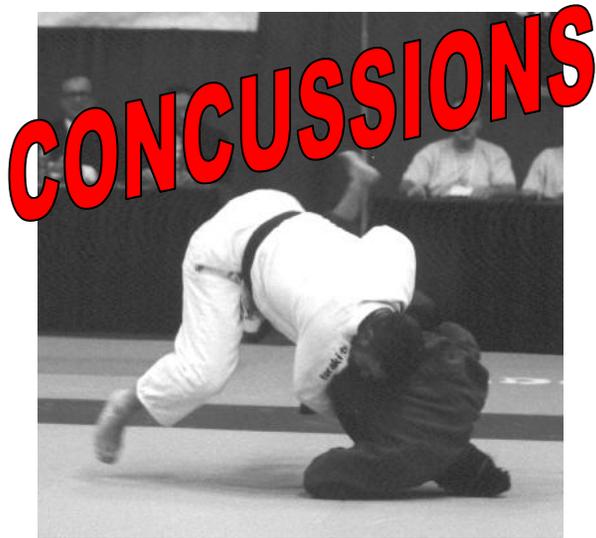


SAFETY FIRST

WHAT YOU NEED TO KNOW ABOUT...



2013 Guidelines

Important note: The following information is presented as a series of guidelines only. Head injuries must be treated by a recognized medical professional that has knowledge of concussions in sports.



212 – 1725 St-Laurent
Ottawa, Ontario, K1G 3V4
tel (613)738-1200, fax (613)738-1299
info@judocanada.org
www.judocanada.org

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?

A concussion is an injury to the brain resulting in signs and symptoms that can cause a temporary, post-traumatic alteration in mental and/or physical functions of an individual. It can be caused by a direct hit to the head, face, and neck or to another part of the body that resulted in transmission of the impact forces to the head.

ATHLETES CAN SUFFER FROM A CONCUSSION WITHOUT LOSING CONSCIOUSNESS

Leading causes of concussions in judo

- Direct hit to the head, face or neck during a breakfall or during gripping
- Considerable impact during a breakfall that did not necessarily result in a direct hit to the head.
- Inadequate quality of sport equipment (mat shock absorption / quality) and environment (obstacles near playing surface).
- Significant difference in skills level between judokas
- Significant difference in age or weight classes between judokas
- Poor physical condition or insufficient strength.

Symptoms

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

**NOTE THAT THE APPEARANCE OF SYMPTOMS
CAN BE DELAYED AND CAN OCCUR WITHIN 24-48
HOURS FOLLOWING THE EVENT.**

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, etc)

Repeated concussions

Some data suggests that 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 is obtained from a recognized medical professional familiar with the management of concussions in sports.

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

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. This is a serious situation, and the athlete should be seen by a medical doctor immediately.
- An athlete showing **ANY** of the concussion symptoms should not be allowed to return to practice or competition 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. 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.
- He or she should be medically evaluated as soon as possible following the injury by a health care professional knowledgeable in concussions in sports and ideally by a doctor, 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.
- The athlete should not take prescribed or over-the-counter medications (ex: anti-inflammatory medications) without prior medical approval.
- The athlete should not be driving a vehicle and should not drink alcohol following a concussion without prior medical approval.

Concussions in judokas less than 18 years old

Recovery time may take longer in children and adolescents. A more conservative approach (longer rest period, longer period of progressive return to physical activity) is strongly recommended for this age group.

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 athletes. **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.

THE KEY IN CONCUSSION MANAGEMENT CONSISTS OF PHYSICAL AND MENTAL REST UNTIL COMPLETE RESORPTION OF SYMPTOMS BEFORE STARTING THE PROGRESSIVE RETURN TO PHYSICAL ACTIVITY.

Step 1:

Complete rest (physical and mental) with no symptoms for a minimum of 24-48 hours. No activity including: no homework, video games, reading, texting, computer, etc. If no symptoms are observed during this period, move to Step 2. If symptoms are still present continue the rest period until the athlete is asymptomatic for a period of 24-48 hours.

CHILDREN AND ADOLESCENTS SHOULD HAVE SUCCESSFULLY RETURNED TO SCHOOL (NO SYMPTOMS) PRIOR TO STARTING THE PROGRESSIVE RETURN TO PHYSICAL ACTIVITY.

Step 2:

General low-intensity aerobic exercise (less than 70% of maximum predicted heart rate), such as walking, light running or stationary cycling. If no symptoms are observed, move to Step 3.

Step 3:

Sport-specific, low to moderate intensity activity without head impact or contact (ex.: 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 (ex.: more intense static/moving uchi-komi but no breakfalls); **the athlete can start progressive weight training only at this point in time in the return to activity process.** 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 health care professional with experience in concussion management in sports before resuming training or competition. **If reoccurring symptoms are not disclosed or managed inappropriately, the athlete may suffer permanent damage.**

References :

1. Canadian Academy of Sports Medicine (CASM): http://www.casm-acms.org/pg_Main.php
2. Child SCAT3, Br J Sports Med 2013 47: 263.
3. Conseil de médecine du sport du Québec (CMSQ) : <http://www.cmsq.info/index.php?id=1>
4. Conseil de médecine du sport du Québec. Les blessures sportives: guide d'intervention sur le terrain (2010), Les Presses de l'Université de Montréal.
5. McCrory et al (2013). Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. Br J Sports Med, 47, 250-258.
6. Pocket CRT. Br J Sports Med 2013 47: 267.
7. SCAT3, Br J Sports Med 2013 47: 259.
8. Judo Canada: Safety First—What you need to know about concussions. Pamphlet, 2011