

Medical Clearance Letter

Dat	re: Name:
То	whom it may concern,
Cor Spo	ividuals who are diagnosed with a concussion should be managed according to the Canadian Guideline on acussion in Sport including the Return-to-Learn/School/Coaching Strategy and the Skate Canada Return-to-ort Strategies (see page 3 of this letter). Accordingly, the above individual has been medically cleared to ticipate in the following activities as tolerated effective the date stated above (please check all that apply)
	Symptom-limiting activity (cognitive and physical activities that don't provoke symptoms)
	Light aerobic activity (Walking or stationary cycling at slow to medium pace. No resistance training)
	Skate Canada Sport-specific exercise: On-ice: For all: skating drills (e.g. stroking, then turns, but no twizzles). No jumps, spins, lifts or throws.
	Off-ice training: For all: core and flexibility exercises. Avoid jumping, heavy lifting, or exercises with head below hips.)
	Non-contact practice:
	On-ice: For all: skating drills (e.g. stroking, then turns, but no twizzles). No jumps, spins, lifts or throws.
	Off-ice training: For all: core and flexibility exercises. Avoid jumping, heavy lifting, or exercises with head below hips.
	Full-contact practice
	On-ice: For Singles: May run through full skating program with all jumps but no spins May try spins outside of program.
	For Pairs and Dance: May run through full programs except spins May try spins and death spirals outside of program
	Off-ice: For all: May resume pre-injury strength and conditioning; jumping should be limited depending on how much was done on the ice
	Full on ice and off ice training; no restrictions; cleared to compete and/or coach

What if symptoms recur? Any individual who has been cleared for physical activities, gym class or non-contact practice, and who has a recurrence of symptoms, should immediately remove themselves from the activity and inform the teacher, coach, the club board of directors and/or the skating school administrator. If the symptoms subside, the individual may continue to participate in these activities as tolerated.

Individuals who have been cleared for full on ice and off ice training, competing or coaching must be able to participate in full-time school (or normal cognitive activity) as well as high intensity resistance and endurance exercise (including non-contact practice) without symptom recurrence. Any individual who has been cleared for full-contact practice or competition and has a recurrence of symptoms, should immediately remove themselves from the activity, inform their teacher, coach, the club board of directors and/or the skating school administrator, and undergo medical assessment by a medical doctor or nurse practitioner before returning to full on ice and off ice training, competing or coaching.

Any individual who returns to practices, competitions or coaching and sustains a new suspected concussion should be managed according to the *Canadian Guideline on Concussion in Sport*.

Other comments:				
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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 Clearance 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 to6 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	Cardio-vascular testing if available to establish the basic heart rate (HR), where the symptoms appear. If not possible: • 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.	Increase heart rate Regain normal heart rate variability.
3	Sport-specific exercise	Running or skating drills. No head impact activities. Off-ice warm-up: sub-maximal with agility exercises. On-Ice intervals: 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) Off-ice training (gym): under 80% of 1 maximal repetition (MR) No jumps, avoid exercises with head below hips Core, proprioception, stabilization & flexibility exercises	Add movement No jumps, no spinning. Try to plan ice session with less skaters on the ice.

4	Non-contact training drills	Warm up:	Exercise, coordination and
		 Off-ice double jumps without symptoms (start with 5-10 reps) 	increased thinking
		 Agility with intervals, 8 x 30sec. 	Avoid repetitive falls. Avoid session with a lot of
		On-Ice training:	skaters.
		1- Full programs with single 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	
		No spins	
		If tolerated:	
		2- Complete programs with single and double jumps, but no spins	
		Mastered triple jumps outside programs	
		No spins	
		If tolerated:	
		3- Add more difficult triple jumps	
		4- No spins	
		Off ice training (gym):	
		 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	Following medical clearance	Restore confidence and assess functional skills by
		Warm-up	coaching staff
		Same as previous to injury	
		On-ice training:	
		 Complete/full programs with all jumps but no spins 	
		Spins outside programs	
		If tolerated:	

		2. Progress to full programs	
		Off-ice training (gym):	
		 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	Cardio-vascular testing if available to establish the basic HR where the symptoms appear If not possible: • 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.	Increase heart rate. Regain normal heart rate variability.
3	Sport-specific exercise	Running or skating drills. No head impact activities. Off-ice warm-up: Sub-maximal with agility exercises. On-Ice intervals: 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)	Add movement No jumps, no lifts, no spinning Try to plan ice session with less skaters on the ice.

		Off-ice training (gym):	
		 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	Warm up:	Exercise, coordination and
		 Off-ice double jumps without symptoms (start with 5-10 reps) 	increased thinking
		 Agility with intervals, 8 x 30sec. 	Avoid repetitive falls. Avoid session with a lot of
		Off-ice lifts	skaters.
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		On-Ice training:	
		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	
		If tolerated	
		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	
		If tolerated:	
		3- Complete programs with lifts, triple side by side and double throws, no spin.	

		Death spirals and triple throws outside programs No spins Off ice training (gym): 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	Following medical clearance Warm-up Same as previous to injury On-ice training: 1. Complete/full programs with all jumps, throws and death spirals, but no spins Spins outside programs If tolerated: 2. Progress to full programs Off-ice training (gym): 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	Cardio-vascular testing if available to establish the basic heart rate (HR),	Increase heart rate
		where the symptoms appear.	Regain normal heart rate variability.
		If not possible:	
		 Medium pace walking without symptoms (HR 100-130) 	

3	Sport-specific exercise	 Light intensity stationary cycling or jogging for 15-20 minutes at sub-symptom threshold intensity No resistance training. Running or skating drills. No head impact activities. On-Ice intervals: 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) Off-ice training (gym): Under 80% of 1 maximal repetition (MR) No exercises with head below hips Core, proprioception, stabilization & flexibility exercises 	Add movement No jumps, no spinning.
4	Non-contact training drills	On-Ice intervals: 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 If tolerated: Mastered triple jumps outside programs No spins If tolerated: Add more difficult triple jumps Office training (gym): No more than 80% of 1 MR (maximal resistance); Add exercises with external resistance	Exercise, coordination and increased thinking Avoid repetitive falls.

5	Full contact practice	Following medical clearance Warm-up Same as previous to injury On-ice training: • Jumps • Reintroduce spins If tolerated: • Progress to full coaching session physically Off-ice training (gym): • Pre-injury Strength & Conditioning • Limit jumping depending on how much was done on ice	Restore confidence
6	Return to sport	Normal training, no restrictions	