

# **HOCKEY TRAINER MANUAL**



**Created by  
Sarah McGall  
Reg PT, CAT(C), CSCS**

**In Collaboration with**



# TABLE OF CONTENTS

<b>Introduction</b>	<b>1</b>
<b>What is Your Role as a Hockey Trainer?</b>	<b>2</b>
<b>Medical Information Sheets</b>	<b>3</b>
<b>Emergency Action Plans</b>	<b>5</b>
<b>Medical Kit</b>	<b>11</b>
<b>Concussion Management</b> - Separate Manual	<b>12</b>
<b>When to Refer Athletes</b>	<b>17</b>
<b>Injury Report Forms</b>	<b>18</b>
<b>Warm Up and Cool Down</b>	<b>21</b>
<b>High-Performance Nutrition</b>	<b>24</b>
<b>Additional Resources</b>	<b>28</b>

# INTRODUCTION

Congratulations on becoming the Team Hockey Trainer!

The goal of this manual is to give each hockey trainer resources to help guide them throughout the season with general advice on various topics.

The top priority for every trainer, coach, and organization is keeping kids safe while facilitating a positive experience for all participants while they explore all of the challenges and triumphs of minor hockey.



# What Is Your Role As Hockey Trainer?

- Implement an effective Risk Management Plan with your team
- Contribute to fostering a positive environment that reflects Fair Play and Safe Sport
- Be aware of, and report any physical or emotional mistreatment of the athletes
- Promote proper conditioning warm-up and cool-down techniques to help with injury prevention and proper recovery
- Maintain a fully stocked First Aid Kit that is taken to all games and practices
- Implement an effective Emergency Action Plan with your team and make sure everyone understands their roles and is prepared to act should the need arise
- Recognize life-threatening and significant injuries and be prepared to deal with them in an organized and time-effective manner
- Recognize when to refer out to other professionals such as medical doctors, nurses, physiotherapists and chiropractors
- Help coordinate return to play with injured players and communicate between all stakeholders (parents, coaches, managers, athlete)

# Medical Information Sheets

Before the season starts it is important to have each player (or parent) fill out a Hockey Canada medical information sheet. It is recommended that you store these sheets in a folder and carry it with you to each game, as it contains important medical information that will be needed should an emergency arise. This sheet also provides consent in the event of an emergency for staff to treat players.

Some important medical conditions to make particular note of:

- History of **concussions**
- History of past or current **heart conditions**
- **Allergies:** If an athlete states they have allergies ask if they carry an epi-pen and ensure you or someone on the team has it with that athlete at all times during team functions
- **Diabetes:** If an athlete has diabetes it is recommended that you talk to that athlete and parents to determine how they are best managed during a diabetic event
- **Asthma:** If an athlete states they have asthma ensure that you have their specific inhaler with you for all team functions (including off-ice training, practices, and games)
- **Epilepsy:** Ensure there is a plan in place for proper management of seizure and that there is someone capable of handling the situation should it arise

**MEDICAL INFORMATION SHEET**

Name: \_\_\_\_\_

Date of birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Provincial Health Number (optional): \_\_\_\_\_

Parent/Guardian #1: Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_

Business Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**Alternate emergency contact (if parents are not available)**

Name: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_

*Before a player participates in a hockey program it is recommended that they have a medical and that they also have any medical condition or injury problem checked by their family physician*

**Please check the appropriate response and provide details below if you answer "Yes" to any of the questions.**

Yes ☐ No ☐ Medication

Yes ☐ No ☐ Allergies

Yes ☐ No ☐ Previous history of concussions

Yes ☐ No ☐ Fainting or seizure during or after physical activity

Yes ☐ No ☐ Near fainting or Brownouts

Yes ☐ No ☐ Seizures and/or epilepsy

Yes ☐ No ☐ Wears glasses

Yes ☐ No ☐ Are lenses shatterproof

Yes ☐ No ☐ Wears contact lenses

Yes ☐ No ☐ Wears dental appliance

Yes ☐ No ☐ Hearing problem

Yes ☐ No ☐ Asthma

Yes ☐ No ☐ Trouble breathing during exercise

Yes ☐ No ☐ Heart Condition

Yes ☐ No ☐ Palpitations or Racing Heart

Yes ☐ No ☐ Family history of heart disease

Yes ☐ No ☐ Family history of unexpected death during physical activity

Yes ☐ No ☐ Family history of unexplained death of a young person

Yes ☐ No ☐ Diabetes – Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_

Yes ☐ No ☐ Wears medical information bracelet/necklace For what purpose? \_\_\_\_\_

