

### Ringette Canada Concussion Communication Tool

This tool is designed to help with communication related to the safe return to school and ringette following a concussion. Please date and sign as you complete each step and return to \_\_\_\_\_ once completed.

Athlete name: \_\_\_\_\_ Date of incident (mmddyyy): \_\_\_\_\_

**Medical Assessment Letter completed by a medical doctor or nurse practitioner (nurse\*)**

**Medical Assessment Date (MMDDYYYY):** \_\_\_\_\_  
 Medical Assessment Letter Received: \_\_\_\_\_  
Signature of Team Staff \_\_\_\_\_ Position on Team Staff \_\_\_\_\_

Athletes diagnosed with a concussion are to be managed according to their Return-to-School (if applicable) and Ringette-Specific Return-to-Sport Strategies under the supervision of a medical doctor or nurse practitioner. When available, athletes should be encouraged to work with their team’s licensed healthcare professional to optimize progression through their Ringette-Specific Return-to-Sport Strategy. The stepwise progressions for Return-to-School and Ringette-Specific Return-to-Sport Strategies are outlined below. Note that these strategies begin at the same time, can happen concurrently and the first step of both is the same. Some athletes may spend longer at a step than others.

Ringette-Specific Return-to-Sport Strategy	Return-to-School Strategy
<b>Step 1: Activities of daily living &amp; relative rest. (First 24 – 48 hours)</b>	<b>Step 1: Activities of daily living &amp; relative rest. (First 24 – 48 hours)</b>
<ul style="list-style-type: none"> <li>Typical activities at home (e.g. preparing meals, social interactions, light walking).</li> <li>Minimize screen time.</li> </ul> <p>Date completed: (mmddyyy): _____</p> <p>_____ Athlete Signature                      Parent/Guardian Signature</p>	<ul style="list-style-type: none"> <li>Typical activities at home (e.g. preparing meals, social interactions, light walking).</li> <li>Minimize screen time.</li> </ul> <p><input type="checkbox"/> Check when complete.</p>

**After a maximum of 24 – 48 hours after injury, progress to Step 2.**

<b>Step 2:</b>	<b>2A: Light effort aerobic exercise.</b>	<b>Step 2: School activities with encouragement to return to school (as tolerated)</b>
	<ul style="list-style-type: none"> <li>Walking or stationary cycling at slow to medium pace for 10–15 minutes.</li> <li>May begin light resistance training that does not result in more than mild &amp; brief worsening of symptoms.</li> <li>Exercise up to approximately 55% of maximum heart rate.</li> <li>Take breaks &amp; modify activities as needed.</li> </ul> <p>Date completed: (mmddyyy): _____</p> <p>_____ Athlete Signature                      Parent/Guardian Signature</p>	<ul style="list-style-type: none"> <li>Homework, reading or other light cognitive activities at school or home.</li> <li>Take breaks &amp; adapt activities as needed.</li> <li>Gradually resume screen time, as tolerated.</li> </ul>
	<b>2B: Moderate effort aerobic exercise.</b>	
	<ul style="list-style-type: none"> <li>Gradually increase tolerance &amp; intensity of aerobic activities, such as walking or stationary cycling at a brisk pace for 10 – 15 minutes.</li> <li>May begin light resistance training that does not result in more than mild &amp; brief worsening of symptoms.</li> <li>Exercise up to approximately 70% of maximum heart rate.</li> <li>Take breaks &amp; modify activities as needed.</li> </ul>	

	Date completed: (mmddyyyy): _____ _____ Athlete Signature      Parent/Guardian Signature	<input type="checkbox"/> Check when complete.
If athlete can tolerate moderate aerobic exercise, progress to Step 3		
<b>Step 3: Individual ringette-specific activities, without risk of inadvertent head impact.</b>		<b>Step 3: Part-time or full days at school with accommodations</b>
<ul style="list-style-type: none"> <li>• Add ringette-specific activities (e.g., skating, changing direction, individual drills) for 20 – 30 minutes.</li> <li>• Perform activities individually &amp; under supervision from a parent/guardian, coach, or Safety Personnel.</li> <li>• Progress to where the player is free of concussion-related symptoms, even when exercising.</li> <li>• There should be no body contact or other jarring motions, such as high-speed stops.</li> <li>• Athlete should wear a “No Contact” identification pinny.</li> </ul> Date completed: (mmddyyyy): _____ _____ Athlete Signature      Parent/Guardian Signature		<ul style="list-style-type: none"> <li>• Gradually reintroduce schoolwork.</li> <li>• Part-time school days with access to breaks &amp; other accommodations may be required.</li> <li>• Gradually reduce accommodations related to the concussion and increase workload.</li> </ul> <input type="checkbox"/> Check when complete.
<p style="text-align: center;"><b>Medical Clearance</b> If an athlete has completed Return-to-School (if applicable) &amp; has been medically cleared, progress to Step 4.</p>		
<b>Step 4: Non-contact training drills and activities</b>		<b>Step 4: Return to school full-time</b>
<ul style="list-style-type: none"> <li>• Progress to exercises with no body contact at high intensity, including more challenging drills &amp; activities (e.g., shooting &amp; passing drills, multi-player training, &amp; practices).</li> <li>• Where possible, give extra space around other players to avoid collisions or falls on the ice.</li> <li>• Athletes should wear a “No Contact” identification pinny.</li> </ul> Date completed: (mmddyyyy): _____ _____ Athlete Signature      Parent/Guardian Signature		<ul style="list-style-type: none"> <li>• Return to full days at school &amp; academic activities, without accommodations related to the concussion.</li> <li>• For return to sport &amp; physical activity, including physical education class, refer to the Ringette-Specific Return-to-Sport Strategy.</li> </ul> <input type="checkbox"/> Check when complete.
If the athlete can tolerate the usual intensity of activities with no return of symptoms, progress to Step 5.		<p style="text-align: center;"><b>Return to School is complete.</b></p>
<b>Step 5: Return to all non- competitive activities, full-contact practice &amp; physical education activities</b>		
<ul style="list-style-type: none"> <li>• Progress to higher-risk activities including typical training activities, full-contact ringette practices &amp; physical education class activities.</li> <li>• Do not participate in competitive gameplay.</li> </ul> Date completed: (mmddyyyy): _____ _____ Athlete Signature      Parent/Guardian Signature		
If the athlete can tolerate non-competitive, high-risk activities, progress to Step 6		
<b>Step 6: Return to sport.</b>		
<ul style="list-style-type: none"> <li>• Unrestricted sport &amp; physical activity</li> <li>• Full game play</li> </ul> Date completed: (mmddyyyy): _____ _____ Athlete Signature      Parent/Guardian Signature		
<p style="text-align: center;"><b>Return to Sport is complete.</b></p>		

First game back (mmddyyyy):

**Notes:**