PRACTICING JUDO SAFELY RECOMMENDED GUIDELINES

August 2017

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ACKNOWLEDGEMENT 1998 TEAM

We would like to extend our thanks to those who helped in the preparation of this guide (1998) - Serge Mainville, President of the Technical Committee of Judo Canada; John Boulay, the designated therapist of Judo Canada and Claude Lesage, a lawyer and member of the Judo Québec board of directors.

INTRODUCTION

The following recommendations were originally born in 1998 following a few unfortunate events which took place in the world of Canadian judo. They were then updated at multiple occasions. In our opinion, the judo community can establish procedures and standards aimed at reducing the risks of accidents and further enhance its development.

If the number of injuries or incidents is too high, it could have an adverse impact on the popularity of judo. Here are some of the less desirable repercussions:

In training

- Increased drop-out rate;
- Less motivated athletes;
- The coach loses the confidence of the parents and participants;
- Course disruption, which has a harmful effect on other participants;
- A perception of fear that involvement in judo is dangerous.

In competitions

- Poor image of our sport conveyed to spectators;
- Adverse effect on the credibility of organizers;
- Adverse effect on the recruitment of sponsors;
- Diminished popularity of the sport.

This guide is in no way intended to serve as a policy or a regulation. Judo Canada nonetheless hopes that its provincial/territorial associations, clubs and coaches will derive some inspiration from it to make judo practice fun and a safe activity for all participants.

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SPECIFICITY OF JUDO

Judo is a fighting sport whose origins go back to the Orient. No weapons are used and both fighters are dressed in three-piece uniforms - a coat is held in place with a belt corresponding to the rank of the judoka and pants - all of which are made of stiff cotton.

Judo has risks associated with all forms of fighting sports. Moreover, some judo techniques could represent additional risk if improperly executed or performed in the wrong environment. Some of these techniques include throws, armlocks and chokeholds.

Judo is normally practiced on padded mats specially designed for the sport. These mats, which are called tatami, considerably reduce the risk of trauma associated with falls sustained in judo practices.

GENERAL

Affiliation with a recognized association/federation

Everyone taking part in judo activities should be a member in good standing of a provincial/territorial association and Judo Canada. Canadian non-residents should belong to a national federation recognized by the International Judo Federation to be eligible to participate in Judo Canada activities.

Telephone and emergency numbers

A telephone, landline or charged cell phone, should be accessible and close to where the activity is being held. If not, a sign should be put up in a clearly visible area at the location. The following emergency numbers should be posted or readily accessible, especially in areas where there is no 911 service:

Ambulance Hospital

Police Fire Department

Poison Information Centre

Emergency Action Plan (EAP)

An Emergency Action Plan (EAP) is a mandatory feature for each sanctioned Judo Club in Canada as well as for all judo events (tournaments, camps, clinics) taking place in Canada. The EAP lists all the information that may be useful in an emergency as well as designates the personal responsible for acting in such circumstances. The prime objective of an EAP is to ensure that an injured athlete is entrusted to medical professionals as quickly as possible without aggravating the situation. Situations where the EAP needs to be activated include, but are not limited to, injuries such as heavy bleeding, respiratory arrest, extended loss of consciousness and head injuries, cardiac arrest, body temperature problems and possible lesions in the neck, rib and back areas.

The EAP should include a list of emergency numbers, identify a person responsible for applying the EAP and at least one person to assist him/her (a person on call). The EAP should clearly identify the location of the nearest automatic external defibrillator (AED) when available. The EAP can include emergency scenarios which consider the various situations which can be encountered. EAP simulation exercises should be performed early in the season and a few times throughout the season. The EAP should be posted in each dojo and be easily accessible.

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An EAP for each venue hosting a judo competition is a must. The EAP must be posted next to the medical area.

The EAP for competitions must clearly identify the followings:

i. A charge person in case of an emergency (generally the medical officer of the event);

ii. A medical equipment person;

iii. A call person (in charge of ambulance call);

*The same person cannot assume more than one role as part of the EAP.

iv. Location of nearest AED (if available);

v. Access route for ambulance and the evacuation plan;

vi. Address of the venue and cross street;

vii. Name and address of the nearest emergency room;

viii. Name and phone number of a person in charge of non-urgent transportations to the hospital. A car/van and the driver should be on standby during the event.

ix. Contact information of one member of the organizing committee;

x. Contact information of all the medical staff.

First aid kit

A first aid kit should always be accessible and contain the following items:

- Adhesive bandages 1.5'' (athletic tape), 2 rolls
- Rubbing alcohol, 50 ml
- Sterile bandages ("Band-Aid") 1 X 3", 4 doz.
- Cotton swabs, 20
- Bags of chemical ice, 2
- Nail clippers, 1
- Elastic bandages, 2 rolls
- Triangular bandages, 3
- Vaseline, 50 ml
- Sterile gauze pads, 10 cm X 10 cm, 12
- Nose plugs, 20
- Disinfectant (such as provodine), 125 ml

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- Bandage scissors, 1 pair
- Towels, 2
- Sanitary napkins, 3
- Tweezers, 1
- Plastic bags,4
- Pocket mask with a one-way valve (Laerdal type)
- Nitrile gloves, one box of large
- Accident report record

It is recommended to keep a bottle of hand sanitizer close to the mat area if no hand washing facilities are easily accessible.

Automated external defibrillator (AED)

It is recommended that each building where judo is practiced or where a judo event is hosted be equipped with an automated external defibrillator. AED can save lives when used promptly. It is important that the location of the AED in the building is clearly identified with an AED sign. Dojo instructors or event organizers should know the location of the nearest AED and be familiar with its use.

Pathologies and other chronic illnesses

Coaches should be informed of any pathologies or chronic illnesses of participants. Ideally, participants should complete a medical record before being cleared to take part in judo. This summary record should be updated when necessary and at the beginning of each season. It is desirable that participants with risk factors receive a medical fitness certificate before being cleared to take part in judo activities. When in doubt, coaches should check with a doctor.

Concussion

Concussion awareness and education of all coaches, adult participants and parents of children participating in judo programs is the best practice model promoted by Judo Canada. Our recommendations are consistent with the Concussion Protocol Harmonization project adopted by all nationally sanctioned sport organizations in Canada. More details are available on Judo Canada's website.

All dojo instructors should be familiar with concussion recognition and concussion protocol. More information on this topic can be found in this document under the "Types of injuries and health problems" section.

Hygiene

Participants should have short fingernails and toenails. Long hair should be tied back so that it does not interfere with activities. The equipment used to tie the hair may not have any metal or rigid plastic in it. Wounds should be covered properly to protect against infections but also to eliminate contact with blood and other body fluids.

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The judogi should always be clean. No unpleasant odors are to be present, and any blood or other stains should be cleaned up. Hydrogen peroxide and brushes should be available during practices, training camps and competitions to temporarily clean blood from judogis. To keep feet clean, it is strongly recommended that participants wear zoori (judo sandals) or something similar when not on the mats.

