



# Markham Waxers Concussion Policy

This concussion policy was originally made in collaboration with **the Greater Toronto Hockey League (GTHL) and the Concussion Centre from Holland Bloorview Kids Rehabilitation Hospital**. This document has been adapted for implementation at the Markham Waxers organization with consultation from Holland Bloorview. **This policy is aligned with the [Canadian Guideline on Concussion in Sport](#).**

## 1. AWARENESS RESOURCES, CODE OF CONDUCT AND TRAINING

- **Awareness:** Concussion awareness resources are available on the [Ontario Government Website](#) for all parents, players, officials, managers and other team or club members. Any participating member must review the Markham Waxers concussion policy and concussion awareness resources prior to start of the hockey season.
- **Concussion Code of Conduct:** Players and parents to sign the [OHF Concussion Code of Conduct](#) on rules and behaviour to support concussion prevention
- **Education:** Mandatory education sessions are provided to coaches and trainers by the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital in order to participate in club activities. Education was provided on remove-from-sport and return-to-sport protocols and requirements 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.

## 2. RECOGNIZING A SUSPECTED CONCUSSION

- a) **What is a concussion?** Concussion is a form of a traumatic brain injury induced by biomechanical forces that results in signs and symptoms after a blow to the head or the body that typically resolve within 1-4 weeks of injury. A concussion can result in non-specific physical, cognitive, sleep and emotional symptoms. Symptoms of concussion typically appear immediately but may be delayed and evolve within the first 24-48 hours.
- b) **When should a concussion be suspected?** All players who experience any concussion reported signs and symptoms (*Figure 1*) or visual/observation symptoms (*Figure 2*) 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 Markham Waxers club activity immediately. A club activity is defined as any club on-ice or off-ice team function.
- c) **A suspected concussion can be identified in three ways:**
  - i. Self-reported signs and symptoms by a 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*).**



## Markham Waxers 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.)

**Note: The [Concussion Recognition Tool 5](#) is valuable for all first responders in recognizing suspected concussion and responding to more severe brain injury or potential neck injury.**

### 3. REMOVAL-FROM-SPORT PROTOCOL, REPORT, AND REFER

- a) **Who is responsible for removal-from-sport?** 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 recognize the signs and symptoms of concussion and 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. *NOTE: If there are any red flag symptoms (Figure 3) or a neck injury is suspected, activate your Emergency Action Plan and call 911 immediately. The player should not be moved and should only be removed from the field of play by emergency healthcare professionals with appropriate spinal care training. More severe forms of brain injury may be mistaken for concussion. If any of the red flags symptoms are observed or reported within 48 hours of an injury, then the player should be transported for urgent medical assessment at the nearest emergency department.*



## Markham Waxers Concussion Policy

- b) **Monitoring the player:** Team trainers are responsible for monitoring the player with a suspected concussion until a parent/guardian is contacted and on-site. Players with a suspected concussion should not be left alone or drive a motor vehicle. ***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
- c) **Reporting a suspected concussion using the *Suspected Concussion Report Form*:** If a suspected concussion occurs, the team trainer is responsible for completing and reviewing the *Suspected Concussion Report Form* (Page 7) and provide one copy of the report to the player's parents/guardian to bring to the medical assessment and another copy to the Markham Waxers head trainer ([barbm.waxers@gmail.com](mailto:barbm.waxers@gmail.com)). This is to be done immediately after the concussion is suspected. If the form was completed by another individual with trainer certification or team head coach (as trainer was not present), that individual must send to the team trainer who review and submit to the head trainer.
- d) **Referring for medical assessment:** Team trainers must recommend to the individual's parent or guardian that they seek medical assessment as soon as possible. **Medical assessment must be done by a medical doctor or nurse practitioner.** The *remove-from-sport protocol summary* (Page 8) can be provided to parents and players on removal to outline requirements for medical assessment and obtaining proper documentation.

