

RIGA HOCKEY CUP

Injury Tracking and Concussion Protocol

Season 2026

Introduction

The RIGA HOCKEY CUP Injury Tracking and Concussion Protocol is developed based on the International Ice Hockey Federation (IIHF) medical guidelines (Medical Regulations 2024/2025). The protocol governs the tracking of injuries during the tournament, as well as the procedures to follow when there are suspicions of a concussion during practice or a game.

Injury Tracking

RIGA HOCKEY CUP uses the injury definition provided by the International Ice Hockey Federation:

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

Every injury must be recorded by the medical personnel according to IIHF injury report (supplementary file no1), indicating:

1. Player's number;
2. Time of injury during the game;
3. Affected body area (right/left arm/leg, torso, head, neck).

Concussion Protocol

The RIGA HOCKEY CUP Concussion Protocol is based on the International Ice Hockey Federation's document (International Ice Hockey Federation Concussion Protocol), utilizing the latest and most up-to-date data and research. The protocol's goal is to ensure player safety and health during games and training.

Acute Concussion Assessment (supplementary file no2)

Concussion symptoms may appear immediately after a blow to the head or body, or they may develop over time (hours or even days after the injury). Therefore, players diagnosed with or suspected of having a concussion should stop the game or training and undergo an assessment of symptoms and signs over time.

Any player (including goalkeepers) or referee who shows one or more concussion symptoms or signs after a direct or indirect contact should be removed from the playing environment as soon as possible. The team staff who observe the mentioned symptoms or signs must report their observations to the tournament's medical staff. The RIGA HOCKEY CUP medical supervisor has the right to request an evaluation in the locker room if visible concussion signs are observed on the field.

Visible Signs of Concussion

- Lying motionless on the ice – a player lies motionless on the ice or falls to the ice in an unprotected manner (i.e., without stretching out his hands or arms to lessen or minimize his fall).;
- Motor incoordination/balance problems – A player staggers, struggles to get up or skate properly, appears to lose his balance, trips or falls, or stumbles while getting up, trying to get up, or skating.;
- Disorientation (e.g., unsure of where he is on the ice or location of player bench);

Concussion Symptoms (reported by the player)

- Headache;
- Dizziness;
- Balance or coordination difficulties;
- Nausea;
- Amnesia regarding the circumstances surrounding the injury;
- Slowed thinking;
- Increased sensitivity to light and sound;
- Confusion, impaired ability to orient in time and place;
- Visual disturbances;
- Ringing in the ears (tinnitus).

Players or referees suspected of having a concussion should be assessed by the tournament’s medical personnel (doctor, athletic trainer, physiotherapist) in a neutral environment. If the team has its own medical staff, they will assess the player on-site and will be fully responsible for diagnosing the concussion. If the team’s medical staff is unavailable, the tournament’s chief doctor will take over this role.

Return to Play

If the team’s medical staff determines after an assessment that the player or referee shows no signs of a concussion, they may return to the game. If a concussion is not found after an assessment, the player may return to the game.

A player or referee with suspected or diagnosed concussion must be immediately removed from the game and cannot return to play the same day.

Players or referees with visible signs unrelated to injury in another part of the body should not return to the game and will be evaluated the following day.

After a short rest period (24 to 48 hours after the injury), a player who has suffered a concussion should gradually increase their activity level, as long as these activities do not induce or worsen symptoms. The player follows a gradual return-to-play strategy, taking each step for no less than 24 hours. If physical activity worsens any symptoms, the athlete should return to the previous step.

Stage	Goal	Activity	Goal for each step
1.	Activity without symptoms	Daily activities without symptoms	Gradual return to work/school activities.
2.	Light aerobic exercise	Increase heart rate.	
3.	Sport-specific exercise	Add movement.	Coordination and increased thinking.
4.	Non-contact training	Restore confidence and assess functional skills under coach supervision.	
5.	Full contact training	Participate in regular training activities with medical clearance.	
6.	Return to play	Regular game.	

An athlete may return to play once the team's medical staff or the tournament's chief doctor confirms normal neurocognitive function and successful gradual return to play.

The team's medical staff may consult with the tournament's chief doctor. If the tournament's chief doctor disagrees with the decision of the team’s medical staff, they will contact the tournament organizers, who have the authority to remove the player from the competition.

Supplementary file no1.