Mat cleaning

Judo mats should be thoroughly cleaned on a regular basis (ideally after every practice) with a diluted solution of bleach (1:10 solution, bleach: water) for disinfection. A spray bottle with a diluted solution of bleach, a roll of paper towel, a few pairs of nitrile gloves as well as a garbage or bucket should be kept on the mat side to clean any blood found on the mats during practices, training camps or competitions. During competition, it is recommended to have one cleaning kit per mat.

Drugs, alcoholic beverages and other intoxicants

No one should be authorized to participate if under the influence of any such substance.

Skin disorders

People with contagious skin diseases should not take part in any training activities. Before competition, participants with skin diseases should be cleared by the tournament medical staff or a medical doctor to participate in the event. Athletes not cleared by a competent health care professional should not be allowed to participate in the competition. Special bio occlusive dressing may be required in some cases.

QUALIFICATIONS OF JUDO INSTRUCTORS

Technical Director/Chief Instructor

Qualifications

The technical director should first have a passion for judo and a desire to promote the sport. He should also have the minimum of teaching skills and in dealings with all age groups. Ideally, the technical director is versatile in a wide range of fields relating to the practice of judo, competition, refereeing and the Kata.

Specific qualifications of technical directors can be found in Judo Canada's National Coaching Certification Program Policy. This policy can be found on Judo Canada's website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/01/NCCP-Policy_Jan_2017-1.pdf

These qualifications should make the technical director aware of his responsibilities and duties, while at the same time promoting the development of intervention skills in a teaching environment and provide minimum skills in fields such as developmentally appropriate judo programming, first aid, safety, sportsmanship, to name a few.

Responsibilities

The chief instructor is the only person responsible for his dojo. He/she should ensure that each group is under the supervision of competent personnel at all times and that no groups/participants are left on their own. Instructors should understand that supervision is the first line of defense against accidents.

Dojo Assistants

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Qualifications

They should be selected based on their skills and the needs of the clubs. Their role should be to support the technical director by helping him with his classes or by supervising initiation and beginner courses to teach the basics of judo. They should meet the qualifications outlined in Judo Canada's National Coaching Certification Program Policy. This policy can be found on Judo Canada's website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/01/NCCP-Policy_Jan_2017-1.pdf

Responsibilities

Assistants should check out the training surface before each session begins. If they observe something amiss which could represent a risk to the safety of participants, they should take the necessary corrective measures or at the very least monitor this potential hazard. Any irregularity that cannot be corrected should be reported to the chief instructor.

Competition coaches

Qualification

They are selected based on their skills and experience in competitions. They are to supervise athletes participating in a tournament. They should master the refereeing regulations, other regulations, competition procedures and the sportsmanship code. They should meet the qualifications outlined in Judo Canada's National Coaching Certification Program Policy. This policy can be found on Judo Canada's website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/01/NCCP-Policy_Jan_2017-1.pdf

Competition Level	Minimum NCCP	Member of the Canadian Professional Coaches
Regional	Instructors	No
Provincial/interprovincial	Instructors	No
National/international	Competition Development	Recommended
World and Olympics	High Performance	Recommended

GENERAL SAFETY STANDARDS

Partners

Partners should be of similar height and weight. Although participants/competitors of different heights and size can practice together, it may not be advisable for beginners.

In competition in Canada, the age, weight and tournament regulations are as per Judo Canada's Sanctioning Policy & Tournament Standards document on Judo Canada's website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/08/SANCTIONING-POLICY-_EN_-August-_2017_FINAL.pdf

Table of age groups and recommended weights

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AGES	MALE CATEGORIES	FEMALE CATEGORIES	COMMENTS
U8		Practices can be mixed and preferably between those with similar builds.	
U10	Up to and including 23 kg +23 kg up to & including 26 kg +26 kg up to & including 29 kg +29 kg up to & including 32 kg +32 kg up to & including 35 kg +35 kg up to & including 38 kg +38 kg up to & including 41 kg +41 kg up to & including 44 kg +44 kg up to & including 48 kg more than 48 kg	Up to and including 23 kg +23 kg up to & including 26 kg +26 kg up to & including 29 kg +29 kg up to & including 32 kg +32 kg up to & including 35 kg +35 kg up to & including 38 kg +38 kg up to & including 41 kg +41 kg up to & including 44 kg +44 kg up to & including 48 kg more than 48 kg	Practices can be mixed.
U12	Up to and including 25 kg +25 kg up to & including 27 kg +27 kg up to & including 30 kg +30 kg up to & including 33 kg +33 kg up to & including 36 kg +36 kg up to & including 39 kg +39 kg up to & including 42 kg +42 kg up to & including 45 kg +45 kg up to & including 50 kg +50 kg up to & including 55 kg more than 55 kg	Up to and including 25 kg +25 kg up to & including 27 kg +27 kg up to & including 30 kg +30 kg up to & including 33 kg +33 kg up to & including 36 kg +36 kg up to & including 39 kg +39 kg up to & including 42 kg +42 kg up to & including 45 kg +45 kg up to & including 50 kg +50 kg up to & including 55 kg more than 55 kg	Practices can be mixed
U14	Up to and including 31 kg +31 kg up to & including 34 kg +34 kg up to & including 38 kg +38 kg up to & including 42 kg +42 kg up to & including 46 kg +46 kg up to & including 50 kg +50 kg up to & including 55 kg +55 kg up to & including 60 kg +60 kg up to & including 66 kg more than 66 kg	Up to and including 29 kg +31 kg up to & including 32 kg +34 kg up to & including 36 kg +38 kg up to & including 40 kg +42 kg up to & including 44 kg +46 kg up to & including 48 kg +50 kg up to & including 52 kg +55 kg up to & including 57 kg +60 kg up to & including 63 kg more than 63 kg	It is recommended that mixed practices be avoided. Two judokas with similar weights are not necessarily of equal strength. These practices should consider the nature of the exercise, the specificity of training and the athletic ability of the participants.

