

# INTERNATIONAL ICE HOCKEY FEDERATION

## CONCUSSION PROTOCOL

### Introduction

The IIHF Concussion Protocol has been updated using data and research from recent symposia to ensure the safety and health of the players competing in the IIHF Championship Program, IIHF Club Competitions and Olympic Winter Games competitions.

### Acute Evaluation/Management

Concussion symptoms may occur quickly after a blow to the head or body or may evolve over time (hours or even days). Consequently, players diagnosed with a concussion, and those who are suspected of having a concussion, should be removed from play, monitored and evaluated over time.

Any player (including goaltenders) or on-ice official who displays one or more of the concussion signs, or who exhibits/reports one or more of the concussion symptoms, either on the ice or at any subsequent time after direct or indirect contact, shall be removed as soon as possible from the playing environment by the team medical staff. Team personnel observing the signs and symptoms below shall report their observations to their medical staff. The IIHF Medical Supervisor is entitled to request an examination in the dressing room from the team if he/she observes visible signs of concussion.

### Concussion Signs (Visible)

- Lying motionless on the ice – a player lies motionless on the ice or falls to the ice in an unprotected manner (i.e., without stretching out his hands or arms to lessen or minimize his fall).;
- Motor incoordination/balance problems – A player staggers, struggles to get up or skate properly, appears to lose his balance, trips or falls, or stumbles while getting up, trying to get up, or skating.;
- Disorientation (e.g., unsure of where he is on the ice or location of player bench);

### Concussion Symptoms (Player reported)

- Headache;
- Dizziness;
- Balance or coordination difficulties;
- Nausea;



- Amnesia for the circumstances surrounding the injury (i.e., retrograde/anterograde amnesia);
- Cognitive slowness;
- Light/sound sensitivity;
- Disorientation;
- Visual disturbance;
- Tinnitus.

*Please note that the signs and symptoms of concussion listed above, although frequently observed or reported, are not an exhaustive list.*

Players or officials suspected of having a concussion shall be evaluated by Team Medical Personnel (physician, athletic trainer, physiotherapist) in a distraction-free environment. In all circumstances, the Team Medical Personnel shall assess the player in person and be solely responsible for determining whether the player is diagnosed with a concussion. If no Team Medical Personnel are available, the Event Chief Medical Officer (ECMO) shall take over that role.

**Return to Play**

If Team Medical Personnel conclude after their examination that the player or official **shows no evidence of a concussion**, the player may return to play.

if on examination there is no evidence of a concussion the player could return to play

A player or official with a suspected or diagnosed concussion **shall be immediately removed from play and cannot return to play on the same day.**

Players or officials showing observable signs that are not attributed to an injury to a different part of the body shall not return to play and will be re-evaluated on the next day.

After a brief period of rest (24 to 48 hours after injury), the concussed player is encouraged to become gradually and progressively more active as long as these activities do not cause or worsen symptoms. The player follows a graduated return to play strategy with at least 24 hours (or longer) for each stage. If any symptoms worsen during exercise, the athlete should go back to the previous step.

<b><u>Stage</u></b>	<b><u>Aim</u></b>	<b><u>Activity</u></b>	<b><u>Goal of each step</u></b>
1	Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No	Increase heart rate



resistance training.

3	Sport specific exercise	Running or skating drills. No head impact activities.	Add movement
4	Non-contact training drills	Harder training drills.. The player may start progressive resistance training.	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to Play	Normal game play.	

**The athlete may return to play when the Team Medical Personnel or ECMO/Host Physician (if no Team Medical Personnel present) verifies normal neurocognitive function and successful completion of the graduated return to play strategy.**

The Team Medical Personnel may consult with the IIHF Medical Supervisor, if present, but the Team Medical Personnel will make the final decision on return to play. **If the IIHF Medical Supervisor does not agree with the decision of the Team Medical Personnel, he/she will communicate with the Directorate Chairman who has the authority to remove the player from competition.**