

Player Safety

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MAHA Hockey Events Manager

Player Safety Coordinator, Michigan District



Player Safety

- **Neck Laceration Protectors**

- **USA Hockey MANDATE – Goes into effect on August 1, 2024**



- **Key Considerations**

- **As of June 2024, HECC approved same standard presently in place with BNQ**
- **Rule verbiage on standard expected to be refined by 2025 USA Hockey Winter Meetings**
- **Potential Outcomes:**
 - **Recommendation of a HECC-certified product**
 - **Requirement of a HECC-certified product**
 - **Requirement of a HECC or BNQ certified product**

NOTE: Participants need to be mindful of non-certified products in the marketplace. Future refinement of the standard may require replacement of product in order to meet the standard.



Concussions in Ice Hockey

Sports-Related Concussion (SRC) is a traumatic brain injury

- **Can result from a blow to head, neck *or body***
- **Often occurs to players:**
 - **Who don't have, or just released, the puck**
 - **From open-ice hits**
 - **Unanticipated hits**
 - **Illegal collisions**



There is no such thing as a “minor brain injury.”



Concussion Protocol

USA Hockey Return to Play Form

- Adopted as the **REQUIRED** form of use for MAHA, per the USA Hockey Player Safety Committee
- Three (3) signatures required for medical clearance:
 - Health Care Professional
 - Parent / Legal Guardian
 - Head Coach
- This form is to be used after an athlete has been removed from athletic activity, due to a suspected concussion and **MUST** be signed by their medical provider in order to return without restriction to training, practice or competition.
- Provide a copy of the completed, signed Return to Play Form to your association for accurate records

**MAHA/USA HOCKEY CONCUSSION MANAGEMENT
RETURN TO PLAY FORM**

The USA Hockey Concussion Management Protocol and most state statutes require that an athlete be removed from any training, practice or game if they exhibit any signs, symptoms or behaviors consistent with a concussion or are suspected of sustaining a concussion. The player should not return to physical activity until he or she has been evaluated by a qualified medical provider who has provided written clearance to return to sports.

This form is to be used after an athlete has been removed from athletic activity due to a suspected concussion and must be signed by their medical provider in order to return without restriction to training, practice and competition.

Player Name: _____ DOB: / /

Please cut here

Return this form to Jon Hosking, Michigan District Player Safety Coordinator, at jhosking@maha.org
(Information is used for data collection only Name and DOB will not be shared)

District/Affiliate: Michigan Name of person reporting: _____

Association & Team: _____ Date of injury: / / Age at time of injury: _____

Location of injury/Arena: _____

Injury signs/symptoms: _____

Age level of play: _____ Date of Initial Visit to Health Care Professional: / /
(Y10U, Y14U, G10U, G12U, HS)

Print Health Care Professional Name: _____ License Number: _____

Role of Health Care Professional: (Physician, AT, Nurse Practitioner, etc.) _____

Address: _____ Phone Number: _____

I HEREBY AUTHORIZE THE ABOVE-NAMED ATHLETE TO RETURN TO ATHLETIC ACTIVITY FOR FULL PARTICIPATION WITHOUT RESTRICTION.

Signature: _____ Date: / /

I AM THE PARENT OR LEGAL GUARDIAN OF THE PLAYER IDENTIFIED ON THIS FORM AND I CONSENT TO THEIR RETURN TO ATHLETIC ACTIVITY WITHOUT RESTRICTION.

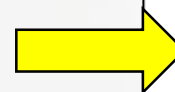
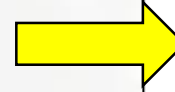
Parent/Legal Guardian Name: _____

Signature: _____ Date: / /

I AM THE COACH OF THE PLAYER IDENTIFIED AND I CONFIRM RECEIPT OF THIS CLEARANCE FORM ACKNOWLEDGING THE HEALTH CARE PROVIDER AND PARENT HAVE APPROVED THE ATHLETE'S RETURN TO PARTICIPATION WITHOUT RESTRICTION.

Coaches Name: _____

Coach Signature: _____ Date: / /



FICTION

Concussions aren't serious and will get better on their own

Concussions happen only with a blow to the head

You must lose consciousness (black out) to have a concussion

Concussion patients should be awakened every few hours after injury

Concussion patients should avoid all cell phone, tablet, and computer use during recovery

Concussion patients should not attend school until issues are resolved

Physical activity should not be allowed following concussion until symptoms resolve

FACT

Seeing a concussion care specialist in first few days post-injury shortens recovery time

Direct blows to head or body, resulting in force transmitted to head, cause concussions

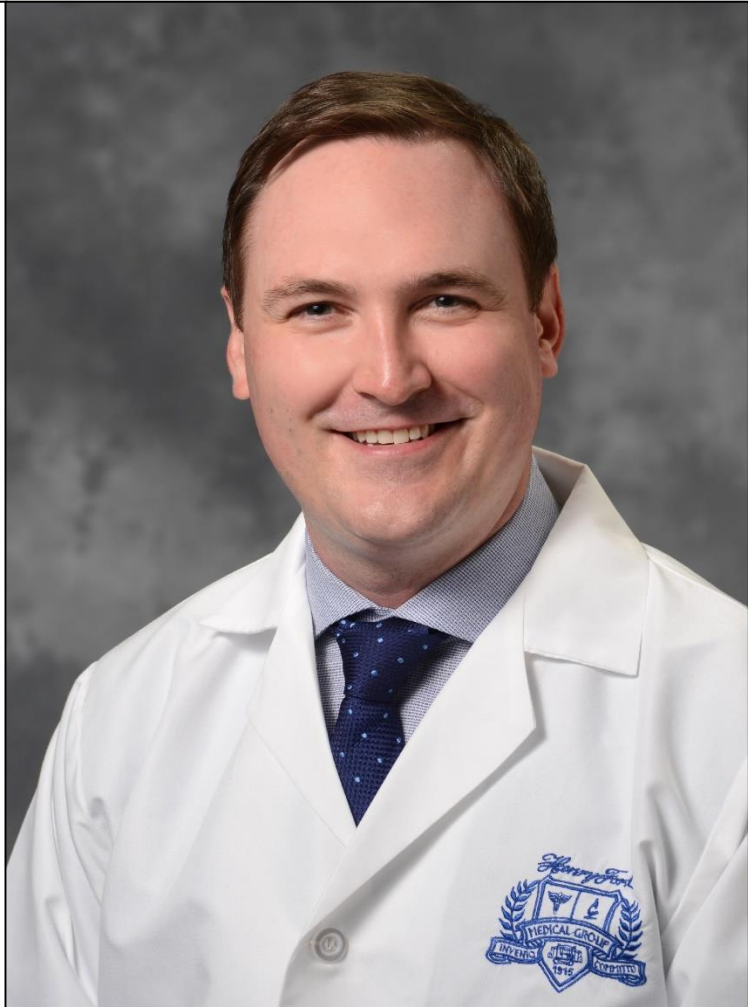
Memory issues, dazed, headaches, nausea, blurred vision, are symptoms of concussions

After being stable for 4-6 hours, concussion patients should rest for first 24-48 hrs and maintain normal sleep schedules

Concussion patients are permitted to use technology in moderation to maintain social interactions

Concussion patients may participate in school as long as symptoms don't worsen during learning activities

Light physical activity as tolerated is recommended after the initial rest period following concussion



featuring Dr. T. Sean Lynch, Sports Medicine Orthopedic Surgeon



Patient Stories



Kaley Doyle
Livonia, MI
Brown University



Ava Mcillmurray
Hartland, MI
Lindenwood University



Contact Dr. Lynch



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