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U16	Up to and including 38 kg +38 kg up to & including 42 kg +42 kg up to & including 46 kg +46 kg up to & including 50 kg +50 kg up to & including 55 kg +55 kg up to & including 60 kg +60 kg up to & including 66 kg +66 kg up to & including 73 kg more than 73 kg	Up to and including 36 kg +36 kg up to & including 40 kg +40 kg up to & including 44 kg +44 kg up to & including 48 kg +48 kg up to & including 52 kg +52 kg up to & including 57 kg +57 kg up to & including 63 kg +63 kg up to & including 70 kg more than 70 kg	It is recommended that mixed practices be avoided. These practices should consider the nature of the exercise, the specificity of training and the athletic ability of the participants
U18	Up to and including 46 kg +46 kg up to & including 50 kg +50 kg up to & including 55 kg +55 kg up to & including 60 kg +60 kg up to & including 66 kg +66 kg up to & including 73 kg +73 kg up to & including 81 kg +81 kg up to & including 90 kg more than 90 kg	Up to and including 40 kg +40 kg up to & including 44 kg +44 kg up to & including 48 kg +48 kg up to & including 52 kg +52 kg up to & including 57 kg +57 kg up to & including 63 kg +63 kg up to & including 70 kg more than 70 kg	It is recommended that mixed practices be avoided. These practices should consider the nature of the exercise, the specificity of training and the athletic ability of the participants
U21 & Senior	Up to and including 55 kg +55 kg up to & including 60 kg +60 kg up to & including 66 kg +66 kg up to & including 73 kg +73 kg up to & including 81 kg +81 kg up to & including 90 kg +90 kg up to & including 100 kg more than 100 kg	Up to and including 44 kg +44 kg up to & including 48 kg +48 kg up to & including 52 kg +52 kg up to & including 57 kg +57 kg up to & including 63 kg +63 kg up to & including 70 kg +70 kg up to & including 78 kg more than 78 kg	It is recommended that mixed practices be avoided. These practices should consider the nature of the exercise, the specificity of training and the athletic ability of the participants
Veterans 35 and over	Up to and including 60 kg +60 kg up to & including 66 kg +66 kg up to & including 73 kg +73 kg up to & including 81 kg +81 kg up to & including 90 kg +90 kg up to & including 100 kg more than 100 kg OPEN weight division	Up to and including 48 kg +48 kg up to & including 52 kg +52 kg up to & including 57 kg +57 kg up to & including 63 kg +63 kg up to & including 70 kg +70 kg up to & including 78 kg more than 78 kg OPEN weight division	Categories can be adjusted based on the number of participants. In this case, preference should be given to senior categories.

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Weight loss

Weight loss should be achieved according to recognized nutritional standards or under medical supervision. Excessive weight loss could pose a risk to both mental and physical health and takes some of the pleasure out of taking part in judo. The use of extreme measures such as severe dieting, saunas, sweat clothes, the use of medication and so on should be strongly discouraged.

Techniques

Depending on the age and experience of participants, some procedures and techniques are to be avoided. These can be found in Judo Canada's Sanctioning Policy & Tournament Standards document on Judo Canada's website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/08/SANCTIONING-POLICY-_EN_-August-_2017_FINAL.pdf

SAFETY STANDARDS FOR SURFACES

General

Judo makes full use of the entire body, particularly the skeletal structure, during falls. It is important that participants have a practice area which is safe and preserves their physical health. To reduce the risks of trauma due to the vibrations caused by landing on the floor, it is essential that the surface meet the requirements of the activity undertaken, whether a training session or competition.

The training surface should be covered with tatami or equivalent materials. The surface should meet absorption and energy dispersion requirements without being bent too much out of shape beneath the weight of the participants. It is also important that the surface allows for optimal traction and not become too slippery as the participants move about. The constituent parts should fit together snugly without any gaps to form one surface of uniform hardness.

Finally, the surface components should be secured so that they do not move, and the use of skid-proof tatami offers a major advantage. Tatamis offered on today's market are traditionally 1m x 2m or 1m x 1m, 4 or 5 cm thick and with a density of 230 to 270 psi. The 5 cm thick mats offer higher shock absorption and are designed to offer safe practice/competition surface when laid on a very hard floor – i.e. concrete. Considering that in Canada judo tournaments are often organized in hockey rinks, the 5 cm thick option is worth consideration. For non-permanent dojos where tatamis are laid down and picked up very frequently, a roll out tatami is also available.

Gymnastics mats are not recommended due to low absorption capability and their propensity to slide easily. Wrestling mats, though not ideal, can be used to initiate groups of young people under the age of 15 or for demonstrations.

During regular training sessions

The practice surface should offer at least three square meters per participant during a free practice (randori). Avoid having too many participants as it increases the risk of contact injuries. If such is the case, change your training program to have an adequate number of judoka, which will ensure everyone's safety. The density of participants on the mats may be greater during a technical and drill practice where the movement of the judokas on the mat is very well controlled.

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The entire practice area should be surrounded by a 2 meter safety zone that is obstacle free. In the case where the dojo does not offer enough space for such accommodation the tatami zone closest to the walls should be designated as the safety zone. If tatamis are laid from wall to wall, then the walls should also be covered with tatami or gymnastic mats.

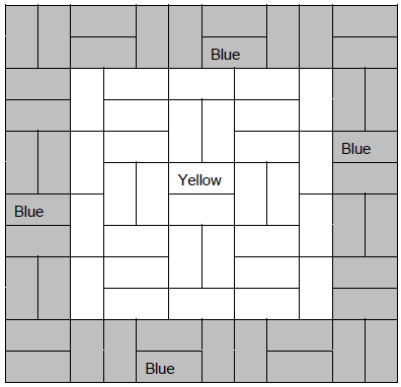
The surface should have absorption capability which meets the participants' needs. It is obvious that children have different needs than adults. Moreover, the anticipated amount of training should also be considered when choosing the surface.

The tatami provides some absorption capacity, which can be increased by adapting the floor beneath. This can be accomplished by installing a false floor resting on a wooden frame, sponge rubber hockey pucks, tatami scraps, springs or anything else which distributes shock waves more effectively.

A surface with optimal absorption capability is indispensable for enthusiasts training more than five (5) hours a week. However, a simply designed surface made of skid-proof foam rubber tatami over a wood floor is sufficient for children practicing judo less than three (3) hours a week.

The layout below requires 72 tatamis - 32 yellow and 40 blue. It allows you to simulate competitive tactics and strategies and to clearly indicate the work area. Placing the tatami in different directions enhances the stability of the skid-proof surface.

The tatami should be laid out as follows:



At training camps

The tatami should be laid out the same way as in a dojo and in sufficient numbers for the number of judoka participating in the training. A space of at least 1m all around the training area should be free of all hard objects or potential danger. The tatami should be secured so that they do not move and that no gaps are created.

At competitions

The tatami should be installed so that they do not move. To the greatest extent possible, ensure compliance with the minimum and maximum dimensions in the following table:

Level	Fighting Area	Safety Zone	Outside Free Zone
Recommended size	8 meters X 8 meters	4 meters	1 meter
Minimum size	8 to 10 meters	4 meters	1 meter

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U16 events	At least 6 meters X 6 meters	3 meters	1 meter
U14 events	At least 5 meters X 5 meters	3 meters	1 meter

The safety zone between two adjacent surfaces should not be less than 4 meters. For U16 and U14 events it may be reduced to 3 meters.

ENVIRONMENT SAFETY STANDARDS

General requirements for dojo and shiai-jo

The rooms should have adequate ventilation to enable participants to practice comfortably. The ceiling should be at least 2.5 meters high (about 8 feet) from the practice area.

Adequate lighting is required for safety and comfort. Levels should be between 200 and 300 lux one meter from the floor, and fluorescent lighting is preferred.

