

Ontario Lacrosse Association  
Concussion Management Policy  
Identification, Treatment and Management

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## 1 INTRODUCTION

- 1.1 This document advises Ontario Lacrosse Association (OLA) members on the OLA Concussion Protocols Policy and details the identification, treatment and management expectations of the OLA's Board of Directors to be followed by members in all sectors and levels of play.
- 1.2 The OLA is committed to staying current with research into the clinical best practices as they relate to head injuries. The OLA is aware of the serious impact that concussions can have on the short-term and long-term careers of athletes, and, in concurrence with Rowan's Law, has pledged to promote concussion awareness and education tools to its members.
- 1.3 The OLA has adopted the **5R Policy** as its basis for management of concussions in all OLA-sanctioned events (including games, practices, tryouts, scrimmages, and any other event where the risk of concussion may exist):
  - a. To **RECOGNIZE** all concussive/suspected concussive injuries;
  - b. To **REMOVE** from play for proper evaluation any participant suspected of having a concussive injury;
  - c. To **REST** any participant who is confirmed by a licensed medical professional as having suffered a concussive injury;
  - d. To **REQUIRE** any participant who is confirmed by a licensed medical professional as having suffered a concussive injury to follow a *Graduated Return to Play Plan*;
  - e. To **RETURN** the participant to play when both the participant (and, if applicable, the parent/guardian) and the licensed medical professional have determined it is safe to do so.

## 2 APPLICATION & SCOPE

- 2.1 The OLA Concussion Protocols Policy shall apply at all OLA-sanctioned events in all sectors and levels of play, and all participants which are identified under the CLA Playing Rules shall be bound to it.

## 3 OLA RESPONSIBILITIES

- 3.1 The OLA shall provide:
  - a. A concussion identification and management tool that is in line with current best practices in the Sports Medicine community;
  - b. Online educational support regarding the importance of concussion awareness. Access to this educational information will be provided on the OLA's website, and will be mandatory for all participants of the Team Ontario Program, as well as any team in any sector that represents the Ontario Lacrosse Association at the national level prior to competition.

#### **4 HOST RESPONSIBILITIES AT OLA-SANCTIONED EVENTS**

- 4.1 The host committee for each OLA event shall:
- a. Provide the main contact for any visiting team with the address and telephone number of the nearest emergency medical facility upon arrival to the event
  - b. Provide a copy of the OLA Injury Report Form (appendix 3) to any team member or parent if requested
  - c. Provide a copy of the Pocket Concussion Recognition Tool (appendix 2) to any team member or parent if requested
  - d. Provide an appropriate space (eg. dressing room or first aid room) within the facility or tent for administration of the Sport Concussion Assessment Tool (appendix 1) to any team member or parent if requested

#### **5 HOST RESPONSIBILITIES AT OLA-SANCTIONED EVENTS**

- 5.1 Following each game, it is the responsibility of the team trainer to report the details of any participant suspected of sustaining a concussive injury, or any participant who exhibits any symptoms as outlined by the Pocket Concussion Recognition Tool, to a member of the host committee prior to the participant's next game.
- 5.2 The team trainer shall record the details of the symptoms and provide copies of the OLA Injury Report Form and Pocket Concussion Recognition Tool diagnosis to the participant (or guardian) and to the team trainer. The team trainer must notify the coaching staff that the participant requires evaluation by a licensed medical practitioner to determine whether the player has sustained a concussion prior to returning to play. Upon medical diagnosis of a concussion, the participant shall be ruled ineligible to participate any further.
- 5.3 Any participant who has been declared to have a concussion must submit written medical clearance from a medical practitioner to the team trainer prior to returning to play. In consultation with the licensed medical practitioner, the team trainer may develop a Return to Play plan for the participant. The final authority for an athlete who has sustained a concussion to return to play lies with the medical authority; not with any team or league representative.

## Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name

Date/Time of Injury:  
Date of Assessment:

Examiner:

### What is the SCAT3?<sup>1</sup>

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively<sup>2</sup>. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool<sup>1</sup>. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

**NOTE:** The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

### What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of **any one or more** of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

## SIDELINE ASSESSMENT

### Indications for Emergency Management

**NOTE:** A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

### Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and **should not be permitted to return to sport the same day** if a concussion is suspected.

