POSITION STATEMENT

VIOLENCE AND INJURIES IN ICE HOCKEY

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(Updated 2007)

This position statement was prepared by the Canadian Academy of Sport Medicine (CASEM). This position statement was approved by the CASEM Board of Directors as a CASEM position statement in 1988.

RECOMMENDATIONS

This report arises from a need perceived by the Canadian Academy of Sport Medicine for direct medical input into the growing controversy in Canadian society regarding the issue of violence in the game of ice hockey and its impact on player safety. After thorough review of the literature, it is the position of the Canadian Academy of Sport Medicine that:

1. A nationwide system for collection and classification of injury data be established.
2. Body checking be eliminated from levels of minor hockey which are not designed as training for professional and international ranks.
3. Fighting be completely eliminated from the game of hockey.
4. A major educational program be undertaken aimed at coaches, trainers, players and parents to deinstitutionalize the current accepted norms of violence and injury.
5. Increased enforcement of existing rules designed to prohibit unsafe acts is required immediately.
6. Recreational and Oldtimer's hockey be brought under regulation to conform with equipment standards for safety.

BACKGROUND

In recent years a number of official reports such as one "Canadian Hockey Review" by the Honourable Justice Urie to the federal government and the report of the survey obtained by the Ontario Hockey Council in 1979, have identified a clear desire on the part of the Canadian public to reduce what is perceived to be an unacceptably high level of violence and unsportsmanlike play in ice hockey. These reports have already resulted

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in the formation of the federal government's Fair Play Commission, Québec's "Régis de la sécurité dans les sports" and have been instrumental in bringing about changes in the Canadian Amateur Hockey Association (CAHA) emphasizing skills and sportsmanship in hockey through the National Coaching Certification programs and development of the Hockey Talk series of publications. It is the intention of this statement to deal with the relationship between violence and injury in hockey from the medical viewpoint. From analysis of the literature and statistics published to date, rational light may be shed on this emotional topic and appropriate recommendations made.

COLLECTION OF INFORMATION

Hockey is a game combining speed, finesse and strength. Its physical nature at the competitive level will inevitably result in some injuries. However, there is ample evidence that measures for injury prevention can be brought into play at all levels of ice hockey to significantly reduce the injury ration. Many studies have been done looking at injury rates in hockey. Unfortunately these studies suffer from non-uniformity in the definition of what events and findings constitute an injury and also from disparity in reporting the mechanism and etiology of these injuries. As well, many factors, such as level and competitiveness of play, types of equipment and frequency of play are important factors not always controlled in these studies. Nevertheless, despite these limitations, consistent trends can be identified in the majority of available reports.

It is clear that a national consensus should be established regarding injury collection and definition. A nationwide system of injury information collection is possible through the use of hospital information surveys similar to the National Electronic Injury Surveillance System (NEISS) already established in the United States. The importance of this system in monitoring developing trends in hockey injury cannot be overemphasized. For example, the recent detection of cervical spine injuries attributable to ice hockey might have occurred at an earlier date. The deaths and serious injuries associated with neck lacerations require similar close examination at a national level. In addition, any changes in injury patterns as a result of rule changes and equipment modification could be identified quickly over the ensuing years, by institution of such a reporting system.

BODY CHECKING

It is clear from most studies that body checking, high sticking and fighting for the puck are the most common source of injury of all types. It has been shown that body checking does not provide an outlet for aggression but, in fact, leads to increased levels of aggression and illegal acts. The elimination of body checking from levels of hockey which are not designed as training programs for professional and international ranks

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would appear to be a useful way to reduce injuries. In this argument it becomes apparent that there are two levels of hockey in Canada; Recreational or "House League", and Competitive or "Rep", "All Star", "Select", etc. The majority of players in professional and elite ranks are drawn from the second group (although only a small percentage of such players actually make it to such a level).

Body checking should therefore be eliminated form ALL levels of recreational ("house") hockey thus better preparing these players for adult recreational hockey and "Old Timers" leagues.