The temperature in the main room should be maintained somewhere around 18°C.

The surface should be free of any obstacles within a one-meter perimeter. If this cannot be done, they should be padded. Emergency accesses and exits should be clearly marked, unlocked and free of any obstacles cluttering the passage way and preventing quick evacuation.

Locker rooms

Men and women should have separate locker rooms which should be kept immaculately clean. The toilets, sinks and showers should be cleaned every day. The electric outlets should be protected with adequate grounds.

Weight rooms/ Strength training rooms

If weight rooms/strength training rooms are available, they should be designed such that an adult can pass safely between the equipment. Safety instructions and user rules of conduct should be posted for each machine. Everyone doing weight training should be accompanied by a partner and wear closed footwear. Sessions should be preceded by a formal initiation so that the exercises are done properly.

The machines should be inspected regularly depending on their use to detect any problems which could cause an accident.

OTHER SAFETY STANDARDS FOR REGULAR TRAINING SESSIONS

Teaching equipment

Teaching equipment should be inspected regularly so that they do not pose any risk to participants. Inadequate equipment should be stored or taken away from the area. Equipment which is torn or broken should be repaired before being put out in the practice area.

Participant behavior

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Sportsmanship and fair play should be observed at all times, especially courtesy, mutual help and respect. Rules which are less stringent than those observed at tournaments should be enforced to ensure the safety of everyone during the activities. However, the closer the group is to the elite level, the more stringent the rules should be. The same principle applies to special groups such as those taking part in delinquency control programs.

OTHER TRAINING CAMP SAFETY STANDARDS

Equipment

A first aid kit should be accessible at all times. Moreover, there should be access to a telephone or charged cell phone and to various emergency numbers in the local area.

Training equipment should be in good condition and stored if it is not.

Participant behavior

Sportsmanship should be the rule at all times, especially courtesy and mutual respect. Moreover, rules generally enforced at tournaments should guide participants during fights.

Ambulance service

In areas outside major cities, local ambulance services should be informed that a judo training camp is being staged in their territory. To ensure a quick response, this information should include the address of the training site, the accesses and the name of a contact person.

OTHER SAFETY STANDARDS FOR COMPETITIONS

Athlete participation

Competitors should only fight in their weight categories and age groups. The “Early Bloomer” status may be granted to athletes who submit the required declaration of skill level/waiver after evaluation by the designated official of the event. The designated official varies depending on the competition level. For more details on the “Early Bloomer” status refer to Judo Canada’s Sanctioning Policy & Tournament Standards document on Judo Canada’s website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/08/SANCTIONING-POLICY-_EN_-August-_2017_FINAL.pdf

Participants are only allowed to compete in one Individual Tournament division per day. Some exceptions to this rule can be found in Judo Canada’s Sanctioning Policy & Tournament Standards document on Judo Canada’s website at the following link:

http://www.judocanada.org/wp-content/uploads/2017/08/SANCTIONING-POLICY-_EN_-August-_2017_FINAL.pdf

No athlete can compete in more than two events per tournament.

Participant behavior

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At all times, athletes should display sportsmanship and comply with sports ethics.

Qualifications of major officials (referees)

Referees should have enough knowledge of the sport to be able to intervene rapidly when a situation representing a risk to one of the participants arises. Less experienced referees should be supervised by a senior official who can guide them and contribute to their training.

Specific referee levels vary according to the competition level and specific role for the competition (e.g. referee vs chief referee). Specific requirements can be found in the National Referee Committee Policy and Procedures document on Judo Canada's website at the following link:

http://www.judocanada.org/wp-content/uploads/2011/05/Referee-Committee-Policy-Procedures-Manual-_June-2011.pdf

Qualifications of minor officials

Minor officials should be aware of their roles and functions. It is important that they be aware of the fighting and hold times of each age group and sex.

They should be familiar with the operation of the stopwatches and display the required gestures at the right time (time stoppages, announcement of the end of fights).

Spectator behavior

Spectators behaving in a way which could endanger the safety of fighters, officials or other spectators should not be tolerated in the competition area. Spectators should be permitted to move about in the areas so designated.

Ambulance service

Outside large cities, the local ambulance service should be informed that a judo competition is being held on their territory. The dates and sites of the competition, the name and contact number of the medical official and the location of the accesses to the competition area should also be provided.

REDUCING ACCIDENTS AT JUDO TRAININGS AND COMPETITIONS

General

Both the coach and the athlete are responsible to reduce the occurrence of common injuries sustained during training. However, injuries attributable to inadequate equipment, the surrounding area and supervision are controllable during trainings, competitions and training camps. Knowledge on how injuries occurs is important to prevent them as much as possible.

Pocecco et al. (2013) performed a systematic review on injuries in judo. They found that injury risk in competition vary at a general rate between 11-29%. The main causes of judo injuries were identified as follows:

1. Standing fight (85% of injuries)

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2. Ground work (15% of injuries)

With armlock injuries being more important in female athletes

Specific causes for standing fight injuries were identified as follows:

1. Being thrown (70% of injuries)
2. Performing throws

   Often caused by improper throwing techniques
3. Grip fighting

   Causing injuries primarily to hands and fingers
4. Counter attack

They also found that impact with the surfaces lead to more injuries than impact with the opponent. Lack of falling skills was also found to be a common cause of injuries.

Severe/ Catastrophic injuries

The main types of severe and catastrophic injuries in judo are head trauma and neck trauma.

Severe head trauma generally occurs while being thrown (70%) due to a lack of falling skills. Injury rate was higher in younger athletes (90% for less than 20 years old) and with less judo experience (60% for less than 3 years) (Kamitani et al. 2013).

Neck trauma occurs more commonly with experienced judokas while performing a throw (63%), for example Uchi-mata (Kamitani et al. 2013).

Time loss duration from judo injuries and reduction in sporting level

Akoto et al. (2017) reported that the anterior cruciate ligament (ACL) rupture and vertebral disc prolapse were the two most severe injuries with respect to time loss and reduction in performance level in judo. To help reduce the risk of these injuries, adequate strengthening and neuromuscular training program of the back and lower body should be implemented. Refer to the section below on “Neuromuscular training program” for more details on preventing lower body injuries.

Qualified Coach

Coaches with a NCCP certification will be more sensitive to risks of injury, have the knowledge and react in such a way to reduce the risks of judo accidents. Coaches trained in first aid and cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED) will be more able to lend assistance in the event of an accident. It is recommended for all coaches to obtain a CPR/AED certification and update it once expired. A general first aids course should also be encouraged.

Appropriate Refereeing

The use of qualified referees is an important if not critical aspect of safe supervision of competitions.

Appropriate Equipment

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Tatami (judo mats) or equivalent equipment should be in good condition and allow optimal shock absorption. They should be placed on a surface which absorbs shock well. Cement floors should thus be avoided, but if they are present, a sub-floor with the absorption capability should be constructed or 5 cm thick tatami mats should be used.