Yes ☐ No ☐ Health problem that would interfere with participation on a hockey team

Yes ☐ No ☐ Has had an illness that lasted more than a week and required medical attention in the past year

Yes ☐ No ☐ Has had injuries requiring medical attention in the past year

Yes ☐ No ☐ Been admitted to hospital in the last year

Yes ☐ No ☐ Surgery in the last year

Yes ☐ No ☐ Presently injured Injured body part: \_\_\_\_\_

Yes ☐ No ☐ Vaccinations up to date Date of last Tetanus Shot: \_\_\_\_\_

Yes ☐ No ☐ Hepatitis B vaccination

**Please give details if you answered "Yes" to any of the above. (Use separate sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Recent injuries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any information not covered above: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

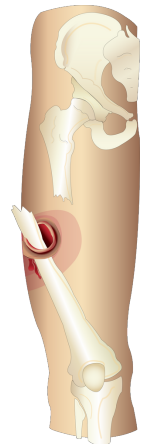
I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child. I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

# Emergency Action Plans

In the event of serious injury, you must implement an Emergency Action Plan (EAP). It is important that every person involved in the EAP knows their role and is able to act on it immediately. Practice often to ensure everyone understands, it could save a life.

## Common Reasons to Activate the EAP

- Instability or absence of vitals signs (no pulse and not breathing)
- Internal or external hemorrhaging (deadly bleeding)
- Neurological deficits (numbness, tingling in extremities, unable to move legs or arms)
- Anaphylaxis related to allergies
- Uncontrolled Diabetic Emergency
- Decreased level of responsiveness or unresponsive
- Seizures (not related to eplipse)
- Chest Pain
- Burns
- Abdominal distension (swelling) and tenderness
- Unstable pelvic injury, fractured femur
- Childbirth
- Severe hypothermia or heat-related illness



**Rule of Thumb:**  
**If you don't know just CALL, always go with your gut.**

# 3 Cs in the EAP

Prior to the season starting the EAP requires the appointment of 3 positions (3 Cs):

Charge Person  
Call Person  
Control Person



## Charge Person:

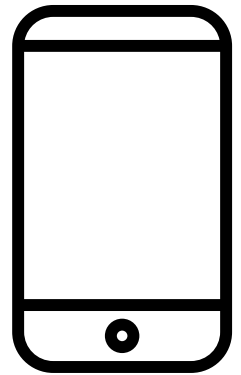
- Initially takes control of the situation (usually the hockey trainer)
- Assesses the injury status of the player and determines if an ambulance or more advanced medical care is warranted
- If you are not qualified to or comfortable with providing medical care ensure there is someone else (parent, nurse, doctor) who can provide this care and have a pre-determined signal to activate the EAP. **Often, this is a closed fist held high in the air.**
- Tend to the injured athlete until EMS arrives



# 3 Cs in the EAP

## Call Person:

- Calls 911 when EMS is needed and goes to the injured athlete to relay information from the charge person
- At every game and practice, they must make sure the phone is charged and has cell service, or find access to a landline
- Ideally, this person is at all games and practices and is not on the bench (e.g. a parent)
- Has a diagram or script with specific directions and the best route to the arena facility which can be found in the home team's EAP
- If the home team (in the case of away games) does not have an EAP, the call person is responsible for knowing the name and address of the arena, the location of the nearest hospital, and know the entrance with the easiest access to the playing surface.



# 3 Cs in the EAP

## Control Person

- Pre-determines the location of the AED on site and other emergency equipment in the facility
- Retrieves the AED/and or First Aid Kit and brings it to the injured athlete if needed
- Controls the scene, and makes sure the charge person is not being impeded by parents, spectators, teammates, coaches, etc.
- Ensure the route for the ambulance crew is clear and accessible
- Meets the ambulance on its arrival and directs EMS to the injured player
- Finds highly trained medical personnel if requested by the Charge Person



# Medical Kit

As a hockey trainer it is your responsibility to ensure the team's medical kit has all the necessary supplies throughout the season.

