

2019

IIHF WORLD JUNIOR CHAMPIONSHIP



MEDICAL HANDBOOK

2019



WORLD JUNIOR
CHAMPIONSHIP
CANADA
Vancouver - Victoria

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01 WELCOME

1.0 LETTER OF INTRODUCTION & WELCOME



Welcome,

On behalf of the Organizing Committee and all of the Host Medical Staff and volunteers, we welcome the athletes and officials to Vancouver & Victoria for the 2019 IIHF World Junior Championship.

We have prepared a comprehensive medical plan to help ensure the health and safety of your athletes and officials.

Please do not hesitate to contact the Host Medical Staff for any medical reason during the event

We aim to deliver an exceptional and safe Championship this holiday season.

Warm regards,

A handwritten signature in black ink, appearing to read 'Riley Wiwchar'.

Riley Wiwchar
Executive Director,
2019 World Junior
Hockey Championship

02 TEAM MEDICAL PERSONNEL MEETING AGENDA

DECEMBER 25TH 2019, 18:00 - VANCOUVER & VICTORIA

WELCOME, REGISTRATION AND INTRODUCTIONS

HOST ORGANIZING COMMITTEE MEDICAL PROGRAM SERVICES:

- Health Care and First Aid Services
- Pharmacy
- Dentistry Service
- Massage Therapy Service
- Ambulance Service
- Emergency Action Plan and Evacuation Protocol
- Medical Coverage at Games and Practices
- Radiographic Services
- Team Services
- Team Medical Staff Contact List
- General Emergency Number

HOST ORGANIZING COMMITTEE SERVICES:

- Nutrition (Meal Menu)
- Team Services (Laundry, Towels, Fluids)
- Team Workout / Stretching Area Locations
- Communication (Directory, Telephone Numbers, Fax Numbers)

IIHF INJURY REPORTING SYSTEM:

- Program Explanation
- Injury Definitions
- Report Forms
- Daily Injury Report & Individual Injury Report
- Confidentiality
- Results and Distribution to Member National Associations

DOPING CONTROL PROGRAM:

- IIHF Doping Control Regulations
- WADA Prohibited List and Summary of Changes
- Identification Requirement – Photo ID
- Pseudoephedrine
- Therapeutic Use Exemption Applications and Procedures
- Doping Control Station Locations
- Doping Control Protocol
- Laboratory and Results
- Procedures & Escorts

MEDICAL POLICIES:

- Mouth Guard and Facial Protection (Rule 31)
- IIHF Concussion Protocol
- Injured Athlete, Emergency Action Plan (EAP), Removal from Ice Procedures
- Blood Spill Procedures

OTHER BUSINESS

CLOSING

03 MEDICAL POLICIES & PROCEDURES

3.1 ROLE OF HOST PHYSICIANS

The primary role of the volunteer physicians is to act as an *EVENT PHYSICIAN*, which includes:

a) Liaise with, and provide support for, the national team physicians in order to ensure the provision of comprehensive local medical care during the event.

b) Provide urgent or emergency medical care assistance if necessary.

Return to play and fitness to play decisions are the responsibility of the team medical staff.

3.2 MEDICAL PERSONNEL

All physicians, surgeons, dentists and therapists providing game coverage are licensed to practice in the Province of British Columbia and are registered as accredited volunteers with the Organizing Committee. Medical staff will have proper accreditation and outfitting that identifies them accordingly.

The primary role of the host medical staff is – as with the physicians – to work with and support the national team medical staff in accessing or delivering care for the athletes.

3.3 AMBULANCE

A dedicated ambulance with appropriately licensed and trained paramedics will be on site at the Rogers Arena (RA) and the Save-On-Food-Memorial Centre (SOF) for all games, and on-call for practices at RA and SOF, the Thunderbird Arena (UBC) and The Q Centre Arena (QC). In most cases the event ambulance will NOT be asked to transport a seriously ill or injured athlete. The event staff will stabilize the athlete and 911 will dispatch a separate ambulance for transport.

Should the event ambulance be required for urgent transport of an athlete, the game will NOT restart until another ambulance has arrived at the Competition Venue.

Paramedics will remain for at least 20 minutes following each game, and the event medical staff will confirm with both teams that the paramedics are not needed. Paramedics should check with the duty physician prior to leaving the Competition Venue.

