



# ICE Hockey League

## MEDICAL PROTOCOL

**Valid as of: January 1<sup>st</sup>, 2024**

**Note:** this is a dynamic document subject to change at any time based on new and update medical evidence. By organizing and/or participating at ICE Hockey League games, you agree to not only follow the procedures & recommendations in this document, but also any changes thereto.

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## MEDICAL PROTOCOL

### § 1 Preamble

The goal of the ICE Hockey League is to promote a safe and positive playing environment for all participants, while continuing to focus on skill development and enjoyment of the sport.

Hockey is a contact sport where injuries may occur. The effort to minimize injuries is important, as well as identifying and rehabbing injuries when an injury occurs.

The ICE Hockey League has produced policy changes that aim to increase player safety and reduce injury. The Medical Protocol contains the minimum standards required along with mandatory ICE Hockey League procedures that all member ICE Hockey League clubs shall follow.

Many of the procedures previously implemented will continue along with some updated information to be implemented which, in part, include the enhancement and further education of the Concussion Management Protocol. The Medical Protocol is considered a basis which each club will use to maintain parity within the ICEHL. Above maintaining a healthy environment for the players, the Medical Protocol also serves as an indicator for improvement, change and game standard for the safety of all participants.

With adaptation and enforcement of the playing rules alongside the introduction of these league wide mandatory medical guidelines and protocols, it will help us to make the games safer and take a step as a league in looking after the welfare of all ICE Hockey League participants.

Questions regarding this document can be emailed to:

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Sportive Regards,

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# CONCUSSION GAME DAY CHECKLIST



Introduction of Teams Doctor to Home Team, Away Team & Game Officials

Player receives impact to the head or neck area

AND

Player exhibits or reports symptoms or signs suggestive of a concussion or stinger

OR

Club Doctor, Medical Staff, Athletic Trainer or Physiotherapist initiate protocol

Player is immediately removed to the players bench or stabilized on ice as needed

## SURVEY

Teams Physician and/or Team Medical Staff perform survey:

- No-Go
- History of Event
- Concussion Signs/Symptoms
- Questions
- Video Review
- Focused Neurological Exam:
  - Cervical Spine Exam (including range of motion-pain)
  - Evaluation of Speech
  - Observation of Gait
  - Eye Movements and Pupillary Exam

If normal sideline survey & „ok“ from Medical Staff, Player may RETURN TO PLAY

**No-Go**

- LOC (incl. Impact Seizure and/or “fencing posture”)
- Gross Motor Instability
- Confusion

If observed at any point, **NO RETURN TO PLAY**

If any elements are positive, inconclusive or suspicious of concussion, Player is escorted to locker room.

If normal assessment, Player may RETURN TO PLAY

## LOCKER ROOM EXAM

Teams Physician OR Medical Staff locker room exam:

- Complete Concussion Test (as per Team Doctor or Medical Staff)
- Complete Neurological Exam

If abnormal, **NO RETURN TO PLAY:**

- Player stays in locker room
- Periodic evaluation by Medical Team
- Follow-Up Neurological Exam

During above checklist, if Player demonstrates progressive / worsening concussion symptoms → **No Return to Play**

## § 2 Prevention of Injury

All clubs must ensure that any player in a competitive match having left the ice with a head injury shall not be allowed to resume playing or train without the clearance of a qualified medical practitioner. The same provision must apply where a head injury is sustained in training. Each club must ensure that certain minimum first aid requirements in addition to those set out elsewhere in the rules or procedures and as notified from time to time by ICE Hockey League, must be available at each rink/venue.

A mouthguard is designed to protect the teeth and jaws from impact and may also serve to reduce the risk of concussions (also see § 8).

## § 3 TEAMS Doctor/Physician

The primary role of the TEAMS physician(s), is to act as an 'TEAMS physician', which includes, but not limited to:

- a) Liaise with, and provide support for, the visiting team medical staff, to ensure the provision of comprehensive local medical care during the event, as required or requested
- b) Provide urgent or emergency medical care assistance if necessary (on the field of play)
- c) Positioning on home team player bench (begin warm-up until the end of the game)
- d) DOC jackets mandatory to wear
- e) Acute care of the players + refs | no "home medical" - emergency service
- f) Obligatory contact with refs + medical service + doc/physio away-team before warm-up
- g) Instruction of paramedics before warm-up (if no "known" forces)
- h) Medical report to league on "unfit to play" for guest team players
- i) In exceptional cases, the TEAMS doctor has the right to request a "Medical Break". This request is indicated by the T-sign in the direction of the referees and the timekeeper's bench. The referees shall then interrupt the game.