Below is a list of recommended items to have in your kit:

- Standard First Aid Kit
- Gloves
- 1-2 rolls of athletic tape
- Scissors (paramedic grade)
- Hand sanitizer
- Ziplock bags for ice
- Vaseline
- Pocket Mask (CPR)
- Band-Aids of all varieties
- Feminine hygiene products- if females are on the team



Although hockey trainers are not equipment managers it may be helpful to also have the following items:

- Screwdrivers of all varieties or multi-head
- Fasteners and screws for helmet repairs
- Skate laces
- Sharpening stone
- Hockey tape (stick and clear)



# Injury Report Forms

If a serious injury is sustained while at a team hockey function that is sanctioned by Hockey Canada, an injury report must be filled out.

An injury report form is needed when the individual incurs expenses beyond those covered by provincial health care insurance or any other supplemental insurance.

The form must be filled out within 90 days of the injury.

## How to Make a Claim

1) Team Trainer completes page 1

- Note if an athlete is under the age of 18- a parent or guardian MUST sign the front.

2) Dentist or Doctor completes page 2

3) Submit the Form to OSMH Executive

- The injury form must include all original receipts and invoices

**Hockey Canada is a supplemental insurer. If an athlete has access to any other insurance they must use their primary and secondary insurance first. Hockey Canada will cover expenses not covered by an injured party's primary insurance to Hockey Canada's policy limits.**



# HOCKEY CANADA INJURY REPORT

PAGE 1/2



**Contact your  
minor  
association  
or Branch  
for forms**

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE. DATE OF INJURY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

**INJURED PARTICIPANT:** ☐ Player ☐ Team Official ☐ Game Official ☐ Spectator

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F  
Mo. Day Yr.

Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

## DIVISION

☐ Initiation ☐ Novice ☐ Atom ☐ Pee wee  
☐ Bantam ☐ Midget ☐ Juvenile ☐ Junior

## CATEGORY

☐ AAA ☐ A ☐ BB ☐ CC ☐ DD ☐ House ☐ Minor Junior ☐ Adult Rec.  
☐ AA ☐ B ☐ C ☐ D ☐ E ☐ Major Junior ☐ Senior ☐ Other \_\_\_\_\_

## BODY PART INJURED

**Head** ☐ Face ☐ Skull  
☐ Eye Area ☐ Throat ☐ Dental

**Back** ☐ Lower  
☐ Neck ☐ Upper

**Trunk** ☐ Abdomen  
☐ Ribs ☐ Chest

**Arm:** ☐ Left ☐ Collarbone  
☐ Right ☐ Elbow  
☐ Shoulder ☐ Hand/Finger  
☐ Upper arm ☐ Forearm/Wrist

**Leg:** ☐ Left ☐ Knee  
☐ Right ☐ Toe  
☐ Shin ☐ Thigh  
☐ Other ☐ Foot

**Pelvis**  
☐ Hip  
☐ Groin

## NATURE OF CONDITION

☐ Concussion ☐ Laceration ☐ Fracture  
☐ Sprain ☐ Strain ☐ Contusion  
☐ Dislocation ☐ Separation ☐ Internal Organ Injury

## ON-SITE CARE

☐ On-Site Care Only ☐ Refused Care

☐ Sent to Hospital by: ☐ Ambulance ☐ Car

## INJURY CONDITIONS

Name of arena / location: \_\_\_\_\_

☐ Exhibition/Regular Season ☐ Period #2  
☐ Playoffs/Tournament ☐ Period #3  
☐ Practice ☐ Overtime:  
☐ Try-outs ☐ Dry Land Training  
☐ Other ☐ Gradual Onset  
☐ Warm-up ☐ Other Sport  
☐ Period #1 ☐ Other: \_\_\_\_\_

## CAUSE OF INJURY

☐ Hit by Puck  
☐ Collision with Boards  
☐ Non-Contact Injury  
☐ Hit by Stick  
☐ Collision on Open Ice  
☐ Collision with Opponent  
☐ Fall on Ice  
☐ Checked from Behind  
☐ Collision with Net  
☐ Fight  
☐ Blindsiding

Was the injured player in the correct league and level for their age group?

☐ Yes ☐ No

Was this a sanctioned Hockey Canada activity?

☐ Yes ☐ No

## LOCATION

☐ Defensive Zone ☐ Offensive Zone ☐ Neutral Zone  
☐ Behind the Net ☐ 3 ft. from Boards ☐ Spectator Area  
☐ Parking Lot ☐ Dressing Room ☐ Bench  
☐ Other: \_\_\_\_\_

## WEARING WHEN INJURED

☐ Full Face Mask  
☐ Intra-Oral Mouth Guard  
☐ Half Face Shield/Visor  
☐ Throat Protector  
☐ Helmet/No Face Shield  
☐ No Helmet/No Face Shield  
☐ Short Gloves  
☐ Long Gloves

## ADDITIONAL INFORMATION

Has the player sustained this injury before? ☐ Yes ☐ No

If "Yes" how long ago \_\_\_\_\_

Was a penalty called as a result of the incident? ☐ Yes ☐ No

Estimated absence from hockey?