3.4 HOSPITALS & COST

The Championship Hospital in Vancouver is the Vancouver General Hospital while the Championship Hospital in Victoria is the Royal Jubilee Hospital. Please be reminded that teams should be prepared

to pay for any hospital costs (admission, diagnostic imaging, surgery and other tests) at the time the patient is treated, and then be reimbursed by their insurance company.

3.5 MEDICAL ROOMS

The Medical Clinics at the Competition Venues will be open 1 hour prior to and ½ hour following all games. The duty physician, host surgeon, dentist, and therapist will be available during all these times for advice, support and assistance.

For non-urgent medical advice, support or assistance outside the game hours, needs to be directed to the CMO in each respective city via phone or email.

3.6 IMAGING

Players who require immediate but non-urgent imaging services in Vancouver will be referred to the following clinics:

XRAY 505

750 W Broadway
Phone: 604-879-4111
Fax: 604-879-4147

(Requires an outpatient requisition)
Open Mon-Fri 7:30am-5pm, Sat 8am-12pm

CT, MRI, ULTRASOUND CANADA DIAGNOSTIC CENTER

555 W 12th Ave
Phone: 604-709-8522
Fax: 604-709-6112

(Requires an outpatient requisition)
Open Mon-Fri 8am-6pm

Urgent imaging outside of the above hours, or on statutory holidays, can be accessed via the Emergency Department at Vancouver General Hospital.

Players who require immediate but non-urgent imaging services in Victoria will be referred to the following clinic:

WEST COAST MEDICAL IMAGING

#243 - 3561 Blanshard St
Phone: 250-595-2401

Mon – Fri: 8:30 am – 5:00 pm

Urgent imaging outside of the above hours, or on statutory holidays, can be accessed via the Emergency Department at the Royal Jubilee Hospital.

3.7 MASSAGE THERAPY & CHIROPRACTIC TREATMENT

Massage therapists and a chiropractor will be on-call for the duration of the event. Priority will be given to athletes requiring massage for injury recovery, as well as to athletes who have pre-booked their appointments. Please see the Clinic Coordinator to arrange an appointment.

3.8 ON-SITE PHARMACY

A limited pharmacy of medications for emergency use only will be available at both Competition Venues. Written prescriptions may be given for medications required beyond an initial supply after consultation between the team and event physicians.

The cost of medication or medical supplies that are not available at the Medical Clinic is the responsibility of each team.

Contact information for local 24-hour pharmacies is included in the Appendix of this manual.

3.9 DENTAL SERVICES

A host dentist will be available at every game to assist with the management of oral, facial and dental injuries. They will be able to provide the following services on-site that may allow an athlete to return to play.

- Management and treatment of oro-facial lacerations
- Repositioning of dislocated TMJ
- Replantation (if indicated) of an avulsed tooth

- Repositioning of a luxated tooth
- Stabilization of a dislodged or loosened tooth
- Treatment of a damaged or exposed nerve
- Smoothing of a small fracture of the enamel

However, the decision to return to play will be the responsibility of the team medical staff.

Athletes will be transported to either our on-call private dental clinic or hospital if more extensive treatment or radiographs are indicated.

3.10 PRACTICE SESSIONS - ALL VENUES

There will be either a physiotherapist or athletic therapist covering all practices. In urgent or emergency situations, 911 is to be called for an on-call ambulance.

Medical staff will have their personal mobile phone as well as access to a land-line to use in the event that an ambulance is required.

An AED and emergency supplies will be available at all venues.

The Chief Medical Officer (CMO) is to be contacted for ANY injury or illness requiring transport to hospital.

If an incident occurs during a practice, the host medical volunteer will notify the CMO.

If an incident occurs outside of a game or practice, the team medical staff or the team host should notify the CMO. The CMO will then contact the hospital for immediate follow-up and coordination of admission if required.

3.11 SPECTATORS & OFFICIALS

The Competition Venues will provide separate first aid staff for spectators. In the event of any emergency, host medical staff may assist in any manner possible providing that medical care for athletes is not jeopardized.

Host medical staff will also be responsible for medical treatment of on-ice officials, coaches, IIHF staff and other team officials and volunteers.