- Any loss of consciousness?  Y  N  
 "If so, how long?" \_\_\_\_\_
- Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?  Y  N  
 Disorientation or confusion (inability to respond appropriately to questions)?  Y  N  
 Loss of memory:  Y  N  
 "If so, how long?" \_\_\_\_\_  
 "Before or after the injury?" \_\_\_\_\_
- Blank or vacant look:  Y  N  
 Visible facial injury in combination with any of the above:  Y  N

### 1 Glasgow coma scale (GCS)

<b>Best eye response (E)</b>	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
<b>Best verbal response (V)</b>	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
<b>Best motor response (M)</b>	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
<b>Glasgow Coma score (E + V + M)</b>	<b>of 15</b>

GCS should be recorded for all athletes in case of subsequent deterioration.

### 2 Maddocks Score<sup>3</sup>

*"I am going to ask you a few questions, please listen carefully and give your best effort."*

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
<b>Maddocks score</b>	<b>of 5</b>	

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

**Notes:** Mechanism of Injury ("tell me what happened?"):

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Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

# BACKGROUND

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Examiner: \_\_\_\_\_  
 Sport/team/school: \_\_\_\_\_ Date/time of injury: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender:  M  F  
 Years of education completed: \_\_\_\_\_  
 Dominant hand:  right  left  neither  
 How many concussions do you think you have had in the past? \_\_\_\_\_  
 When was the most recent concussion? \_\_\_\_\_  
 How long was your recovery from the most recent concussion? \_\_\_\_\_  
 Have you ever been hospitalized or had medical imaging done for a head injury?  Y  N  
 Have you ever been diagnosed with headaches or migraines?  Y  N  
 Do you have a learning disability, dyslexia, ADD/ADHD?  Y  N  
 Have you ever been diagnosed with depression, anxiety or other psychiatric disorder?  Y  N  
 Has anyone in your family ever been diagnosed with any of these problems?  Y  N  
 Are you on any medications? If yes, please list:  Y  N

SCAT3 to be done in resting state. Best done 10 or more minutes post exercise.

# SYMPTOM EVALUATION

## 3 How do you feel?

"You should score yourself on the following symptoms, based on how you feel now".

	none	mild	moderate	severe			
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6

Total number of symptoms (Maximum possible 22) \_\_\_\_\_

Symptom severity score (Maximum possible 132) \_\_\_\_\_

Do the symptoms get worse with physical activity?  Y  N

Do the symptoms get worse with mental activity?  Y  N

self rated  self rated and clinician monitored

clinician interview  self rated with parent input

**Overall rating:** If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self?

Please circle one response:

no different  very different  unsure  N/A

**Scoring on the SCAT3 should not be used as a stand-alone method to diagnose concussion, measure recovery or make decisions about an athlete's readiness to return to competition after concussion. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.**

# COGNITIVE & PHYSICAL EVALUATION

## 4 Cognitive assessment

### Standardized Assessment of Concussion (SAC)<sup>4</sup>

**Orientation** (1 point for each correct answer)

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1

**Orientation score** \_\_\_\_\_ of 5

### Immediate memory

List	Trial 1	Trial 2	Trial 3	Alternative word list					
elbow	0	1	0	1	0	1	candle	baby	finger
apple	0	1	0	1	0	1	paper	monkey	penny
carpet	0	1	0	1	0	1	sugar	perfume	blanket
saddle	0	1	0	1	0	1	sandwich	sunset	lemon
bubble	0	1	0	1	0	1	wagon	iron	insect

**Total** \_\_\_\_\_

**Immediate memory score total** \_\_\_\_\_ of 15

### Concentration: Digits Backward

List	Trial 1	Alternative digit list			
4-9-3	0	1	6-2-9	5-2-6	4-1-5
3-8-1-4	0	1	3-2-7-9	1-7-9-5	4-9-6-8
6-2-9-7-1	0	1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3
7-1-8-4-6-2	0	1	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6

**Total of 4** \_\_\_\_\_

### Concentration: Month in Reverse Order (1 pt. for entire sequence correct)

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan  0  1

**Concentration score** \_\_\_\_\_ of 5

## 5 Neck Examination:

Range of motion  Tenderness  Upper and lower limb sensation & strength

**Findings:** \_\_\_\_\_

## 6 Balance examination

Do one or both of the following tests.

