

Medical Clearance Recommendation Following a Concussion

Name of patient: _____

Date of evaluation: _____

Verification of successful achievement
of the following:

	YES	NO
1. Complete return to cognitive activities (including school) without restriction:	☐	☐
2. Individual sport-specific exercise (Step 3):	☐	☐
3. Non-contact training drills in the sport environment (Step 4):	☐	☐
4. All signs and symptoms that led to the diagnosis of concussion have resolved and did not recur following the activities described in point 1 and 2 (see above):	☐	☐

Additional factors taken into consideration to make the recommendation (see Modifying factors
on the back side): _____

The person identified on this form is authorized to participate in the step of the
return-to- sport strategy identified below and to progress to the subsequent steps
(one step per 24- hour period) as long as no recurrence of concussion symptoms
occurs*:

☐ Non-contact training drill in the sport/team environment (see Step 4 on the back)

☐ Regular unrestricted training activities including contact (see Step 5 on the back)

☐ Competitive activities / Game play (see Step 6 on the back)

☐ Other: Step _____

***Note: Additional clearance decision may be required prior to Step 6 as directed by local
laws or sporting regulations.**

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.	

- 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;
 - Repeat concussion that occurs with decreasing threshold of traumatic force;
 - 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.