



# HITS TO THE HEAD HOCKEY FACTS

While most hits to the head are minor and create no significant problems, we ask that you observe your son/daughter over the next 24 hours for any of the following signs and symptoms that may indicate a more serious problem:

- Mild headache
- Nausea, dizziness
- Mood change
- Difficulty concentrating
- Difficulty sleeping
- Sensitivity to light

If your child **develops any of the symptoms listed above**, he or she must be examined by a doctor and **may not return to hockey** until he or she has obtained **written physician clearance** on a Hockey Canada Injury Report (HCIR).

If your son or daughter **develops any of the symptoms** below **within 24 hours** of a hit to the head, he or she must be taken **immediately to a hospital emergency department**. The symptoms are:

- Severe headache (throbbing)
- Vomiting/nausea
- Uncontrolled shaking or writhing movements
- Unusual and profound drowsiness

If your child has been diagnosed as having a concussion, the average time away from hockey is 3 to 7 days (and any other sport they are involved in at the time). Please notify the team trainer of your child's condition and diagnosis. A Hockey Canada Injury Report must be completed in full, and submitted to the BLOMHA office before your child can return to play.

Players must return gradually and follow the Hockey Canada Provocative Exercise Testing (PET) program to ensure their safe return. PET was developed by a group of Canadian neurosurgeons affiliated with Hockey Canada.

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For further information, contact the BLOMHA office at 905.637.0731 or [hockey@blomha.on.ca](mailto:hockey@blomha.on.ca)



# RETURN TO PLAY STEPS

The return to play process is gradual and begins after a physician has given the player clearance to return to activity. If any symptoms or signs return during this process, the player must be re-evaluated by a physician. Remember, symptoms may return later that day or the next, not necessarily during activity.

- Step 1** No activity, only complete rest  
Proceed to Step 2 only when symptoms are gone
- 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
- Step 5** Begin drills with body contact
- Step 6** Game play

**Note:** Players should proceed through 'return to play steps' only when they are no longer experiencing any symptoms or signs. If symptoms or signs return, the player should return to the previous step, and be re-evaluated by a physician.

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## PREVENTION TIPS

### Never return to play if symptoms persist!

#### **Coach • Trainer • Referee**

- Inform and educate players about the risks of concussions
- Recognize signs and symptoms of concussions
- Prevent all checks to the head
- Prevent all hits from behind

#### **Players**

- Make sure your helmet fits snugly and that the strap is fastened
- Use a custom fitted mouth guard
- Respect other players
- No hits to the head
- No hits from behind

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#### **Educational Resources**

- Smart Hockey Video
- thinkfirst website [thinkfirst.ca](http://thinkfirst.ca)
- Pashby Sport Safety Concussion website [concussionsafety.com](http://concussionsafety.com)