Competitive ("Rep", "All Star") teams will continue to require the institution of training in body checking techniques at an appropriate age level. Hockey played at the lower levels, by young players, appears to have a very low injury rate. There is a progressive increase in both the rate of injury and severity of injury with increasing age and competitive level above the age of 11. Due to the large variability in size and maturity of players in the 12-15 age group, and the reality of injuries as a result of this activity, it is inappropriate to have full body checking at these ages in any level of hockey. Pee Wee (age 12-13) hockey coincides with a peak growth spurt and increased risk of injury. There should be no intentional body contact at this age. Bantam hockey (age 14-15) is a more appropriate age at which to begin teaching the techniques, but in a graduated fashion (i.e. hip check and blocking only, no contact near boards). Full body checking can begin at the Midget (age 16-17) level when less variability between player's size exists, thus giving less advantage for early maturing players. The competitive players will then accept the attendant risks and also an option of returning to an active non-contact, recreational division if they so desire without giving up the game completely.

FIGHTING

Fighting should not be part of the game of hockey. To justify it as a harmless outlet for aggression which otherwise would be released in other, more dangerous, ways is wrong. Fighting does cause injuries, which range from fractures of the hands and face to lacerations and eye injuries. At present, it is an endemic and ritualized blot on the reputation of the North American game.

RULE VIOLATION

It is also apparent that there is institutionalized rule violation in hockey at all levels beginning even in novice programs. This is the so-called "good penalty". The use of illegitimate tactics and violence are considered technical skills for achieving team success and are taught accordingly. The difference between legal and illegal acts is blurred at a

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very early age even in non-competitive levels of hockey. A major education program aimed at players, trainers, coaches and parents is required to deinstitutionalize these potentially violent accepted norms of behavior. Certainly the federal government has taken a step in this direction through development of the Fair Play Commission and the CAHA has instituted a coaching certification program aimed at promoting the sportsmanship and educational functions of the game. These programs should be continued and strengthened.

RULE ENFORCEMENT

Increased enforcement of the existing rules must be coupled with this educational process. Behaviours (such as fighting and deliberate attempts to injury) which are to be severely detrimental to the spirit and safety of the game, should be punished by ever-increasing suspensions and possibly permanent expulsions. Other games on a global scale, such as soccer, have not hesitated to use this form of punishment.

It is appropriate at this point to single out for further discussion the alarming trend toward an increasing frequency of spinal injuries. This newly identified problem appears to result, in the main, from players striking the boards head first after being checked from behind. Other etiological factors remain under study but there is no evidence to date to support the charge that the helmet and facemasks contribute directly to this new injury problem. It is possible, however, that player may regard themselves as invulnerable while wearing this equipment and therefore take more risks that players in former years. It must be remembered that brain, eye and dental injuries have dramatically declined through the use of approved helmets and face guards and this significant improvement in safety should not be overlooked in a bid to modify/lighten equipment standards. Rules designed to prevent such injury exist and must be enforced.

ADULT RECREATIONAL HOCKEY

There remains in Canada a large and growing number of hockey players unaffiliated with the CAHA. Recreational and "Oldtimer's" hockey teams are becoming increasingly popular. It is unfortunate that these leagues have not instituted safety standards for equipment for their players. The players in these leagues play with a minimum of equipment and some injury rates are accordingly higher. For example, the highest percent of permanent eye injuries now occur in this age group. Certainly they are the only group of hockey players suffering facial lacerations outside the professional ranks. Dental injuries are also common. The expense of these injuries, both to society and the individual contribute to the obvious recommendation that these players be brought under regulations to enforce standard safety equipment usage. Even in CAHA organized

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leagues, the individual's failure to use approved equipment or to use damaged and modified equipment should also be controlled through education of the parents, coaches and players regarding the monitoring of the quality of the equipment.

CONCLUSION

It is to be hoped that this statement and its recommendations will stimulate debate and initiate movement towards a safer game. It is the position of the CASEM that there are areas of significant prevention that can be utilized and developed at all levels of hockey to reduce the injury rate significantly. Canada, from its unique position as a world leader in the development of and participation in the game of hockey, can assume a leadership role in its future development and ongoing safety.

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