



HOW TO USE THIS TOOLKIT

INTENDED ENTRY POINT

Use after the athlete is medically cleared for full practice but is not yet ready for unrestricted competition. Contact clearance, game clearance, and return to performance remain separate decisions.

FIVE-STEP CLINICIAN WORKFLOW

1. CONFIRM SCOPE	2. BUILD REFERENCE	3. LOG EXPOSURE	4. DESCRIBE GAP	5. SHARE DECISION
Clearance, contact, restrictions	Healthy practice, game, week	Dose, response, HR if reliable	Athlete's own hockey demands	Progress, repeat, modify, assess

TWO-LEVEL MONITORING MODEL

LEVEL 1 - ACCESSIBLE PATHWAY

Use every session: ice duration and session RPE; session type, role, and hockey demand; symptoms before, during, and 24 hours later; confidence, contact status, and shared decision.

LEVEL 2 - HR-INFORMED PATHWAY

Add when reliable and comparable: average and peak HR; minutes above 85% of verified HRmax; zone-weighted or platform TRIMP and TRIMP/min; capture quality and same-method confirmation.

WHAT HR CANNOT ESTABLISH

Tissue readiness, maximal-speed exposure, contact dose, technical or tactical quality, psychological readiness, or game clearance.

STOP AND ASSESS

New swelling, instability, neurologic or cardiopulmonary symptoms, systemic illness, or a response that does not return to expected baseline.



ATHLETE, CLEARANCE, AND DATA QUALITY

Document clinical scope and the exact heart-rate system before interpreting workload trends.

ATHLETE AND CLINICAL CONTEXT

ATHLETE / CASE ID	DATE	CLINICIAN
TEAM / LEVEL	POSITION / ROLE	CONTACT STATUS

HR METHOD AND COMPARISON QUALITY

HR DEVICE + PLATFORM	TRIMP METHOD	VERIFIED HRMAX + SOURCE

MEDICAL / CONTACT RESTRICTIONS

DATA-QUALITY RULE

Personal reference data are preferred. Team or position norms are context only. Keep the device, HRmax, zones, platform, and TRIMP method consistent. Never use age-predicted HRmax as a clearance standard.



PERSONAL HEALTHY REFERENCE

Use the same device and platform. These values describe prior healthy exposure; they are not pass-fail targets.

REFERENCE EXPOSURES

NORMAL FULL PRACTICE	SAMPLES	DURATION MIN	SRPE AU	TRIMP AU	MIN >85%	CONTEXT, ROLE, AND SOURCE
GAME SIMULATION / SCRIMMAGE	SAMPLES	DURATION MIN	SRPE AU	TRIMP AU	MIN >85%	CONTEXT, ROLE, AND SOURCE
COMPETITION	SAMPLES	DURATION MIN	SRPE AU	TRIMP AU	MIN >85%	CONTEXT, ROLE, AND SOURCE
COMPETITIVE WEEK	SAMPLES	DURATION MIN	SRPE AU	TRIMP AU	MIN >85%	CONTEXT, ROLE, AND SOURCE

COMPARISON RULE

Prefer the athlete's own healthy values. Team or position norms are secondary context only.



SESSIONS 1-4

Complete after each hockey exposure. Required dose and response fields come first; add HR values only when capture and method are reliable.

ONE RECTANGULAR ROW PER EXPOSURE

SESSION 01	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	
SESSION 02	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	
SESSION 03	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	
SESSION 04	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	



SESSIONS 5-8

Complete after each hockey exposure. Required dose and response fields come first; add HR values only when capture and method are reliable.

ONE RECTANGULAR ROW PER EXPOSURE

SESSION 05	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	

SESSION	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
06	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	

SESSION 07	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	

SESSION 08	DATE 	EXPOSURE TYPE 	PHASE 	ICE MIN 	RPE 	SRPE AU 	ROLE, CONTACT, QUALITY, NOTES
	TRIMP AU 	MIN >85% 	SYMPTOMS DURING 	24 H 	CONFIDENCE 	DECISION 	



TRIMP: A PRACTICAL CLINICIAN GUIDE

TRIMP describes cardiovascular load. It does not establish tissue readiness, contact tolerance, injury risk, or game clearance.