**T** - to refs and timekeepers' bench

- j) In exceptional cases | if the TEAMS doctor takes care on a player in locker room - if no guest team doctor available | game interruption (medical break) or assignment of home team physio as "spotter"
- k) Contact + information with the guest team doctor for "relevant" injuries
- l) Informing the "own" team physios about relevant medical topics from the doc group
- m) English language skills or translator for TEAMS doctors + physio

Regarding visiting team with a concussion diagnosis within the game:

If the TEAMS doctor requests or is granted by the visiting team, a concussion diagnosis, and has determined the player unfit to play, the visiting team must:

- 1) be made aware that the TEAMS doctor has determined that after diagnosis, the TEAMS doctor deems the player unfit to play
- 2) sign the 'Medical Report' by a medical member, medical trainer, or member of the coaching staff together with the TEAMS doctor

A player can not return to play, based on the diagnosis of the TEAMS doctor, provided the injured player and the respective team are made aware of the injury and the "Medical Report" form is signed by the doctor.

In the event the TEAMS doctor deems the player unfit to play and the respective team refuses to sign the "Medical Report" form or refuses to take an injured player out of the game, the information about this matter is forwarded to the ICE-disciplinary senate for assessment and decision-making.

Return to play (post-concussion) and fitness to play decisions are the responsibility of the respective CLUB physician or medical staff.



#### § 4 ICE Hockey League Concussion Protocol

For the 2023 – 2024 Season the ICE Hockey League has implemented a mandatory concussion protocol for all registered team participants and game officials.

This concussion evaluation and management protocol (“Protocol”) sets forth the procedures that clubs shall follow regarding concussion education, testing, identification, evaluation, and management. Under this protocol, the diagnosis and management of concussion is an individualized decision made by the club doctor based on the principles set forth in the protocol and on all information available to him or her.

**(1) Education:**

Clubs must provide the ICE Hockey League concussion protocol to all participants and must also provide the required information to all players who are diagnosed with a concussion thereafter.

**(2) Baseline Testing**

Clubs must administer the following baseline testing to all players at the start of training camp (**NOT** later than **September 1<sup>st</sup>**, of each respective season), prior to the start of game play.

For players joining a club after the commencement of training camp, clubs shall administer baseline testing prior to the start of play.

- a. ImPACT Applications, Inc.: All players on a club’s roster list must be administered a baseline test with the ImPACT Application procedure (or an equal/higher sophisticated Application which is cleared by the ICE-Doctors Committee) on an annual basis. The ImPACT Application procedure may be administered, as approved by the team doctor, by team athletic trainers, or physio. All persons administering the ImPACT Application procedure at baseline, or who may potentially be administering the ImPACT Application procedure if a concussion is suspected or diagnosed, shall be proficient in the use of the ImPACT Application procedure, including at a minimum the club’s primary team doctor and athletic trainers, as well as any team doctors who travel to away games with their club.

Clubs should consult with the team doctor regarding factors that may interfere with the testing process, including the optimal number of players to be tested at any one time in the club’s testing environment. Additionally, when possible, clubs should avoid administering tests immediately after physical exertion, long road trips or when the player has had insufficient sleep, or in circumstances in which the player is distracted (e.g., by other players, cell phones, etc.).

### (3) Removal From Play for Acute Evaluation

This Protocol requires the mandatory removal of a player from play for an acute evaluation as soon as possible if a concussion is suspected, or if any of the symptoms or signs listed below exist.

#### ***Symptoms and signs leading to removal from play:***

If any of the following symptoms or signs occurs **after a direct blow to the head** (including secondary contact with the glass, boards and ice) **or an indirect blow to the head** (such as a blow to the body that causes acceleration/deceleration of the head), the club shall remove the player from the playing environment for an acute evaluation and the sideline concussion screening test (as per the team medical staff):

#### a) **“Symptoms”:**

The Player reports or exhibits one or more “Symptoms” of possible concussion, including:

- Headaches
- Dizziness
- Balance or coordination difficulties
- Nausea
- Amnesia for the circumstances surrounding the injury (i.e., retrograde/anterograde amnesia)
- Cognitive slowness
- Light/sound sensitivity
- Disorientation
- Visual disturbance
- Tinnitus

