Bodychecking in youth ice hockey

Kristin M Houghton, Carolyn A Emery; Canadian Paediatric Society, Healthy Active Living and Sports Medicine Committee

ABSTRACT
Hockey is one of the most popular sports for Canadian children and youth. While the health benefits of physical activity and sport participation are well recognized, there is increasing concern around the frequency and severity of hockey-related injuries, particularly concussion. Studies consistently identify bodychecking as the primary mechanism associated with youth hockey injuries, including concussion. Policy to delay bodychecking until bantam league play (when participants are 13 to 14 years of age) will reduce the risks of injury and concussion in young ice hockey players. Bodychecking should be eliminated from non-elite youth ice hockey. The age at which bodychecking is introduced in competitive hockey leagues must be reconsidered. Both initiatives require policy change in many provinces/territories, and must be re-evaluated prospectively in light of emerging research.

Key Words: Bodychecking; Concussion; Ice hockey; Injury; Sport; Youth

RECOMMENDATIONS
The Canadian Paediatric Society recommends the following:

• Eliminating bodychecking from all levels of organized recreational/non-elite competitive male ice hockey. (Grade II-2A evidence)

• Delaying the introduction of bodychecking in elite male competitive leagues until players are 13 to 14 years of age (bantam level) or older. (Grade III-C evidence)

• Implementing Hockey Canada's four-stage skill development program for bodychecking (body positioning, angling, stick checking and body contact) for all leagues.

• Educating coaches and trainers, schools, and policy-makers in sport about the signs and symptoms of common hockey injuries, especially concussion.

• Improving injury surveillance to better identify the risk factors for, and mechanisms of, hockey injuries.

• Policies to reduce injury and promote fair play in hockey, for all age groups and league levels.

Clinicians who see young hockey players in their practice should offer the following advice:

• Girls and young women should continue participating in non-bodychecking leagues.

• Boys should play in recreational/non-elite hockey leagues that do not allow bodychecking.

• Elite male players should play in hockey leagues that introduce bodychecking later, when players are 13 to 14 years of age (bantam level) or older.

• All players should adhere to fair play and a non-violent sport culture.

• Parents and caregivers should learn injury prevention and risk reduction strategies, including concussion prevention, recognition and management.

ACKNOWLEDGEMENTS: This statement was reviewed by the Community Pediatrics and Injury Prevention Committees of the Canadian Paediatric Society. Thanks to Drs. Claire MA LeBlanc, Stan Lipnowski, Peter Nieman, Christina G Templeton and Thomas J Warshawski for their input as past members of the CPS Healthy Active Living and Sports Medicine Committee.

CPS HEALTHY ACTIVE LIVING AND SPORTS MEDICINE COMMITTEE

Members: Catherine Birken MD; Tracey L Bridger MD (Chair); Mark E Feldman MD (Board Representative); Kristin M Houghton MD; Michelle Jackman MD; John F Philpott MD

Liaison: Laura K Purcell MD, CPS Paediatric Sports and Exercise Medicine Section

Principal authors: Kristin M Houghton MD; Carolyn A Emery PT PhD

The recommendations in this statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate. All Canadian Paediatric Society position statements and practice points are reviewed on a regular basis. Please consult the Position Statements section of the CPS website (www.cps.ca) for the full-text, current version.