

GTHL Concussion Policy

CONCUSSION EDUCATION & AWARENESS RESOURCES

- Mandatory in-person education sessions are provided to all coaches and trainers in order to participate in the GTHL by the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital. Education was provided on the recognition, reporting and referral to appropriate medical assessment for suspected concussions, in addition to supporting return to sport protocols and requirement of medical clearance prior to return to contact practice and game play. Education was also provided on the implementation of this concussion policy and protocol across the GTHL.
- Concussion awareness resources are available on [our website](#) for all parents, players, officials, managers and other team or club members. Any participating member must review the GTHL concussion policy and concussion awareness resources prior to start of the hockey season.

STEP 1: RECOGNITION & REMOVAL-FROM-SPORT

Recognizing a suspected concussion and removal from sport

- 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*) and/or observable signs of a suspected concussion (*Figure 2*) following a blow to the head, face, neck 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 by player– Even if only one symptom (*Figure 1*)
 - ii. Observable signs and symptoms from any team official (*Figure 2*)
 - iii. Peer-reported signs and symptoms from players, parents, and team officials (*Figure 1 and 2*)
 - iv. **If a player experiences a sudden onset of any of the “red flag symptoms”, 911 should be called immediately (*Figure 3*).**
- 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.**

GTHL Concussion Policy

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: VISUAL/OBSERVABLE SYMPTOMS

Lying down motionless on the playing surface
Slow to get up after a direct or indirect hit
Disorientation or confusion, or an inability to respond appropriately to questions
Blank or vacant look
Balance, gait difficulties motor incoordination, stumbling, slow labored movements
Facial injury after head trauma

Figure 3: 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.)

STEP 2: REPORTING A SUSPECTED CONCUSSION

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. No player with a suspected concussion should be left alone. Team trainers must recommend to the individual's parent or guardian that they seek medical assessment immediately. In addition to **nurse practitioners** the types of **medical doctors** that are qualified to evaluate patients with a suspected concussion include: **family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists).** Documentation from any other source will not be acceptable.
- 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.

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

GTHL Concussion Policy

- 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 medial 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: INITIAL MEDICAL ASSESSMENT

Assessment and diagnosis by a medical doctor (MD) or nurse practitioner (NP)

- 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.
- b) **Required type of initial medial assessment:** In order to provide comprehensive evaluation of players with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain injury and spine injuries and must rule out medical and neurological conditions that can present with concussion-like symptoms and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated. In addition to **nurse practitioners** the types of **medical doctors** that are qualified to evaluate patients with a suspected concussion include: **family physician, pediatrician, emergency room physician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists).** Documentation from any other source will not be acceptable.
- c) **Obtaining appropriate diagnosis and documentation:** Written medical documentation must be obtained **if a concussion has occurred or not.**

STEP 4: MEDICAL DIAGNOSIS

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 diagnosis:**
- 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.
 - 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 or Fax: 416- 636-2035).
 - 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.
 - 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.

GTHL Concussion Policy

- b) **If a medical doctor/nurse practitioner determines that the player with a suspected concussion does have a concussion diagnosis:**
- 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 5 of the *GTHL Concussion Policy*

Note: Written documentation by medical doctor or nurse practitioner may be provided in any format from medical assessment. A recommended [Medical Assessment Letter](#) template can be found in *Parachute's Canadian Guideline for Concussion in Sport*.

STEP 5: CONCUSSION MANAGEMENT

Initial recovery and management

An initial period of **24-48 hour of rest** is recommended before starting the return to sport protocol. For management strategies read the [Concussion Handbook from Holland Bloorview Kids Rehabilitation Hospital](#) and review the recommended resources on [our website](#). Children and adolescents **should not return to sport until they have successfully returned to full school schedule and workload**. However, early introduction of symptom-limited physical activity is appropriate.

Most players who sustain a concussion while participating in sport will make a complete recovery and be able to return to full school and sport activities within 4 weeks of injury. However, approximately 15-30% will experience symptoms that persistent beyond that timeframe. If available, players who experience persistent concussion symptoms for >4 weeks may benefit from referral to a medically-supervised [multidisciplinary concussion services](#).

