SEPTEMBER 26, 2021

CONCUSSION MANAGEMENT & PREVENTION
• Webinar recorded *(available on Dailymotion)*
• All participants will be muted
• For questions please use the chat function
• Questions asked in the chat should be addressed to everyone
• Presentation will be available on the Judo Canada website
Outline

CONCUSSION INFORMATION
CONCUSSION RESPONSE PLAN
PREVENTION RESOURCES
CONCUSSION INFORMATION
A concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head, face, neck or body that causes the head and brain to move rapidly back and forth and can alter the way the brain normally functions.
CONCUSSION INFORMATION

Signs & Symptoms

- PHYSICAL
  - Headache, nausea/vomiting, dizziness, balance problems, sensitivity to light and/or sound, blurred or double vision, ringing in the ears, numbness or tingling

- THINKING & REMEMBERING
  - Confusion or disorientation, difficulty to concentrate, amnesia, feeling like in a fog, difficulty remembering

- MOOD
  - Irritability, sadness, nervousness/anxious, more emotional than usual

- SLEEP
  - Drowsiness, feeling slowed down, trouble falling asleep

Some athletes will develop symptoms immediately while others will develop delayed symptoms (beginning 24-48 hours after the injury)

For a complete list of signs and symptoms please refer to the reference documents
CONCUSSION RESPONSE PLAN

Overview
Impact
Suspected Concussion
Red Flags
Serious Injury
Medical Assessment
Concussion Report
Return to Learn & Return to Play
Persistent Post Concussion Symptoms
Medical Clearance
Return to Sport
**CONCUSSION RESPONSE PLAN**

1. **Red Flags:**
   - If there has been an impact to the head, face, neck or body.
   - Seek emergency medical assessment.
   - The athlete should see a doctor in the emergency room.

2. **Suspected Concussion Injury:**
   - If neck pain and red flags are present, seek emergency medical assessment.
   - The athlete should see a doctor in the emergency room.

3. **Concussion Assessment:**
   - Review the athlete's medical history.
   - Conduct a neurological assessment.
   - Refer the athlete to a medical professional.

4. **Concussion Management:**
   - Review the athlete's medical history.
   - Conduct a neurological assessment.
   - Refer the athlete to a medical professional.

5. **Return to Sport:**
   - Medical clearance for full return to sport.
   - Follow-up with a medical professional.
   - Monitor the athlete's progress.

6. **Concussion Report:**
   - Document the athlete's medical history.
   - Conduct a neurological assessment.
   - Refer the athlete to a medical professional.

7. **Post-Contusion:**
   - Review the athlete's medical history.
   - Conduct a neurological assessment.
   - Refer the athlete to a medical professional.

8. **Clearance:**
   - Medical clearance for full return to sport.
   - Follow-up with a medical professional.
   - Monitor the athlete's progress.

9. **Post-Contusion:**
   - Review the athlete's medical history.
   - Conduct a neurological assessment.
   - Refer the athlete to a medical professional.

10. **Concussion Management:**
    - Review the athlete's medical history.
    - Conduct a neurological assessment.
    - Refer the athlete to a medical professional.

11. **Return to Sport:**
    - Medical clearance for full return to sport.
    - Follow-up with a medical professional.
    - Monitor the athlete's progress.

12. **Concussion Report:**
    - Document the athlete's medical history.
    - Conduct a neurological assessment.
    - Refer the athlete to a medical professional.

13. **Post-Contusion:**
    - Review the athlete's medical history.
    - Conduct a neurological assessment.
    - Refer the athlete to a medical professional.
CONCUSSION RESPONSE PLAN

Impact
CONCUSSION RESPONSE PLAN

Suspected Concussion
Concussion Recognition Tool (CRT)

CONCUSSION RESPONSE PLAN

Suspected Concussion

CONCUSSION RECOGNITION TOOL 5

To help identify concussion in children, adolescents and adults

RECOGNISE & REMOVE

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

EXAMPLE USES

- Field hockey
- Football
- Ice hockey
- Soccer

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are present, a concussion has occurred. Do not play, practice or immediately remove from participation. If a licensed healthcare professional is available, call or arrange for prompt medical assessment.

- Neck pain or tenderness
- Dizziness
- Vertigo
- Consciousness changes
- Loss of consciousness
- Severe or increasing headache
- Balance problems
- Nausea or vomiting
- Light or sound sensitivity
- Fatigue or low energy
- Disorientation or confusion
- “Don’t feel right”
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”

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 emergency support) unless trained to do so.
- Do not remove a helmet or any other protective equipment unless trained to do so safely.

