



Medical Assessment Letter

Date: _____ Name: _____

To whom it may concern,

Individuals 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 individual.

Results of Medical Assessment

- This individual has not been diagnosed with a concussion and can resume full participation in school, work, and sport activities without restriction.
- This individual has not been diagnosed with a concussion, but the assessment led to the following diagnosis and recommendations:

- This individual has been diagnosed with a concussion.

The goal of concussion management is to allow complete recovery of the individual's concussion by promoting a safe and gradual return-to-Learn/School/Coaching and sport activities. The individual 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 individual be allowed to participate in 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 individual should not return to any full on ice and off ice training, competing or coaching until the coach, the club board of directors and/or the skating school administrator has been provided with a **Medical Clearance Letter** provided by 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 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.*

We recommend that this document be provided to the individual without charge.

Return-to-Learn/School/Coaching Strategy

The following is an outline of the *Return-to-Learn/School/Coaching Strategy* that should be used to help student-athletes/coaches, parents, and teachers to collaborate in allowing the individual to make a gradual return to school activities. Depending on the severity and type of the symptoms present individual will progress through the following stages at different rates. If the individual experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage. The individual should also be encouraged to ask their school if they have a school-specific Return-to-Learn Program in place to help them make a gradual return to school.

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the individual 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	Learn/School/Coaching activities	Learn/School: Homework, reading or other cognitive activities outside of the classroom. Coaching: Reading or other cognitive activities off the ice	Increase tolerance to cognitive work
3	Return to Learn/School /Coaching part-time	Learn/School: Gradual introduction of schoolwork. May need to start with a partial learn/school day or with increased breaks during the day. Coaching: gradual return to work – may need to start with a partial work day and should remain off the ice	Increase academic/coaching activities
4	Return to Learn/School/Coaching full-time	Learn/School: Gradually progress Coaching: Gradual progress to coaching, first remaining off the ice, then progressing to on - ice; Should start progression from stage 2 to 6 of the Skate Canada Specific Return to Sport Strategy for coaches as tolerated.	Return to full academic activities and catch up on missed school work

Source: McCrory et al. (2017). Consensus statement on concussion in sport – the 5th international conference on concussion in sport held in Berlin, October 2016. *British Journal of Sports Medicine*, 51(11), 838-847.

Skate Canada Return-to-Sport Strategy

The following is an outline of the Skate Canada Return-to-Sport Strategy that should be used to help athletes, coaches, trainers and medical professionals partner in allowing the individual to make a gradual return to sport activities.

An initial period of 24-48 hours of rest is recommended before starting the **Skating-Specific Return-to-Sport Strategy**. The individual should spend a minimum duration of 24 hours without symptom increases at each stage before progressing to the next one. If the individual experiences new

symptoms or worsening symptoms at any stage, they should go back to the previous stage. It is important that individuals **RETURN TO FULL-TIME LEARN/SCHOOL/COACHING ACTIVITIES** before progressing to stage 5 and 6 of the Skate Canada Return-to-Sport Strategy. It is also important that all individuals provide their coach, skating club board of directors or skating school administrators with a **Medical Clearance Letter** prior to returning to full contact sport activities.

Skate Canada Specific Return-to-Sport Strategy for SINGLES

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	<p>Cardio-vascular testing if available to establish the basic heart rate (HR), where the symptoms appear.</p> <p>If not possible:</p> <ul style="list-style-type: none"> • Medium pace walking without symptoms (HR 100-130) • Light intensity stationary cycling or jogging for 15-20 minutes at sub-symptom threshold intensity • No resistance training. 	<p>Increase heart rate</p> <p>Regain normal heart rate variability.</p>
3	Sport-specific exercise	<p>Running or skating drills. No head impact activities.</p> <p>Off-ice warm-up:</p> <ul style="list-style-type: none"> • sub-maximal with agility exercises. <p>On-Ice intervals:</p> <ul style="list-style-type: none"> • stroking, then turns (no twizzles) • 5 x 3 minutes program parts without jumps or spins at 60-70% max heart rate (around 140), and rest until back to 50-55% max HR (around 80-100) <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> • under 80% of 1 maximal repetition (MR) • No jumps, avoid exercises with head below hips • Core, proprioception, stabilization & flexibility exercises 	<p>Add movement</p> <p>No jumps, no spinning.</p> <p>Try to plan ice session with less skaters on the ice.</p>

4	Non-contact training drills	<p>Warm up:</p> <ul style="list-style-type: none"> • Off-ice double jumps without symptoms (start with 5-10 reps) • Agility with intervals, 8 x 30sec. <p>On-ice training:</p> <p>1- Full programs with single jumps; no spins; 80-90% max HR (165-180)</p> <p>Rest until back to 50-55% max HR (around 80-100)</p> <p>Single and double jumps outside programs</p> <p>No spins</p> <p>If tolerated:</p> <p>2- Complete programs with single and double jumps, but no spins</p> <p>Mastered triple jumps outside programs</p> <p>No spins</p> <p>If tolerated:</p> <p>3- Add more difficult triple jumps</p> <p>4- No spins</p> <p>Off ice training (gym):</p> <ul style="list-style-type: none"> • No more than 80% of 1 MR (maximal resistance); • Add exercises with external resistance • Avoid jumps in training if jumps being done during same day on-ice training 	<p>Exercise, coordination and increased thinking</p> <p>Avoid repetitive falls.</p> <p>Avoid session with a lot of skaters.</p>
5	Full contact practice	<p>Following medical clearance</p> <p>Warm-up</p> <p>Same as previous to injury</p> <p>On-ice training:</p> <p>1. Complete/full programs with all jumps but no spins</p> <p>Spins outside programs</p>	<p>Restore confidence and assess functional skills by coaching staff</p>