### STEP 4: INITIAL MEDICAL ASSESSMENT AND DIAGNOSIS

- a) **Seeking medical assessment:** If a player has been deemed to have had a suspected concussion, it is the parent/guardian's responsibility to take the player to see a medical doctor or nurse practitioner as soon as possible. Players with suspected concussions may not return to any club activity until they have received medical assessment and submitted necessary documentation.
- b) **Required typed of 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 youth 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.**

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



## Markham Waxers Concussion Policy

	No Concussion	Yes Concussion
<b>Diagnosis</b>	If a medical doctor/nurse practitioner determines that the player with a suspected concussion <b><u>DID NOT</u></b> have a concussion	If a medical doctor/nurse practitioner determines that the player with a suspected concussion <b><u>DOES</u></b> have a concussion
<b>Parents &amp; Players</b>	<ul style="list-style-type: none"> <li>✓ 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.</li> <li>✓ Parent/guardian should continue to monitor the player for at <b>least 24-48 hours</b> after the event, as signs and symptoms may be delayed or evolve over that period.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 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</li> <li>✓ The player is to begin stage 1 of the return-to-sport protocol.</li> </ul>
<b>Team Trainers &amp; Coaches</b>	<ul style="list-style-type: none"> <li>✓ Team trainer to submit medical documentation to the head trainer <a href="mailto:barbm.waxers@gmail.com">barbm.waxers@gmail.com</a> before the player is permitted to return to any club activity</li> <li>✓ Team trainers and head coaches will not allow return until documentation has been received.</li> <li>✓ Team trainers have the right to refuse a player to return to any club activity if they deem the player unfit to do so.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Team trainer to submit medical documentation, in addition to the <a href="#">Hockey Canada Injury Report Form</a>, to the head trainer <a href="mailto:barbm.waxers@gmail.com">barbm.waxers@gmail.com</a>.</li> <li>✓ Team trainers and head coaches will follow gradual return-to-sport protocol and ensure no participation in stage 5 and 6 sport activities until medical clearance (See details on page 9-10)</li> </ul>

### 5. RECOVERY AND CLINICAL SUPPORT

An initial period of 24-48 hour of rest is recommended before starting the return-to-sport protocol. After an initial period of rest, it is recommended that low to moderate level physical and cognitive activity be gradually started at a level that does not result in exacerbation of symptoms. Activities that pose no/low risk of sustaining a concussion should be resumed even if mild residual symptoms are present or whenever acute symptoms improve sufficiently to permit activity. Players should avoid activities associated with a risk of contact, fall, or collisions such as high speed and/or contact activities and full-contact sport that may increase the risk of sustaining another concussion during the recovery period until clearance by a medical doctor or nurse practitioner.

Most children and adolescents (70%) who sustain a concussion will be able to return to full school and sport activities, generally within four weeks of injury. However, approximately 15-30% will experience symptoms that persist beyond that timeframe. [Players who have several delayed modifiers benefit most from early referral to specialized concussion care <4 weeks \(recommendation 2.1b\).](#) Players who wish to



## Markham Waxers Concussion Policy

have support by a physician-led multidisciplinary team within the first four weeks of injury can seek [early care services](#) for their recovery. Players who experience persistent concussion symptoms for >4 weeks may benefit from a referral to a medically-supervised [multidisciplinary concussion service](#).