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 _____

<p>Zone of Injury A</p> <p>1. No contact with boards 2. Contact with boards</p>	<p>Zone of Injury B</p> <p>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</p>		<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 <input type="checkbox"/></td> <td>off-ice <input type="checkbox"/></td> <td></td> </tr> <tr> <td>2. 1st</td> <td>on-ice <input type="checkbox"/></td> <td>on-ice <input type="checkbox"/></td> <td></td> </tr> <tr> <td>3. 2nd</td> <td>4. 3rd <input type="checkbox"/></td> <td>off-ice <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>5. Ot <input type="checkbox"/></td> <td>on-ice <input type="checkbox"/></td> <td></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> <th colspan="2">Power Play</th> <th colspan="2">Goalie</th> </tr> <tr> <td></td> <td>5/4</td> <td>1. Yes</td> <td></td> </tr> <tr> <td></td> <td>5/3</td> <td>2. No</td> <td></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 <input type="checkbox"/>		2. 1st	on-ice <input type="checkbox"/>	on-ice <input type="checkbox"/>		3. 2nd	4. 3rd <input type="checkbox"/>	off-ice <input type="checkbox"/>			5. Ot <input type="checkbox"/>	on-ice <input type="checkbox"/>		playing time: _____				Situation				Even Strength	5/5	Penalty Killing	4/5		4/4		3/5		3/3		3/4	Power Play		Goalie			5/4	1. Yes			5/3	2. No			4/3		
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<p>Source of Diagnosis</p> <p>1. Medical Doctor 2. Physiotherapist 3. Other _____</p>		<p>Player information:</p> <p>1. Age _____ 2. Height (cm) _____ 3. Weight (kg) _____</p>																																																									
<p>Side / Body part: _____ fill out a separate form for each injury</p> <p>1. N/A 2. Left 3. Right 4. Both</p> <table style="width:100%; border: none;"> <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>		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: _____	<p>Dx/assessment:</p> <p>1. Contusion 2. Sprain (Ligament) 3. Strain (Muscle-Tendon) 4. Laceration 5. Dislocation/Subluxation 6. Fracture 7. Neurotrauma/Concussion 8. Other _____</p>																					
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<p>Dental:</p> <p>Mouthguard? 1. Yes 2. No Custom made? 1. Yes 2. No</p>		<p>Position:</p> <p>1. Centre 2. Wing 3. Defence 4. Goalie</p>																																																									
<p>Knee:</p> <p>Circle the appropriate structure involved: 1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. PF*</p> <p>Grade: 1. _____ 2. _____ 3. _____</p>		<p>Nature of injury:</p> <p>1. Acute 2. Recurrent: a. this season b. last season</p>																																																									
<p>Shoulder:</p> <p>Circle the appropriate structure involved: 1. AC* 2. SC* 3. Glenohumeral</p> <p>Grade: 1. _____ 2. _____ 3. _____</p>		<p>Time Lost:</p> <p>The amount of time player is expected to be out of play</p> <p>1. Return same day 2. Less than 1 week 3. 1 to 3 weeks 4. More than 3 weeks</p>																																																									
<p>Diagnosis:</p> <p>ICD-code _____ DG: _____</p>		<p>Was a penalty Called on the Play?</p> <p>1. Yes 1. 2 min. 2. No 2. 2+2 min 3. 2+10 min 4. 5+20 min 5. Other: _____</p>																																																									
<p>Equipment:</p> <p>1. Full Face mask a. shield _____ b. cage _____</p> <p>2. Visor _____</p> <p>3. None _____</p>		<p>PF= Patellofemoral, Kneecap AC= Acromioclavicular Joint SC= Sternoclavicular Joint</p>																																																									

Supplementary file no2.

CRT6™
Concussion Recognition Tool
To Help Identify Concussion in Children, Adolescents and Adults



The Concussion Recognition Tool 6 (CRT6) is intended for use by non-medical personnel to recognize and respond immediately to a possible concussion. It is not intended to diagnose a concussion.

ANY ATHLETE WITH SUSPECTED CONCUSSION SHOULD IMMEDIATELY WITHDRAW FROM COMPETITION OR TRAINING AND SHOULD NOT RETURN TO ACTIVITY UNTIL CONSULTATION WITH A (SPORTS) PHYSICIAN, EVEN IF SYMPTOMS DISAPPEAR.

Red Flag Symptoms - CALL 113!

- Pain or tenderness in the neck
- Seizures, convulsions
- Vision loss or double vision
- Increasing confusion, impaired consciousness (increasing drowsiness, less responsive)
- Weakness or changes in sensation in the arms and/or legs
- Repeated vomiting
- Severe or increasing headaches
- Increasing anxiety, aggressiveness
- Visible skull deformity

Visible signs:

- Loss of consciousness, reduced responsiveness to surroundings
- Lying motionless on the field
- Falling to the ground in an unprotected position
- Disoriented, disoriented, unable to adequately answer questions
- Blank, distracted gaze
- Seizures, cramps, convulsions
- Slowly getting up after a direct or indirect blow to the head
- Unsteady gait, balance problems, falling, poor coordinationSejas trauma

Symptoms:

- Headaches
- Pressure in the head
- Balance problems
- Nausea, vomiting
- Drowsiness
- Confusion
- Blurred vision
- Increased sensitivity to light
- Increased sensitivity to noise
- Fatigue, lack of energy
- "Not feeling well"
- Neck pain

Awareness:

- Where are you?
- What's happening today?
- Who scored the last goal?
- Where was the previous match?
- Who won the previous match?
- etc.

Changes in thinking:

- Difficulty concentrating
- Memory problems
- Feeling slowed down
- Feeling "foggy"

Changes in emotions:

- More emotional or irritable
- Sadness
- Anxiety, nervousness

