

Medical Assessment Letter

Medical C	Office, please complete:					
Practition	er Name					
Role and I	icense #					
Email / Co	ntact #					
Date of ev	ent / injury					
Any individ	May Concern: ual who sustains a blow or in or reports any of the sympto	•		•	,	•
	althcare professional with re				•	•
Name of Pa	tient:					
Results of t	he Medical Assessment					
	This patient has not been work, school, or physical a	•		her injury and can	return, with full	participation to
	This patient has not been recommendations:	diagnosed wit	h a concussion but t	he assessment led	to the following	diagnosis and
	This patient HAS been dia	gnosed with a	concussion. See belo	ow for concussion I	nanagement pro	tocol.
	This patient has been inst concussion or head injury duties, and contact sports Medical Clearance Letter.	, or activities w	vith implications for	the safety of other	rs (e.g., driving, d	angerous job
Yours Since	rely,					
Signature			-			
Stamp						

Concussion Management

The goal of concussion management is to allow complete recovery through a safe and gradual return to work, school, and physical activities following a step-wise approach. *Note: a patient's progess through the return to activity steps is unique to the individual.* For more detailed guidance on step progression, please refer to the Concussion Awareness Training Tool (CATT) at <u>cattonline.com</u>.

After sustaining a concussion, the patient has been instructed to engage in activities of daily living and relative rest
for a maximum of 24-48 hours post-injury.

Not yet completed	
Completed on (dd/mm/yyyy)	
Time period has passed	

Step 2: Gradual return to activity

The patient can begin the return to activity process at home, by increasing the intensity of their activities that do not result in more than mild and brief* exacerbation (worsening) of concussion symptoms.

Not yet completed	
Completed on (dd/mm/yyyy)	
Time period has passed	

Step 3: Return to work, school, and physical activity and gradually resume daily activities

The patient can initiate a graduated return to work, school, and physical activities, by increasing and gradually resuming usual activities (supported with accommodations, modifications, and restrictions as needed) as tolerated.

Individuals experiencing concussion symptoms should return to Step 2 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before returning to activities that involve any risk of inadvertent head impact.

Not yet completed	
Completed on (dd/mm/yyyy)	
Time period has passed	

Details	Timeline
	Details

^{*}Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.

^{**}Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.*** "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.

^{***0-10} point symptom severity scale: Please see the <u>Visual Analog Scale</u> for an example of a 0-10 symptom severity scale.

Step 4: Full return to work, school, and physical activities

The patient can return with full participation to work, school, and physical activities with no concussion-related

accommodations.		
Not yet completed Completed on (dd/mm/yyyy) _ Time period has passed		
Restrictions/Accommodations	Details	Timeline
Yours Sincerely,		
Signature		
Stamp		

It is recommended that this document be provided to the patient without charge.