### 6. RETURN-TO-SPORT PROTOCOL AND MEDICAL CLEARANCE

- a) After an initial period of 24-48 hour of rest, the player with a concussion must complete each step of the *return-to-sport protocol* (Pages 9 & 10).
- b) Parent/guardian and the player are responsible to ensure that each stage of the *return-to-sport protocol* is followed appropriately and the required signatures are completed at each stage. Players should complete each stage of the return-to-sport protocol for a minimum of 24 hours without new or worsening symptoms before progressing to the next stage. If a player experiences, new or worsening symptoms at a particular stage they should return to the previously successful stage.
- c) Once stages 1-4(b) of the *return-to-sport protocol* have been completed, the player must receive medical clearance to proceed to *Stage 5: Full contact practice with team* which includes on ice contact, scrimmages and body checking (if applicable). A player is not permitted to return to *Stage 5: Full contact practice with team* or *Stage 6: Game Play* until written permission by a medical doctor/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.
  - **Written clearance by a medical doctor or nurse practitioner may be provided in any format from the medical appointment. See [recommended medical clearance letter template](#).**
- d) Once medical clearance for *Stage 5: Full contact practice with team* is obtained; the parent/guardian must provide the written clearance from the medical doctor or nurse practitioner (highlighting the player is safe to return to full team practice) and completed *return-to-sport protocol* with signatures to their team trainer, prior to the player participating in *Stage 6: Game Play*.
- e) It is the responsibility of the team trainer to submit written medical clearance and *return-to-sport protocol* signatures completed to the head trainer [barbm.waxers@gmail.com](mailto:barbm.waxers@gmail.com) prior to the player participating in *Stage 6: Game Play*.
- f) 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 game play.
- g) Team trainers have the right to refuse a player to return to any club 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 do not return to full participation in club activities before medically cleared to do so. The above steps relate most directly to a player who sustains a concussion



## Markham Waxers Concussion Policy

during a club activity and this injury is identified immediately. Not all concussions will be identified immediately and not all concussions will take place during club activities. Two alternative scenarios are presented below:

**Scenario 1:** A suspected concussion from a Markham Waxers activity is not identified and/or reported until days or weeks after the Markham Waxers activity. **Enter at Step 3: Remove-from-sport protocol, report and refer.** Immediately upon the suspected concussion being identified and/or reported to team officials, the team trainer is to complete the *Suspected Concussion Report Form* and recommend that the player seek appropriate medical assessment as soon as possible.

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

### **Referring Documents:**

1. *Suspected Concussion Report Form* (Page 7)
2. *Remove-from-sport protocol summary* (Page 8)
3. *Return-to-Sport Protocol* (Page 9 & 10)

If you have any questions or concerns regarding the Markham Waxers Concussion Policy please contact the Markham Waxers head trainer: **Barb Matthews** at [barbm.waxers@gmail.com](mailto:barbm.waxers@gmail.com).

**This Markham Waxers Concussion Policy is available [online](#) for reference when needed.**

# Suspected Concussion Report Form

## GENERAL INFORMATION

**Player Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:**  M  F  Unspecified  
**Club Name:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Level:**  A  AA  AAA  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Position:**  Forward  Defense  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?	
<input type="checkbox"/> Contact with Opponent		<input type="checkbox"/> Boards		<input type="checkbox"/> Yes	
<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	
<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 <sup>st</sup> 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 <sup>nd</sup> period	<input type="checkbox"/> No	<input type="checkbox"/> Losing		
<input type="checkbox"/> Exhibition	<input type="checkbox"/> 3 <sup>rd</sup> 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 _____					
<b>Additional Comments:</b>					

## 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 as soon as possible. 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 Markham Waxers activity. Once this form is complete, give one copy of this report to parent/guardian and the other to head trainer. **EMAIL:**

[barbm.waxers@gmail.com](mailto:barbm.waxers@gmail.com) Parents are to take this form for medical assessment appointment

Report form informed by NHL Heads-Up Checklist from Hutchison et al 2013

# Markham Waxers remove-from-sport summary

**REMOVE:** A suspected concussion has been recognized and player is removed from play. Trainers hold the final decision to remove players with a suspected concussion.

