

Citation for published version: Hemming, E, Kolstad, A, West, S, Williamson, RA, Sobry, AJ, Galarneau, J-M, Russell, K, Goulet, C & Emery, C 2023, 'High rates of bodychecking, head conatcts, and suspected injuries found in youth ringette through video analysis., Clinical Journal of Sport Medicine. https://doi.org/10.1097/JSM.00000000000000089

DOI: 10.1097/JSM.000000000001089

Publication date: 2023

Document Version Peer reviewed version

Link to publication

Copyright © 2023 Lippincott Williams & Wilkins, Inc. This is a non-final version of an article published in final form in Heming, Emily E. BSc*; Sobry, Alexandra J. BSc*; Cairo, Alexis L. BSc*; Williamson, Rylen A. BSc*; Kolstad, Ash T. MSc*,†; West, Stephen W. PhD*,‡; Goulet, Claude PhD§; Russell, Kelly PhD¶,II; Emery, Carolyn A. PT, PhD*,†,‡,**,††,‡‡,§§. Higher Rates of Head Contacts, Body Checking, and Suspected Injuries in Ringette Than Female Ice Hockey: Time to Ring in Opportunities for Prevention. Clinical Journal of Sport Medicine 33(2):p 151-156, March 2023. | DOI: 10.1097/JSM.00000000001089

University of Bath

Alternative formats

If you require this document in an alternative format, please contact: openaccess@bath.ac.uk

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Abstract Title: High rates of bodychecking, head contacts, and suspected injuries found in youth ringette through video-analysis

Author Names: Emily E. Heming, MSc¹, Ash T. Kolstad, MSc^{1,2}, Stephen W. West, PhD^{1,3}, Rylen A. Williamson, BSc¹, Alexandra J. Sobry, BSc¹, Jean-Michel Galarneau, PhD^{1,4}, Kelly Russell, PhD⁵⁻⁶, Claude Goulet, PhD⁷, Carolyn A. Emery, PT, PhD^{1-3,8-11}.

Affiliations: ¹Sport Injury Prevention Research Centre, Faculty of Kinesiology, University of Calgary, Calgary, Alberta, Canada; ²Alberta Children's Hospital Research Institute, University of Calgary, Calgary, Alberta, Canada; ³O'Brien Institute for Public Health, University of Calgary, Calgary, Alberta, Canada; ⁴Division of Preventive Medicine, University of Alberta, Edmonton, Alberta, Canada; ⁵Department of Pediatrics and Child Health, University of Manitoba, Winnipeg, Manitoba, Canada; ⁶Children's Hospital Research Institute of Manitoba, Winnipeg, Manitoba, Canada; ⁷Department of Physical Education, Faculty of Education, Université Laval, Québec City, Québec, Canada; ⁸Hotchkiss Brain Institute, University of Calgary, Calgary, Alberta, Canada; ⁹McCaig Institute for Bone and Joint Health, University of Calgary, Calgary, Alberta, Canada; ¹⁰Community Health Sciences, Cumming School of Medicine, University of Calgary, Calga

physical contact (PC), head contact (HC), and suspected injury and concussion incidence rates (IR) in youth ringette.

Study Design: Cross-sectional.

Subjects: Youth ringette players from the 2021-2022 season playing in the U16 (ages 14-15) or U19 (ages 16-18) age groups (A or AA levels). Games were filmed from regular season, provincials, and nationals (AA only).

Observation Technique: Game video-recordings were analyzed using Dartfish video-analysis software. Validated criteria were used to assess trunk PC intensity (levels 1-3=lower-intensity PC, levels 4-5=higher-intensity bodychecking), HC type (HC₁=direct player-to-player, HC₂=indirect), suspected injury (concussion, non-concussion), and penalty enforcement. Outcome Measures: Multivariable Poisson regression analyses (adjusted for cluster by teamgame, offset by game-minutes) were used to estimate PC, HC, and suspected injury and concussion IRs. Incidence rate ratios (IRR) were used to compare IR across age groups, levels of play, and game types. Proportions of bodychecks and HC₁s penalized were reported. **Results:** Seventy-eight team-games were included (U16 n=40, U19 n=38; A n=30, AA n=48; regular season n=30, provincials n=32, nationals n=16). The overall bodychecking IR was 17.34/100 team-minutes (95% CI:14.80-20.33), HC 19.09/100 team-minutes (95% CI:16.74-21.78), suspected injury 1.53/100 team-minutes (95% CI:1.13-2.09), and suspected concussion 0.74/100 team-minutes (95% CI:0.48-1.13). Only 29% (95% CI:24.97-32.59) of bodychecks and 7% (95% CI:4.76-9.70) of HC₁s were penalized. No differences were found in bodychecking, HCs, or suspected injury and concussion IRs between age groups or levels of play. Bodychecking IRs were 64% (IRR=1.64; 95% CI:1.13-2.39) higher in provincials and 24% (IRR=1.24; 95% CI:1.02-1.50) higher in nationals than regular season games. A 31% (IRR=0.69; 95% CI:0.49-0.97) lower rate of HCs was reported in national games compared to provincial games. Bodychecking was the most common mechanism for concussion (70%) and nonconcussion injuries (67%), with concussions most often associated with HC_{2s} (62.5%).

Conclusions: Bodychecking and HC_1 IRs were high among youth ringette players, despite rules prohibiting them. Future research should target prevention strategies aimed to reduce HC_1 s and bodychecking to reduce injury and concussion IRs in youth ringette.