Safety in Ice Hockey: Third Volume

Alan B. Ashare, editor

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Foreword

This publication, Safety in Ice Hockey: Third Volume, contains papers presented at the Third Symposium on Ice Hockey held 5–6 May 1997 in St. Louis, Missouri. The symposium was sponsored by ASTM Committee F08 on Sports Facilities and by its Subcommittees F08.15 on Hockey Equipment and F08.51 on Medical Aspects and Biomechanics. The event was also sponsored by the Hockey Equipment Certification Council and the USA Hockey Foundation. The symposium was organized and chaired by Alan B. Ashare, who also served as editor of this publication. Dr. Ashare also serves as Chairman of F08.51, Chairman of the HECC Certification Committee, and Chairman of the USA Hockey Safety and Protective Equipment Committee.
The task of putting together a symposium like this is just one piece of the puzzle. Reviewing and editing the submitted manuscripts is another, a piece that the editor did not contemplate or handle very well. The cause of the delay in publication (three years after the meeting) rests with the editor. I certainly did not appreciate at the time the efforts of my predecessors, Earl Hoerner, Comos Castaldi, and Patrick Bishop in the two previous symposia held in 1987 and 1992.

Certain staff and volunteers at ASTM must be mentioned. Without their counsel, time, and efforts, this publication would not have seen the light of day. Mark Marcus was the technical advisor; at times, when he wanted to proceed in one way with a manuscript and I wanted to proceed in another, his objective reasoning won out. He was a major driving force behind this publication. Monica Siperko was the driving force at ASTM. Her efforts are greatly appreciated. Kathy Dernoga, who has had experience with many ASTM publications, was also extremely helpful. John Sabelli, Chairman of F08.51, was drafted and did a great job helping to review manuscripts. Jim Goode, Chairman of the ASTM Publication Committee, was daring in extending the time boundaries for this publication, and I thank him for that. George Luciw, technical advisor for F08, also showed tenacity in allowing me to proceed with this publication.
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Can there be safety in the game of ice hockey? We certainly hope so! We have made great strides for safer ice hockey in the last two decades. Much has been done to promote the prospect of a game with less injuries and more fun and finesse for the players. More people are playing ice hockey today than at any time in history. There are more professional teams, but the biggest growth is at the recreational level. Women’s ice hockey was an Olympic sport for the first time in 1998, and the growth of women’s ice hockey at the youth, high school, and college level is phenomenal.

This Symposium is divided into four areas:

1. Injury surveillance. When does an injury become a problem? It is only with proper epidemiological studies that we can find out what the problems are before we start searching for a solution.
2. Discussion of injuries and the handling of injuries.
3. Playing techniques and playing rules.
4. Protective equipment.

Injuries are not part of the game. The purpose of ice hockey is not to injure another player, but to control the puck and to score goals. The purpose of body checking is to separate the player from the puck, NOT to separate the player from consciousness!

The game is different than it was twenty, ten, or even five years ago. The protective equipment is better. The playing rules tend to pay more attention to safety aspects. The coaches are smarter, and the players are smarter. Players at the elite levels may tend to be bigger, stronger, and faster, but the recreational twelve or fourteen year old player hasn’t changed that much in stature or skill level. Injuries are still present at all age levels and all skill levels. Our concern must be directed at decreasing the risk for injuries at all age levels and at all skill levels.

There is a four-step approach to decreasing the risk of injuries:

1. Use of protective equipment.
2. Changes in playing rules.
3. Changes in coaching techniques.
4. Awareness programs.

This roughly follows the ideas of Paul Vinger, who along with Thomas Pashby, advocated the use of facial protection with the terrific result of a decrease in the number of blinded eyes in ice hockey.

Catastrophic injuries, such as paralysis due to cervical spine injuries, are still with us. I believe that we have made some inroads into decreasing the risk of paralyzing cervical spine injuries with playing rule changes (severe penalties for checking from behind, which is responsible for 25% to 33% of these injuries), with coaches teaching the proper methods for body checking and for taking a body check, and with an awareness program that these injuries can occur and that techniques do exist to decrease the risk for this injury. At present there is no equipment that can be used easily to prevent this injury.

Everyone agrees that (brain) concussions are a major problem, and head trauma is a major problem in ice hockey at all age levels and at all skill levels. There is no agreement on the
best approach to decreasing the risk for concussions. Helmets and mouth guards may help
to decrease the risk for a concussion, but players at the elite level are still sustaining con-
cussions. We have recently come to a general agreement on the definition of different levels
of concussions and have roughly associated these levels with return-to-play guidelines. I
believe that the important concepts are:

1. A player does not have to lose consciousness in order to have sustained a concussion.
2. Once a player has a concussion, he/she is several times more likely to sustain another
concussion during that season.
3. As concussion severity increases, the likelihood of sequelae (long range symptoms)
   increases.
4. A helmet that fits well, is stable on the head, and stays on the head during play will
give the player some protection from serious head trauma.
5. Mouth guards (Type III and Type IV) may provide some protection from serious head
trauma.

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