**REPORT:** Trainer completes *Suspected Concussion Report Form*. Provides copy to:

Parent/Guardian and recommend they seek medical assessment as soon as possible

Head Trainer: Barbara Matthews  
[barbm.waxers@gmail.com](mailto:barbm.waxers@gmail.com)

**REFER:** Seeing a medical doctor or nurse practitioner for medical assessment\*

## If player is experiencing any 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

## If player is experiencing any 'Red Flag' Symptoms:

- Severe or increasing headache
- Double vision
- Weakness or tingling/burning in arms/legs
- Neck pain or tenderness
- Loss of consciousness
- Deteriorating conscious state
- Seizure or convulsion
- Repeated vomiting
- Increasingly restless, agitated or combative
- Focal neurologic signs (e.g. paralysis, weakness, etc.)

\*Includes: Family Physician, Pediatrician, Sports-Medicine Physician, Psychiatrist, Neurologist or Nurse Practitioner. Recommended [Medical Assessment Letter](#) template found in *Parachute's Canadian Guideline for Concussion in Sport*.

Schedule an appointment as soon as possible with a medical doctor/nurse practitioner. \* Go to nearest Emergency Department if 'Red Flag' symptoms appear

Go to nearest Emergency Department or call 911

**ASSESSMENT:** Was a concussion diagnosis received at medical or emergency appointment?

Send medical documentation of diagnosis to team trainer to send to head trainer

Yes

No

Parent monitors for 24-48 hours in case symptoms appear or worsen

Families can choose to ask for a referral to Holland Bloorview to receive concussion care

**RECOVERY AND GRADUAL RETURN-TO-SPORT:** Enter Stage 1 of *return-to-sport protocol*

Send medical documentation of no diagnosis to team trainer to send to head trainer BEFORE on-ice activity

Return to game play



# Return-to-sport protocol

<b>Stage 0: Initial rest period of 24-48 hours before beginning return-to-sport protocol</b>		
<b>Stage 1: Symptom limited activity (at least 24 hours)</b>		
<ul style="list-style-type: none"> <li>Daily activities that do not worsen symptoms</li> <li>Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal.</li> </ul>		
Confirmed completion Stage 1 for <u>minimum</u> of 24 hours with <b>no new or worsening symptoms</b> on _____ MM/DD/YY		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
<b>Stage 2: Light aerobic exercise (at least 24 hours)</b>		<b>Effort: 50%</b>
<ul style="list-style-type: none"> <li>OFF THE ICE. NO CONTACT.</li> <li>Begin with a warm up (stretching/flexibility) for 5-10 minutes.</li> <li>Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming.</li> </ul>		
Confirmed completion Stage 2 for <u>minimum</u> of 24 hours with <b>no new or worsening symptoms</b> on _____ MM/DD/YY		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
<b>Stage 3: General conditioning &amp; hockey specific exercise done individually (at least 24 hours)</b>		<b>Effort: 50-60%</b>
<ul style="list-style-type: none"> <li>OFF THE ICE. NO CONTACT.</li> <li>Begin with a warm up (stretching/flexibility) for 5-10 minutes.</li> <li>Increase intensity and duration of cardio workout to 20-30 minutes.</li> <li>Begin hockey specific skill work: individual stick handling and shooting drills.</li> </ul>		
Confirmed completion Stage 3 for <u>minimum</u> of 24 hours with <b>no new or worsening symptoms</b> on _____ MM/DD/YY		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
<b>Stage 4 (a): Hockey specific training drills done with a teammate (at least 24 hours)</b>		<b>Effort: 75%</b>
<ul style="list-style-type: none"> <li>CAN BEGIN ON-ICE ACTIVITIES. NO CONTACT. NO SCRIMMAGES. NO BODY CHECKING.</li> <li>Increase duration up to 60 minutes. Begin resistance training including neck and core strengthening exercises.</li> <li>Begin on-ice skating warm-up: forwards, backwards, stop and start, cones.</li> <li>Begin on-ice drills with a partner: passing, shooting on goalie and position specific drills like face-offs and deflections.</li> <li>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).</li> </ul>		
Confirmed completion Stage 4(a) for <u>minimum</u> of 24 hours with <b>no new or worsening symptoms</b> on _____ MM/DD/YY		
_____	_____	_____
(Player Signature)	(Parent/Guardian Signature)	(Trainer)

