



Medical recommendation about resuming unrestricted training activities following a concussion.

Name of patient: _____

Date of evaluation: _____

Verification of recovery achievement:

	YES	NO
1- Complete return to cognitive activities (including school) without restriction:	<input type="checkbox"/>	<input type="checkbox"/>
2- Non-contact training activities (see Step 4 on the back) completed successfully:	<input type="checkbox"/>	<input type="checkbox"/>
3- 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):	<input type="checkbox"/>	<input type="checkbox"/>

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

He/she can resume:

- Regular unrestricted training activities including contact (see Step 5 on the back)
- Competitive activities/Game play (see Step 6 on the back)
- Other: Step _____

Additional remarks:

Signature: _____ Licence # _____

Return-to-sport protocol (RTS)

STEP	Description	Activity	Objective
1	Symptom limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of daily activities at home.
2	Light aerobic exercise	Light to moderate intensity aerobic activities. No resistance training.	Increase heart rate.
3	Sport-specific exercise	Running or skating drills. No activities with a risk of head impact.	Add movement.
4	Non-contact training drills	Harder training drills (e.g., passing drills). May start progressive resistance training.	Exercise, coordination, and increased thinking.
Medical clearance			
5	Full contact practice	Following medical clearance , participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6	Return to play/sport	Normal game play.	

NOTE :24-48 hours of initial PHYSICAL and COGNITIVE rest is recommended before initiating the RTS strategy.

- 24 hours (or longer) per step is recommended prior to moving to the next step of the RTS strategy.
- If any symptom recurs or worsen while exercising, the athlete should go back to the previous step.
- The AQMSE recommends that the athlete be symptom free before initiating step 3 of the progression (unless a health care provider with concussion expertise recommends otherwise).
- Resistance training can be gradually introduced during Step 3 of the progression.
- If symptoms persist (>10-14 days for adults and >1 month for children), the athlete should be referred for further assessment by a health care provider with expertise in concussion.

** Adapted from McCrory et al. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. Br J Sports Med 2017; 51: 838–847*

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

- Normal 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.