



# Kamloops Minor Hockey Association: Return to Play Form

P.O. BOX 24018, 70-700 Tranquille RD,  
Kamloops BC, V2C 5M8  
Email: [kamhockey@telus.net](mailto:kamhockey@telus.net)  
Web page: [www.kamloopsminorhockey.com](http://www.kamloopsminorhockey.com)  
Ph. 250-376-1788

PATIENT (Player) NAME: \_\_\_\_\_

TODAY'S DATE (mm/dd/yy): \_\_\_\_\_

INCIDENT DATE (mm/dd/yy): \_\_\_\_\_

## Initial Diagnosis

Physician: Please mark with "x" beside appropriate box:

- 1. The player can return to game play immediately, with no restrictions. *(No concussion/limiting injury suspected.)*
- 2. The player can begin the return to play process immediately by following Hockey Canada Return to Play Protocols below without restrictions beginning at step \_\_\_\_\_ *(table below)*
- 3. The player can return to play immediately with the following noted restrictions:

PHYSICIAN'S NAME (PRINT): \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

## Follow-Up Visit

### CONCUSSION / FRACTURE PROTOCOL

Players will proceed through the return to play steps only when they do not experience symptoms or signs and the physician has given clearance to begin this process (above). Each step should be a minimum of 24 hours, but could last longer. If symptoms or signs return, the player will **return to step 2** and be **re-evaluated by a physician** (per Hockey Canada protocols).

**Parents/Guardians** please note dates on the following steps for the follow-up physician's visit (step 5), and document submission.

<input type="checkbox"/>	STEP 1: Light activities of daily living which do not aggravate symptoms/make symptoms worse.	Date Completed: _____
<input type="checkbox"/>	STEP 2: Light aerobic exercise (walking or stationary cycling). No resistance training or weight lifting.	Date Completed: _____
<input type="checkbox"/>	STEP 3: Sport specific activities and training.	Date Completed: _____
<input type="checkbox"/>	STEP 4: Drills without body contact. May add light resistance training, progressing to heavier weights.	Date Completed: _____

**Physician medical clearance (reassessment and physician signature) required before proceeding to step 5**

PHYSICIAN'S NAME (PRINT): \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_

<input type="checkbox"/>	STEP 5: Begin drills with body contact.	Date Completed: _____
<input type="checkbox"/>	STEP 6: Full return to game play.	Date Completed: _____

- \*\* Parents/Guardians: This note must be uploaded to the Headcheck App prior to the above player returning to play.
- \*\* Any Hockey Canada claims must be sent in to the KMHA office within 90 days of an injury.
- \*\* This information is strictly confidential and will only be used to assist in the players' safe return to play.
- \*\* All costs associated with the "Return to Play" protocol, is the responsibility of the family.