



# Judo Canada Concussion Management

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## *Return to Play: Club/Community Level*

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An initial period of 24-48 hours of rest post injury is recommended before starting the Judo-Specific Return-to-Sport strategy. (\*\*a longer rest period could be required by a healthcare professional, especially for athletes under 25 years old).

In order to provide comprehensive evaluation of athletes with a suspected concussion, the athlete must see a medical doctor for a medical assessment to make the diagnosis of concussion and to rule out more serious forms of traumatic brain and spine injuries as well as medical and neurological conditions that can present with concussion-like symptoms.

If at any step of either the return-to-school or return-to-sport strategies the athlete experiences new symptoms or worsening of symptoms with he/she should stop activity, rest until symptoms resolve (minimal 24 hrs) then return to the previous step. If the athlete experiences new or worsening symptoms with step 5 (A/B) or 6 of the return-to-sport strategy he/she should stop activity and contact the healthcare professional in charge of supervising the return strategies.

Prior to returning to contact practice (Step 5 A/B) each athlete that has been diagnosed with a concussion must provide their coach with a *Medical Clearance Letter*. If the athlete experiences any new concussion-like symptoms while returning to play, they should be instructed to stop playing immediately, notify their parents, coaches, trainer or teachers, and undergo follow-up *Medical Assessment*.

It is important that youth and adult student-athletes return to full-time school activities before progressing to Stage 5 (A/B) and 6 of the judo-specific return-to-sport strategy.

**ALL ATHLETES ARE REQUIRED TO PROVIDE HIS/HER COACH WITH A MEDICAL CLEARANCE LETTER/PHYSICIAN'S AUTHORIZATION PRIOR TO FULL CONTACT SPORT ACTIVITIES (5 A/B)**



## *Return to Play: Elite Cub/Community Level*

Return-to-learn

Return-to-Play

### Initial Rest Period

#### Step 1- Symptom Limiting Activity

Daily activities that do not provoke symptoms. Start at 5-15 minutes at a time and gradually build up doing typical daily activities as long as they do not increase symptoms

#### Step 2- School Activities-Outside the Classroom

Mental effort in 30-45 min sessions  
(progressing up to 60 min as tolerated)  
Homework, reading, or other cognitive activities

When the athlete can maintain a mental effort/performance cognitive work 2-3 times a day for a period of 60 min without symptoms, he/she can move on to step 3

#### Step 2-Light Aerobic Activity

Walking, swimming, stationary cycling  
15-20 min of light intensity effort

#### Step 3A- Return to School Part-Time (Light Workload)

Gradual re-introduction of school  
Up to 120 min of cognitive activity at a time  
No music or physical education/sport classes  
No exams

When the athlete can maintain a cognitive effort/performance cognitive tasks for 120 min a day for 1-2 days without symptoms, he/she can move on to step 3B

#### Step 3- Sport Specific Exercises

Total duration of the session should not be more than 50% of regular practice time

- Moderate intensity exercise (jogging /stationary cycling)
- Low to moderate agility drills  
Uchi-komis and technical Newasa

\*NO LIFTING, THROWING or POWER drills

\*NO SANKAKU/OTHER CHOKES AS UKE

\*No new techniques should be taught at this stage

#### Step 3B- Return to School Part-Time (Moderate Workload)

Up to 4-5 hrs of cognitive activity per day  
(with breaks)  
No music or physical education/sport classes  
No exams

When the athlete can maintain a cognitive effort/performance cognitive tasks for 4-5 hrs a day for 2-4 days without symptoms, he/she can move on to step 4



#### **Step 4A- Return to School Full-Time (Nearly Normal Workload)**

Near Normal cognitive activities  
Begin routine schoolwork as tolerated

Homework up to 60 min per day  
Minimal learning accommodations

No Physical education/sports classes  
No Standardized tests/exams

When the athlete can tolerate full-time  
academic load, he/she can move on to step  
4B

#### **Step 4B- Return to School Full-Time (Full Workload)**

Resume normal cognitive activities/full school  
curriculum load/ routine schoolwork

No learning accommodation  
Catch up on missed schoolwork

#### **Step 4- Non-Contact Training Drills**

Total duration of the session should not be  
longer than 75% of regular practice time

High intensity running or cycling

Moderate to high intensity training drills  
with moderate resistance

Increase difficulty of technical training,  
adding lifting, throwing (as Tori ONLY) and  
kumikata sequences

\*only to the level of what the athlete had  
done prior to the concussion injury  
NO ROLLING, SOMMERSAULTS, BREAKFALLS  
or PARTNER CARRY EXERCISES

May re-start progressive resistance training  
\*only if the athlete has previously done  
resistance training

NO MAXIMAL EFFORTS, OLYMPIC LIFTS,  
JUMPING, VALSALVA MANOEUVRE OR BE IN  
A POSITION WHERE THE ATHLETE'S HEAD IS  
BELOW HIS/HER WAIST

### **MEDICAL CLEARANCE BEFORE MOVING ON TO STEP 5**

#### **Step 5A- Training with Controlled Contact**

Total duration should be equivalent to a normal practice session

Eliminate situations of hard impact (ie: hard throws onto the mat, high gripping from partner and  
high intensity transitions from Tachiwasa into Newasa)

Progressive increase in intensity for Newasa and Tachiwasa randori (follow a progression of lighter  
Newasa to regular Newasa, then light Tachiwasa to regular Tachiwasa)

#### **Step 5B- Full Training with Contact**

Regular judo practice without restrictions

#### **Step 6- Return to Sport & Competition**

Normal training & return to competition