#### b) **Sign: “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).

#### c) **Sign: “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.

#### d) **Sign: “Blank or Vacant Look”:**

A player has a blank or vacant look.



e) **Signs: “Slow to Get Up” or “Clutches his Head”:**

A player is slow to get up or clutches his head (including any part of his face) following any of these mechanisms of injury:

- a blow to the Player’s head or upper torso from another player’s shoulder
- the player’s head makes secondary contact with the ice, boards or other infrastructure
- or,
- the player is punched in the head (including any part of his face) by an un-gloved fist during a fight

Exceptions: If a player is **Slow to Get Up** or **Clutches his Head** following a mechanism of injury other than the three listed above, removal from play is not mandatory and club medical staff shall exercise their medical judgment as to whether to remove the player for an acute evaluation.

- The player must touch his head/face, with one or both hands. The clutching must be immediate and related to the blow, as opposed to removed or more distant in time.

- f) In addition, if a player exhibits any other sign, symptom or behavior that leads club medical personnel to suspect that a player has sustained a possible concussion, the club shall remove the player for an acute evaluation by club medical personnel.

**(4) In-Play Identification of Possible Concussion**

The identification and removal of players who require an acute evaluation for possible concussion pursuant to this protocol is a club level responsibility.

In all instances, the club medical personnel shall promptly communicate with the TEAMS doctor (if required) each time a player exhibits a visible sign, regardless of whether such player is attended to by medical personnel on the ice, at the bench, or in the locker room, and regardless of whether an evaluation is mandatory or discretionary.

Removal and evaluation of a player will be required if the TEAMS doctor determines that a mandatory evaluation is warranted, even if the club personnel disagree that a visible sign or a mechanism of injury has occurred or been exhibited. If the TEAMS doctor communicates a visible sign triggering an evaluation in the discretion of the club’s medical personnel, and the club’s medical personnel did not see the event, such club medical personnel shall, as soon as reasonably possible following the communication (for example, during the next television time-out or intermission if the next

break in play is the intermission), check in with the player or review the video clip of the event, or both, to determine if an acute evaluation is warranted. If the TEAMS doctor observes a visible sign not viewed on video, this visible sign will be communicated to the club medical personnel and appropriate action shall be exercised as noted above.

Each of the TEAMS doctors shall independently record any visible signs or mechanisms of injury that are observed prior to communicating with each other or with club medical staff. Observations can be recorded using the Game Center (Sport Lounge), which will allow live feed to be cut and instantly shared to the respective club.

#### **(5) Acute Evaluation**

The acute evaluation of a player who has been identified as having a suspected concussion shall be in two phases:

- a) The initial evaluation of a player with a suspected concussion after being identified for testing, will be carried out by the TEAMS doctor.
  - If the player passes the test, he can return to game action immediately
  - If the player fails, the side-line concussion screening test, that person is to be removed from the game with immediate effect until such time a team doctor can administer further tests and make a diagnosis.

The TEAMS doctor and/or club athletic trainer/therapist (when reasonably possible, together) shall examine the player in a distraction-free environment. In all circumstances, the TEAMS doctor shall assess the player in person and shall be solely responsible for determining whether or not the player is diagnosed as having a concussion.

The TEAMS doctor shall fulfil this function for players on the visiting club if the visiting club does not have a doctor travelling with the club.

- b) To ensure a distraction-free environment, only TEAMS doctor, club athletic trainer/therapists, and the player may be in attendance during an acute evaluation.

The information acquired from the ImPACT Application procedure may be used by the club doctor to assist him/her in clinical decision-making and should not be used in isolation either to make the diagnosis of concussion or return to play decisions.

Players who are diagnosed with a concussion after the acute evaluation shall not return to play or to practice on the same day, irrespective of the resolution of all concussion symptoms. If, after the evaluation noted above the TEAMS doctor determines that the player is not diagnosed with a concussion, the player may return to play at the doctor's discretion.

#### **(6) Management of Concussion**

Concussion symptoms might develop immediately after a blow to the head or body; or they might evolve over time (hours or days). Consequently, players diagnosed with a concussion, and those who are suspected of having a concussion, should be monitored, and evaluated over time.

Players who are diagnosed with a concussion should undergo an initial period of rest until symptoms have subsided to the point where activity can be gradually introduced without significantly exacerbating symptoms or provoking new symptoms.