The judogi is a piece of equipment which should be clean, blood-free and tear-free to avoid the risk of injury. No metal parts (fasteners, orthopedic supports) are allowed during competitions. Clipless bandages of all types are authorized.

Group protective equipment such as crash mats should be used when necessary. Similarly, individual equipment (mouthpieces, thigh protectors) should be used but should comply with recognized standards and regulations to protect both the user and the partner.

During training, participants should be allowed to wear medically recommended metal articulated support braces which should be covered to eliminate risks to both the user and his/her partner. Participants wearing braces of this type are responsible for advising their partners.

Proper Environment

The site should be well ventilated, well lit (200 to 500 lux is ideal for a competition) and heated; and cold air drafts eliminated to prevent the likelihood of muscle pulls.

Excessive heat also represents a serious risk. Depending on the season, air-conditioned or very well-ventilated premises should be sought to reduce the risk of dehydration and hyperthermia. Water fountain or bottles should be available on site.

Adequate Supervision

Staff should be available to ensure that the tatami are secured correctly with no gaps. Moreover, they should intervene quickly and use antiseptic liquids to clean up body fluid or blood on the fighting surface and on the judogi. Staff should also be assigned to maintain and clean up the areas around the mats so that the floor is dry and free of dangerous objects.

Finally, at major events (heavily-attended training sessions, competitions), a medical team or a therapist should be able to come on to the mats quickly and have access to a clinic set up nearby.

Appropriate Physical Conditioning

A judoka in good physical condition should have the following characteristics required to take part in judo:

- Good general health and physical conditioning
- Strength, power and endurance
- Coordination, motor control, balance and proprioception
- Flexibility, agility/mobility, psychological predisposition
- Normal weight for his/her category, good nutrition and good hydration

Physical conditioning should be closely related to the practice of judo to strengthen the muscles used during our favorite techniques (tokui waza). The same applies to coordination, balance and flexibility.

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Moreover, we should never train intensely when we are tired, recovering from a demanding phase of a training session or coming off an injury. A healthy balance should always be achieved between training intensity and rest periods.

Participants should be cleared by a health care professional when returning to judo after an injury. It is also important that the return to judo after an injury should not be done prematurely to avoid increased risks of re-injury.

Warming Up and Winding Down

While warming up, participating in activities or winding down, we should select our exercises methodically. Several exercises commonly used in dojos today serve no actual purpose and can even cause somewhat serious after-effects for some time. We would like to make you aware of these risks and help you choose your exercises carefully.

Judoka who attend your classes trust their instructors, and you should ensure that the program you are offering is in their best interest. To do so, you should ask yourself three basic questions prior to each exercise.

1. Why are we doing this exercise?

   Is it meant to exercise the joints and/or muscles to develop the energy systems and muscle properties for judo or is it aimed at increasing or decreasing the general physiological activation?

2. Is the exercise chosen potentially dangerous?

   Can it cause long- and/or short-term damage to the spinal column, muscles, tendons or ligaments; cause stress or a stress fracture in a bone or affect physical conditioning in some other way?

3. If this exercise does not address an aspect of physical conditioning or is potentially dangerous, could we substitute it with another exercise?

The following directives, which could be used as a guide when establishing your exercise routine, should take the following into account:

- Be mindful of the characteristics pertaining to the development of your clientele.
- Start slowly and progress carefully.
- Always use joints considering how they are designed.
- Avoid hyperextension, hyperflexion or hyper rotation. The neck and back are examples of joints with which we should avoid these types of movement.
- Reduce as much as possible the number of repeated impact exercises which cause vibrations and vertical force which could damage some joints or bones.
- Avoid all ballistic movements aimed at stretching tendons/muscles abruptly during stretching exercises.
- For static stretching as part of the warm-up: avoid more than 60 sec hold/stretch as they have been shown to have detrimental effect on performance. Instead, favor dynamic stretching which have been shown to improve performance.
- For strength exercises, always call upon agonists and antagonists.

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Neuromuscular training program

Some special neuromuscular training programs might be used to prevent anterior cruciate ligament (ACL) injuries as well as general lower body injuries in judo. Neuromuscular training program such as the FIFA 11+ warm-up program, have been shown to improve balance, strength and reduce injury risks (Steffen et al 2013, Brito et al 2010, Kilding et al 2008, FIFA 11+ website).

Herman et al. (2012) performed a systematic review on neuromuscular training programs and found that they can reduce the overall lower body injury rate (for e.g ACL injuries, non-contact ankle sprains, groin injuries and more). Sports included in this review were soccer, basketball, volleyball as well as military recruits.

The advantages of using these programs in training is that they are reproducible, easily incorporated into the warm-up routine and do not require additional equipment.

More data specific to judo are needed to assess their effectiveness. However, Malliaropoulos et al. (2014) proposed the Judo 9+ program to reduce injury risk of lower limb injury but data on its effectiveness is not yet published in the literature.

Technical Mastery

Techniques

In general, judo techniques do not pose any more risks to health than do technical moves in other sports. Although judo is a combat sport, its techniques are safe insofar as participants progress at an adequate pace and that their actions do not extend beyond their development and experience.

Falls

Falls are the first technical skills to be developed. The safety, confidence and pleasure of participant depend on falling techniques which, once learned, will be practiced in all courses as an integral part of the warm-up. The mechanical principle behind breaking falls is to distribute the force over a wider surface area to minimize the impact on an isolated part of the body. Legs and arms are used to strike the tatami and spread the shock wave when the participant contacts the floor. Participants should be taught to not fall directly on their head or neck to avoid serious injuries. They should also avoid falling directly on the shoulder to prevent shoulder dislocations and acromioclavicular sprains as well as avoiding falling directly on an outstretched hand to avoid fractures, dislocations and sprains of the upper body. A judoka who masters falls will be an ideal partner for someone learning how to practice judo safely.

Throws

The first prevention factor is mastering falls. This is followed by a progression which enables participants to master falls during throws and controlling the partner being thrown.

Holds

Holds do not pose a risk as long as neck holds and excessive pressure on the thorax is avoided.

Chokeholds

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Chokeholds are not dangerous when introduced at a level where the participant has good body and movement control (normally around the orange belt and after age 13). Specific competition eligibility to perform chokeholds can be found in in Judo Canada's Sanctioning Policy & Tournament Standards document on Judo Canada's website at the following link: http://www.judocanada.org/wp-content/uploads/2017/08/SANCTIONING-POLICY-_EN_-August-_2017_FINAL.pdf

A judoka may lose consciousness momentarily because of a chokehold, but this lasts only for a few seconds and there is no evidence that such incident results in any after-effects. In rare cases, an athlete may experience a prolonged loss of consciousness if the choke was held for too long. In this case, the emergency action plan should be implemented. In addition, as a precaution measure, if a loss of consciousness due to chokehold occurs in a person under 18 years of age, he/she is removed from any further judo activities for the rest of the day.

