



GTHL Return to Play Protocol

NO Body Checking

Stage 1: Symptom limited activity (at least 24 hours) *Strategies: hollandbloorview.ca/concussionhandbook		
<ul style="list-style-type: none"> 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 <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
Stage 2: Light aerobic exercise (at least 24 hours)		
<ul style="list-style-type: none"> Off-ice activities. 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 (50% intensity). 		
Stage 2: Signature of completion (requires player & parent/guardian signatures)		
I confirm that _____ completed Stage 2 for <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
Stage 3: Hockey specific exercise done individually (at least 24 hours)		
<ul style="list-style-type: none"> Off-ice activities. 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. 50-60% intensity. 		
Stage 3: Signature of completion (requires player & parent/guardian signatures)		
I confirm that _____ completed Stage 3 for <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	
(Player Signature)	(Parent/Guardian Signature)	
Stage 4: Hockey specific training drills done with a teammate (at least 24 hours)		
<ul style="list-style-type: none"> Can begin on ice activities. NO contact. 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. Skating intensity 50%. 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 <u>minimum</u> of 24 hours with no symptoms on _____ <div style="text-align: right;">MM/DD/YY</div>		
_____	_____	_____
(Player Signature)	(Parent/Guardian Signature)	(Trainer)

***Acknowledgement: [Montreal Children's Hospital "Return To Hockey Following A Concussion"](#)**

McCrorry 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)

- 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. Skating intensity 75%.
- 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 at practice. MM/DD/YY

_____ (Player Signature)	_____ (Parent/Guardian Signature)	_____ (Trainer)
_____ (MD or NP signature)	<div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"></div> MD or NP signature stamp and credentials	<input type="checkbox"/> Family Physician <input type="checkbox"/> ER Physician <input type="checkbox"/> Pediatrician <input type="checkbox"/> Sports Medicine Physician <input type="checkbox"/> Neurologist <input type="checkbox"/> Nurse Practitioner

MEDICAL CLEARANCE REQUIRED BEFORE PROCEEDING TO STAGE 6

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

- Participate in a full practice to get yourself back in the line-up (scrimmages)
- If completed with no-symptoms, discuss with coach/trainer about returning to full game play.
- Coaches/trainers must make sure that the player has regained their pre-injury skill level and is confident with their ability to return to game play. Skating intensity 100%.
- 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 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.
- A medical clearance must be from a family physician, pediatrician, sports-medicine physician, neurologist or nurse practitioner. *Documentation from any other source will not be acceptable.
- For further resources on concussion management strategies please visit gthlcanada.com/concussions

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"](#)
 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*