#### **(7) Post-Concussion Evaluation**

Once a player diagnosed with concussion is determined by the club doctor to be free of concussion-related symptoms at rest and upon exertion, (or, if on the road, the TEAMS doctor) he shall be referred for a post-concussion evaluation. This evaluation shall occur prior to the player engaging in an unrestricted practice or game.

To facilitate this evaluation, the respective club doctor of the injured player should be advised of the TEAMS doctor's assessment as soon as possible.

This evaluation must include a final sports medical examination which, in addition to standard neurological examinations (Unterberger/ Romberg, pupil status, gait test), must also include a cognitive part (ImPact).

#### **(8) Return to Play**

A player who is diagnosed with a concussion shall not return to practice or a game on the same day that the event occurred, irrespective of how quickly his symptoms resolve.

A player may return to unrestricted play at a time later than the day the event occurred if the following three circumstances have occurred:

- a) there is complete recovery of concussion-related symptoms at rest
- b) there is no emergence of concussion-related symptoms at exertion levels required for competitive play

and

- c) the player has been judged by the TEAMS doctor to have returned to his neurocognitive baseline following an evaluation by the club doctor or a neurologist

There is no mandatory period that a player must be withheld from play following a concussion, as the return to play decision is based on the individual circumstances of that player, however the player should follow the graduated return to play protocol as outlined in the educational document distributed to all players and clubs.

The TEAMS doctor remains solely responsible for making return to play decisions based on these parameters, including in circumstances where the player is referred to a consultant for management and treatment. Prior to making the return to play decision, the TEAMS doctor shall ensure that all aspects of the protocol have been satisfied, including referral for neuropsychological assessment.

**Extract from IIHF Concussion Protocol - Return to Play**

After a brief period of rest (24 to 48 hours after injury), the concussed player is encouraged to become gradually and progressively more active as long as these activities do not cause or worsen symptoms. The player follows a graduated return to play strategy with at least 24 hours (or longer) for each stage. If any symptoms worsen during exercise, the athlete should go back to the previous step.

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate
3	Sport specific exercise	Running or skating drills. No head impact activities.	Add movement
4	Non-contact training drills	Harder training drills. The player may start progressive resistance training.	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to Play	Normal game play.	

The athlete may return to play when the Team Medical Personnel or ECMO/Host Physician (if no Team Medical Personnel present) verifies normal neurocognitive function and successful completion of the graduated return to play strategy.

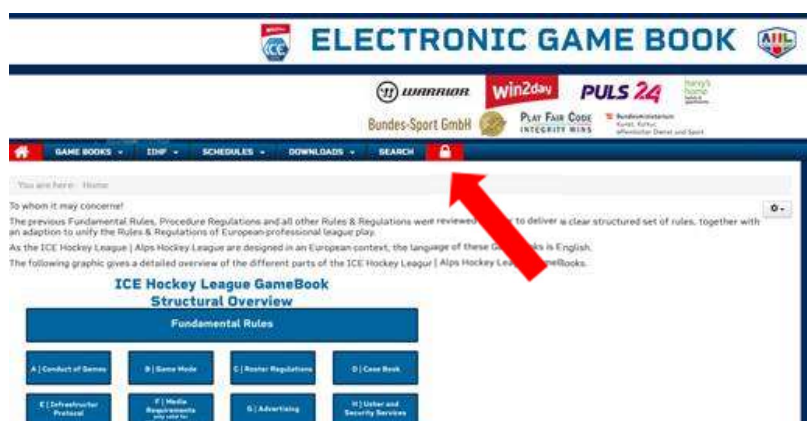
## § 5 Injury Reporting

For the 2023/2024 Season the ICE Hockey League has implemented a mandatory Game Night Injury Reporting System. All information is confidential within the ICE Hockey League Hockey Operations Department.

This information will be collated by the Hockey Operations Department and used to monitor injuries that occur during game days, with the use of video alongside the information provided to create teaching tools for all participants of the game and also to look for any trends that are creeping into the game which we will potentially be able to make changes with the application of playing rules to reduce or minimize certain types of injuries.