☐ 1 week ☐ 1-3 weeks ☐ 3+ weeks

## DESCRIBE HOW ACCIDENT HAPPENED

(Attach page if necessary)

I hereby authorize any Health Care Facility, Physician, Dentist or other person who has attended or examined me/my child, to furnish Hockey Canada any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all dental, hospital, and medical records. A photo static/electronic copy of this authorization shall be considered as effective and valid as the original.

Signed: \_\_\_\_\_

(Parent/Guardian if under 18 years of age)

Date: \_\_\_\_\_

## TEAM INFORMATION

(To be completed by a Team Official)

Association: \_\_\_\_\_

Team Name: \_\_\_\_\_

Team Official (Print): \_\_\_\_\_

Team Official Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION

**THIS MUST BE FILLED OUT IN FULL OR FORM PROCESSING WILL BE DELAYED**

Occupation: ☐ Employed Full-time ☐ Employed Part-time  
☐ Unemployed ☐ Full-Time Student

Employer (If minor, list parent's employer): \_\_\_\_\_

1. Do you have provincial health coverage? ☐ Yes ☐ No Province: \_\_\_\_\_

2. Do you have other insurance? ☐ Yes ☐ No  
(IF "YES", PLEASE SUBMIT CLAIM TO YOUR PRIMARY HEALTH INSURER.)

3. Has a claim been submitted? ☐ Yes ☐ No  
(IF "YES", PLEASE FORWARD PRIMARY INSURER EXPLANATIONS OF BENEFITS.)

Make Claim Payable To: ☐ Injured Person ☐ Parent ☐ Team ☐ Other: \_\_\_\_\_

Branch  
APPROVAL





# HOCKEY CANADA INJURY REPORT

PAGE 2/2



## PHYSICIAN'S STATEMENT

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Name of Hospital / Clinic: \_\_\_\_\_ Address: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_ Date of First Attendance: \_\_\_\_\_

\_\_\_\_\_ Claimant will be totally disabled:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Is the injury permanent and irrecoverable? ☐ No ☐ Yes

Give the details of injury (degree): \_\_\_\_\_

Prognosis for recovery: \_\_\_\_\_

Did any disease or previous injury contribute to the current injury? ☐ No ☐ Yes (describe): \_\_\_\_\_

Was the claimant hospitalized? ☐ No ☐ Yes (give hospital name, address and date admitted): \_\_\_\_\_

Names and addresses of other physicians or surgeons, if any, who attended claimant: \_\_\_\_\_

I certify that the above information is correct and to the best of my knowledge,

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## DENTIST STATEMENT

Limits of coverage: \$1,250 per tooth, \$2,500 per accident  
Treatment must be completed within 52 weeks of accident

UNIQUE NO. SPEC. PATIENT'S OFFICIAL ACCOUNT NO.

### Patient

Last name \_\_\_\_\_ Given name \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Dentist

PHONE NO \_\_\_\_\_

I HEREBY ASSIGN MY BENEFITS  
PAYABLE FROM THIS CLAIM  
DIRECTLY TO THE NAMED DENTIST  
AND AUTHORIZE PAYMENT  
DIRECTLY TO HIM / HER

SIGNATURE OF SUBSCRIBER \_\_\_\_\_

FOR DENTIST USE ONLY - FOR ADDITIONAL INFORMATION,  
DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION.

DUPLICATE FORM ☐

I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY  
EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY  
DENTIST FOR THE ENTIRE TREATMENT.

I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ \_\_\_\_\_ IS ACCURATE AND HAS BEEN  
CHARGED TO ME FOR THE SERVICES RENDERED.

I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY  
INSURING COMPANY/PLAN ADMINISTRATOR.

SIGNATURE OF (PATIENT/GUARDIAN) \_\_\_\_\_

OFFICE VERIFICATION \_\_\_\_\_

DATE OF SERVICE DAY / MO. / YR.	PROCEDURE	INITIAL TOOTH CODE	TOOTH SURFACE	DENTIST'S FEE	LAB CHARGE	TOTAL CHARGE

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE & OE.

TOTAL FEE SUBMITTED

NOTE: All benefits subject to insurer payor status, provisions of the policy, Hockey Canada sanctioned events.

