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Body Checking Causes Few Youth Hockey Injuries

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Description

Unintentional collisions and falling into the boards cause more injuries in young hockey players than the practice of body checking, researchers at the University at Buffalo have found.

Newswise — Unintentional collisions and falling into the boards cause more injuries in young hockey players than the practice of body checking, researchers at the University at Buffalo have found.

In a study that followed 2,630 boys over two seasons, results showed that 55 percent of injuries were caused by unintentional collisions with the boards, the ice, or between players, while body checks accounted for only 12 percent of injuries. Seventeen percent of injuries were caused by illegal checking.

Results of the study appear in the current issue (Oct. 31, 2005) of *Medicine and Science in Sports and Exercise*, the official journal of the American College of Sports Medicine. Barry Willer, Ph.D., professor of psychiatry and rehabilitation medicine, is lead author.

Legal checking in hockey is defined as hitting with the shoulder or trunk a player who has the puck or who has just passed the puck. It is considered as integral to hockey as tackling is to football.

Body checking frequently has been blamed for injuries among young players. Consequently, the American Academy of Pediatrics has recommended that body checking be prohibited until players are at least 16 years old.

Willer, who played and coached hockey for many years, said introducing body checking only to teens may actually increase the incidence of more serious injuries. "Bringing body checking into the game at an age when players are big, strong, fast skaters fueled by testosterone could be disastrous from an injury standpoint."

Willer's research showed that when body checking was introduced at age
9 there was a sudden increase in injuries, most of them minor. But within a year, players had adjusted to giving and receiving body checks and injuries dropped to earlier levels.

Another spike in injuries occurred among the 13-year-olds, results showed, which the authors attribute to "increased testosterone levels and concomitant aggressiveness." Injury rates in this group also dropped to near previous levels by the time the boys were age 14.

John Leddy, M.D., a sports medicine physician and coauthor on the study, said the marked increase in injuries among 13-year-olds was troubling.

"We think youth hockey leagues may need greater enforcement of the rules among these adolescents as they adjust to changes in their hormone levels," he said. Leddy is a UB clinical associate professor of orthopedics and associate director of the UB Sports Medicine Institute.

Willer suggests that the key to injury prevention is increased skill development, plus a greater emphasis on learning to play "heads up"
hockey. He suggests that body checking may be a key component of teaching this technique to skilled players.

"These younger kids are injured more often by falling into the boards or colliding with each other, in part because they haven't learned to skate or stop well. In addition, it's important to teach a child very early to learn to look toward where he wants to shoot the puck and to 'feel' the puck with his stick, instead of watching the puck. By watching where you are going, you learn to avoid collisions."

Willer noted that checking is not allowed in women's hockey, yet elite women players sustain as many injuries as male players.

The boys in this study were between the ages of 4 and 17 and were enrolled in a Burlington, Ontario, youth hockey program in 2002 through 2004. In addition to the findings on body checking, a primary end point of the study, results showed that injuries were four times more likely to occur in games than in practices.

Also, boys who played in the most advanced levels of competition (representative hockey) were six times more likely to be injured than the less skilled house-league players, primarily due to the speed and aggressiveness of play at the top level.

Additional contributors to the research were Beth Kroetsch, of the Joseph Brant Memorial Hospital in Burlington; Scott Darling, M.D., primary-care resident physician in the UB School of Medicine and Biomedical Sciences, and Alan Hutson, Ph.D., UB associate professor and chair of the Department of Biostatistics.

The University at Buffalo is a premier research-intensive public university, the largest and most comprehensive campus in the State University of New York.