



Medical Assessment Letter

(Adapted from the Canadian Guideline on Concussion in Sport Medical Assessment Letter)

Date: _____ Player'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 work, 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 work, 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 Rugby Ontario, the team coach and the Club President and Secretary have been provided with the Rugby Ontario *Medical Clearance Letter* completed by a medical doctor in accordance with the *Canadian Guideline on Concussion in Sport*.

Other comments:

Thank you very much in advance for your understanding.

Yours Sincerely,

Name _____ M.D./N.P.

Signature _____

Sport Specific Return to Sport Program

World Rugby Graduated Return to Play (GRTP) Program Table

REHABILITATION STAGE	EXERCISE ALLOWED	OBJECTIVE
1. Initial Rest (Physical and Cognitive)	Normal activities of daily living which do not worsen symptoms, vigorous activity should be avoided. Relative cognitive rest, limiting screen time etc.-ensure symptoms continue to improve or remain absent.	Resolution of symptoms
2a. Symptom-limited activities (symptoms persist at 24 hours)	Initially activities of daily living that do not provoke symptoms. Consider time off or adaptation of work or study.	Return to normal activities (as symptoms permit)
2b. Light aerobic exercise. Ensure symptoms continue to improve or remain absent.	Light jogging for 10-15 minutes, swimming or cycling at low to moderate intensity. No resistance training. Ensure symptoms continue to improve or remain absent.	Increase heart rate
3. Sport Specific Exercise	Running drills. No head impact activities.	Add movement
4. Non-contact training drills	Progression to more complex drills (e.g. passing drills). May start progressive resistance training.	Exercise, coordination and cognitive load. A return to learning must be achieved before returning to sport.
5. Full contact practice*	Normal training activities	Restore confidence and assess functional skills by coaching staff.
6. Return to sport	Normal game play	

* Prior to entering this stage, the player must obtain a signed copy of the Rugby Ontario Medical Clearance Letter from a medical doctor or nurse practitioner clearing them of any concussion symptoms.

Return to School Strategy

The following is an outline of the *Return to School Strategy* that should be used to help student athletes, parents, and teachers to partner 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 parttime	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 school work.



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