

# HEATH & COMPANY

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August 22, 2003

The Minister of Community, Aboriginal  
and Women's Services  
Province of British Columbia  
P.O. Box 9042, Stn Prov Govt  
Victoria, BC V8W 9E2

Attention: The Honourable George Abbott, Minister

Dear Sir:

**RE: Bodychecking in Youth Hockey**

I acknowledge with thanks your letter addressed to me dated April 10, 2003. I attach a copy of your letter for your easy reference. Since the date of your letter, the Canadian Hockey Association (now known as "Hockey Canada") approved 2 motions at their Regina, Saskatchewan Annual General Meeting in May 2003. These 2 motions were as follows:

1. That the minimum age classification where bodychecking will be permitted is Pee Wee (ages 11 and 12)  
["Motion 1"]  
-and-
2. That bodychecking will be permitted in the Atom age (9 and 10) in certain Provinces for the purposes of controlled pilot projects designed to investigate the impact of bodychecking (participating Provinces include Newfoundland, Ontario and Saskatchewan)  
["Motion 2"].

Motion 1 was clearly an attempt to restore public and government confidence as Hockey Canada recognized that their decision a year earlier to allow bodychecking at age 9 was ill conceived.

Motion 2, I submit, is a capitulation by Hockey Canada to satisfy the beast within Canadian hockey who firmly believe that bodychecking at an extremely young age is integral to the development of these young children. By virtue of Motion 2, many young children - as young as 9 - will go on to suffer injury needlessly, all in the name of research. Why does Hockey Canada wish to obtain new statistical information when it seemingly ignores all existing scientific literature – literature that consistently recommends against bodychecking in youth hockey.

## I. Background

In my letter dated February 25, 2003, I provided you with a copy of an article entitled "Three (3) Perspectives on Bodychecking in Minor Hockey" (the "Article"). I co-authored the Article along with Dr. David Brooks, a Sports Medicine Physician based in Summerland, British Columbia and Mr. Paul Weed, a military police officer based in Comox, BC (Mr. Weed is a Master Course Conductor with Hockey Canada). I attach a copy of the Article for your reference.

The underlying purpose of the Article was to outline from 3 different perspectives the reasons to prohibit bodychecking in all recreational divisions as well as below the age of 13 for competitive or "Rep" teams.

The Article outlined my opinion on the issue of bodychecking from my perspective as President of a Minor Hockey Association (Nanaimo). In addition, as a personal injury lawyer, I was also in a position to comment on the legal liability issues pertaining to bodychecking (in the context of an Association or Club's responsibility to supervise and control the activities of children).

Dr. Brooks outlined the various medical issues and pointed out the numerous recommendations within the scientific literature to the effect that bodychecking should not be permitted below age 13.

Mr. Paul Weed highlighted the need for progressive instruction that is required in the Atom (ages 9 and 10) and Pee Wee (ages 11 and 12) divisions that could, if implemented, permit bodychecking at the Bantam competitive or "Rep" division (ages 13 and 14).

## II. The Scientific Literature:

The Article was widely distributed in late February of 2003. Recently, an article appeared in the Canadian Medical Association Journal entitled "Bodychecking and Concussions in Ice Hockey: Should Our Youth Pay The Price". This article is dated July 22, 2003 and was written by Anthony Marchie and Dr. Michael Cusimano, of the division of Neurosurgery and the Injury Prevention Research Centre at St. Michaels Hospital at the University of Toronto (Dr. Cusimano is an Associate Professor of Surgery in the Division of Neurosurgery and Mr. Marchie is a 4th year medical student at the University of Toronto). A copy of the Cusimano / Marchie article is attached for your reference.

The Cusimano/Marchie article is the latest and most recent in a chain of scientific peer reviewed articles dealing with bodychecking. The literature is consistent - bodychecking exposes children to an unnecessary risk of injury.

The scientific literature, copies of which are attached to this letter, include the following:

1. Position Statement – Canadian Academy of Sports Medicine (1988), “Violence and Injuries in Ice Hockey”;
2. Policy Statement - American Academy of Pediatrics, March 2000, Pediatrics, Volume 105, Number 3, “Safety in Youth Ice Hockey: The Effects of Bodychecking”;
3. Position Statement - American Osteopathic Academy of Sports Medicine, 2002, Clinical Journal of Sports Medicine 12: 46-51;
4. “Hitting in Amateur Ice Hockey: Not Worth the Risk”, Dr. William Roberts, The Physician and Sports Medicine, Volume 27, No. 12, November 1999

(hereafter the “Scientific Literature”)

The Scientific Literature represents the most reliable evidence available on the issue of bodychecking in youth hockey. As previously stated, a consistent theme within the Scientific Literature is that bodychecking, an inherently dangerous activity, exposes young children to an unnecessary and unreasonable risk of harm.

I pause to point out that in a recent publication entitled “Ice Hockey Injuries”, a copy of which is enclosed, the BC Injury Research and Prevention Unit provided a comprehensive and concise report on injuries arising from hockey. The salient facts reported state that:

1. Bodychecking accounted for 86% of game time injuries in youth hockey (ages 9 to 15) and that 23% of these injuries were to the head or neck;
2. Amongst players aged 12 and 13, a league that allowed Bodychecking had a fracture rate 12 times higher than a league without Bodychecking;
3. There are 4 times as many reported injuries in contact vs. non-contact hockey leagues.