Host medical staff are NOT responsible for medical treatment of media, family members of athletes, or any other visitors other than those described above. These individuals will be directed to the walk-in family practice clinics listed in Appendix A of this handbook, or to a hospital emergency department in more urgent situations.

A separate program for massage therapy has been prepared for the on-ice officials.

3.12 DOPING CONTROL

The IIHF, with support of CCES (Canadian Centre for Ethics in Sport) will administer the doping control programme during the Championship. The collection of both blood and urine may be part of the doping control.

Federations are encouraged to take proactive and comprehensive measures to ensure players are best prepared for their responsibilities. This includes ensuring that players, support personnel and medical staff are informed of the:

1. IIHF rules and procedures that will be in place during the Championship
2. 2018 WADA Prohibited List and 2019 WADA Prohibited List
3. Risks associated with supplement use

4. Athlete Whereabouts requirements
5. Therapeutic Use Exemption (TUE) requirements
6. Importance of drug-free sport

Players selected for doping control will be notified in person and escorted to the doping control station by a chaperone immediately after completion of the game, unless there is a valid reason for delay, as determined in accordance with Article 5.4.4 ISTI. It will be the responsibility of the athlete to remain under continuous observation of the chaperone after notification. All Federations, players and team support personnel, including medical practitioners, should review and be familiar with the World Anti-Doping Prohibited List that came into effect January 1, 2018 and will come into effect as of January 1, 2019.

3.13 BLOOD SPILL MANAGEMENT

All medical personnel must wear gloves when in contact with or when there is potential to be in contact with body fluids of any kind.

A bleeding or blood-stained athlete must be removed from the playing area until the wound is properly treated and covered, and any blood cleansed.

Blood-stained equipment or clothing must be

appropriately cleansed or replaced prior to return to play. In certain cases, the athlete may change jerseys if needed. As well, blood soaked ice surfaces must be scraped, and other areas (benches, medical treatment tables, floors) must be cleaned with an appropriate solution (such as 1 part bleach to 9 parts water). The host therapist will be available to assist with following these protocols.

3.14 CONTROL OF COMMUNICABLE DISEASE

Teams should avoid the sharing of water bottles or towels wherever possible. In the penalty box area, only single use drinks and towels will be provided. Hand sanitizer will be available throughout the venues and should be used. Training equipment should be wiped down after use. Single use disposable cups should be used in the dressing rooms. Massage and therapy tables should be properly cleaned after use.

Team medical personnel should attempt to isolate any athlete or staff member who shows signs of a potential communicable disease. If there is any indication of a potential outbreak of any disease, the CMO should be immediately notified. We have direct access throughout the event to Vancouver & Victoria public health department for assistance.

3.15 IIHF CONCUSSION MANAGEMENT PROTOCOL

The IIHF Concussion Management Protocol will be followed by all host staff. An athlete who shows any signs or symptoms of concussion must be removed from the playing area and reassessed in a quiet area. He should only return to play the same day if it has been determined that there has been no concussion. The IIHF Medical Supervisor will also act as a

concussion spotter and may request removal and evaluation of an athlete during the match.

Team staff are encouraged to follow the Berlin Return to Play Guidelines in the event of a concussion. Concussion protocols will be reviewed at the Team Medical Personnel Meeting.

04 EMERGENCY ACTION PLAN [EAP]

4.1 PRIOR TO THE MATCH

Either the duty physician or host therapist will meet with the event medical staff prior to every match to identify any problems, discuss the following protocol and confirm communication to be used during the game and game injury situations (hand signals etc.). These protocols will also be reviewed during the Team Medical Personnel Meeting on December 25.

4.2 ON-ICE RESPONSE

In the event of an injury on the ice during a game or practice, the injured athlete will always be assessed first by team medical personnel. If additional assistance is required (host medical personnel or ambulance / paramedic) this will be communicated by the team medical staff using pre-arranged signals. Injured athletes will be removed from the ice and taken to either the team dressing room, the event

medical room or immediately to hospital, depending on the situation.

Ambulance and paramedics will be on-site at all games and will be checking in with teams after each game before leaving the venue.

All Team Medical staff will be invited to participate in an on-ice demonstration of the removal of an injured athlete prior to the start of the Championship.

