Date: [Date]

To: [Coach Name/Stable Name/Organization]

Subject: Medical Clearance for Return to Equestrian Activities

Patient Name: [Patient Full Name]
Date of Birth: [Date of Birth]
Date of Injury: [Date of Injury]

To whom it may concern,

[Patient Name] has been under my care following a concussion sustained on the date listed above. The patient has undergone a clinical evaluation and is currently asymptomatic at rest and during physical exertion.

I have reviewed the specific demands of equestrian sports and hereby clear the patient to begin a **Graduated Return to Riding (RTR)** protocol as outlined below:

- **Stage 1:** Light aerobic exercise (walking, stationary cycling). No mounting.
- **Stage 2:** Basic flatwork. Walking and trotting in a controlled environment. No jumping or galloping.
- **Stage 3:** Advanced flatwork. Cantering and lateral work.
- **Stage 4:** Sport-specific training. Resuming jumping and higher-intensity schooling.
- **Stage 5:** Full return to competition and high-risk activities.

The patient must wear a certified, properly fitted equestrian helmet at all times when mounted. If any symptoms (such as headache, dizziness, or blurred vision) return during any stage, the patient must stop riding immediately and follow up with my office.

Current Status: [e.g., Cleared for Stage 2 / Full Clearance for Stage 5]

If you have any questions regarding these recommendations, please contact my office.

Sincerely,

[Physician Signature]
[Physician Name, Credentials]
[Medical Facility Name]
[Phone Number]