Footwear (shoes, barefoot, braces, tape, etc.) \_\_\_\_\_

### Modified Balance Error Scoring System (BESS) testing<sup>5</sup>

Which foot was tested (i.e. which is the non-dominant foot)  Left  Right

Testing surface (hard floor, field, etc.) \_\_\_\_\_

### Condition

Double leg stance: \_\_\_\_\_ Errors

Single leg stance (non-dominant foot): \_\_\_\_\_ Errors

Tandem stance (non-dominant foot at back): \_\_\_\_\_ Errors

### And / Or

### Tandem gait<sup>6,7</sup>

Time (best of 4 trials): \_\_\_\_\_ seconds

## 7 Coordination examination

### Upper limb coordination

Which arm was tested:  Left  Right

**Coordination score** \_\_\_\_\_ of 1

## 8 SAC Delayed Recall<sup>4</sup>

**Delayed recall score** \_\_\_\_\_ of 5

# INSTRUCTIONS

Words in *Italics* throughout the SCAT3 are the instructions given to the athlete by the tester.

## Symptom Scale

*"You should score yourself on the following symptoms, based on how you feel now".*

To be completed by the athlete. In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132.

## SAC<sup>4</sup>

### Immediate Memory

*"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."*

#### Trials 2 & 3:

*"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."*

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.

**Score 1 pt. for each correct response.** Total score equals sum across all 3 trials. Do not inform the athlete that delayed recall will be tested.

### Concentration

#### Digits backward

*"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."*

If correct, go to next string length. If incorrect, read trial 2. **One point possible for each string length.** Stop after incorrect on both trials. The digits should be read at the rate of one per second.

#### Months in reverse order

*"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"*

**1 pt. for entire sequence correct**

### Delayed Recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

*"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."*

**Score 1 pt. for each correct response**

## Balance Examination

### Modified Balance Error Scoring System (BESS) testing<sup>5</sup>

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)<sup>5</sup>. A stopwatch or watch with a second hand is required for this testing.

*"I am now going to test your balance. Please take your shoes off, roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."*

#### (a) Double leg stance:

*"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

#### (b) Single leg stance:

*"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

#### (c) Tandem stance:

*"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

### Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the athlete. The examiner will begin counting errors only after the individual has assumed the proper start position. **The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum total number of errors for any single condition is 10.** If a athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once subject is set. Subjects that are unable to maintain the testing procedure for a minimum of **five seconds** at the start are assigned the highest possible score, ten, for that testing condition.

**OPTION:** For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50 cm x 40 cm x 6 cm).

### Tandem Gait<sup>6,7</sup>

*Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 meter line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object. In this case, the time is not recorded and the trial repeated, if appropriate.*

## Coordination Examination

### Upper limb coordination

Finger-to-nose (FTN) task:

*"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."*

**Scoring: 5 correct repetitions in < 4 seconds = 1**

**Note for testers:** Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. **Failure should be scored as 0.**

## References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.
2. McCrory P et al., Consensus Statement on Concussion in Sport – the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. British Journal of Sports Medicine 2009; 43: i76-89.
3. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine. 1995; 5(1): 32–3.
4. McCreary M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176–181.
5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24–30.
6. Schneiders, A.G., Sullivan, S.J., Gray, A., Hammond-Tooke, G. & McCrory, P. Normative values for 16-37 year old subjects for three clinical measures of motor performance used in the assessment of sports concussions. Journal of Science and Medicine in Sport. 2010; 13(2): 196–201.
7. Schneiders, A.G., Sullivan, S.J., Kvarnstrom, J.K., Olsson, M., Yden, T. & Marshall, S.W. The effect of footwear and sports-surface on dynamic neurological screening in sport-related concussion. Journal of Science and Medicine in Sport. 2010; 13(4): 382–386



# Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults



FIFA®



FEI

## RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

### 1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness  
Lying motionless on ground / Slow to get up  
Unsteady on feet / Balance problems or falling over / Incoordination  
Grabbing / Clutching of head  
Dazed, blank or vacant look  
Confused / Not aware of plays or events

### 2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- "Don't feel right"
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- "Pressure in head"
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like "in a fog"
- Neck pain
- Sensitivity to noise
- Difficulty concentrating

## 3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week / game?"
- "Did your team win the last game?"

**Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.**

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

### RED FLAGS

**If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:**

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling / burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove helmet (if present) unless trained to do so.

from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013



# PARTICIPANT SERIOUS INJURY REPORT

## ONTARIO LACROSSE ASSOCIATION

INJURY SUSTAINED BY # \_\_\_\_\_ OF \_\_\_\_\_  
(participant's name) (team)

SECTOR: **BOX / MF / WF** DIVISION: \_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

SANCTIONED GAME:  \_\_\_\_\_ (visiting team) \_\_\_\_\_ (home team)

SANCTIONED PRACTICE:  APPROXIMATE TIME OF DAY: \_\_\_\_\_ AM / PM

DESCRIBE IN DETAIL THE EVENTS, LEADING UP TO AND INCLUDING THE INJURY:

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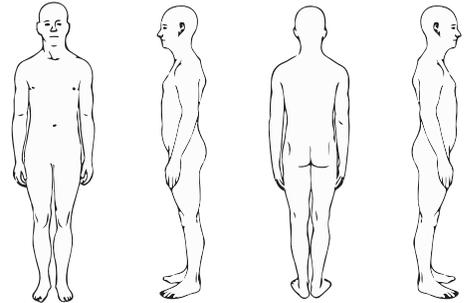
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### INJURY INFORMATION:

INJURY CONDITION: \_\_\_\_\_  
(laceration, suspected concussion, fracture, sprain, etc.)

AREA OF BODY: \_\_\_\_\_  
(left, right, both, N/A)



LOCATION:	ACTIVITY:	SOURCE:	OUTCOME:
<input type="checkbox"/> DEFENSIVE ZONE	<input type="checkbox"/> ATTACKING	<input type="checkbox"/> NON-CONTACT INJURY	<input type="checkbox"/> PENALTY CALLED ON OPPONENT
<input type="checkbox"/> NEUTRAL ZONE	<input type="checkbox"/> DEFENDING	<input type="checkbox"/> ILLEGAL CONTACT PENALTY	<input type="checkbox"/> PENALTY CALLED ON INJURED PLAYER
<input type="checkbox"/> OFFENSIVE ZONE	<input type="checkbox"/> PASSING / SHOOTING	<input type="checkbox"/> HIT BY BALL	<input type="checkbox"/> PENALTY NOT CALLED
<input type="checkbox"/> PLAYER'S BENCH	<input type="checkbox"/> FIGHTING	<input type="checkbox"/> COLLIDED W/ NET	<input type="checkbox"/> PRACTICE SITUATION
<input type="checkbox"/> PENALTY BOX	<input type="checkbox"/> CHECKING	<input type="checkbox"/> COLLIDED W/ OPPONENT	
<input type="checkbox"/> GOAL CREASE	<input type="checkbox"/> BEING CHECKED	<input type="checkbox"/> COLLIDED W/ BOARDS	
<input type="checkbox"/> FACE-OFF DOT	<input type="checkbox"/> SCRUM	<input type="checkbox"/> LEGAL CHECK	
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____	

### EMERGENCY SERVICES INFORMATION (IF APPLICABLE):

TRAINER'S NAME: \_\_\_\_\_ CERTIFICATION NUMBER: \_\_\_\_\_

PARAMEDIC'S NAME: \_\_\_\_\_ IDENTIFICATION NUMBER: \_\_\_\_\_

VERBAL REPORT MADE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_