

GTHL Concussion Policy

STEP 1: Identifying a suspected concussion and removal from play

- a) **What is a concussion?** A concussion is an injury to the brain caused by a blow to the head or to another part of the body that causes the brain to move inside the skull. All players who experience any concussion signs and symptoms (*Figure 1*) following a blow to the head or another part of the body is considered to have a suspected concussion and must stop participation in the hockey activity immediately. A hockey activity is defined as any GTHL on-ice or off-ice team function.
- b) **A suspected concussion can be identified in three ways:**
 - i. Self-reported signs and symptoms – Even if only one symptom (*Figure 1*)
 - ii. Observed signs and symptoms from the team officials
 - iii. Peer-reported signs and symptoms from players, parents, and/or team officials
- c) **Who is responsible for removal from play?** If a suspected concussion occurs, it is the responsibility of all team officials (coach, assistant coach, trainer, assistant trainer, manager, assistant manager or executive member) to remove the player from participation in the hockey activity immediately. When present, team trainers hold the final decision to remove players with a suspected concussion. If there is doubt whether a concussion has occurred, it is to be assumed that it has. If in doubt, sit them out. ***If a player experiences a sudden onset of any of the “red flag symptoms”, 911 should be called immediately.** (*Figure 2*)

Figure 1: GENERAL CONCUSSION SYMPTOMS		
Headache	Feeling mentally foggy	Sensitive to light
Nausea	Feeling slowed down	Sensitive to noise
Dizziness	Difficulty concentrating	Irritability
Vomiting	Difficulty remembering	Sadness
Visual problems	Drowsiness	Nervous/anxious
Balance problems	Sleeping more/less than usual	More emotional
Numbness/tingling	Trouble falling asleep	Fatigue

Figure 2: RED FLAG SYMPTOMS	
Headaches that worsen	Can't recognize people or places
Seizures or convulsion	Increasing confusion or irritability
Repeated vomiting	Weakness/tingling/burning in arms or legs
Loss of consciousness	Persistent or increasing neck pain
Looks very drowsy/can't be awakened	Unusual behavioural change
Slurred speech	Focal neurologic signs (e.g. paralysis, weakness, etc.)

GTHL Concussion Policy

STEP 2: Completion and submission of the *GTHL Suspected Concussion Report Form (Page 5)*

- a) **Monitoring the player and recommend seeking medical assessment:** Team trainers are responsible to monitor the player with a suspected concussion until a parent/guardian is contacted or on-site. Team trainers are also responsible to recommend to the individual's parent or guardian that they see a medical assessment immediately. Medical assessment must be done by a medical doctor or nurse practitioner. This includes a family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner.
**If no team trainer is present for 2(a) and 2(b) order of next most responsible individuals:*
- i. An individual with trainer certification
 - ii. Team head coach
- b) **Completion of the GTHL Suspected Concussion Report Form:** Team trainers are responsible for completing the GTHL Suspected Concussion Report Form immediately after a concussion is suspected.
- c) **Submission of the GTHL Suspected Concussion Report Form:** If a suspected concussion occurs, the team trainer is responsible for completing and reviewing the *GTHL Suspected Concussion Report Form* and giving one copy of the report to the players parents/guardian to bring to medical assessment and another copy to the GTHL head offices (mfata@gthlcanada.com or Fax: 416-636-2035). **If the form was completed by another individual with trainer certification or team head coach (as trainer was not present) the trainer is responsible for reviewing and submitting to GTHL head offices.*

STEP 3: Seeking medical assessment, obtaining appropriate diagnosis and documentation

- a) **Seeking medical assessment:** If a player has been deemed to have had suspected concussion, it is the parent/guardian's responsibility to take the player to see a medical doctor or nurse practitioner immediately.

