



Dear Physician/Practitioner:

Your patient has a suspected concussion. In accordance with other youth sports organizations, and the current evidence-based recommendations, the Minnesota Cycling Association requires written clearance for this athlete to return to play. Please evaluate this patient and complete the attached form.

With your approval to return to play, our league will recommend the graduated return-to-play protocol shown below. Please include any additional restrictions you think are needed in your documentation. References are available below.

Please feel free to contact me at christina@minnesotacycling.org with any additional questions.

Sincerely,
 Christina S Spencer, MD
 Medical Director, Minnesota Cycling Association

Stage	Activity	Cycling Specific Exercise	Objective
1	No physical activity	No activity	Recovery and elimination of symptoms. Return to school. Obtain medical clearance.
2	Light aerobic activity	10-15 min of walking, or STATIONARY bike	Add light aerobic activity and monitor for symptoms.
3	Moderate aerobic activity, light resistance training	20-30 min cycling on pavement, with minimal elevation change. Push-ups/core/body weight strength exercises.	Increase aerobic activity, add resistance training and monitor for symptoms
4	Hard aerobic activity, coordination, increased resistance training	30-60 min cycling on uneven surfaces, include hills. Progressive resistance training if desired.	Increased intensity and coordination, monitor for symptoms
5	Full practice	Normal training activities, return to singletrack	Restore confidence, increased processing, coaches assess skills/coordination, monitor for symptoms
6	Return to sport	Normal riding and racing	Return to activity without restrictions

- At least 24 hours for each step of the progression
- If any increase/return of symptoms, athlete should return to previous step until symptoms resolve
- Athlete should be completely symptom free at rest and during exertion prior to returning to full participation
- If symptoms persist, athlete should be referred back to physician/practitioner for further evaluation/referral

Acute Concussion Evaluation Tool: https://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf

Sport Concussion Assessment Tool: <https://bjsm.bmj.com/content/51/11/851> (SCAT5, Sport Concussion Assessment Tool – 5th Edition)

McCrorry P et al. Consensus statement on concussion in sport – the 5th international conference on concussion in sport, held in Berlin, October 2016. British Journal of Sports Medicine 2018; 51: 838-847

Grool, A et al. Association Between Early Participation in Physical Activity Following Acute Concussion and Persistent Postconcussive Symptoms in Children and Adults. JAMA. 2016; 316 (23): 2504-2514

Elbin, RJ et al. Removal From Play After Concussion and Recovery Time. Pediatrics. September 2016; 138 (3).

Provance AJ et al. Management of Sport-Related Concussion in the Pediatric and Adolescent Population. Orthopedics. 2016; 39 (1): 24-30.

Kerrigan JM, Giza CC. When in doubt, sit it out! Pediatric Concussion – an Update. Childs Nervs Syst 2017; 3: 1669-1675. May, K et al. Pediatrics Sports Specific Return to Play Guideline Following Concussion. The International Journal of Sports Physical Therapy. 2014; 9 (2): 242-2