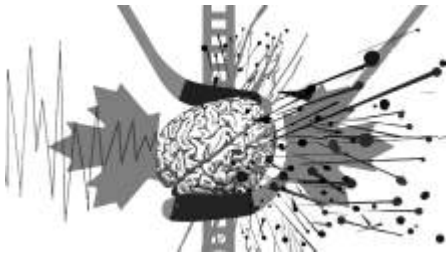


**THE GLOBE AND MAIL** 

Emile Therien

## Put checking on ice

EMILE THERIEN

Special to Globe and Mail Update

A study published in the *British Journal of Sports Medicine* suggests accidents are more commonly to blame for on-ice amateur-hockey injuries than bodychecking. The findings were based on a five-year study of 3,000 boys aged 4 to 18 in a hockey program in Burlington, Ont.

The study, conducted by researchers from the University of Buffalo, found that 66 per cent of overall injuries were the result of game accidents, such as colliding with teammates, sliding into the boards or posts or getting hit with the puck. The remaining 34 per cent were attributed to players checking each other. The researchers took into account only those injuries serious enough to cause players to be off the ice for at least 24 hours. This raises the question: How many of the injuries not taken into account may have been undiagnosed concussions?

For the record, the findings of this study conflict with those of another mentioned below. Regardless of whether most injuries are intentional or not, the sad and harsh reality is that minor hockey is plagued with a serious injury factor and bodychecking is responsible for a disproportionately large number of those injuries, including concussions.

A landmark study released last June revealed that 11- and 12-year-old hockey players in leagues that allow bodychecking are 2.5 times more likely to get hurt and 3.5 times more likely to suffer a concussion. In Quebec, players do not bodycheck until bantam (ages 13 to 14), and even then it is introduced only at the elite levels of the game. Pee wee (ages 11 and 12) is when bodychecking begins in Alberta.

The joint University of Calgary, McGill University and University of Laval study tracked 2,200 pee wee hockey players from both provinces for the 2007-2008 season to measure injury frequency. Its findings were published in a recent edition of the *Journal of the American Medical Association*.

This study suggests a case can be made for raising the bodychecking age and for limiting bodychecking leagues across the board. One of the researchers, Carolyn Emery of the department of kinesiology at the University of Calgary, has been quoted as saying: "Having a concussion increases your risk significantly of another concussion and some kids are dropping out of hockey because of concussions, fractures and other severe injuries."

Dr. Emery estimates that if bodychecking was not permitted in pee wee hockey, this would reduce the risk by over 1,000 injuries and 400 concussions among the nearly 9,000 pee wee level players in Alberta.

This study should serve as a wakeup call for Canadians concerned with the health and safety of all players, especially minor leaguers, and the future of the game as we know it.

The consequences of traumatic hits to the head speak for themselves. Research by Shree Bhalerao, director of medical psychiatry at St. Michael's Hospital in Toronto, and Deborah Pink, resident in psychiatry at the University of Toronto, reveals the following: Traumatic brain injuries, via hits to the head or bodies colliding against the boards or other bodies can cause postconcussive symptoms, cognitive disorders, depression, personality changes and substance abuse.

Indeed, an emotional debate has been raging for years about our national sport. Should bodychecking be allowed in minor hockey? According to the Canadian Institute for Health Information, 8,000 people were treated for hockey-related injuries in Ontario emergency rooms in the 2002-03 season. Based on this rate, more than 25,000 people were injured across the country. In 93 cases of the 8,000, the casualty was admitted to hospital, 15 directly to critical care units.

Among players 18 and under, 62 per cent of the injuries were a result of checking. Injuries caused by bodychecks were the most common in the 14-16 age group, after players have been exposed to the practice for several years.

The decision to allow bodychecking in minor hockey is unquestionably jeopardizing this wonderful sport by turning it into our most dangerous game. I have long argued that this practice borders on child abuse. It certainly flies in the face of public health, safety and injury prevention; it trumps medical science, common sense and civility.

And now more than ever, I hear from concerned parents and others, including some involved in the game, who find this injury factor very disturbing, and feel their concerns are far too often ignored or dismissed out of hand. What a tragedy! Allowing young hockey players to bodycheck, along with a host of other factors (especially cost) are driving young players away from the game, as the statistics clearly reveal.

The main reason kids play any sport is for fun and recreation. Hitting and the risk of serious injury, including concussions, remove the motivation. It is shocking to hear that enrolment in Hockey Canada approved teams is about 550,000 players, down more than 200,000 from its peak.

Hockey Canada, a publicly funded organization, simply does not have the credibility, commitment and leadership to address this serious problem. Its failure and indifference have led to the situation where governments must intervene in the better interests of public health and safety, as well as to avoid a costly drain on our health-care system.

Hockey is an inherently dangerous game. When medical experts and safety advocates say research shows that injury-prevention and harm-reduction initiatives are good for the game and the players, everyone – hockey organizations, coaches, players, parents – should take note.

It may not be too late to change and save "our game," which has such strong and historical roots across this country. A major overhaul is needed, and soon. Are Canadians, through their elected representatives, up to this challenge?

*Emile Therien is a past president of the Canada Safety Council.*

---

© 2011 The Globe and Mail Inc. All Rights Reserved.