This includes a family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner. ***Documentation from any other source will not be acceptable.**

- b) **Obtaining appropriate diagnosis and documentation:** Written medical documentation must be obtained from one of the medical professionals listed above **if a concussion has occurred or not.**

STEP 4: Submission of medical documentation of concussion diagnosis

- a) **If a medical doctor/nurse practitioner determines that the player with a suspected concussion did not have a concussion:**

GTHL Concussion Policy

- i. Parent/guardian must take the written documentation from the medical assessment (highlighting that the player did not have a concussion), and give this document to the team trainer.
 - ii. It is the responsibility of the team trainer to submit medical documentation to the GTHL head offices before the player is permitted to return to a GTHL hockey activity (mfata@gthlcanada.com).
 - iii. Parent/guardian should continue to monitor the player for at **least 24-72 hours** after the event, as signs and symptoms may take hours or days to appear.
 - iv. Team trainers have the right to refuse a player to return to any GTHL hockey activity if they deem the player unfit to do so.
- b) If a medical doctor/nurse practitioner determines that the player with a suspected concussion does have a concussion:**
- i. Parent/guardian must take the written documentation from the medical assessment (highlighting that the player has been diagnosed with a concussion), and give this document to the team trainer
 - ii. It is the responsibility of the team trainer to submit medical documentation, in addition to the **Hockey Canada Injury Report Form**, to the to the GTHL head offices (mfata@gthlcanada.com or Fax: 416- 636-2035).
 - iii. The player is to begin Step 1 of the *GTHL Return to Play Protocol*.

STEP 5: *GTHL Return to Play Protocol* (Page 7-10)

- a) The player with a concussion must complete each step of the *GTHL Return to Play Protocol*. Players in no body checking leagues are to follow the no body checking protocol (Page 7 & 8); players in body checking leagues are to follow the body checking protocol (Page 9 & 10).
- b) Parent/guardian and the player are responsible to ensure that each step of the *GTHL Return to Play Protocol* recommendations is followed appropriately and the required signatures are completed at each stage. Players must be able to participate in each step's activities for a **minimum of 24 hours without experiencing any symptoms during or after the activities BEFORE moving onto the next stage.**
- c) If the player experiences any symptoms during OR after the activities in any stage, the player should stop that activity immediately, rest for 24 hours and return to the previous successful stage before trying those activities again.
- d) Once Steps 1-5 of the *GTHL Return to Play Protocol* have been completed, the player must receive **medical clearance** to proceed to Step 6: Full Team Practice (body checking or no body checking). A player is not permitted to return to Step 6 until written clearance by a medical doctor or nurse practitioner. This includes a family physician, pediatrician, sports-medicine physician, neurologist or nurse practitioner.
Documentation from any other source will not be acceptable.
- e) Once medical clearance for Step 6 is obtained, the parent/guardian must take the written documentation from the medical professional (highlighting player is safe to



GTHL Concussion Policy

return to full team practice) and the completed *GTHL Return to Play Protocol* with signatures completed by parent, player and coach/trainer to the team trainer.

- f) It is the responsibility of the team trainer to submit medical clearance and *GTHL Return to Play Protocol* with signatures completed to the GTHL head offices.
- g) Team trainers have the right to refuse a player to return to any GTHL hockey activity if they deem the player unfit to do so.
- h) For more information of concussion management strategies please visit gthlcanada.com/concussions

Special Considerations

This concussion policy aims to ensure that players with a concussion do not participate in GTHL hockey activities before medically cleared to do so. The above steps relate most directly to a player who sustains a concussion during a GTHL hockey activity and this injury is identified immediately. Not all concussions will be identified immediately and not all concussions will take place during GTHL hockey activities. Two alternative scenarios are presented below:

Scenario 1: A suspected concussion from a GTHL activity is not identified and/or reported until days or weeks after the GTHL activity. Enter at Step 2. Immediately upon the suspected concussion being identified and/or reported to GTHL team officials, the team trainer is to complete the *GTHL Suspected Concussion Report Form* and recommend that the player seek a medical assessment immediately.

