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# Study Slams Body Checking for Young Hockey Players

Move puts Pee Wee-level players at triple the risk for injuries, including concussion

**By Steven Reinberg**
*HealthDay Reporter*

TUESDAY, June 8 (HealthDay News) -- When 11- and 12 year-old children are allowed to body check as part of Pee Wee hockey, they face three times the risk of suffering a concussion or other serious injury compared to young players who are not allowed to roughhouse in this way, Canadian researchers report.

There's an ongoing debate about whether young children should be taught body checking, where one player purposefully slams into another. Some believe that size and weight differences among children in this age group make checking dangerous, while others feel it's just part of the game.

"If body checking were not permitted in Pee Wee ice hockey, we would estimate that this would reduce the risk of injury by over 1,000 injuries and 400 concussions" among the nearly 9,000 Pee Wee-level children playing hockey in the Canadian province of Alberta," said lead researcher Carolyn Emery, an associate professor of sport epidemiology at the University of Calgary.

Emery hopes the study will help "inform decisionmakers with respect to potential changes in policy related to body checking."

"Coaches and parents need to understand that in Pee Wee ice hockey there is a significant risk of concussion and injury associated with body checking," said Emery, who is also the parent of two hockey-playing children.

The report is published in the June 9 issue of the *Journal of the American Medical Association*.

For the study, the Canadian researchers looked at rates of injuries in the Alberta Pee Wee hockey league, which allows checking, and compared them with injuries in another Canadian province, Quebec, which does not allow checking in its Pee Wee league.

For the Alberta part of the study, the researchers tracked incidents for 74 teams comprising 1,108 players, while in the Quebec league they tracked 76 teams with 1,046 players.

During the season, the Alberta Pee Wee players suffered 241 injuries, compared with 91 among the Quebec players. Among the Alberta players there were 78 concussions , compared with 23 among the Quebec players.

Furthermore, 14 Alberta players endured severe concussions, compared with four players on the Quebec teams, the researchers found.

Not unsurprisingly, the researchers found that the smallest players were most likely to get injured.

"We have kids that are ranging from 70 pounds up to almost 200 pounds in this age group," Emory said, and "we have demonstrated in this study increased risk for injury in players who are in the lowest 25th percentile by weight."

Alison Macpherson, an assistant professor of kinesiology and health science at York University in Toronto called the research, "the best study on body checking and injury that I've seen."

The debate over body checking centers on just when these moves should be introduced to young players, Macpherson said. Other studies have found that the Pee Wee level is not a good time to introduce body checking, because of wide disparities in the size of the players, she said.

"Body checking should not be part of the game for Pee Wee players," said Macpherson, who also has a son who plays hockey. "Body checking should not be introduced until children are 16," she contends, because "concussions can be very bad for children."

But Barry Willer, a professor of psychiatry and rehabilitation medicine at the University of Buffalo, believes the study has a major flaw.

"The Alberta players are just being introduced to body checking, so there is a steep learning curve and injury rates soar," he said. Willer believes that even if body checking was not introduced until age 13 or 14 -- as it is in Quebec, for instance -- injuries would still be high for those players, as well, until they got adjusted to the new moves.

**More information**

For more information on hockey safety, visit the Nemours Foundation.

*SOURCES: Carolyn Emery, Ph.D., associate professor, sport epidemiologist, University of Calgary, Alberta, Canada; Alison Macpherson, Ph.D., assistant professor, kinesiology and health science, York University, Toronto; Barry Willer, Ph.D., professor, psychiatry and rehabilitation medicine, University of Buffalo, New York; June 9, 2010, Journal of the American Medical Association*