Armlocks

Armlocks are techniques which require the most control on the part of a tori. Excessive and sudden pressure can cause major damage to the elbow joint and structures around it. That is why these techniques are introduced later at the green belt and around age 14. However, they are not allowed in competition for orange belt level (or lower) of any ages and for all judokas U16 and younger age division.

Developmentally appropriate training

Judo is recognized in many regions of the world as a great tool for development of a variety of fundamental movement skills as well as practical application of basic social skills. For this reason, judo training must offer an environment that addresses the need of the participants according to their age. Judo programs promoted in Canada endorse the principles of the Long-Term Athlete Development (LTAD). Detailed program parameters for various children age groups are available at: http://www.judocanada.org/long-term-athlete-development-model/

QUALIFICATIONS OF MEDICAL STAFF AND MEDICAL SKILLS FOR JUDO INSTRUCTORS

Certification of medical staff

Several medical certification organizations exist. We are aware of all of the professional orders of doctors and nurses and first aid training organizations (St. John Ambulance, the Red Cross, the Lifesaving Society, and so on). However, some other groups are exclusively devoted to an athletic population such as:

- The Canadian Athletic Therapists Association, which consists of university graduates in athletic therapy. The therapists are specialists who work full time with athletes and active people.
- Sport Physiotherapy Canada, which issues sports physiotherapy certificates/diplomas to university graduates in physiotherapy. These professionals treat athletic injuries on a regular basis.

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- The Canadian Academy of Sport and Exercise Medicine, which awards a "Dip. Sport Med « to those with degrees in medicine. This organization also makes it easier for its members to remain up on the latest knowledge.

During Regular Training

It is desirable that at least one instructor should have an emergency first aid designation and knowledge of cardio-pulmonary resuscitation (CPR) / automated external defibrillator (AED). The Red Cross, St. John Ambulance and the Lifesaving Society are among those organizations which offer first-aid and CPR/AED courses. You can also contact sport and medical therapy clinics in your area to obtain information on emergency first aid training.

At Training Camps

Medical staff should be recognized by a duly mandated professional association, informed of the risks inherent in judo and what types of intervention are required.

An area should be set aside where the injured could receive discreet and personalized medical attention.

Adequate first-aid equipment should be available on-site.

During Competitions

An area should be set aside for medical service and include all first aid equipment such that emergencies which arise during a judo competition can be dealt with promptly.

Specific guidelines on health care professional and medical coverage during competition can be found in Judo Canada's Sanctioning Policy & Tournament Standards document on Judo Canada's website at the following link:
http://www.judocanada.org/wp-content/uploads/2017/08/SANCTIONING-POLICY-_EN_-August-_2017_FINAL.pdf

Summary of Recommended Qualifications

Level of Activity	Recommended medical personnel	Minimal certification of medical staff
Club	Coach trained in first aid and CPR/AED by a recognized organization.	Red Cross, St. John Ambulance, etc.
Region	Ambulance attendant, professional nurse or another health care specialist	Emergency or health care professionals with up to date knowledge of CPR/AED/first aids.
Province	Sports physiotherapist, physiotherapist with experience in sports/on-field coverage, athletic therapist and professional nurse	First responder courses but ideally a specific Sport First Responder certification.
National	Athletic therapists or sports physiotherapist and physician	Certified sport physiotherapist (SPC certificate or diploma level) or

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		athletic therapist (CAT(C)).
International	Athletic therapists or sports physiotherapist and sports physician	Certified sport physiotherapist (SPC certificate or diploma level) or athletic therapist (CAT(C)), sports physician (Dip. Sport Med)

Authority

Medical personnel on duty during training sessions or competitions should have authority to pull an athlete out for health reasons or if he/she poses a risk to the health of the other participants. For the same reasons, medical staff may prevent the athlete from taking part if he/she feels the latter is not able to train or fight for health reasons.

TYPES OF INJURIES AND HEALTH PROBLEMS

General

Based on the systematic review on judo injuries by Procecco et al. (2013), the most common types and location of injuries in judo are:

Type of injury	Frequency range depending on studies
Ligament sprains	5.6-59.8%
Muscle strains	7-33.8%
Contusions	5.6-56%

Location of injury	Frequency
Hands/Fingers	Up to 30%*
Knee	Up to 28%**
Shoulder	Up to 22%**

*Occurs generally as a result of grip fighting
**Occurs generally as a result of throwing or being thrown

Based on the same study, the most common types and location of injuries in judo in younger athletes (5-17 years old) are:

Type of injury	Frequency range depending on studies
Contusions/Abrasions	25-45%
Fractures	28-31%
Sprains/Strains	19-24%

Location of injury	Frequency
Shoulder/Upper arm	19%
Foot/Ankle	16%
Elbow/Lower arm	15%

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i. ***Chokehold***

Chokehold techniques are specific to judo and well-established in the rules of the sport. A loss of consciousness is a controlled state which is caused by temporary deprivation of oxygen to the brain. Even light pressure applied to the carotids is enough to bring about unconsciousness. Normally, and in most cases, fighters who have been in a chokehold will give up before they fall unconscious. Unconsciousness generally occurs within the first 10 seconds following a complete application of the chokehold technique. Normally, the fighter comes to spontaneously after 10-20 seconds.

It is recommended that a fighter having lost consciousness due to a chokehold be placed in a recovery position and that he/she be watched. If it takes too long for the person to regain consciousness (more than 20 seconds), activate the Emergency Action Plan (EAP) and evaluate need for CPR/AED on the athlete.

ii. ***Armlocks***

Armlocks cause hyperextension of the elbow. The purpose of armlocks is to force the opponent to indicate he/she is giving up by taping with the hand or foot at least twice on the ground or on the opponent. This automatically results in victory for the person who applied the armlock (ippon).

These techniques should not be used by judokas less than 14 and preferably not before the green belt. Armlocks normally do not cause dislocated elbows, but they can cause sharp pain and cause stress to the (a) the medial collateral ligament (b) arm biceps (muscles and tendons), especially at the radius insertion point; (c) the anterior articular capsule; (d) the integrity of the head of the radius; (e) lesions on the olecranon; and (f) lesions of the ulnar nerve.

A violently applied armlock can lead to a fracture, a dislocation or lesions to the cartilage and osteochondromas.

It is important that this type of lesion be checked out by a health care professional and the judoka's elbow have sufficient pain free range of movement and is strong enough to enable him to defend himself against other armlocks before allowing him to continue. Judokas should be able to resist high pain free isometric force to the elbow applied to a flexion of 20 degrees to ensure a safe return to play.

iii. ***Traumas***

a. Mat burns: feet, knees, elbows, shoulders, neck, face

b. Shoulder separation

c. Contusion/Bruising: feet, shins, hands, face, ribs, chest, back, abdomen (liver/spleen), coccyx (scrotum), ear hematoma (cauliflower ears)

d. Bleeding: nose, cuts, abrasions, nails.

e. Sprains: fingers, wrists, elbows, shoulders, knees, ankles, lumbar and cervical regions

f. Dislocations: toes, fingers, elbows, shoulders, knee caps

g. Fractures: ribs, hands, fingers, feet, toes, elbows, forearm, collarbones, cervical area.