# Return-to-Sport Protocol

<b>Stage 4(b): Non-contact team training</b>	<b>Effort: 90-100%</b>
<ul style="list-style-type: none"> <li>ON THE ICE. NO CONTACT. NO SCRIMMAGES. NO BODY CHECKING.</li> <li>Resume pre-injury duration of practice and team drills.</li> <li>Practice team passing, shooting drills and individual defensive skills.</li> <li>Practice break-out drills, 3 on 2's/2 on 1's and defensive coverage drills.</li> <li>Practice offensive and defensive plays.</li> <li>Review body checking and protection techniques.</li> <li>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.</li> </ul>	
<p>Confirmed completion Stage 4(b) for <u>minimum</u> of 24 hours with <b>no ongoing symptoms</b> on _____ MM/DD/YY</p>	
<p>_____</p> <p style="text-align: center;">(Player Signature)</p>	<p>_____</p> <p style="text-align: center;">(Parent/Guardian Signature)</p>
<p>_____</p> <p style="text-align: center;">(MD or NP signature)</p>	<div style="border: 1px solid black; width: 100%; height: 50px; margin-bottom: 5px;"></div> <p style="text-align: center; font-size: small;">MD or NP signature stamp and credentials</p>
<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right; margin: 0;">(Trainer)</p> <p style="margin: 0;"><input type="checkbox"/> Family Physician</p> <p style="margin: 0;"><input type="checkbox"/> Pediatrician</p> <p style="margin: 0;"><input type="checkbox"/> Sports Medicine Physician</p> <p style="margin: 0;"><input type="checkbox"/> Neurologist</p> <p style="margin: 0;"><input type="checkbox"/> Physiatrist</p> <p style="margin: 0;"><input type="checkbox"/> Nurse Practitioner</p> </div>	
<b>MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 5 &amp; 6</b>	
<b>Stage 5: Full contact practice with team (at least 24 hours)</b>	<b>Effort: 100%</b>
<ul style="list-style-type: none"> <li>ON THE ICE. SCRIMMAGES. CONTACT. INCLUDING BODY CHECKING (if applicable).</li> <li>Participate in a full practice, review body checking and protection techniques. Focus on skills needed.</li> <li>If completed with no symptoms, discuss with coach/trainer about returning to full game play.</li> <li>Coaches/trainers make sure player has regained pre-injury skill level and is confident in ability to return to game play.</li> <li>Goalies return to full team practice with hard driven shots, drives to the net and puck battles around the net.</li> </ul>	
<p>Confirmed completion Stage 5 for <u>minimum</u> of 24 hours with <b>no ongoing symptoms</b> on _____ MM/DD/YY</p>	
<p>_____</p> <p style="text-align: center;">(Player Signature)</p>	<p>_____</p> <p style="text-align: center;">(Parent/Guardian Signature)</p>
<p>_____</p> <p style="text-align: center;">(Trainer)</p>	
<b>Stage 6: Game play</b>	

## Overall guidelines of return-to-sport protocol:

- Players must spend a minimum of 24 hours at each stage, however most children/youth should spend longer.
- If the player experiences any new or worsening of symptoms during or after the activities in any stage, the player should stop that activity and return to the previous successful stage they can tolerate. Players should consult with a trained healthcare professional for return-to-sport strategies.
- Medical clearance is required before participation in *Stage 5: Full contact practice with team*. Clearance must be from a medical doctor or nurse practitioner. See [recommended medical clearance letter template](#).
- Upon successful completion of Stage 5, this form in addition to medical clearance letter must be provided to the team trainer before player is permitted to participate in *Stage 6: Game Play*. Team trainer must send to [barbm.waxers@gmail.com](mailto:barbm.waxers@gmail.com) prior start of game.

**\*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