

# London Hockey Concussion Summit

**Summary Statement  
Stakeholders Meeting  
London Hockey Concussion Summit  
January 18, 2009**

**The Stakeholders Meeting included representatives of:**

London Hockey Concussion Summit Faculty  
ThinkFirst, Canada  
Ontario Medical Association  
Canadian Academy of Sports Medicine  
Canadian Athletic Therapists Association  
American Medical Society for Sports Medicine  
American College of Sports Medicine  
The National Hockey League  
The National Hockey League Players' Association  
Ontario Hockey Federation  
Ontario Hockey Association  
Ontario Woman's Hockey Association  
Canadian Spinal Cord Research Organization / Shoot For A Cure  
Coaching Association of Canada  
Canadian Centre for Ethics in Sport  
Ontario Neurotrauma Foundation (HNI member)  
The Marie-Robert Neurotrauma Foundation  
Football Canada

## **CAVEAT:**

**This Summary Statement is not a consensus document. The recommendations listed below resulted from a three hour open discussion of the Stakeholders present at a meeting January 18<sup>th</sup>, 2009, the day after the London Hockey Concussion Summit . The individuals who attended did not reach unanimous consensus on each of the recommendations listed below. The recommendations represent an open discussion by the individuals who were present, and should not be construed as indicating that all recommendations have been accepted by the organizations to which the attendees belong.**

**This Summary Statement was compiled by the Co-Chairs (Dr. C. Tator and Dr. P. Echlin), and distributed to the Stakeholders for comment two weeks before public disclosure. The recommendations in this statement are designed to serve as a framework for future discussion, and to promote significant change concerning the prevention, recognition, and management of concussions in hockey.**

## **PREAMBLE:**

**A concussion is a serious brain injury. Coordinated action needs to be taken immediately to decrease the incidence of this injury, and to improve the identification and treatment of these injuries when they occur.** Several groups (e.g. Hockey Canada, USA Hockey, ThinkFirst, Canada and CDC HeadsUp) have concussion initiatives currently underway. There is a need for a central organization to coordinate concussion specific research, and prevention/intervention programs. The Hockey Neurotrauma Initiative (HNI) has been developed under the auspices of the Ontario Neurotrauma Foundation. We suggest that this be called the **Hockey Concussion Initiative (HCI)**. This suggestion will be brought forward to HNI members at their February 17<sup>th</sup>, 2009 meeting for consideration. It will also be suggested that the HCI be expanded to include many of the stakeholders at the London meeting.

The HCI should initially focus on the prevention, and improved management of hockey concussions, but should ultimately serve in the future as a model for all sports / activities in which head injuries occur (e.g. football, soccer, rugby, skiing, skateboarding and bicycling).

## RECOMMENDATIONS:

1. The current high incidence of concussion dictates the priority of review and implementation of effective active interventions, such as rule changes and improved prevention programs. At the same time, it is necessary to support coordinated, multi-centre research to provide comprehensive, ongoing data about concussions.
2. **Rule Changes: Maximize the effectiveness of rules that promote brain injury prevention. There should be no differentiation between amateur and professional levels concerning specific rules (A and B below) implemented to prevent brain injury. These specific rules must be universal.**

### **A) No Fighting**

**A coordinated effort must be made to implement the elimination of fighting from the game of hockey at all levels.** Fighting is one of the known causes of concussion, and may result in the related long-term complications.

Fighting can cause needless death.

### **B) No High Hits / Head Hits**

The reduction of hits from behind has had a major effect on the incidence of broken necks in hockey, and similarly, the reduction of high/head hits should reduce the incidence of concussions. High hits/head hits can cause concussions, long-term complications of concussion and death.

3. **Mandated Concussion / Head Injury specific (computer and seminar based) certification for all hockey executives, on-ice officials, coaches and trainers. Logistics, standardization and funding of these certification modules should be coordinated by a national organization such as Hockey Canada.**

#### **4. Physician Education and Support Network**

The adoption of a physician education program (i.e. ThinkFirst, CDC HeadsUp) concerning sport concussions. The establishment of an accessible support network of sport medicine specialists. This network will increase visibility and availability of trained secondary and tertiary assistance. This network in Canada could be organized by an organization such as the Canadian Academy of Sport Medicine.

#### **5. Role Model Outreach based on NHL / OHL Player Role Model Program**

A concussion education and outreach program should be established at the professional / elite level. Such programs have already been held at Scotia Place in Ottawa and at the Air Canada Centre in Toronto. The professional and elite players have a great opportunity to educate the young players who role model them. These programs should stress peer respect, and information about concussion injuries. Players need to be responsible, educated, and educate each other at all levels.

#### **6. Research**

**A)** There is a need for a user friendly universal collection instrument / system for recording hockey concussions world-wide. There is a need for pilot studies of a concussion data collection system, and the use of the SCAT card. This research would assess incidence, mechanisms of injury, gender affects and long term complications.

**B)** Further analysis of the value and role of pre-season screening.

**C)** Examine the values and implementation of computer generated cognitive profiles for pre-season evaluation and return to play decisions.

**D)** Examine the effects that changes in personal protective equipment and the arena environment have upon the incidence of concussion injuries (e.g. material for protective hockey equipment, rink size/number of participants).

## **7. Financial Support**

Coordinated support from governments, foundations, corporations, medical and educational institutions to achieve the above.

## **8. Applicability to Other Sporting and Recreational Activities**

Information gathered through the HCI could be used to prevent head injuries in other activities (e.g. football, soccer, rugby, basketball, skiing, skateboarding and bicycling).

## **9. The Hockey Concussion Initiative as an umbrella organization**

The Hockey Concussion Initiative should act as a unifying body for organizations such as those who contributed to the London meeting. The common concussion goals (prevention, management and research) can be stated and achieved in a unified manner, without sacrificing individual organizational autonomy.

### **CO-CHAIRS, STAKEHOLDERS MEETING**

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