# Off-Ice Warm Up

A dynamic warm-up is an important part of any hockey player's routine. The goal of a warm-up is to increase body temperature and get the body ready physically and mentally for the game ahead.

A dynamic (moving) warm-up is preferred over static stretching. A dynamic warm-up starts with jogging, small movements and dynamic stretches before progressing towards bigger, faster-paced movements, and eventually game-pace movements and skills. The OSHM website has an example of a dynamic warm-up for hockey players on the Trainer Resources page.

Ideally, the dynamic warm-up should take place 15-20 minutes before athletes need to get dressed to go on the ice. This allows the players to get warm, stay warm, and not lose the beneficial effects of their activity by sitting. Completing the warm-up before every game helps give a sense of routine and preparedness that can also help with performance.

Here is a sample timeline for a 7pm game time:

6:00	Players Arrive
6:00-6:20	Individual Prep - may include fun games
6:20-6:35	Team Dynamic Warm-Up
6:35-6:55	Players dress
6:55	Coach Pre-Game Speech
7:00	Game Start

# Off-Ice Warm-Up Games

Let's face it: warm-ups can get repetitive, especially as the season wears on. Here is a list of games and activities that you can try with your team to keep them more invested in warm-up and have fun while doing it!

Spike Ball  
Soccer/ Sauer Ball  
Volleyball  
Ladder Drills  
Throwing a football



## Goalie Specific Off Ice Warm Up

Goalies have a unique position in the sense of the physical and mental side of the game. To add to a traditional dynamic warm-up it is recommended that goalies add in specific drills for hand-eye coordination and reaction time. See the list below of drills for hand-eye and reaction time specific to hockey goalies. See the OSMH website for video links on all the below suggestions

- Juggling
- 2 ball read and react with partner
- Throw and catch a ball against the wall



# Cool-Down

Cooling down is an important part of recovery for hockey players. The emphasis in cool-down is more on static stretching versus the dynamic stretching performed during warm-up. It can be as short as 10 minutes after a game or practice and can make a big difference when it comes to staying healthy and keeping up performance in the next game or practice.

Head to the OSMH website under trainer resources to view a sample cool-down for all levels of hockey players.

Cool down can also include things such as foam rolling, active release with a lacrosse ball, or a gentle bike ride (10-15min)

Consider using the 100-Point Recovery System on page 27 after every game to help athletes make good recovery habits.



# Additional Resources

Head over to the Owen Sound Minor Hockey website to access the links to the additional resources on the various topics discussed in this manual:

## Parachute Guidelines for Concussion Management

6th International Concussion Consensus Statement- October 2022  
Canadian Safety Supplies

- Recommend: Coach and Sports Teams First Aid Kit- Deluxe

## Hockey Trainers Ontario Manual

Warm-up and Cool-Down Template

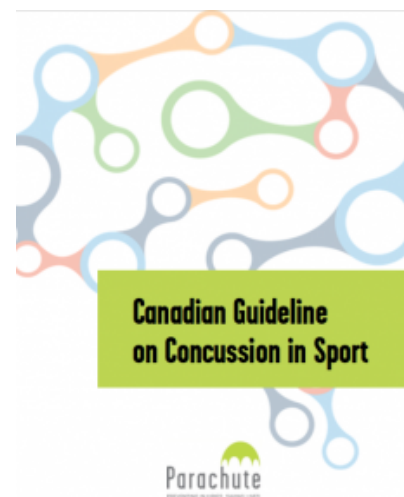
Maria Mountain- Goalie-Specific Off-Ice Warm Up Drills

## Hockey Canada

- How to fit hockey equipment

## Gary Roberts High-Performance Training

- Blog posts on nutrition, sleep, performance, etc.



Being the team trainer can be a daunting responsibility, and we want you to know that you've got a team of therapists in your corner whose primary goals are keeping kids safe, and getting them back in the game.

If you ever have questions regarding an injury, return to play for an athlete, or need clarification on something in this manual, feel free to reach out to me via email or Instagram:

**smcgallpt@outlook.com**  
**Instagram: @thehockeyphysio**

**Contact CONNECT via email, phone, or our online booking portal for appointment bookings for concussions or other sports-related injuries. Let our administrators know that your athlete is with Owen Sound Minor Hockey, and we'll do our best to have them seen the same week to start their rehab process.**



admin@connectrehab.com  
519-372-2121

Scan me to  
book a free  
15-minute  
consult!