Scenario 2: A player is diagnosed with a concussion from a non GTHL activity (i.e. school, other sports, non GTHL related games or training). Enter at Step 4. Upon receiving from parent/guardian, the trainer is to submit medical assessment documentation to GTHL offices. As the concussion did not happen at the GTHL activity, no *GTHL Suspected Concussion Report Form* is needed.

Referring Documents:

1. *GTHL Suspected Concussion Report Form* (Page 5)
2. *GTHL Concussion Policy Summary* (Page 6)
3. *GTHL Return to Play Protocol No Body Checking* (Page 7 & 8)
4. *GTHL Return to Play Protocol Body Checking* (Page 9 & 10)

*If you have any questions or concerns regarding the 2016-2017 GTHL Concussion Policy please contact the GTHL Office:

Phone: 416-636-6845

Email: mfata@gthlcanada.com

Fax: 416- 636-2035

This GTHL Concussion Policy is available at gthlcanada.com/concussions



GTHL Suspected Concussion Report Form

Player Name: _____ Player DOB: _____
 Date & Time of Injury: _____ Club Name: _____
 Division: _____ Level: _____ Game/Practice Location: _____
 Position during Injury (please circle): Defense Forward Goalie

Injury Description: Collision with boards Collision with open ice Collision with opponent Fight
 Collision with net Checked from behind Hit by puck Hit by stick Fall on ice Other

Reported Symptoms (Check all that apply):

<input type="checkbox"/> Headache	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sensitive to light
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Sensitive to noise
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Irritability
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sadness
<input type="checkbox"/> Visual problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Balance problems	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> More emotional
<input type="checkbox"/> Numbness/Tingling	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Fatigue

Red Flag Symptoms (Check all that apply): Call 911 immediately with a sudden onset of any of these symptoms

<input type="checkbox"/> Headaches that worsen	<input type="checkbox"/> Can't recognize people or places	Was 911 called? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Seizures or convulsions	<input type="checkbox"/> Increasing confusion or irritability	
<input type="checkbox"/> Repeated vomiting	<input type="checkbox"/> Weakness or numbness in arms/legs	
<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Persistent or increasing neck pain	
<input type="checkbox"/> Looks very drowsy/can't be awakened	<input type="checkbox"/> Unusual behavioural change	
<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Focal neurologic signs (e.g. paralysis, weakness, etc.)	

Are there any other observable/reported symptoms: Yes No
 If yes, what: _____

Is there evidence of injury to anywhere else on body besides head? Yes No
 If yes, where: _____

Has this player had a concussion before? Yes No Prefer not to answer
 If yes, how many: _____

Does this player have any pre-existing medical conditions? Yes No Prefer not to answer
 If yes, please list: _____
Does this player take any medication? Yes No Prefer not to answer
 If yes, please list: _____

I [name of trainer completing this form]: _____ recommended to the player's parent or guardian that the player sees a medical professional immediately. A medical professional includes a family doctor, pediatrician, emergency room doctor, sports-medicine physician, neurologist or nurse practitioner.

Signature _____ Date: _____ Team Official Role: _____
 Phone Number: _____ Email Address: _____



GTHL Concussion Policy Summary

STEP 1: A suspected concussion has been identified and player is removed from play
When present, team trainers hold the final decision to remove players with a suspected concussion

STEP 2: Trainer completes *GTHL Suspected Concussion Report Form* and provides a copy to:

1) Parent/Guardian AND recommend they seek medical assessment immediately

2) GTHL Office: MFATA@GTHLCANADA.COM
Fax: 416- 636-2035

STEP 3: Seeing a medical doctor or nurse practitioner for medical assessment*

If player is experiencing any 'Red Flag' Symptoms:

- Headaches that worsen
- Seizures
- Repeated vomiting
- Looks very drowsy/can't be awakened
- Unusual behavioural change
- Slurred speech
- Can't recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms/legs
- Persistent or increasing neck pain
- Change in stage of consciousness
- Focal neurologic signs (e.g. paralysis, weakness, etc.)