4.3 PRACTICE VENUE

On-ice management of any athlete-down situation will be initially managed by the team medical staff. The host medical volunteer will assist with management and provide supplies or equipment as needed. He/she will also activate 911 if needed.

4.4 LOCATION OF AED'S

RA	IN THE PLAYERS TUNNEL LEADING TO THE RIGHT BENCH ON PARAMEDIC CART
UBC	AT ICE LEVEL ON THE WALL NEXT TO THE MEDICAL ROOM
SOFMC	IN THE MEDICAL ROOM LOCATED DIRECTLY BEHIND THE ROYAL'S BENCH AND SECTION 109
QC	IN THE SCOREKEEPER'S BOX AND AT THE NORTH END OF THE CONCOURSE BESIDE THE MAIN CONCESSION

05 OTHER

5.1 MEDICAL RECORDS

Each medical encounter with an athlete will be documented by the medical staff person providing care using the approved medical encounter form. All injuries will also be recorded using the IIHF Injury Reporting System (IRS).

Team medical staff are reminded that the IIHF requires the following documentation immediately after the completion of the game. The IIHF Medical Supervisor or his representative will collect the Daily Injury Report Form for that day, as well as for any practice days that have not been submitted. If an injury has occurred, the IIHF will also require a completed IIHF Injury Report System form.

Physicians are asked to complete all sections of the IIHF IRS form as carefully as possible

Samples of all of these documents will be shared prior to the event. Medical records will be securely stored in the medical clinic at the Competition Venue. All medical personnel will strictly adhere to the principles of confidentiality and the 2016 IOC Medical Code. This will include absolutely no communication with media or other officials (aside from the IIHF Medical Supervisor) about the treatment or medical status of any athlete, either during or after the event. Any media questions should be referred to the Chief Medical Officer.

5.2 MEDICAL & LIABILITY INSURANCE

Proof of insurance and liability insurance will be submitted through the Team Portal. As per IIHF regulations every federation must, on arrival at the Championship, provide written evidence of medical and liability insurance in the official language of the IIHF, which will apply worldwide medical service as set out in the IIHF Championship Regulations while at the event. Failure to do so will result in such coverage being purchased on their behalf by the Championship, the cost of which will be deducted by the IIHF from the respective national

association reimbursement from the Championship. Attendees who are not covered by the host medical service (media, sponsors etc.) should make advance arrangement for health insurance while in Canada. All athletes will be asked to sign a waiver provided by the host organizing committee and submit it through the Team Portal prior to the first pre-competition game. This will allow the volunteer medical staff to be in compliance with the recommendations of the Canadian Medical Protective Association (CMPA).

06 APPENDIX

A

CONTACT & LOCAL MEDICAL INFORMATION

VANCOUVER MEDICAL COMMITTEE

Dr. Rob Drapala
CMO
rdrapala@gmail.com

Dr. Alex Rosenczweig
Chief Dentist
dralexdmd2002@gmail.com

VICTORIA MEDICAL COMMITTEE

Dr. Steve Martin
CMO
semartin@uvic.ca

Dr Dave Calcott
Chief Dentist
drcalcott@yahoo.com

Main Referring Hospital – Vancouver

Vancouver General Hospital
899 W 12th Ave.
Vancouver, BC, V5Z 1M9
(604) 875-4111

[http://www.vch.ca/Locations-Services/
result?res_id=644](http://www.vch.ca/Locations-Services/result?res_id=644)

Main Referring Hospital – Victoria

Royal Jubilee Hospital
1952 Bay St.
Victoria, BC, V8R 1J8
(250) 370-8000

[https://www.islandhealth.ca/our-locations/
hospitals-health-centre-locations/royal-jubilee-
hospital-rjh](https://www.islandhealth.ca/our-locations/hospitals-health-centre-locations/royal-jubilee-hospital-rjh)

Downtown 24-hour Pharmacy – Vancouver

Shoppers Drug Mart
1125 Davie St.
Vancouver, BC, V6E 1N2
(604) 669-2424

Downtown 24-Hour Pharmacy – Victoria

Shoppers Drug Mart
3511 Blanshard St.
Victoria, BC, V8Z 0B9
(250) 475-7572

Walk-In Clinics – Vancouver

Aquarius Medical Clinic – 179 Davie Street
Phone: 604-669-7772
Mon-Thur 9am-9pm, Fri 9am-6pm,
Sat-Sun 10am-4pm, call for holiday hours

