



North York Knights Hockey Association Return to Play Protocol

Stage 1: Symptom limited activity (at least 24 hours)

- Daily activities that do not provoke symptoms
- Conserve your brain and body's energy, it is needed to feel well and allow the brain to heal

Stage 1: Signature of completion (requires player & parent/guardian signatures)

I confirm that I completed Stage 1 for minimum of 24 hours with no symptoms on _____ (MM/DD/YY)

(Player Signature)

(Parent/Guardian Signature)

Stage 2: Light aerobic exercise (at least 24 hours) Effort: 50%

- OFF THE ICE
- Begin with a warm up (stretching/flexibility) for 5-10 minutes
- Start a cardio workout for 15-20 minutes which can include: stationary bicycle, elliptical, treadmill, fast paced walking, light jog, rowing or swimming

Stage 2: Signature of completion (requires player & parent/guardian signatures)

I confirm that I completed Stage 2 for minimum of 24 hours with no symptoms on _____ (MM/DD/YY)

(Player Signature)

(Parent/Guardian Signature)

Stage 3: Conditioning & hockey specific exercise done individually (at least 24 hrs) Effort: 60%

- OFF THE ICE
- Begin with a warm up (stretching/flexibility) for 5-10 minutes
- Increase intensity and duration of cardio workout to 20-30 minute
- Begin hockey specific skill work: individual stick handling and shooting drills

Stage 3: Signature of completion (requires player & parent/guardian signatures)

I confirm that I completed Stage 3 for minimum of 24 hours with no symptoms on _____ (MM/DD/YY)

(Player Signature)

(Parent/Guardian Signature)

Stage 4: Conditioning & hockey specific training drills done with a teammate (at least 24 hours) Effort: 75%

- CAN BEGIN ON ICE ACTIVITIES. NO SCRIMMAGES
- Begin on-ice skating warm-up: forwards, backwards, stop and start, cones
- Begin on-ice practice of hockey drills with a partner: passing or shooting on goalie
- Goalies begin in net with a coach shooting pucks in a controlled manner

Stage 4: Signature of completion (requires player, parent/guardian & trainer signatures)

I confirm that I completed Stage 4 for minimum of 24 hours with no symptoms on _____ (MM/DD/YY)

(Player Signature)

(Parent/Guardian Signature)