If player is experiencing any general concussion symptoms:

Physical: Headaches, nausea, dizziness, sensitivity to light and noise

Mental: Fogginess and difficulty thinking, feeling slowed down, difficulty concentrating and remembering

Sleep: Sleeping more or less than usual, difficulty falling asleep and staying asleep

Emotional and Behavioural: Sadness, anger, frustration, nervousness/anxious, irritable

***Medical assessment must be done by:** family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or nurse practitioner.
Documentation from any other source will not be acceptable

Call 911 immediately to go to nearest Emergency Department

Schedule an appointment with a medical doctor or NP immediately*. Go to nearest Emergency Department if **'Red Flag' symptoms** appear.

STEP 4: Was a concussion diagnosis received from medical assessment?

Yes

No

Send medical documentation of diagnosis to team trainer to send to GTHL office

STEP 5: Enter Stage 1 of *GTHL Return to Play Protocol*

Parent monitors for 24-72 hours in case symptoms appear or worsen

Send medical documentation of no diagnosis to team trainer to send to GTHL office **BEFORE** on-ice activity

Receive clearance from team trainer

Return to game play



GTHL Return to Play Protocol

NO Body Checking

Stage 1: Symptom limited activity (at least 24 hours) *Strategies: hollandbloorview.ca/concussionhandbook		
<ul style="list-style-type: none"> Daily activities that do not provoke symptoms Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal. 		
Stage 1: Signature of completion (requires player & parent/guardian signatures)		
I confirm that _____ completed Stage 1 for <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
Stage 2: Light aerobic exercise (at least 24 hours)		
<ul style="list-style-type: none"> Off-ice activities. NO contact. Begin with a warm up (stretching/flexibility) for 5-10 minutes. Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity). 		
Stage 2: Signature of completion (requires player & parent/guardian signatures)		
I confirm that _____ completed Stage 2 for <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
Stage 3: Hockey specific exercise done individually (at least 24 hours)		
<ul style="list-style-type: none"> Off-ice activities. NO contact. Begin with a warm up (stretching/flexibility) for 5-10 minutes. Increase intensity and duration of cardio workout to 20-30 minutes. Begin hockey specific skill work: individual stick handling and shooting drills. 50-60% intensity. 		
Stage 3: Signature of completion (requires player & parent/guardian signatures)		
I confirm that _____ completed Stage 3 for <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
Stage 4: Hockey specific training drills done with a teammate (at least 24 hours)		
<ul style="list-style-type: none"> Can begin on ice activities. NO contact. Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises. Begin on-ice skating warm-up: forwards, backwards, stop and start, cones. Begin on-ice practice of hockey drills with a partner: passing, shooting on goalie and other position specific drills like face-offs and deflections. Skating intensity 50%. Goalies begin in net with a coach shooting pucks in a controlled manner (e.g. progressing from shots to the pads/along the ice, glove shots then shots to the corners). 		
Stage 4: Signature of completion (requires player, parent/guardian & trainer signatures)		
I confirm that _____ completed Stage 4 for <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	_____
(Player Signature)	(Parent/Guardian Signature)	(Trainer)

***Acknowledgement:** [Montreal Children's Hospital "Return To Hockey Following A Concussion"](#)

McCrorry P, et al. Consensus Statement on Concussion in Sport: [the 5th International conference on concussion](#) in sport held in Berlin, Oct 2016. British Journal of Sports Medicine 2017 0:1-10

The GTHL Concussion Policy was made in collaboration with GTHL Safety Committee and the [Concussion Centre](#) from Holland Bloorview Kids Rehabilitation Hospital



GTHL Return to Play Protocol

NO Body Checking

Stage 5: Hockey specific team drills (at least 24 hours)

- On the ice. No contact. No scrimmages.
- Resume pre-injury duration of practice and team drills.
- Practice team passing, shooting drills and individual defensive skills.
- Practice break-out drills, 3 on 2's/2 on 1's and defensive coverage drills.
- Practice offensive and defensive plays. Skating intensity 75%.
- Goalies begin in net for controlled player drills (e.g. facing a single puck in play or players shooting one at a time). No drills that require a skater to drive hard to the net, to minimize accidental contact.

