

SAFETY FIRST

WHAT YOU NEED TO KNOW ABOUT...



2018 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.



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Introduction

Head injuries and concussions can occur in judo, either in training or during competitions. Due to the potentially serious consequences of injuries to the head, coaches, parents and athletes 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, 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 (Kumi-kata)
- Considerable impact during a breakfall that did not necessarily result in a direct hit to the head.
- Rotational forces acting on the head or upper neck region during a breakfall or during gripping
- Inadequate quality of sport equipment (mat shock absorption / quality) and environment (obstacles near playing surface)
- Significant difference in skill level between judokas
- Significant difference in age or weight class between judokas
- Poor physical condition or insufficient strength

Symptoms

Headache - dizziness - lethargy - drowsiness - pressure in the head - neck pain - fatigue - loss of consciousness - nausea or vomiting - memory loss - ringing in the ears - confusion or disorientation (unaware 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, blurred vision) - 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
- Difficulty 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.)

WHEN IN DOUBT, SIT THEM OUT



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.

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. For school aged athletes a graded return to school plan may be required. Children and adolescents should not return to full sport participation until they have successfully returned to school, however, early introduction of symptom-limited physical activity is appropriate.

Managing an athlete with concussion symptoms

The following short-term measures should be implemented in the event that an athlete sustains an injury to the head, neck or face and is suspected of having 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 is **NOT ALLOWED** to return to practice or competition the day of the injury and 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. The circumstances of the injury should be recorded and communicated to the medical personnel.
- An athlete presenting with concussion symptoms must not be left alone in the period that follows the injury. It is essential to monitor for the deterioration of his or her condition. If any of the concussion symptoms worsen, the athlete's condition should be considered serious, and the individual **MUST** go to the hospital immediately.
- The athlete should not take prescription 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.
- Following medical clearance, the athlete should follow the return to physical activity guidelines

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 athletes who have had a concussion. **Each step should take at least one day (24 hrs)**. The athlete must not be taking any medication that could mask or modify his symptoms while following these steps. Depending on the severity and type of the symptoms present, athletes will progress through the following stages at different rates. If the athlete experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage.

Rest:

After a brief period of rest (physical and mental) during the acute phase, usually lasting 24-48 Hrs following the injury, athletes can be encouraged to become gradually more active while staying below their symptom-exacerbation threshold (both physical and mental).

Step 1 :

The goal of this step is to re-introduce school or work activities without provoking symptoms. Athletes should also be encouraged to ask their school if they have a Return-to-School Program in place to help student-athletes make a gradual return to school activities following a concussion.

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 exercises at low to moderate intensity activity without contact or head impact (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 contact or head impact (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.

CHILDREN AND ADOLESCENTS SHOULD HAVE SUCCESSFULLY RETURNED TO SCHOOL FULL-TIME (NO SYMPTOMS) PRIOR TO FULL SPORT PARTICIPATION

Step 5A :

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

Step 5B :

Return to regular training. If no symptoms are observed, move to Step 6.

Step 6:

Return to regular competition

Refer to the Judo Canada website for more details on return-to-school and return-to-sport strategies

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 be at risk of suffering permanent impairments.**

References :

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