STEP 6: RETURN TO SPORT AND MEDICAL CLEARANCE

GTHL Return to Play Protocol (Page 7-10)

- a) After an initial period of **24-48 hour of rest**, the player with a concussion must complete each stage 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 stage 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 stage'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 onset or worsening of 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 stages 1-5 of the *GTHL Return to Play Protocol* have been completed, the player must receive **medical clearance** to proceed to *Stage 6: Full Team Practice*, which includes on ice contact, scrimmages and body checking (if applicable). A player is not permitted to return to



GTHL Concussion Policy

stage 6 or 7 activities until written clearance by a medical doctor or nurse practitioner. In addition to **nurse practitioners** the types of medical doctors that are qualified to support medical clearance for concussion include: **family physician, pediatrician, sports-medicine physician, neurologist or internal medicine and rehabilitation (physiatrists)**. **Documentation from any other source will not be acceptable.**

- e) Once medical clearance for *Stage 6: Full Team Practice* is obtained; the parent/guardian must provide the written clearance from the medical doctor or nurse practitioner (highlighting player is safe to return to full team practice) and completed *GTHL Return to Play Protocol* with signatures to their team trainer, prior to player participating in *Stage 6: Full Team Practice*.
- f) It is the responsibility of the team trainer to submit written medical clearance and *GTHL Return to Play Protocol* with signatures completed to the GTHL head offices. (mfata@gthlcanada.com or Fax: 416- 636-2035) prior to the player participating in *Stage 7: Return to Game Play*.
- g) Do not progress to game play until player has regained their pre-injury skill-level and player is confident in their ability to return to activity.
- h) 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.

Special Considerations

This concussion policy aims to ensure that players with a suspected concussion are removed from play immediately, and players with a concussion not return to full participation 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 written diagnosis 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 6)
2. *GTHL Concussion Policy Summary* (Page 7)
3. *GTHL Return to Play Protocol No Body Checking* (Page 8 & 9)
4. *GTHL Return to Play Protocol Body Checking* (Page 10 & 11)

If you have any questions or concerns regarding the 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

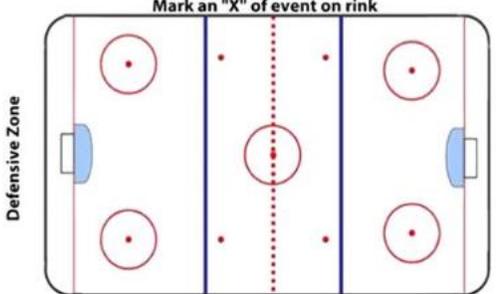
GENERAL INFORMATION

Player Name: _____	DOB: _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unspecified
Club Name: _____	Division: _____	Level: <input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> AAA
Height: _____	Weight: _____	Position: <input type="checkbox"/> Forward <input type="checkbox"/> Defense <input type="checkbox"/> Goalie

INJURY DESCRIPTION

Date of injury: _____	Time: _____	Date you were aware of suspected injury: _____
Arena location: _____		Opposing team: _____

A) Initial injury scenario	B) Resulted in contact with	C) Was contact anticipated?	General Information
<input type="checkbox"/> Contact with Opponent	<input type="checkbox"/> Boards	<input type="checkbox"/> Yes	Was this a call up? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Contact with Opponent (From Behind)	<input type="checkbox"/> Ice	<input type="checkbox"/> No	
<input type="checkbox"/> Contact with Teammate	<input type="checkbox"/> Opponent's Body	<input type="checkbox"/> Unsure	Number of hours of physical activity player participated in today? _____
<input type="checkbox"/> Fall	<input type="checkbox"/> Stick	D) Was there a penalty called on play?	
<input type="checkbox"/> Other	<input type="checkbox"/> Puck	<input type="checkbox"/> Yes	
	<input type="checkbox"/> Net	<input type="checkbox"/> No	
	<input type="checkbox"/> Other	<input type="checkbox"/> Unsure	

E) Game Scenario	F) Period	G) Puck Possession	H) Score	I) Injury Location
<input type="checkbox"/> On ice practice	<input type="checkbox"/> 1 st period	<input type="checkbox"/> Yes	<input type="checkbox"/> Winning	Mark an "X" of event on rink 
<input type="checkbox"/> Regular game	<input type="checkbox"/> 2 nd period	<input type="checkbox"/> No	<input type="checkbox"/> Losing	
<input type="checkbox"/> Exhibition	<input type="checkbox"/> 3 rd period	<input type="checkbox"/> Just released	<input type="checkbox"/> Winning >2	
<input type="checkbox"/> Tournament	<input type="checkbox"/> Overtime	<input type="checkbox"/> Other	<input type="checkbox"/> Losing >2	
<input type="checkbox"/> Playoffs	<input type="checkbox"/> Other		<input type="checkbox"/> Tie Game	
<input type="checkbox"/> Other _____				
Additional Comments: _____				

REPORTED SYMPTOMS (CHECK ALL THAT APPLY)

<input type="checkbox"/> Visual problems	<input type="checkbox"/> Balance problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> Irritability
<input type="checkbox"/> Nausea	<input type="checkbox"/> Feeling mentally foggy	<input type="checkbox"/> Sleeping more/less than usual	<input type="checkbox"/> Sadness
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Feeling slowed down	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Nervous/anxious
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Sensitive to light	<input type="checkbox"/> More emotional
<input type="checkbox"/> Headache	<input type="checkbox"/> Difficulty remembering	<input type="checkbox"/> Sensitive to noise	<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"/> Severe or increasing headache	<input type="checkbox"/> Neck pain or tenderness	<input type="checkbox"/> Seizure or convulsion
<input type="checkbox"/> Double vision	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Repeated vomiting
<input type="checkbox"/> Weakness or tingling/burning in arms/legs	<input type="checkbox"/> Deteriorating conscious state	<input type="checkbox"/> Increasingly restless, agitated or combative