Stage 5: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 5 for minimum of 24 hours with no symptoms on _____ and I discussed my return to play stage with my coach at practice. MM/DD/YY

_____ (Player Signature)	_____ (Parent/Guardian Signature)	_____ (Trainer)
_____ (MD or NP signature)	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> MD or NP signature stamp and credentials	<input type="checkbox"/> Family Physician <input type="checkbox"/> ER Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Sports Medicine Physician <input type="checkbox"/> Neurologist <input type="checkbox"/> Nurse Practitioner

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6

Stage 6: Full contact practice (at least 24 hours after medical clearance)

- Participate in a full practice to get yourself back in the line-up (scrimmages)
- If completed with no-symptoms, discuss with coach/trainer about returning to full game play.
- Coaches/trainers must make sure that the player has regained their pre-injury skill level and is confident with their ability to return to game play. Skating intensity 100%.
- Goalies return to full team practice with hard driven shots, drives to the net and puck battles around the net.

Stage 6: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 6 for minimum of 24 hours with no symptoms on _____ MM/DD/YY

_____ (Player Signature)	_____ (Parent/Guardian Signature)	_____ (Trainer)
-----------------------------	--------------------------------------	--------------------

Stage 7: Return to game play

- **Players must spend a minimum of 24 hours at each stage, however most individuals should spend longer.**
- Required signatures must be completed **BEFORE** moving to the next stage. If the player experiences any symptoms during OR after the activities in any stage, the player should **stop that activity immediately, rest for 24 hours** and return to the **previous successful stage** before trying those activities again.
- A medical clearance must be from a family physician, pediatrician, sports-medicine physician, neurologist or nurse practitioner. *Documentation from any other source will not be acceptable.
- For further resources on concussion management strategies please visit gthlcanada.com/concussions

UPON SUCCESSFUL COMPLETION OF STAGE 6, THIS FORM MUST BE SENT TO MFATA@GTHLCANADA.COM (FAX: 416- 636-2035) BEFORE PLAYER IS PERMITTED TO PROCEED TO STAGE 7

***Acknowledgement:** [Montreal Children's Hospital "Return To Hockey Following A Concussion"](#)

McCorry P, et al. Consensus Statement on Concussion in Sport: [the 5th International conference on concussion](#) in sport held in Berlin, Oct 2016. British Journal of Sports Medicine 2017 0:1-10

The GTHL Concussion Policy was made in collaboration with GTHL Safety Committee and the [Concussion Centre](#) from Holland Bloorview Kids Rehabilitation Hospital



GTHL Return to Play Protocol

Body Checking

Stage 1: Symptom limited activity (at least 24 hours) *Strategies: hollandbloorview.ca/concussionhandbook

- Daily activities that do not provoke symptoms
- Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal.

Stage 1: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 1 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature) (Parent/Guardian Signature)

Stage 2: Light aerobic exercise (at least 24 hours)

- Off-ice activities. NO contact. NO checking.
- Begin with a warm up (stretching/flexibility) for 5-10 minutes.
- Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming (50% intensity).

Stage 2: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 2 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature) (Parent/Guardian Signature)

Stage 3: Hockey specific exercise done individually (at least 24 hours)

- Off-ice activities. NO contact. NO checking.
- Begin with a warm up (stretching/flexibility) for 5-10 minutes.
- Increase intensity and duration of cardio workout to 20-30 minutes.
- Begin hockey specific skill work: individual stick handling and shooting drills.
- 50-60% intensity.