Walk-In Clinics – Victoria

Oak Bay Medical Clinic
1640 Oak Bay Ave #101
Phone: (250) 598-6744
Mon-Fri 8am-5pm



2018 & 2019 WADA LISTS OF PROHIBITED SUBSTANCES

Please refer to the 2018 and 2019 WADA List of Prohibited Substances:

2018 List:

https://www.wada-ama.org/sites/default/files/prohibited_list_2018_en.pdf

2019 List:

https://www.wada-ama.org/sites/default/files/wada_2019_english_prohibited_list.pdf

Summary of Major Modifications and Explanatory Notes:

https://www.wada-ama.org/sites/default/files/wada_2019_english_summary_of_modifications.pdf



IIHF Championship: _____

National Association: _____

Date: _____ / _____ / _____ (dd/mm/yy)

Using this form, please report if there were any injuries sustained by any player on your team during the above-mentioned day during this IIHF Championship. We would ask that you also report if there were no injuries sustained by players on your team during this day of this IIHF Championship. If an injury was sustained during this day then an IIHF Injury Report Form must be completed and submitted to the IIHF Medical Supervisor or, in his absence, to the IIHF Directorate Chairman providing the details of the injury sustained.

The definition of an injury used by the IIHF for reporting purposes is as follows:

- | |
|---|
| <ol style="list-style-type: none"> 1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game 2. The player does not return to the play for the remainder of the game following an injury 3. All concussions 4. All dental injuries 5. Any laceration which requires medical attention 6. All fractures |
|---|

Please check (✓) the appropriate box below. Please provide the number of injuries sustained if you check article 'A'.

Injury Report	(✓)
A. During this day there were _____ injuries sustained by our team. (number)	<input type="checkbox"/>
B. During this day there were no injuries sustained by our team	<input type="checkbox"/>

Team Physician/Medical Representative: _____
(print name)

Signature: _____

Date: _____





Injury Report System/IRS

(only one injury/form)

Injury Definition
 The definition of an injury in the IIHF Injury Reporting System is as follows
 1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game
 2. The player doesn't return to the play for the remainder of the game following an injury
 3. All concussions
 4. Any dental injury
 5. Any laceration which requires medical attention
 6. All fractures