Are there any other symptoms or evidence of injury to anywhere else? Yes No
If yes, what: _____

Has this player had a concussion before? Yes No Prefer not to answer
If yes, how many: 1 2 3 4 >5 Unsure

Any pre-existing medical conditions or take any medications? Yes No Prefer not to answer
If yes, please list: _____

I [name of trainer completing this form] _____ recommended to player's parent/guardian that the player seek medical assessment immediately. A medical assessment must be from a family doctor, pediatrician, emergency room doctor, sports-medicine physician, physiatrist, neurologist or a nurse practitioner.

Signature: _____ Phone Number: _____
Email Address: _____

PLEASE NOTE: This form is to be completed by the team trainer in the event of a suspected concussion in any GTHL activity. Once complete, give one copy of this report to parent/guardian and the other to GTHL head office. **EMAIL: MFATA@GTHLCANADA.COM** or **FAX: 416-636-2035**. Parents and players are to take this form to a medical assessment appointment.



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, physiatrist 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

Initial rest period of 24-48 hours before beginning return to play protocol

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)

Effort: 50%

- OFF THE ICE. 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

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: General conditioning & hockey specific exercise done individually (at least 24 hours)

Effort: 50-60%

- OFF THE ICE. 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.

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: General conditioning & hockey specific training drills done with a teammate (at least 24 hours)

Effort: 75%

- CAN BEGIN ON ICE ACTIVITIES. NO CONTACT. NO SCRIMMAGES.
- 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.
- 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"](#)**

McCrory 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) Effort: 90-100%

- 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.
- 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 and trainer at practice. MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Trainer)

(MD or NP signature)

MD or NP signature stamp and credentials

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Family Physician |
| <input type="checkbox"/> | Pediatrician |
| <input type="checkbox"/> | Sports Medicine Physician |
| <input type="checkbox"/> | Neurologist |
| <input type="checkbox"/> | Physiatrist |
| <input type="checkbox"/> | Nurse Practitioner |

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6

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

Effort: 100%

- ON THE ICE. CONTACT. SCRIMMAGES.
- Participate in a full practice to get yourself back in the line-up.
- If completed with no symptoms discuss with coach/trainer about returning to full game play.
- Coaches/trainers make sure player has regained pre-injury skill level and is confident in ability to return to game play.
- 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 onset or worsening of 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.
- Medical clearance must be from a family physician, pediatrician, sports-medicine physician, neurologist, physiatrist or nurse practitioner. Documentation from any other source will not be acceptable.
- Do not progress to game play until player has regained their pre-injury skill-level and player is confident in their ability to return to activity.
- **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



GTHL Return to Play Protocol

Body Checking

Initial rest period of 24-48 hours before beginning return to play protocol

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)

Effort: 50%

- OFF THE ICE. 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.

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: General conditioning & hockey specific exercise done individually (at least 24 hours)

Effort: 50-60%

- OFF THE ICE. 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.

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: General conditioning & hockey specific training drills done with a teammate (at least 24 hours) Effort: 75%

- CAN BEGIN ON-ICE ACTIVITIES. NO CONTACT. NO SCRIMMAGES. NO 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.
- 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)



GTHL Return to Play Protocol

Body Checking

Stage 5: Hockey specific team drills (at least 24 hours) Effort: 90-100%

- ON THE ICE. NO CONTACT. NO SCRIMMAGES. NO CHECKING.
- 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.
- 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 and trainer at practice. MM/DD/YY

(Player Signature)

(Parent/Guardian Signature)

(Trainer)

(MD or NP signature)

MD or NP signature stamp and credentials

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

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6

Stage 6: Full contact practice (at least 24 hours) Effort: 100%

- ON THE ICE. SCRIMMAGES. CONTACT INCLUDING BODY CHECKING.
- Participate in a full practice to get yourself back in the line-up.
- Review body checking and protection techniques. Focus on skills needed.
- If completed with no symptoms, discuss with coach/trainer about returning to full game play.
- Coaches/trainers make sure player has regained pre-injury skill level and is confident in ability to return to game play.
- 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 onset or worsening of 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.
- Medical clearance must be from a family physician, pediatrician, sports-medicine physician, neurologist, psychiatrist or nurse practitioner. Documentation from any other source will not be acceptable.
- Do not progress to game play until player has regained their pre-injury skill-level and player is confident in their ability to return to activity.
- **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"](#)

McCroory 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