STEP	DESCRIPTION	ACTIVITY	OBJECTIVE	
24-48 hours of initial PHYSICAL and COGNITIVE rest is recommended before initiating the RTS strategy.				
1	Symptom limited activity	Daily activities that do not exacerbate symptoms.	Gradual reintroduction of daily activities at home.	
2	2A: Light intensity aerobic exercise 2B: Moderate intensity aerobic exercise	Stationary cycling or walking at slow to medium pace; May start light resistance training that does not result in more than mild and brief exacerbation of concussion symptoms.	Increase heart rate.	
If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3.				
3	Individual sport- specific exercise (No activities at risk of head impact.	Sport-specific training away from the team environment that does not result in more than mild and brief exacerbation of concussion symptoms.	Add movement, intensity and resume sport specific skills.	
Return-to-learn (or work) must be successfully completed and complete symptom recovery should be documented before proceeding to Step 4.				
4	Non-contact training drills	Can integrate into a team environment at this step. Exercise to high intensity, including more challenging training drills (eg, passing drills, multiplayer training).	Exercise, coordination, and increased thinking.	
5	Full contact practice	Participate in normal training activities without restriction.	Restore confidence and assess functional skills by coaching staff.	
6	Return to sport	Normal game play / competition.		

NOTES

- 24 hours (or longer) per step is recommended prior to moving to the next step of the RTS strategy.
- Mild and brief exacerbation of symptoms is defined as an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared with the baseline value reported prior to physical activity.
- Resistance training can be gradually introduced during Step 3 of the progression.
- If the assessment suggests that symptoms are expected to persist >1 month, the athlete should be referred for further assessment by a health care provider with expertise in concussion.

Additional (modifying) factors to consider when making a recommendation. (non-exhaustive list of most frequent factors)

- Abnormal cervical and neurological assessment: if abnormal investigate accordingly.
- History of concussion with one or more of the following characteristics:
 - Repeat concussion that occurs within a short time;
 - o Repeat concussion that occurs with decreasing threshold of traumatic force;
 - o Repeat concussion with a protracted recovery.
- Preexisting conditions: migraines, mental health conditions or learning disorders.
- Use of psychoactive or anticoagulant medication.
- The activity or sport being considered is associated with a very high risk of concussion or involves intentional hits to the head.
- Any doubt regarding the information obtained during assessment resulting from external or self-imposed pressure to RTS.
- Psychological readiness to return-to-play.

Table adapted from Patricios, Schneider et al. Br J Sports Med 2023; 57: 695–711.