Having regard to the proponents of bodychecking in youth hockey, it should be noted that there is not (1) one scientific report that suggests that children engaged in bodychecking at ages 9 through 12 are any safer when bodychecking at later ages (13 through 17).

### III. An Informed Choice to Accept the Risk

In the Cusimano/Marchie article, the authors state as follows at page 126:

***“...players should not be introduced to bodychecking until they can make a mature, informed choice regarding the issue”.***

In other words, children should not be participating in a potentially dangerous activity under the guise of recreational sports without first having been advised of the risks inherent in the activity and, secondly, accepting the possibility of those risks resulting or occurring.

The question remains though, how do children (ages 9 through 13) provide informed consent on the issue of bodychecking when they do not appreciate all of the risks.

At page 15 of the Article, there is reference to a study published in the Journal of Pediatric Emergency Care (1999 - Vol. 15, #5) entitled "Factors Associated with Significant Injuries in Youth Ice Hockey Players" (Samuel R. Reid, MD, Joseph D. Losek, MD). In this study, children presenting to the children's hospital and clinics in St. Paul, Minnesota for evaluation of an injury sustained while participating in a league sanctioned hockey activity were asked certain questions relating to the risk of injury. The average and median age of these players (patients) was 14 years old. The players were asked whether they thought their protective equipment prevented them from suffering catastrophic brain or spinal cord injuries. 24% of these players felt that spinal cord injury was not possible while 45% felt that brain injury was not possible. According to the authors of the study, these results highlight the need to educate youth as to the risk of their sport.

Put differently, how do young children (ages 9 to 13) lacking knowledge, maturity and an appreciation of catastrophic loss, make an *informed* decision to accept the risks that accompany an inherently dangerous activity?

#### IV. Summary:

1. Based on the Scientific Literature:
  - (a) bodychecking, as it involves collisions between players (and boards) at a high rate of speed, is an inherently dangerous activity;
  - (b) there is no doubt that bodychecking in youth hockey may result in concussion or repeated concussions that may lead to permanent learning disabilities and other neurological and psychiatric problems;
  - (c) bodychecking is responsible for most injuries suffered in youth hockey and the majority of injuries suffered as a result of bodychecking arise from "legal" bodychecks;
  - (d) variations in body size and strength are most pronounced in the ages 11 through 15 where there can be significant differences in body mass and height between the smallest and largest players. Since most physical growth is not complete before a person is an adult, 19 years old, there is risk of disability arising from certain types of injuries;

- (e) children below age 14 likely lack an appreciation of all the risks (and the extent of catastrophic injury) associated with bodychecking;
  - (f) use of protective equipment may prevent some injury but it may also foster an attitude that equipment can prevent all injuries – this may lead to more lenient enforcement of rules and may lead to an increased number of serious injuries.
2. There is not any scientific literature nor any empirical data to suggest that the early introduction of bodychecking (below age 13) makes players safer in later years.
  3. Bodychecking is a specialized skill that requires years of progressive training. Bodychecking may be appropriate at the Bantam age (13 and 14) and then only at the advanced skill level (competitive or “Rep” players).
  4. 99% of children playing youth hockey will not have a professional career in the sport.
  5. All children playing youth hockey should be doing so in safety and should view the game of hockey as a life long recreational activity.
  6. An Association or Club that permits young children (under 13) to participate in bodychecking must consider its exposure to legal liability as bodychecking is an inherently dangerous activity with potentially catastrophic results.
  7. Bodychecking should be prohibited unless the child is of sufficient age to acknowledge and accept the risks involved in bodychecking and thereby make an informed choice to accept the risk.

V. The Purpose of this Letter:

This letter is forwarded to you, as Minister responsible for sport in the Province of British Columbia, asking you to consult with your Provincial and Federal colleagues with a view to prohibiting bodychecking in youth hockey below age 13. That said, according to the Scientific Literature, it is arguable that age 13 may be too young.

Ideally, bodychecking should be prohibited until the child is of sufficient maturity that the child can comprehend all of the risks associated with the inherently dangerous activity of bodychecking. That is, the child must be of such an age that the child is capable of making an informed decision to accept the risks and participate in the activity.

Hockey Canada (the national umbrella organization), though very familiar with the Scientific Literature, refuses to defer to the medical experts. Despite the overwhelming medical opinion to the contrary, Hockey Canada continues to adopt policies that expose young children to an unnecessary risk of harm.

Players participating under the umbrella of Hockey Canada (Nationally) and the BC Amateur Hockey Association (Provincially) have no option other than to play by the rules set down for them. The current rules permit bodychecking at ages 11 and 12 in British Columbia.

Based on history and life experiences, governments in Canada have decided that a child under the age of 16 is not permitted to drive a motor vehicle and that a child under 18 is not permitted to drink alcohol or join the armed forces. Similarly, governments made rules requiring children to attend school and to protect children from exploitation in the workplace. Government has and must continue to take steps, whenever necessary, to protect children.

Respectfully submitted,

Heath & Company

Chuck Blanaru

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**copies to:**

**Letter and Enclosures**

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The Minister of Children and Family Development, the HON. GORDON HOGG  
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**Letter Only**

Mr. Gary Mason  
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**We, the undersigned, co-authors of “Three (3) Perspectives on Bodychecking in Minor Hockey” do hereby provide our support of this letter.**

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**Dr. David Brooks**

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**Mr. Paul Weed**