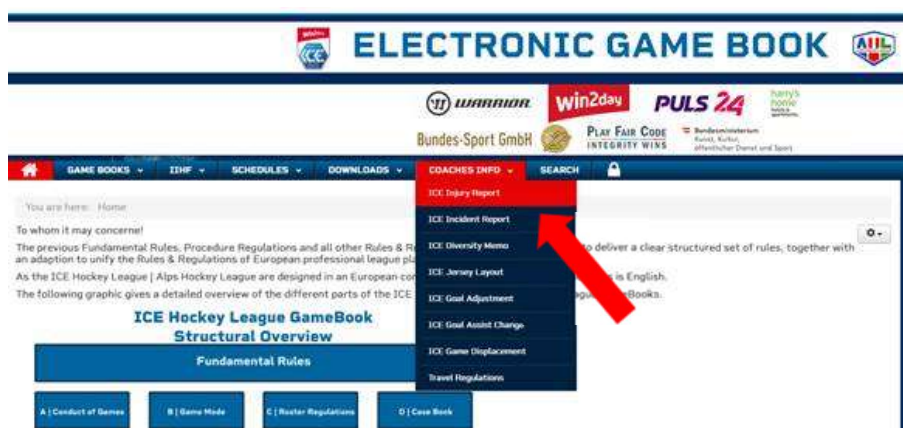
The ICE Hockey League requires all team medical personnel to fill out the ICE Hockey League Injury Report System form whenever an injury occurs during an ICE Hockey League competition or during practice (if the if the player concerned does not finish the practice or misses the next practice/game). These Forms must be sent to the ICE Hockey League Hockey Operations Department (Gamebook Form) immediately following the conclusion of the game.

Go to [gamebook.at](https://gamebook.at) → click on the “lock” in the menu bar



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19

Log in with your club username and password → click on Coaches Info → ICE Injury Report





## § 6 Terms and Signs

### (1) Terms

- "TEAMS-Doc" = for players + refs only | additional stadium / arena doctor necessary
- ALS training = rescue on ice | reanimation → license | 2-year update or verification
- Emergency-info = emergency-folder with info for sanitarians at their standing place

### (2) Signs

- X** Emergency → guest/home team-doc | ambulance | equipment → on ice immediately
- T** Medical break → pronounced / decided by the TEAMS doctor

## § 7 Game Day – Run Down

- (1) Obligatory introduction + **contact TEAMS-DOC with referee** as well as medical service + guest team doctor + physio before start warm-up → otherwise **no face off!**
- (2) TEAMS doctor on home team players bench or placement in immediate vicinity with good visibility and direct access to the ice surface from the beginning of warm-up until the end of the game ("last man leaving ICE")
- (3) Control of complete equipment (scoop stretcher | defibrillator...) before the start of warm-up | Placement of rescue equipment in the immediate vicinity of the main access door to the ice surface
- (4) Obligatory wearing of DOC jackets | gilets with clear identification ICE-DOC and name (also guest team doctor)
- (5) Instruction of the ambulance service by the TEAMS doctor in case no standard personnel from the ambulance service is available
- (6) Information of the medical department of the guest team in case of "relevant" injuries/care by the TEAMS doctor

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**19**

## § 8 Mouth Guard, Personal Jewelry and Neck Guard

### (1) Mouth Guard

A mouthguard is mandatory to be worn by each player (recommended for Goalkeepers) | Non-compliance will result in sending off | Disciplinary and minor penalties (www.gamebook.at | Part D „Case Book“ | §8 „Facial Protection & Mouth Guards“)

Players are to be informed that in the event of independent alteration/adjustment of the mouthguard, this may result in insurance consequences in the event of injury.

Excerpt [www.gamebook.at](http://www.gamebook.at) | Part D „Case Book“ | §8 „Facial Protection & Mouth Guards“

- (1) *All players participating in the ICE Hockey League must **properly\*** wear a mouth guard.*
- (2) *It's recommended that goalkeepers wear proper mouth protection, but not mandatory.*

### (2) Neck Guard (Laceration Protector)

For all players in the Under 20 age category it's mandatory to wear, in a proper way, a neck laceration protection. It's recommended that this protective device covers as much of the player's body as possible.

A Goalkeeper is allowed to attach a throat protector to the chin of their facemask. It must be made of a material that will not cause injury.

For all players over the age of U20, it's highly recommended to wear, in a proper way, a neck laceration protection.

### (3) Personal Jewelry

The wearing of necklaces, rings and bracelets/arm bands is ON-ICE prohibited due to the risk of injury to the wearer but also to the opponents and referees. The regulative for "mouth guards" should be extended to body jewelry.

