Injuries

Both Hockey Canada and Hockey Alberta are committed to a safe and fun environment for all participants to enjoy the game. Because of the nature of the game of hockey – the skills, the pace, and the playing area, injuries can occur from time to time. The impact of these unfortunate occurrences can be minimized by taking the proper steps to prevent, recognize, and manage injuries effectively.

Prevention

Prevention starts with the right attitude, preparation, and protection.

Respect:

One of the most important things in preventing injuries is respect, and that respect starts with the example you as a parent set:

* Encourage your child to never check to the head, hit someone from behind, or attempt to injure a fellow player
* Be a positive influence by encouraging and celebrating positive behaviors like teamwork and skill development rather than negative behaviors like intimidation.
* Understand and respect the rules and reasons they are in place.
* Communicate to your child why certain rules are emphasized.

Warm up:

While the player may be in top form in terms of their physical conditioning, participation in vigorous sports like hockey requires a proper warm-up to help prepare the body for the increased demands and to help prevent injuries. Proper warm up includes a stretching component one the participant is “warmed up”.

Cool down:

The cool-down is the opposite of the warm-up. If the warm-up prepares the body for exercise, then the cool-down recovers the body following exercise. The cool-down is one of the most important features of the recovery process following exercise. In addition, proper stretching should also occur during the cool down.

For detailed information regarding proper conditioning, pre activity warm ups, post activity cool down, and stretching please refer to Hockey Canada’s Stretching Information Guide found: <https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Safety-Program/Downloads/stretching_e.pdf>

Equipment:

As stated hockey is a fast-paced sport with arms, legs, pucks, sticks, and skates flying around at all times. To keep participants safe proper fitting equipment is key. Ensure that all equipment fits properly, is in good working condition, free of damage, properly maintained, and is only used to protect. Avoid the temptation to purchase equipment that is too big because “they will grow into it”, proper fitting second hand equipment in good condition serves the same costs savings opportunity.

For a detailed description of equipment, fitting, and maintenance please refer to Hockey Canada’s Safety Requires Teamwork Manual found: https://cdn.hockeycanada.ca/hockey-canada/Hockey-Programs/Safety/Insurance/Downloads/safety\_teamwork\_e.pdf

Recognition

Most injury symptoms are obvious such as, but not limited to, tenderness/soreness/pain, bleeding, swelling, redness/bruising, stiffness/loss of range of motion, seizure/convulsion/loss of consciousness and will vary in terms of the body part injured, the severity of the injury, the treatment needed, and the time to recover. Outside the physical appearance of an injury changes in the way a person moves, such as favoring one side vs the other, could be a sign that there may be an injury.

If there is a suspected injury it is important that it is diagnoses and treated appropriately and in a timely manner. A child may face pressure internally to avoid the disappointment of missing the big game or externally because he/she is needed to help the team win however no opportunity lost is worth the potential long term impact of not properly letting an injury heal.

**Concussions**

Due to the nature of concussions there are many signs and symptoms that could indicate a concussion has occurred, some of which are immediate and require immediate attention while others may appear gradually over a period of time.

If ANY of the following are observed or complaints reported by a participant following an injury, immediate assessment by a physician is required.

* Neck pain or tenderness
* Double vision
* Weakness or tingling/burning in arms or legs
* Severe or increasing headache
* Seizure or convulsion
* Loss of consciousness
* Deteriorating conscious state
* Vomiting
* Increasingly restless, agitated or combative

the following can be used to help determine if a possible concussion may have occurred:

Observable signs and visual clues:

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

Symptoms:

* Headache or “pressure in head”
* Balance problems
* Nausea or vomiting
* Drowsiness
* Dizziness
* Blurred vision
* Sensitivity to light or noise
* Fatigue or low energy
* “Don’t feel right”
* More emotional or irritable, feeling sad, nervous or anxious
* Neck Pain
* Difficulty concentrating or remembering
* Feeling slowed down or “in a fog“

For more information on concussion symptoms and what to do if a concussion is suspected please refer to Hockey Alberta’s concussion site: https://www.hockeyalberta.ca/members/game-conduct-management/concussions/

**Injury management**

If an injury occurs proper recovery is the most important factor to prevent lengthening the recovery time, aggravating the injury, or causing long term harm. There are two aspects to ensuring a successful return from an injury. Return to Play and Fit to Play.

**Return to Play**

The return to play strategy is a gradual progression to a return to game action. It begins after a doctor has given the player clearance to return to activity and ends when a participant has returned to full game competition without any symptoms.

The following is the generally accepted 6 step return to play protocol and its usage recommended for all types of injuries.

STEP 1 Light activities of daily living which do not aggravate symptoms or make symptoms worse. Once tolerating step 1 without symptoms and signs, proceed to step 2 as directed by your physician.

STEP 2 Light aerobic exercise, such as walking or stationary cycling. Monitor for symptoms and signs. No resistance training or weight lifting.

STEP 3 Sport specific activities and training (e.g. skating).

STEP 4 Drills without body contact. May add light resistance training and progress to heavier weights. The time needed to progress from non-contact to contact exercise will vary with the severity of the concussion and the player. Go to step 5 after medical clearance (reassessment and written note).

STEP 5 Begin drills with body contact.

STEP 6 Game play.

**Fit to Play**

Just as important to ensuring the injured participant gradually returns to the game is ensuring the participant is fit to play again which means that the participant is in the physical condition to return to game play. It is understandable the excitement of returning to game play as soon as possible however injuries often reoccur because a participant has return to the high intensity of a game without being in the proper physical condition, especially if the participant has been away from game play for an extended period. To help mitigate the likelihood of an injury occurring in these first few games ensure that the participant dedicates time in the return to play process to proper conditioning and stretching and if the participant is not yet in proper condition do not return right away.

**Concussions**

As per Hockey Canada policy it is the expectation it is an expectation that a participant with a suspected concussion must complete the return to play protocol (as described above) and all team coaches, trainers, safety personnel, and staff to adhere to Hockey Canada’s Return to Play strategy. It is also expected that the completion of each of these steps are to be documented and presented to the local association prior to a participant returning to active participation.

Following a concussion and prior to step 1 a brief period of physical and mental rest is recommended.

The earliest a concussed athlete should return to play is one week. Players should proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance. Each step should be a minimum of one day (but could last longer depending on the player and the situation). If symptoms or signs return, the player should return to step 2 and be re-evaluated by a physician, symptoms may return later that day or the next, not necessarily when exercising!

For more information on concussion specific return to play process and the Hockey Canada policy on concussions please refer to Hockey Alberta’s concussion site: https://www.hockeyalberta.ca/members/game-conduct-management/concussions/