

Date: [Date]

To: [Patient Name or Parent/Guardian Name]

Patient Date of Birth: [DOB]

Date of Injury: [Date of Injury]

Dear [Recipient Name],

This letter confirms that [Patient Name] has completed a post-concussion evaluation following the injury sustained on [Date]. Based on today's clinical assessment, the following status and recommendations have been determined:

1. Clinical Status

[Select one]:

- The patient is currently asymptomatic and cleared to return to full activities.
- The patient is still experiencing mild symptoms and requires a graduated return-to-play/work protocol.
- The patient remains symptomatic and requires ongoing monitoring or specialty referral.

2. Activity Clearance

Academic/Work Activity: [e.g., Full return / Return with accommodations: limited screen time, frequent breaks]

Physical Activity: [e.g., No physical activity / Light aerobic exercise only / Full contact sports clearance]

3. Graduated Return to Play (RTP) Protocol

The patient should progress through the following stages (24 hours per stage):

- Stage 1: Symptom-limited activity (daily living)
- Stage 2: Light aerobic exercise (walking, stationary bike)
- Stage 3: Sport-specific exercise (running, drills)
- Stage 4: Non-contact training drills
- Stage 5: Full contact practice
- Stage 6: Return to competition/play

4. Follow-Up and Red Flags

Seek immediate medical attention at an Emergency Department if the patient experiences:

- Worsening or severe headaches
- Repeated vomiting
- Seizures or tremors
- Slurred speech or profound confusion

- Weakness or numbness in limbs

Follow-up Appointment: [Date/Time or "As needed"]

Sincerely,

[Provider Name, Title]
[Clinic/Facility Name]
[Phone Number]