

# SAFETY FIRST

## WHAT YOU NEED TO KNOW ABOUT...



### Guidelines for 2011

**Important note:** The following information is presented as a series of guidelines only. These guidelines are applicable to adults, adolescents and children down to the age of 10 years. Head injuries must be treated by a recognized medical professional.



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**Introduction**

Head injuries and concussions can occur in judo, either in training or during competitions. Because of the potentially serious consequences of injuries to the head, coaches must take certain precautions and should enforce strict safety measures when dealing with them.

### What is a concussion?

**Definition:** *Any transient, post-traumatic alteration in mental function of an individual.*

A concussion is an injury to the brain that results from a hit to the head, or to another part of the body that allows the transmission of impact forces to the head. It presents itself through a temporary alteration in the mental functions of the individual, and may also be accompanied by some physical symptoms.

### Leading causes of concussions in sport

- ☞ Collisions from the blind side, or hits from behind ( uncommon in judo)
- ☞ Inadequate quality of sport equipment (mat shock absorption / quality) and environment (obstacles near playing surface).
- ☞ Significantly different skill level between judokas
- ☞ Significant difference in age or weight classes between judokas
- ☞ Poor physical condition or insufficient strength.

### ATHLETES CAN SUFFER FROM A CONCUSSION WITHOUT LOSING CONSCIOUSNESS

**WHEN IN DOUBT,  
SIT THEM OUT.**

### Symptoms

- headache • dizziness • lethargy •
- loss of consciousness • nausea •
- memory loss • ringing in the ears •
- confusion or disorientation  
(unawareness of time, place, date) •
- vacant stare • lack of focus • speech impairment • ↑ sensitivity to noise and/or light • balance impairment • visual problems (ex: seeing stars, flashing lights) •, etc

### Other signs may include

- a major decrease in performance
- athlete's difficulty with following directions given by the coach
- slow responses to simple questions
- slowed reaction times
- displaying inappropriate or unusual reactions (laughing, crying) or behaviors (change in personality, illogical responses to sport situations)

It is important to note that there is presently a lack of consensus in the medical community regarding precise concussion grading scales.

### Repeated concussions

After a first concussion, an athlete might be more at risk of suffering from concussive injuries in the future. If an athlete does have a history of repeated concussions, he or she should participate in sport activities only when full clearance to do so is obtained from a recognized medical professional.

## EMERGENCY ACTION PLAN

In case of an emergency call **911** and state nature of emergency.

Then call:

\_\_\_\_\_ at \_\_\_\_\_  
Name Phone number

Telephones are located:

\_\_\_\_\_  
\_\_\_\_\_

The following judokas / parents know **emergency first aid** and can assist you:

\_\_\_\_\_  
\_\_\_\_\_

The nearest **hospital emergency room** is located at : \_\_\_\_\_

The nearest **walk-in clinic** for minor emergencies : \_\_\_\_\_

**\* All clubs should have rapid access to their members emergency contact numbers and medical forms. \***

### References:

1. McCrory et al. Consensus Statement on Concussion in Sport 3<sup>rd</sup> International Conference on Concussion in Sport held in Zurich, November 2008; Clinical Journal of Sports Medicine, Vol. 19, 185-200, 2009.
2. Canadian Academy of Sports Medicine (CASM), Guidelines for the assessment and management of sports related concussion, May 2000.
3. Kelly JP, Rosenberg J Practice parameter: The management of concussions in sport. Neurology 48:581-585, 1997.
4. Wojtys E et al. Concussion in Sports, The American Journal of Sports Medicine, Volume 27, Number 5, 1999.
5. Judo Canada: Safety First—What you need to know about concussions. Pamphlet, 2006

## Managing an athlete with concussion symptoms

The following short-term measures should be implemented in the event that an athlete suffers from a concussion:

- An unconscious athlete, or an athlete with significant changes in mental status following a head injury, should be transported by ambulance to the nearest emergency department capable of treating head injuries. This is a serious situation, and the athlete should be seen by a medical doctor immediately. In such a situation, the **Emergency Action Plan** must be implemented.
- An athlete showing **ANY** of the concussion symptoms should not be allowed to return to practice or competition on the day of the injury and should follow the return to physical activity guidelines.
- An athlete showing concussion symptoms must not be left alone in the period that follows the injury, and monitoring for the deterioration of his or her condition is essential. He or she should be medically evaluated as soon as possible following the injury, especially for any symptoms that remain for more than 15 minutes. The circumstances of the injury should be recorded and communicated to the medical personnel.
- If any of the concussion symptoms worsen later at home, the athlete's condition should be considered serious, and the individual **MUST** go immediately to the hospital.

## Managing the athlete's return to physical activity after a concussion

Next are a series of steps to assist coaches in managing the return to training/ competition of concussed athlete. **Each step should take at least one day.** The athlete must not be taking any medication that could mask or modify his symptoms while following these steps.

**Step 1:** No activity, complete rest; including no homework, video games, reading, texting, computer, etc. If no symptoms are observed for **24 hours**, may move to Step 2.

**Step 2:** General low-intensity aerobic exercise, such as walking, light running or stationary cycling. If no symptoms are observed, may move to Step 3.

**Step 3:** Sport-specific, low to moderate intensity activity without head impact or contact (eg.: static and/ or light moving uchi-komi without breakfalls); if no symptoms are observed, move to Step 4.

**Step 4:** Moderate-intensity judo training without head impact or contact (eg.: more intense uchi-komi but no breakfalls); may start progressive resistance training. If no symptoms are observed, move to Step 5.

**Step 5:** On mat full practice, with body contact (no hard breakfalls / impact). If no symptoms are observed, move to Step 6.

**Step 6:** Return to regular training/ competition

Although an athlete may have been given the authorization to return to regular training and competition, this must be done gradually. The athlete must be re-evaluated periodically to ensure that there are no reoccurring symptoms.

If symptoms do reoccur, the athlete must immediately stop any form of activity, and be examined by a medical doctor before resuming training or competition. **If reoccurring symptoms are not disclosed or managed inappropriately, the athlete may suffer permanent damage.**