Country: _____ IIHF Championship: _____ Date of injury: D _____ M _____ Y _____

Zone of Injury A 1. No contact with boards 2. Contact with boards	Zone of Injury B Mark the area on the ice surface where the injury occurred. Note that Home and Visitor ends are marked to identify offensive and defensive activity		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Game / Period</th> <th colspan="2">Practice</th> </tr> <tr> <td>1. warm up</td> <td>off-ice</td> <td><input type="checkbox"/></td> <td>off-ice</td> </tr> <tr> <td></td> <td>on-ice</td> <td><input type="checkbox"/></td> <td>on-ice</td> </tr> <tr> <td>2. 1st</td> <td>4. 3rd</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. 2nd</td> <td>5. Ot</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">playing time: _____</td> </tr> <tr> <th colspan="4">Situation</th> </tr> <tr> <td>Even Strength</td> <td>5/5</td> <td>Penalty Killing</td> <td>4/5</td> </tr> <tr> <td></td> <td>4/4</td> <td></td> <td>3/5</td> </tr> <tr> <td></td> <td>3/3</td> <td></td> <td>3/4</td> </tr> <tr> <td>Power Play</td> <td>5/4</td> <td>Goalie</td> <td>1. Yes</td> </tr> <tr> <td></td> <td>5/3</td> <td></td> <td>2. No</td> </tr> <tr> <td></td> <td>4/3</td> <td></td> <td></td> </tr> </table>	Game / Period		Practice		1. warm up	off-ice	<input type="checkbox"/>	off-ice		on-ice	<input type="checkbox"/>	on-ice	2. 1st	4. 3rd	<input type="checkbox"/>	<input type="checkbox"/>	3. 2nd	5. Ot	<input type="checkbox"/>	<input type="checkbox"/>	playing time: _____				Situation				Even Strength	5/5	Penalty Killing	4/5		4/4		3/5		3/3		3/4	Power Play	5/4	Goalie	1. Yes		5/3		2. No		4/3		
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Source of Diagnosis 1. Medical Doctor 2. Physiotherapist 3. Other _____ Side / Body part: _____ 1. N/A 2. Left 3. Right 4. Both <table style="width:100%;"> <tr> <td>1. Head</td> <td>10. Shoulder</td> <td>19. Chest</td> <td>28. Genitals</td> </tr> <tr> <td>2. Face</td> <td>11. Scapula</td> <td>20. Abdomen</td> <td>29. Hip</td> </tr> <tr> <td>3. Neck</td> <td>12. Upper arm</td> <td>21. Kidneys</td> <td>30. Thigh</td> </tr> <tr> <td>4. Throat</td> <td>13. Elbow</td> <td>22. Upper Back</td> <td>31. Knee</td> </tr> <tr> <td>5. Jaw/Chin</td> <td>14. Forearm</td> <td>23. Lower Back</td> <td>32. Leg</td> </tr> <tr> <td>6. Teeth/Mouth</td> <td>15. Wrist</td> <td>24. Coccyx</td> <td>33. Ankle</td> </tr> <tr> <td>7. Eye</td> <td>16. Hand</td> <td>25. Buttocks</td> <td>34. Foot</td> </tr> <tr> <td>8. Ear</td> <td>17. Thumb</td> <td>26. Pelvis</td> <td>35. Toes</td> </tr> <tr> <td>9. Clavicle</td> <td>18. Fingers</td> <td>27. Groin</td> <td>36. Other: _____</td> </tr> </table> Dental: Mouthguard? 1. Yes 2. No Custom made? 1. Yes 2. No Knee: Circle the appropriate structure involved: 1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. PF* Grade: 1. _____ 2. _____ 3. _____ Shoulder: Circle the appropriate structure involved: 1. AC* 2. SC* 3. Glenohumeral Grade: 1. _____ 2. _____ 3. _____	1. Head	10. Shoulder	19. Chest	28. Genitals	2. Face	11. Scapula	20. Abdomen	29. Hip	3. Neck	12. Upper arm	21. Kidneys	30. Thigh	4. Throat	13. Elbow	22. Upper Back	31. Knee	5. Jaw/Chin	14. Forearm	23. Lower Back	32. Leg	6. Teeth/Mouth	15. Wrist	24. Coccyx	33. Ankle	7. Eye	16. Hand	25. Buttocks	34. Foot	8. Ear	17. Thumb	26. Pelvis	35. Toes	9. Clavicle	18. Fingers	27. Groin	36. Other: _____	Player information: 1. Age _____ 2. Height (cm) _____ 3. Weight (kg) _____ Position: 1. Centre 2. Wing 3. Defence 4. Goalie Nature of injury: 1. Acute 2. Recurrent: a. this season b. last season	Dx/assessment: 1. Contusion 2. Sprain (Ligament) 3. Strain (Muscle-Tendon) 4. Laceration 5. Dislocation/Subluxation 6. Fracture 7. Neurotrauma/Concussion 8. Other _____ Time Lost: The amount of time player is expected to be out of play 1. Return same day 2. Less than 1 week 3. 1 to 3 weeks 4. More than 3 weeks	Cause of injury: 1. Type of Check a. Body Check b. Check from Behind c. Check to the Head 2. Stick Contact 3. Puck Contact 4. Unintended Collision 5. Fighting 6. Non-Contact 7. Skate 8. Other: _____ Was a penalty Called on the Play? 1. Yes 1. 2 min. 2. No 2. 2+2 min 3. 2+10 min 4. 5+20 min 5. Other: _____																
1. Head	10. Shoulder	19. Chest	28. Genitals																																																				
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		Diagnosis: ICD-code _____ DG: _____ PF= Patellofemoral, Kneecap AC= Acromioclavicular Joint SC= Sternoclavicular Joint	Equipment: 1. Full Face mask a. shield _____ b. cage _____ 2. Visor _____ 3. None _____																																																				

THANK YOU

MERCI

DEKUJI

TAK

KIITOS

PALDIES

SPASIBO

BALSHOYE

DAKUJEM

TACK

DANKE

2019



WORLD JUNIOR
CHAMPIONSHIP
CANADA

Vancouver - Victoria