Stage 3: Signature of completion (requires player & parent/guardian signatures)

I confirm that _____ completed Stage 3 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature) (Parent/Guardian Signature)

Stage 4: Hockey specific training drills done with a teammate (at least 24 hours)

- Can begin on-ice activities. NO contact. NO body checking.
- Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises.
- Begin on-ice skating warm-up: forwards, backwards, stop and start, cones.
- Begin on-ice practice of hockey drills with a partner: passing, shooting on goalie and other position specific drills like face-offs and deflections. Skating intensity 50%.
- Goalies begin in net with a coach shooting pucks in a controlled manner (e.g. progressing from shots to the pads/along the ice, glove shots then shots to the corners).

Stage 4: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 4 for minimum of 24 hours with no symptoms on _____
MM/DD/YY

(Player Signature) (Parent/Guardian Signature) (Trainer)

*Acknowledgement: [Montreal Children's Hospital "Return To Hockey Following A Concussion"](#)

McCorry P, et al. Consensus Statement on Concussion in Sport: [the 5th International conference on concussion](#) in sport held in Berlin, Oct 2016. British Journal of Sports Medicine 2017 0:1-10

The GTHL Concussion Policy was made in collaboration with GTHL Safety Committee and the [Concussion Centre](#) from Holland Bloorview Kids Rehabilitation Hospital



GTHL Return to Play Protocol

Body Checking

Stage 5: Hockey specific team drills (at least 24 hours)

- On the ice. No Contact. No Scrimmages.
- Resume pre-injury duration of practice and team drills.
- Practice team passing, shooting drills and individual defensive skills.
- Practice break-out drills, 3 on 2's/2 on 1's and defensive coverage drills.
- Practice offensive and defensive plays.
- Review body checking and protection techniques. Skating intensity 75%.
- Goalies begin in net for controlled player drills (e.g. facing a single puck in play or players shooting one at a time). No drills that require a skater to drive hard to the net, to minimize accidental contact.

Stage 5: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 5 for minimum of 24 hours with no symptoms on _____ and I discussed my return to play stage with my coach at practice. MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Trainer)

(MD or NP signature)

MD or NP signature stamp and credentials

- Family Physician
 ER Physician
 Pediatrician
 Sports Medicine Physician
 Neurologist
 Nurse Practitioner

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6

Stage 6: Full contact practice (at least 24 hours after medical clearance)

- On-ice activities with body checking.
- Participate in a full practice to get yourself back in the line-up (scrimmages)
- If completed with no-symptoms, discuss with coach/trainer about returning to full game play.
- Coaches/trainers must make sure that the player has regained their pre-injury skill level and is confident with their ability to return to game play. Skating intensity 100%.
- Goalies return to full team practice with hard driven shots, drives to the net and puck battles around the net. .

Stage 6: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that _____ completed Stage 6 for minimum of 24 hours with no symptoms on _____ MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Trainer)

Stage 7: Return to game play

- **Players must spend a minimum of 24 hours at each stage, however most individuals should spend longer.**
- Required signatures must be completed BEFORE moving to the next stage. If the player experiences any symptoms during OR after the activities in any stage, the player should stop that activity immediately, rest for 24 hours and return to the previous successful stage before trying those activities again.
- A medical clearance must be from a family physician, pediatrician, sports-medicine physician, neurologist or nurse practitioner. *Documentation from any other source will not be acceptable.

UPON SUCCESSFUL COMPLETION OF STAGE 6, THIS FORM MUST BE SENT TO MFATA@GTHLCANADA.COM (FAX: 416- 636-2035) BEFORE PLAYER IS PERMITTED TO PROCEED TO STAGE 7

*Acknowledgement: [Montreal Children's Hospital "Return To Hockey Following A Concussion"](#)

McCroly P, et al. Consensus Statement on Concussion in Sport: [the 5th International conference on concussion](#) in sport held in Berlin, Oct 2016. British Journal of Sports Medicine 2017 0:1-10

The GTHL Concussion Policy was made in collaboration with GTHL Safety Committee and the [Concussion Centre](#) from Holland Bloorview Kids Rehabilitation Hospital