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
- Blurry or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blurry or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- “Pressure in head”
- Balance problems
- Fatigue or low energy
- Dizziness
- Sensitivity to light
- Sensitivity to noise
- Nausea or vomiting
- “Don’t feel right”
- More emotional
- More irritable
- More emotional
- More irritable
- Neck Pain

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 were you at today?”
- “What team did you play last week (game)’’?
- “What team did you play the last game?”
- “Which team’s colors were you wearing?”
- “Who scored last in this 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 or 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 CRT 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, reworded 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.
Concussion Recognition Tool - Red Flags

- Neck pain or tenderness
- Double vision
- Weakness of tingling/burning in the arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasing restlessness

IF RED FLAGS ARE PRESENT, TRANSPORT THE INJURED ATHLETE TO THE HOSPITAL BY AMBULANCE
Ambulance Transport to hospital ASAP
Medical Assessment
CONCUSSION RESPONSE PLAN

Concussion Report

New Online Form
Concussion Report

Concussion Reporting Form
CONCUSSION RESPONSE PLAN

Return to Learn & Return to Play

Return to Learn Protocol
Return to Play Protocol (Elite & Club/Community)
## CONCUSSION RESPONSE PLAN

### Return to Learn & Return to Play

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<th>Return-to-learn</th>
<th>Return-to-Play</th>
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<tr>
<td><strong>Initial Rest Period</strong></td>
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| **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/perform 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 |
CONCUSSION RESPONSE PLAN

Return to Learn & Return to Play

**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/perform cognitive tasks for 120 min a day for 1-2 days without symptoms, he/she can move on to step 3B

**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/perform cognitive tasks for 4-5 hrs a day for 2-4 days without symptoms, he/she can move on to step 4

**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 CHOKE AS UKE

*No new techniques should be taught at this stage
CONCUSSION RESPONSE PLAN

Return to Learn & Return to Play

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 MANOEUVER OR BE IN A POSITION WHERE THE ATHLETE’S HEAD IS BELOW HIS/HER WAIST
# CONCUSSION RESPONSE PLAN

## Return to Learn & Return to Play

### 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 (i.e., 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
Persistent Post Concussion Symptoms

Concussion Symptoms lasting longer than normal recovery
• > 10-14 days for adults
• > 1 month for children

Management
• Relative Rest
• Reassurance
• Interdisciplinary assessment and treatment approach (different healthcare professionals)
• More extensive assessment of potential causes of symptoms
CONCUSSION RESPONSE PLAN

Medical Clearance
CONCUSSION RESPONSE PLAN

Return to Sport
Questions?
CONCUSSION PREVENTION

Education

Hiding Symptoms & Returning to Sport too quickly after Concussion
Risks - Training
Risks - Competition
Education

Educating coaches, athletes and their parents, as well as, officials about concussions is the first step to prevention.

The more people who are aware of what a concussion is, how to recognize a situation where a potential concussion may have occurred, and making sure the athlete is assessed correctly is the basis for proper management.
A common occurrence is that athletes have a tendency to hide or downplay their symptoms in order to continue or return to their sport.

An athlete can be asymptomatic but not yet fully recovered.

- Recovery from a concussion is similar to any injury, there is a spectrum. A progressive return will allow the brain time to heal and manage the increased demands.
# CONCUSSION PREVENTION

## Risks - Training

- **Fatigue / Deconditioned**
- **Inequal skill level**
- **Significant difference in weight category**
- **Significant difference in physical capacity (Development)**
- **Not wanting to be removed from training & fear of missing upcoming event**
CONCUSSION PREVENTION

Risks - Competition

- Fatigue / Deconditioned
- Inequal skill level
- Significant difference in physical capacity (Development)
- Not wanting to be removed from competition
**PROTOCOLS & POLICY:**

Concussion policy  
Concussion remove from play protocol  
Elite return to play protocol  
Club and community return to play protocol  
Judo canada concussion protocol

**CONCUSSION RESOURCES:**

Pre-Season Education  
Medical Assessment letter  
Medical Clearance letter

**LINKS & OTHER RESOURCES:**

Sport Information Resource Center- Concussion  
Canadian Guideline on Concussion in Sport (Parachute Canada)  
Dr Mike Evans – Concussion Information  
Concussion Awareness Training Tool  
Find a Sport Medicine Doctor  
Online Courses

Source: [https://judocanada.org/concussion-information/](https://judocanada.org/concussion-information/)

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Questions?
WEBINARS

Soon

TBD

LTD Model
Thank You