- *No mechanical modification*

## § 9 Non-Compliance of the Medical Protocol and ICE Hockey League Injury Report

### **Department of Player Safety (DOPS) procedure:**

In the event the ICE Hockey League Department of Player Safety (DOPS) identifies a non-compliance of the ICE Hockey League medical protocol, the respective **ICE Hockey League team** will receive the following supplementary discipline:

**(1) Not wearing the 'DOC' jacket, when present at the ice level, from the start of warm-ups until the conclusion of the game.**

- Warning
- Team Fine – 200.00 Euro for 1<sup>st</sup> time offender
- Repeat Offender – the fine will subsequently double (x2) for each repeat incident. (i.e. 1<sup>st</sup> time-200 Euro, 2<sup>nd</sup> time-400-Euro, 3<sup>rd</sup> time-800.00 Euro, ...)

**(2) Doctor not Present - Game Official Greeting. Confirming with the Game Officials between 60 minutes until no later than 15 minutes on the game run-down.**

- Game delayed (no game start) until the doctor is present and,
- Team Fine – 400.00 Euro for 1<sup>st</sup> time offender
- Repeat Offender – the fine will subsequently double (x2) for each repeat incident. (i.e. 1<sup>st</sup> time-400.00 Euro, 2<sup>nd</sup> time-800.00-Euro, 3<sup>rd</sup> time-1,600.00 Euro, ...)

**(3) Not sending in an ICE Hockey League Injury Report, within 48 hours, when a player sustained an injury. Injury includes any incident during training, practice, or game where it includes an injury requiring medical attention and the player cannot play at the same level, miss playing shift's or misses game time.**

- Warning
- Team Fine – 200.00 Euro for 1<sup>st</sup> time offender
- Repeat Offender – the fine will subsequently double (x2) for each repeat incident. (i.e. 1<sup>st</sup> time-200.00 Euro, 2<sup>nd</sup> time-400.00-Euro, 3<sup>rd</sup> time-800.00 Euro, ...)

**(4) If an ICE Hockey League team does not follow the ICE Hockey League medical protocol (ex. concussion testing,...)**

- Team Fine 2,500.00 Euros – 10,000.00 Euros

§ 10 Protective Equipment – Non-compliance with protection equipment

**Game Officials procedure:**

The On-ice officials will respond appropriately if a player on the ice is not wearing their protection equipment in accordance with the rules (e.g., visor pushed up, face protection not properly attached, no mouth guard, U20 players not wearing neck guard, Etc.).

The On-ice officials will respond appropriately when a Player who is required to wear a mouthguard is not wearing it, incorrect facial protection, the wearing of jewelry or U20 players not wearing a neck guard.

The Player(s) found not to be wearing the protection equipment not in accordance with the rule shall be penalized with a ten-minute (10') Misconduct Penalty, as per IIHF Rule - Illegal or Dangerous Equipment

The game officials can issue the appropriate discipline at any time throughout the game, if in the event any game official recognizes a player without the proper protective equipment.

Additionally, as per the ICE Hockey League Management, game officials will be mandated to 'spot check' all players from each team. Spot checks can occur immediately before the game or at any time during the game. The spot check will occur without warning to either team and will occur when instructed by the ICE Hockey League Management. Spot checks will include:

- Wearing of jewelry
- Mouth Guard
- Proper facial protection (visor properly fastened)
- Neck Guard (U20 players only)

**Department of Player Safety (DOPS) procedure:**

In the event the ICE Hockey League Department of Player Safety (DOPS) identifies a **player** wearing his visor in a manner deemed dangerous (i.e., angled up), playing without proper mouth protection, wearing jewelry or U20 player not wearing a neck guard, the player will receive the following supplementary discipline:

- Fine - 250 Euro for 1<sup>st</sup> time offender
- Repeat Offender – the fine will subsequently double (x2) for each repeat incident. (i.e., 1<sup>st</sup> time – 250 Euro, 2<sup>nd</sup> time – 500 Euro, 3<sup>rd</sup> time – 1,000 Euro,..)

*When player(s) do not adhere player will be instructed to not participate in the game until proper protection is worn.*

*During the course of play, if a player who entered the ice with a mouth guard or U20 player with a neck guard, loses his mouth or neck guard, he may continue play until the 1<sup>st</sup> stoppage of play or has made a line change during play.*

*If the loss of a neck or mouth guard during play becomes repetitive, the player(s) will receive a 2 minute penalty for Unsportsmanlike Conduct and a 10-minute Misconduct.*

*The ICE Hockey League has requested the referees to enforce this rule on every skater. A club not adhering to the rule may have multiple misconduct penalties, leading to not enough players to fulfil a proper line up. In such a case, the game will be deemed over and recorded as a loss to the respective team.*