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h. Head: concussion, bleeding inside the head.

i. Strains (Pulls): Hamstrings, hip flexors, quadriceps, hip flexors/adductors, paraspinal muscle, rotator cuff

iv. ***Concussion***

Judo instructors, referees and participants should be familiar with the Pocket Concussion Recognition Tool 5© (or later updates). It is recommended to have a copy of the tool accessible at training or competition sites. Refer to appendices section for a copy of the tool.

All concussion symptoms (nausea, vision problems, headaches, loss of balance, etc.) must be heeded and receive appropriate care. In cases of concussions, fighters must be removed from the activity and must not be allowed to resume the activity the same day or afterwards if medical clearance has not been received. Persons so affected must be monitored for at least the first 1-2 hours following the injury and placed such that they are comfortable. If symptoms worsen/participant status deteriorate (refer to red flags section of the Pocket Concussion Recognition Tool 5©), the participants must be sent immediately to the emergency room. Following a concussion, athletes must be evaluated by a physician or a health care professional with experience in managing concussions. Participants must follow a stepwise return to judo protocol after a concussion. Full return to learn/work must also be done successfully before full return to sport. More detailed information can be found in Judo Canada concussion flyer and concussion protocol produced and updated on a regular basis.

v. ***Wear and Tear and Stress/ Chronic injuries***

a. Lateral epicondylitis, tenosynovitis in the wrist extensor

b. Tendinosis in the rotator cuff, shoulder pulls

c. Lumbar/dorsal sprain, Non-specific low back pain

d. Neck sprain

e. Hamstring pulls

f. Chronic fingers sprain

vi. ***Medical Problems***

a. Convulsions, epilepsy, brain damage

b. Asthma caused by exercise

c. Dehydration: liquid deprivation, severe and rapid weight loss

d. Relative Energy Deficiency in Sport (RED-S)

Formerly known as the Female Athlete Triad. RED-S refers to impaired physiological function including, but not limited to, metabolic rate, menstrual function, bone health, immunity, protein synthesis, cardiovascular health caused by relative energy deficiency.

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BIBLIOGRAPHY

Coaching Association of Canada, Training Theory, Level I, Gloucester, 1989.

Coaching Association of Canada, Training Theory, Level II, Gloucester, 1990.

Akoto R, Lambert C, Balke M, et al, (2017). Epidemiology of injuries in judo: a cross-sectional survey of severe injuries based on time loss and reduction in sporting level. *Br J Sports Med* Published Online First: 26 April 2017. doi: 10.1136/bjsports-2016-096849

Association québécoise de judo Kodokan inc., Règlement no 2: Organisation des zones, Montréal, 1988

Barrault, D, Brondani, J-C, Rousseau, D, Médecine du judo, Paris: Masson, 1991.

Birrer, R. B., Trauma Epidemiology in the Martial Arts: The Results of an Eighteen-Year International Survey, The American Journal of Sports Medicine, Vol. 24, No. 6, pp. 72-79, 1996.

Boulay, J., Drouin, F., Medical Set-up for National Championships, Judo Canada, Gloucester, Ont, 1997

Boulay, J., Sports First Responder Manual, 20th anniversary edition (2016).

Brito, J., Figueiredo, P., Fernandes, L., Seabra, A., Soares, A., Krustrup, P., & Rebelo, A. (2010). Isokinetic strength effects of FIFA's "The 11+" injury prevention training programme. *Isokinetics and Exercise Science,* 18, 211–215.

Canadian Centre for Drug-Free Sport, Doping Control Standard Operating Procedure, April 1994.

Concussion recognition tool 5© *Br J Sports Med* 2017; 51:872.

Donovan, G., McNamara, J., Gianoli, P., Exercise Danger, Wellness Australia publication, Australia, 1989.

Drouin, F., Démarrage d'un dojo, Judo Québec, Montréal, 1992

FFJDA, Textes officiels, Fédération française de judo et disciplines associées, Paris, 1995.

FIFA 11+ a complete warm-up programme, retrieved April 2nd, 2015. Available at: http://f-marc.com/11plus/home/

Genety, J., Brunet-Guedj, E., Traumatologie du Sport en pratique médicale courante, Édition Vigot, Paris, 1984.

Herman K et al (2012). The effectiveness of neuromuscular warm-up strategies, that require no additional equipment, for preventing lower limb injuries during sports participation: a systematic review. *BMC Medicine*, 10:75.

International Judo Federation, Contest Rules / Règlements de Compétition, Geon-Büro Berlin, 1991.

International Judo Federation, Code sportif et d'organisation F.I.J. / I.J.F. Organization and Sporting Code, APB Graphic, France, 1995.

Judo Association of Australia, Coaching Manual Level One, Australia, May 1984.

Judo Canada, Coaching Certification Program, Level I, Ottawa, 1978.

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Judo Canada, Coaching Certification Program, Level II, Ottawa.

Kamitani T, Nimura Y, Nagahiro, S., Miyazaki S., Tomatsu, T, (2013). Catastrophic Head and Neck Injuries in Judo Players in Japan From 2003 to 2010. The American Journal of Sports Medicine, 41 (8), 1915 – 1921.

Kay AD, Blazevich AJ, (2012). Effect of Acute Static Stretch on Maximal Muscle Performance: A Systematic Review. *Sport Exercise & Life Sciences,* 44 (1), 154–164.

Kilding, A., Tunstall, H., & Kuzmic, D. (2008). Suitability of FIFA's "The 11" training programme for young football players impact on physical performance. *Journal of Sports Science and Medicine,* (2008) 7, 320-326.

Kurland, H., A Comparaison of Judo and Aikido Injuries, The Physician and Sport Medicine, Vol. 8, No. 6, 1980.

Lubell, A., Les exercices potentiellement dangereux - le sont-ils pour tout le monde?, SPORT, Association Canadienne des entraîneurs, Gloucester, 1989.

Malliaropoulos NG, Callan M, Johnson J. Comprehensive training programme for judo

players nine plus 9+: possible lower limb primary injury prevention. Muscles, Ligaments and Tendons Journal 2014; 4 (2): 262-268

McCrory et al. (2017). Consensus statement on concussion in sport: the 5th International Conference on Concussion in Sport held in Berlin, October 2016. British Journal of Sports Medicine, doi: 10.1136/bjsports-2017-097699

Mirkin, G., Hoffman, M., La médecine sportive: prévention, entraînement, alimentation, soins, Édition de l'Homme, Montréal, 1981.