TRIMP = TRAINING IMPULSE

A heart-rate-derived estimate of internal cardiovascular load. More time and/or more time at higher heart rate produces a larger score in arbitrary units (AU).

IMPORTANT: A FAMILY OF METHODS

Platforms may calculate TRIMP differently. Choose one method, document it, and keep the device, HRmax, zones, and platform consistent.

WORKED EXAMPLE - EDWARDS-STYLE FIVE-ZONE TRIMP

HR zone	Monitor time	Weight	Zone points
Below 50% HRmax	5 min	x 0	0 AU
50-59% HRmax	10 min	x 1	10 AU
60-69% HRmax	15 min	x 2	30 AU
70-79% HRmax	15 min	x 3	45 AU
80-89% HRmax	10 min	x 4	40 AU
90-100% HRmax	5 min	x 5	25 AU

ZONE-WEIGHTED TRIMP = $10 + 30 + 45 + 40 + 25 = 150$ AU

GENERIC MONITOR EXPORT

Session: 60 min | Average HR: 153 bpm | Peak HR: 193 bpm
Verified HRmax: 200 bpm | Time above 85% HRmax: 12 min
TRIMP/min: 150 AU / 60 min = 2.50 AU/min

HOW TO READ THE RESULT

The 150 AU describes cardiovascular cost under this method. It is not minutes, calories, an injury-risk score, or a clearance score.

WEEKLY TREND EXAMPLE - DESCRIPTIVE, NOT PREDICTIVE

Prior four mean: 460 AU. Current seven days: 500 AU. Recent:prior = 1.09. Keep the raw 500 AU visible and compare only with the same method.



12-WEEK TREND: WEEKS 1-6

CALCULATION RULE

Use the same TRIMP method each week and review raw values first. Leave recent:prior blank until four prior completed weeks use the same method. Exclude the current week from the prior-four mean.

UNCOUPLED RECENT-TO-PRIOR CALCULATION

Current 7-day TRIMP

Training history - not injury risk or clearance.

Mean of previous 4 completed weeks

Week	Sessions	Ice min	sRPE load	TRIMP	Min >85%	Prior 4-week mean	Recent:prior	Data status	Clinical response and hockey context
1									
2									
3									
4									
5									
6									



12-WEEK TREND: WEEKS 7-12

CLINICAL CAUTION

Do not use recent:prior as an injury predictor, a universal 0.8-1.3 safe zone, a progression target, or a clearance threshold. A depressed denominator can create an artificial spike.

UNCOUPLED RECENT-TO-PRIOR CALCULATION

Current 7-day TRIMP

Training history - not injury risk or clearance.

Mean of previous 4 completed weeks

Week	Sessions	Ice min	sRPE load	TRIMP	Min >85%	Prior 4-week mean	Recent:prior	Data status	Clinical response and hockey context
7									
8									
9									
10									
11									
12									



SHARED PROGRESSION DECISION

Complete after reviewing the current exposure, personal reference, recovery, confidence, contact, and hockey context.

Decision question	Yes / No / Unclear	Evidence, context, or modification
Clinical response returned to expected baseline?		
Target skating, role, contact, and schedule exposure tolerated with acceptable quality?		
Athlete confidence supports the next exposure?		
Clinician, athlete, and coach agree on the next step?		

DECISION AND NEXT EXPOSURE PLAN

OUTCOME

PLANNED DATE

CONTACT STATUS

NEXT EXPOSURE PLAN

RESTRICTIONS, STOP CRITERIA, AND COMMUNICATION PLAN

CLINICIAN

ATHLETE

COACH / HOCKEY STAFF