

JFA Concussion management policy

JFA adheres to concussion management as recommended by Sports Medicine Australia.
<http://sma.org.au/resources-advice/concussion>

Any athlete who has been determined to have concussion should be immediately removed from play and referred for medical assessment as soon as possible.

Below are guidelines for the management of concussion under the following headings:

1. Concussion general information
2. Concussion management procedure
3. Judo specific concussion stepwise return to play recommendations

Concussion General Information

Loss of consciousness is not a universal feature of concussion. A blow to the jaw can cause a head injury.

Mild concussion is where consciousness is preserved. There is a transient confusion and disorientation unaccompanied by any amnesia or headache, dizziness or lack of coordination.

Moderate concussion has associated loss of consciousness and reverses completely within several seconds. There may be transient neurological signs. There may be temporary confusion after recovery with some degree of pre and post amnesia. Post-traumatic amnesia level is a guide to the severity of the concussion. There may be personality changes. Persistence of symptoms past 30 minutes is a recommendation of formal assessment in a hospital environment.

Severe concussion is associated with longer periods of loss of consciousness (more than 1 minute), with more headache, dizziness, and amnesia. Persistence of symptoms past 24 hours is significant and will require further investigation.

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present:

- Visible clues of suspected concussion
- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

Signs and symptoms of suspected concussion include:

• Loss of consciousness	Irritability	• Balance problems
• Dizziness	• Amnesia	• Feeling slowed down
• Nausea or vomiting	• Nervous or anxious	• More emotional
• “Pressure in head”	• Sensitivity to noise	• Sensitivity to light
• Difficulty concentrating	Headache	• “Don’t feel right”
• Feeling like “in a fog”	Sadness	Blurred vision
• Drowsiness	• Confusion	• Seizure or convulsion
• Fatigue or low energy	• Neck Pain	• Difficulty remembering

Failure to answer any of these questions of memory function correctly may suggest a concussion:

• “What venue are we at today?”	• “Who did you compete against last ?”
• “What day is it today?”	• “Who is your coach?”
• “What weight division are you competing in?”	

Concussion management procedure

IMMEDIATELY REMOVE FROM PLAY, and not allow a return to activity until they are assessed medically.

Inform the referees' commission regarding the above.

Perform a SCAT3 evaluation

Use a modified 'Maddocks' score as noted:

- “What venue are we at today?”
- “What day is it today?”
- “What weight division are you competing in?”
- “Who did you compete against last ?”
- “Who is your coach?”

Engage the assistance of a responsible adult for constant supervision.

Refer to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

Refer to the nearest hospital for persistent symptoms - Generally advised after 30 minutes.

If symptoms resolve, provide concussion advice form to responsible adult.

Judo specific concussion stepwise return to play recommendations

The following recommendations for the management of concussion is a minimum standard and should not preclude specialist recommendations.

First concussive episode:

- Rest from exercise/ exertion until symptoms have completely resolved for 1 week
- Aerobic exercise 1 weeks (no randori, no strength training, avoid being thrown)
- Light randori 1 week
- Club based shiai 1 week
- Competition after medical clearance
- If at any stage there is a return of symptoms then return to previous rehab stage
- If unable to progress past first stage then seek medical advice
- If persisting medical symptoms despite rest them seek medical advice

Second episode of concussion within 12 months:

- Obtain medical review prior to commencement of the graduated exercise program
- Progress rehab as above but with 4 week interval of progression

Third and subsequent episode of concussion within 12 months:

- Seek specialist advice
- Not for competition for 12 months
- Return to play only after medical clearance
- If symptoms recur then seek medical advice and ensure follow up is arranged

Further reading:

<http://www.mayoclinic.org/diseases-conditions/concussion/basics/prevention/con-20019272?p=1>

http://www.concussioninsportproject.com.au/concussioninsportproject.com.au/The_Project.html