

PROTOCOLS IN THE EVENT OF A MINOR HEAD INJURY OR SHIME-WAZA RESULTING IN UNCONSCIOUSNESS AND/OR CONCUSSION IN THE CLUB OR TRAINING ENVIRONMENT

The British Judo Association takes the health and safety of its members seriously, especially in the case of head injury or in the event of a player becoming unconscious during a training session in the judo club or other judo training environment.

Minor head injury and knocks to the head are common, particularly in children. Following the injury, if the person is awake (conscious), and there is no deep cut or severe head damage, it is unusual for there to be any damage to the brain. However, sometimes a knock to the head can be more serious and may result in unconsciousness and/or concussion, in which case the following protocols should be adhered to.

1. Unconsciousness may result from the **application of a Shime-waza (strangulation technique)** if the player fails to submit.
2. Unconsciousness may result from of a direct blow to the head, face, neck or elsewhere on the body where an impulse force is transmitted through to the head and may result in the player being concussed (see information on concussion on page 2).
3. Concussion can occur without the player being knocked out and losing consciousness - it should always be considered a possibility and be taken seriously.

The BJA encourages people who have any concerns following a head injury to themselves or to another person, regardless of the injury severity, to seek immediate medical advice.

SECOND IMPACT SYNDROME

Second Impact Syndrome (SIS) is a very rare condition in which a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling. SIS can result from even a very mild concussion that occurs days or weeks after the initial concussion and can have catastrophic results. By following the above protocols, the risk of SIS will be greatly reduced.

CONCUSSION

Concussions result from many types of incidents, but unique issues arise from sports-related concussions because decisions need to be made about safe return to practice and competition after a period of recovery.

This “invisible” injury disrupts the brain’s normal physiology which can affect mental stamina and function, causing the brain to work longer and harder to complete even simple tasks. A concussion may involve loss of consciousness (being “knocked out”), but the majority do not. Ultimately, ALL concussions are serious because they are brain injuries!

The typical symptoms are:

Headache	Dizziness
Nausea	Unsteadiness/loss of balance
Confusion	Feeling stunned/dazed
Seeing stars or flashing lights ringing in the ears	Double vision

The typical signs are:

Loss of consciousness or impaired consciousness	Poor coordination/balance
Fits/seizures	Slow to answer questions or follow instructions
Easily distracted/inability to concentrate on tasks	Displaying inappropriate emotions (e.g. laughing, crying)
Nausea/vomiting	Slurred speech
Personality changes	Decreased fighting ability

If a player displays any of the above symptoms and signs – concussion should be considered, and it is recommended the player is withdrawn from the competition or training and assessed further. This point is paramount – any player suspected of having concussion should initially be treated as though they are concussed and it is recommended withdrawn from a competition or training immediately and assessed by a doctor or physiotherapist. The British Judo Association recommends that the following protocols be implemented by the club coach and/or club officials.

PLAYERS UNDER 16 YEARS OF AGE BLOW TO HEAD

In the event of a player under the age of 16 years becoming unconscious/concussed as a result of a blow to the head, face, neck or elsewhere on the body the following protocol applies.

1. The player **must** be immediately withdrawn from training.
2. Children and adolescents behave differently to adults and more "damage" can occur silently without subjective symptoms being evident. They need more observation and **must** be sent to the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post-incident.
3. Complete physical and mental rest for 7-10 days **is mandatory** following the incident (no matter the outcome at the A&E department) and the player will require re-assessment by a competent medical professional before restarting training.
4. Following clearance by a competent medical professional and the mandatory 7-10-day rest period, **the player should follow a graduated return to training over the period of the following four weeks (28 days) (see page 3).**
5. An incident report form must be completed.

SHIME WAZA (STRANGULATION TECHNIQUE)

In the event of a player under the age of 16 years becoming unconscious as a result of a Shime-waza (strangulation technique the following protocol applies).

1. The player **must** be immediately withdrawn from training and no further judo or judo related training that day.
2. The player **must** be sent to the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post-incident.
3. If checked and cleared by the A&E department the player may be allowed to return to training following a minimum of 3 days physical and mental rest.
4. An incident report form must be completed.

PLAYERS 16 YEARS OF AGE AND OVER BLOW TO HEAD

In the event of a player over the age of 16 years becoming unconscious/concussed as a result of a blow to the head, face, neck or elsewhere on the body the following protocol applies.

1. The player **must** be immediately withdrawn from training.
2. It is recommended that the player be sent to the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post-incident.
3. Complete physical and mental rest for 7-10 days **is mandatory** following the incident (no matter the outcome at the A&E department).
4. Complete physical and mental rest for seven days following the incident **is mandatory** (no matter the outcome at the A&E department). **This should be followed by a graduated return to training over the period of the following fourteen (14) days (see page 3).**
5. **It is highly recommended that the player be re-assessed by a competent medical professional before restarting training.**
6. An incident report form must be completed.

SHIME WAZA (STRANGULATION TECHNIQUE)

In the event of a player over the age of 16 years becoming unconscious as a result of a Shime-waza (strangulation technique) the following protocol applies.

1. In the event of a player becoming unconscious as a result of a **Shime-waza (strangulation technique)** it is recommended that no further judo or judo related training that day.
2. It is recommended that the player attends the local Accident and Emergency (A&E) department on the day of the incident for medical assessment and follow up even if they appear alright post-incident.
3. An incident report form must be completed.

GRADUATED RETURN TO JUDO TRAINING

The return to training follows a recommended stepwise process as follows. This process should be conducted over a period of **4 weeks for players under 16 years of age** and **2 weeks for players over 16 years of age** with a minimum of 24 hours between each step.

With this stepwise progression, the player should continue to the next step only if they show no symptoms at the current level. If the symptoms/signs occur at the current step, the player drops back to the previous step and tries to progress again after 24hrs.

Step 1: No Activity

Complete physical and cognitive rest for 7-10 days or until the player shows no symptoms. Players under 16 years of age require clearance by a competent medical professional.

Step 2: Light Aerobic Exercise

This can be walking, swimming, stationary cycling at an intensity of less than 70% max heart rate.

Step 3: Sport Specific Drills

This can be running drills involving changes in direction, agility training, Tsugi-ashi, Tai-sabaki and Uchi-komi with 'therabands'.

Step 4: Contact Training Drills

This will include progressive Uchi-komi, Nage-komi and Kumi-kata drills, combinations and transitions.

Step 5: Full Training

Return to full training including randori and full strength and conditioning training.

Step 6: Full Return to Judo

Return to full competition training and competition.