		<p>If tolerated:</p> <p>2. Progress to full programs</p> <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> • Pre-injury strength & conditioning • Limit jumping depending on how much was done on ice 	
6	Return to sport	Normal training, no restrictions	

Skate Canada Specific Return-to-Sport Strategy for PAIRS/DANCE/SYNCHRONIZED SKATING

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	<p>Cardio-vascular testing if available to establish the basic HR where the symptoms appear</p> <p>If not possible:</p> <ul style="list-style-type: none"> • Medium pace walking without symptoms (HR 100-130) • Light intensity stationary cycling or jogging for 15-20 minutes at sub-symptom threshold intensity • No resistance training. 	<p>Increase heart rate.</p> <p>Regain normal heart rate variability.</p>
3	Sport-specific exercise	<p>Running or skating drills. No head impact activities.</p> <p>Off-ice warm-up:</p> <ul style="list-style-type: none"> • Sub-maximal with agility exercises. <p>On-Ice intervals:</p> <ul style="list-style-type: none"> • Stroking, then turns (no twizzles, no lifts) • 5 x 3 minutes program parts without jumps, lifts, or spins at 60-70% max heart rate (around 140), and rest until back to 50-55% max HR (around 80-100) 	<p>Add movement</p> <p>No jumps, no lifts, no spinning</p> <p>Try to plan ice session with less skaters on the ice.</p>

		<p>Off-ice training (gym):</p> <ul style="list-style-type: none"> • Under 80% of 1 maximal repetition (MR) • No jumps or lifts, avoid exercises with head below hips • Core, proprioception, stabilization & flexibility exercises 	
4	Non-contact training drills	<p>Warm up:</p> <ul style="list-style-type: none"> • Off-ice double jumps without symptoms (start with 5-10 reps) • Agility with intervals, 8 x 30sec. • Off-ice lifts <p>On-Ice training:</p> <p>1- Full programs with single jumps (including side by side jumps); no spins; 80-90% max HR (165-180) Rest until back to 50-55% max HR (around 80-100) Single and double jumps outside programs Lifts outside of program; No throw jumps No Death Spiral No spins</p> <p>If tolerated</p> <p>2- Complete programs with single and double jumps (including side by side) and lifts, but no spins Mastered triple jumps and throw jumps outside programs No spins No Death Spirals</p> <p>If tolerated:</p> <p>3- Complete programs with lifts, triple side by side and double throws, no spin.</p>	<p>Exercise, coordination and increased thinking</p> <p>Avoid repetitive falls. Avoid session with a lot of skaters.</p>

		<p>Death spirals and triple throws outside programs</p> <p>No spins</p> <p>Off ice training (gym):</p> <ul style="list-style-type: none"> • No more than 80% of 1 MR (maximal resistance); • Add exercises with external resistance • Avoid jumps in training if jumps being done during same day on-ice training 	
5	Full contact practice	<p>Following medical clearance</p> <p>Warm-up Same as previous to injury</p> <p>On-ice training:</p> <p>1. Complete/full programs with all jumps, throws and death spirals, but no spins</p> <p>Spins outside programs</p> <p>If tolerated:</p> <p>2. Progress to full programs</p> <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> • Pre-injury Strength & Conditioning • Limit jumping depending on how much was done on ice 	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

Skate Canada Specific Return-to-Sport Strategy for COACHES

Stage	Aim	Activity	Goal of each step
1	Symptom-limiting activity	Daily activities that do not provoke symptoms	Gradual re-introduction of work/school activities
2	Light aerobic activity	<p>Cardio-vascular testing if available to establish the basic heart rate (HR), where the symptoms appear.</p> <p>If not possible:</p> <ul style="list-style-type: none"> • Medium pace walking without symptoms (HR 100-130) 	<p>Increase heart rate</p> <p>Regain normal heart rate variability.</p>

		<ul style="list-style-type: none"> • Light intensity stationary cycling or jogging for 15-20 minutes at sub-symptom threshold intensity • No resistance training. 	
3	Sport-specific exercise	<p>Running or skating drills. No head impact activities.</p> <p>On-Ice intervals:</p> <ul style="list-style-type: none"> • Stroking, then turns (no twizzles) • 5 x 3 minutes at 60-70% max heart rate (around 140), and rest until back to 50-55% max HR (around 80-100) <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> • Under 80% of 1 maximal repetition (MR) • No exercises with head below hips • Core, proprioception, stabilization & flexibility exercises 	<p>Add movement</p> <p>No jumps, no spinning.</p>
4	Non-contact training drills	<p>On-Ice intervals:</p> <ul style="list-style-type: none"> • Stroking then turns; 80-90% max HR (165-180) • Rest until back to 50-55% max HR (around 80-100) • Single and double jumps • No spins <p>If tolerated:</p> <ul style="list-style-type: none"> • Mastered triple jumps outside programs • No spins <p>If tolerated:</p> <ul style="list-style-type: none"> • Add more difficult triple jumps <p>Off ice training (gym):</p> <ul style="list-style-type: none"> • No more than 80% of 1 MR (maximal resistance); • Add exercises with external resistance 	<p>Exercise, coordination and increased thinking</p> <p>Avoid repetitive falls.</p>

5	Full contact practice	<p>Following medical clearance</p> <p>Warm-up Same as previous to injury</p> <p>On-ice training:</p> <ul style="list-style-type: none"> • Jumps • Reintroduce spins <p>If tolerated:</p> <ul style="list-style-type: none"> • Progress to full coaching session physically <p>Off-ice training (gym):</p> <ul style="list-style-type: none"> • Pre-injury Strength & Conditioning • Limit jumping depending on how much was done on ice 	Restore confidence
6	Return to sport	Normal training, no restrictions	