Mountiov, M, Sundgot-Borgen, J, Burke, L, Carter, S, Constantini, N, Lebrun, C, Meyer, N, Sherman, R, Steffen, K, Budgett, R, Ljungqvist, A, (2014). The IOC consensus statement: beyond the Female Athlete Triad--Relative Energy Deficiency in Sport (RED-S). British Journal of Sports Medicine, 48 (7); 491-7.

Peterson, L., Renstrom, P., Manuel du sportif blessé, Edition Vigot, Paris, 1986.

Pocecco E, Ruedl G, Stankovic N, et al, (2013). Injuries in judo: a systematic literature review including suggestions for prevention. *Br J Sports Med* ;47:1139-1143.

Régie de la sécurité dans les sports du Québec et Judo Québec, Règlements de sécurité de l'Association québécoise de judo Kodokan, Montréal, 1997

Régie de la sécurité dans les sports du Québec, Guide en responsabilité civile délictuelle, Service juridique, 1990.

Régie de la sécurité dans les sports du Québec, Activités physiques, sports et loisir; responsabilité civile, Les publication du Québec, Sainte-Foy, 1995.

Steffen, K., Emery, C.A., Romiti, M., Kang, J., Bizzini, M., Dvorak, J., Finch, C.F., & Meeuwisse, W.H. (2013). High adherence to a neuromuscular injury prevention programme (FIFA 11+) improves functional balance and reduces injury risk in Canadian youth female football players: a cluster randomised trial. *Br J Sports Med, doi:10.1136/bjsports-2012-091886*

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Sport Physiotherapy Canada website: www.sportphysio.ca

Training Theory, Levels II and III, Coaching Association of Canada, Gloucester, 1990.

Upton, B., Participant Coverage - Why is it important?, Sport Nova Scotia, Amateur Sport Update, Vol 2, No 4, Spring 1998.

APPENDICES

CODE OF CONDUCT IN THE DOJO

1. Wear the suitable traditional judogi;
2. Wear the belt which matches your rank;
3. Remove jewelry and other hard objects before the session;
4. Do not chew gum or eat on the tatami;
5. Sit down properly on the tatami;
6. Abide by the instructions from the sensei and be polite when addressing them;
7. Accept advice only from qualified teachers;
8. Practice the techniques which are appropriate to your skill level and your rank;
9. Begin to fight, during practices, only after the instructor has given the go-ahead;
10. Comply with the rules of the competition;
11. Comply with the rules in force at the dojo;
12. USE THE TECHNIQUES LEARNED UNDER THE SUPERVISION OF ONE OF THE INSTRUCTORS AND ONLY IN THE DOJO.

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MEDICAL SUMMARY FORM
FORMULAIRE DU SOMMAIRE MÉDICAL

* To be used for medical screening and emergency only.
* L'information ne sera utilisée que pour dépistage ou en cas d'urgence médicale.

Personal Information
Renseignements personnels

Family name – Nom

Name – Prénom

Email – Courriel

Address – Adresse

City – Ville

Province | Postal code - Code postal

DJ / MM / YYAA | ( ) -

D.O.B. - Date de naissance | Phone # Téléphone

Male ☐ Homme | Female ☐ Femme

Gender – Sexe

Age division
Division d'âge | Weight category
Catégorie de poids

Province of registration
Province d'affiliation | # Judo Canada #

Emergency Contact
Personne à contacter en cas d'urgence

Emergency contact name - Nom et prénom du contact

Relationship - Lien de parenté

( ) -

Main phone # - # de téléphone principal

( ) -

Other phone # - Autre # de téléphone

Injuries or treatments (last 6 months)
Blessures ou traitements (6 derniers mois)

Details
Détails

Medical Information
Renseignements médicaux

Medicare # Assurance maladie | Province

DJ / MM / YYAA

Expiry date d'expiration

Blood type-Groupe sanguin

	N	Y - O
Do you wear glasses/contacts? Portez-vous des lunettes/verres correcteurs?	☐	☐
Medication - Médication	☐	☐

Details (Medication)

Allergies	☐	☐

Details (Allergies)

Recent weight loss - Perte de poids récente	☐	☐
Recent concussion - Commotion récente	☐	☐

Amt in Kg

Date DJ / MM / YYAA

Medical History
Problèmes médicaux

	N	Y - O
Head injury - Blessure à la tête	☐	☐
Seizure/Convulsion - Convulsion	☐	☐
Heart problems - Troubles cardiaques	☐	☐
High blood pressure - Haute tension	☐	☐
Blood problems/Bruising - Problèmes sanguins/Ecchymoses	☐	☐
Asthma - Asthme	☐	☐
Diabète	☐	☐
Menstrual problems - Problèmes menstruels	☐	☐
Abdominal problems - Problèmes abdominaux	☐	☐
Heat/Dehydration Bouffées de chaleur/Déshydratation	☐	☐
Anaphylaxis - Anaphylaxie	☐	☐
Skin disorders/lesions Problèmes cutanés/lésions	☐	☐

If yes - Si oui ...

Details
Détails

Athlete signature – Signature de l'athlète

Witness - Témoin

Parent signature (if under 18) – Signature d'un parent (si moins de 18 ans)

Date

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INJURY REPORT **Identification of injured party**		
Name:	Surname:	
Address:		
Telephone: ( ) -	Age:	Sex:
Email:		
Activity:	Level:	
☐ Recreation	☐ Competition	☐ Training
Time of injury:	Date: / /	Time: h
Site of accident/ injury:		
Details of the injury (how did it occurred? Signs and symptoms):		
Location of Injury:		
□ Foot	□ Ankle	□ Pelvis
□ Knee	□ Thigh	□ Back
□ Hip	□ Abdomen	□ Wrist
□ Thorax	□ Hand	□ Arm

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□ Forearm	□ Elbow	□ Face
□ Shoulder	□ Neck	□ Other (specify):
□ Head	□ Leg	
Type of injury:		
□ Fracture	□ Dislocation	□ Sprain
□ Concussion	□ Contusion	□ Other (specify):
Was first aid administered? □ Yes □ No If yes, by whom? _____ Provide details on first aid administered _____ _____		
Destination of the injured party:		

□ Planned activity	□ Home	□ Hospital	□ Medical Clinic
Method of transportation:			
□ Ambulance	□ Automobile	□ Police	□ Taxi
□ Other (specify)			

Person completing Injury Report	
Name:	First name:
Address:	
Title: _____ Signature: _____	Telephone: _____ Date: _____

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Pocket Concussion Recognition Tool 5©

BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2017-097508CRT5

To download a clean version of the SCAT tools please visit the journal online (http://dx.doi.org/10.1136/bjsports-2017-097508CRT5)

CONCUSSION RECOGNITION TOOL 5©

To help identify concussion in children, adolescents and adults

Supported by FIFA

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury (including whether ANY of the following signs are observed or complaints are reported) that the player should be safely and immediately removed from play/game/activity, if no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Davis GA, *et al*. *Br J Sports Med* 2017;**0**:1. doi:10.1136/bjsports-2017-097508CRT5 1

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