



GTHL Concussion Policy

CONCUSSION EDUCATION, AWARENESS RESOURCES AND CODE OF CONDUCT

- **Education:** Mandatory in-person education sessions are provided to all coaches and trainers in order to participate in the Greater Toronto Hockey League (GTHL) by the Concussion Centre at Holland Bloorview Kids Rehabilitation Hospital. 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 across the GTHL.
- **Awareness:** 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.
- **Concussion Code of Conduct:** Players and parents to sign the [OHF Concussion Code of Conduct](#) on rules and behaviour to support concussion prevention.

STEP 1: RECOGNITION

Recognizing a suspected concussion

- 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. 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 GTHL activity immediately. A GTHL activity is defined as any GTHL 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*).**



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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 response 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.

STEP 2: REMOVE-FROM-SPORT

Ensuring immediate and safe removal of players with a suspected concussion from activity

- 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 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.**
- b) **Monitoring the player:** Team trainers are responsible to monitor the player with a suspected concussion until a parent/guardian is contacted and on-site. No player with a suspected concussion should be left alone. Players with a suspected concussion should not be left alone or drive a motor vehicle.



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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

- a) **Red Flag Symptoms:** If there are any red flag symptoms 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 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 (*Figure 3*) 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.

STEP 3: REPORTING A SUSPECTED CONCUSSION AND REFERING FOR MEDICAL ASSESSMENT

Completion and submission of the *Suspected Concussion Report Form*

- a) **Completion of the GTHL Suspected Concussion Report Form:** Team trainers are responsible for completing the *GTHL Suspected Concussion Report Form* (Page 7) immediately after a concussion is suspected.
- b) **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 the 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 team trainer is responsible for reviewing and submitting to GTHL head offices.
- c) **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**. Players with suspected concussions may not return to any club activity until they've received medical assessment and submitted necessary documentation (*see steps 4 & 5*). The *concussion policy summary* (page 8) can be provided to parents and players on removal to support seeking timely and appropriate medical assessment.

STEP 4: 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 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.
- b) **Required type of initial medical 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:



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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 5: 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:**
 - 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 or Fax: 416- 636-2035).
 - iii. Parent/guardian should continue to monitor the player for at least 24-48 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 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 GTHL head offices (mfata@gthlcanada.com or Fax: 416- 636-2035).
 - iii. The player is to begin Step 6: Concussion Management of the *GTHL Concussion Policy*

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*.

STEP 6: 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.



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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 persist beyond that timeframe. If available, players who experience persistent concussion symptoms for >4 weeks may benefit from a referral to medically-supervised [multidisciplinary concussion services](#).

STEP 7: RETURN-TO-SPORT AND MEDICAL CLEARANCE

GTHL return-to-sport protocol (Page 9-10)

- 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-sport protocol*.
- b) Parent/guardian and the player are responsible to ensure that each stage of the *GTHL return-to-sport protocol* is followed appropriately and the required signatures are completed. 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 any onset or worsening of symptoms during or after the activities in any stage, the player should stop that activity immediately, break, and return to the previous successful stage as tolerated before trying those activities again. It is common for this to occur, and many children and youth will spend several days in a stage at a time before progressing.
- d) Once stages 1-6 of the *GTHL return-to-sport protocol* have been completed, the player must receive **medical clearance** to proceed to *Stage 6: Full Contact Practice*, which includes on ice contact, scrimmages and body checking (if applicable). A player is not permitted to return to 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 Contact Practice* 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 *GTHL return-to-sport protocol* with signatures to their team trainer, prior to the 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-sport protocol* 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 game play.
- 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.



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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 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 3 (reporting a suspected concussion).** 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 5 (medical diagnosis).** 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 7)
2. *GTHL Concussion Policy Summary* (Page 8)
3. *GTHL Return-to-Sport Protocol* (Page 9 & 10)

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

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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?		
<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	<input type="checkbox"/> 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	
<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 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 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 & 2 (RECOGNIZE AND 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.



STEP 3 (REPORT AND REFER): Trainer completes *Suspected Concussion Report Form*. Provides copy to:



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

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



STEP 4 (ASSESSMENT): 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: Foginess 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:

- 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

*This includes: Family Physician, Pediatrician, Sports-Medicine Physician, Psychiatrist, Neurologist or Nurse Practitioner. Documentation that does not fit this criteria will not be accepted.

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

Call 911 immediately to go to nearest Emergency Department

STEP 5 (DIAGNOSIS): Was a concussion diagnosis received at medical or emergency appointment?

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

Yes

No

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

STEP 6 & 7 (MANAGEMENT AND RETURN-TO-SPORT): Initial recovery strategies and return-to-sport protocol

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

Return to game play



GTHL Return-to-Sport Protocol

Initial rest period of 24-48 hours before beginning return-to-sport 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.

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.

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.

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 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 drills with a partner: passing, shooting on goalie and 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).

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-Sport Protocol

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

Effort: 90-100%

- ON THE ICE. NO CONTACT. NO SCRIMMAGES. NO BODY 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.

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. SCRIMMAGES. CONTACT. INCLUDING BODY CHECKING (if applicable).
- 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.

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: Game play

- 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, break, and return to the previous successful stage as tolerated. It is common for this to occur, and many children/youth will spend several days in a stage at a time before progressing.
- A medical clearance for *Stage 6: Full contact practice* 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 game play.
- **Upon successful completion of *Stage 6: Full contact practice*, this form must be sent to mfata@gthlcanada.com (fax: 416- 636-2035) with medical clearance letter before player is permitted to proceed to *Stage 7: Game play*.**

***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