

# Missoula Area Youth Hockey Association

## Concussion Management Policy

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The recognition and treatment of youth sports participants who have suffered a concussion has become a national priority. As a result of an increasing number of studies that have revealed that concussions, not properly treated, can result in permanent physical and cognitive deficits, including learning disabilities. The data also suggests that concussions can lead to the development of dementia and other long-term issues earlier than expected. These risks have led MAYHA to develop policies related to hockey concussions that are consistent with the current recommendations of the U.S. Centers for Disease Control and Prevention.

Recovery from a concussion may require limitation of physical activity, especially sports activity such as practice, drills, games and physical education classes. In significantly symptomatic youth sports participants, mental activity may also need to be limited cognitively to allow the brain time to heal.

To better manage instances of concussion in our hockey programs, MAYHA requires the following:

1. All coaches (paid and volunteer) must complete annual training in the area of current concussion management practices and provide proof to the MAYHA Youth Hockey Director prior to the start of each sports season. The training should include up-to-date information on the identification of concussion, the signs and symptoms associated with the injury, the risks involved with allowing youth hockey participants to continue to play while symptomatic, methods of concussion assessment and the importance of gradual return to play practices. Training may be completed here: <http://www.cdc.gov/headsup/youthsports/training/index.html> or through other recognized/approved trainings deemed appropriate by the Youth Hockey Director.
2. Information about sports-related concussion will be provided to parents prior to the start of each hockey season and parents will be asked to provide written acknowledgment of receiving such information.
3. Prior to the start of every season, parents will receive educational materials about the risks of concussion, how to identify the signs and symptoms associated with concussion, along with the potential risks involved with playing while symptomatic. Parents will also be informed about the MAYHA concussion policy.
4. Concussion baseline testing is **highly encouraged** for all players. Baseline testing is provided free of charge for all players and the Youth Hockey Director will work with the UM Athletic Training program to established dates and times for players to be tested.
5. If, during a practice or a game, a youth hockey participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the participant must be removed from all hockey activity. He/she may not return to any practice or game activity until he/she is evaluated by a licensed health care professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, Sport-Certified Physical Therapist, etc). The participant must provide written clearance from that provider prior to being allowed to return to participation. The MAYHA Youth Hockey Director will keep evidence of all written clearance forms on file for a period no shorter than seven (7) years.

For more information please contact Grace Hoene, Youth Hockey Director, at 612-384-5108 or [grace@glaciericerink.com](mailto:grace@glaciericerink.com)

**Missoula Area Youth Hockey Association**  
**Youth Sports Participant & Parent/Legal Guardian Concussion Statement**

The MAYHA Concussion policy requires each year that information about sports-related concussion will be provided to parents about concussion prior to the start of each sports season. Parents are required to provide written acknowledgment of receiving such information. The policy further states that during a practice or a game, if a youth hockey participant sustains a concussion or exhibits the signs, symptoms or behaviors of concussion, the youth hockey participant must be removed from all hockey activity. The youth hockey participant may not return to any practice or game activity until he/she is evaluated by a licensed healthcare professional trained in the evaluation and management of concussion (i.e., physician, physician assistant, nurse practitioner, athletic trainer, Sport-Certified Physical Therapist, etc). The youth hockey participant must provide written clearance from that provider prior to the athlete being allowed to resume physical activity.

Youth Hockey Participant Name: \_\_\_\_\_

(form should be completed for every youth hockey participant, even if there are multiple participants in a household)

Parent/Legal Guardian Name(s): \_\_\_\_\_

I/We have read the Concussion Information Sheet

I/We understand the signs and symptoms of a concussion and will report these signs and symptoms to parents, coaches, officials and qualified medical professionals.

I/We understand that treatment for a concussion includes immediate removal from hockey participation, an evaluation from a medical professional, and activity modification/limitations.

I/We understand that the youth hockey participant must receive written clearance from a medical professional, and that the youth hockey participant will complete the return to play protocol.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/signature: \_\_\_\_\_ Date: \_\_\_\_\_