

CONCUSSION POLICY

Concussions can occur while participating in any sport or recreational activity. Since the circumstances under which a concussion can be sustained are so varied, it's important for all coaches, parents, and athletes to be aware of the signs, symptoms, and what to do if a concussion occurs. Our organization is committed to increased education, awareness, and established protocols that will assist you in gaining the knowledge and skills required ensuring the safety of your athletes. We can all work together to ensure a safe sport environment.

PURPOSE:

This policy is meant to provide an educational, preventative and guidelines to concussions in the sport of Karate.

SCOPE:

As the Provincial Sports Organization responsible for the sport of Karate, it is the responsibility of Karate Manitoba for the sanctioning for all Karate competitions in the province. These tournaments carry a risk of concussion and Karate Manitoba has adopted a concussion management protocol based on current best practice, tailored to the sport of karate. Best practices include (but are not limited to) planning for education, knowing the steps to take should a concussion occur, and ensuring that all resources are current and accessible to all stakeholders.

DEFINITIONS

A **concussion** is defined as a mild traumatic brain injury caused by either a direct or indirect blow to the head. If undetected, a concussion can lead to more serious health issues and possible brain injuries. It is imperative for all those involved throughout all levels of sport, are educated in recognizing and knowing how to react when signs of a concussion present.

Return to Play (RTP) is a generic reference applicable to all sports. This refers to the process of making a plan to get an athlete that has suffered a concussion back to active status and eventual participation in competition.



SIGNS AND SYMPTOMS

Symptoms include but are not limited to:

- Confusion
- Headache
- Sore neck
- Head pressure
- Dizziness
- Blurred vision
- Feel in a 'fog'
- Trouble sleeping
- Nervousness or anxiousness
- Inability to wake up/loss of consciousness
- Paralysis
- Seizures
- Feeling unbalanced

Emotional symptoms:

- Mood swing
- Irritability
- Depression

COMPETITION

Karate Manitoba utilizes World Karate Federation (WKF) rules of competition. Karate is a combat-based discipline which inherently carries some risk. In efforts to reduce the incidence of concussion, the rules forbid contact or touch to the head area for all athletes age 17 and under, and light touch to Senior (18 +) athletes, provided there is no occurrence of injury.

As sport Karate has offensive and defensive elements, the athletes have a responsibility to be aware of offensive techniques and be prepared to block or avoid incoming strikes or kicks. If an athlete fails to protect him or herself, they shall be warned or penalized for their action.

REFEREES AND COACHES IN COMPETITION

WKF rules as modified by Karate Manitoba provide clear directives on how to deal with injuries in competition. The match referee has the immediate authority to suspend a match and stop an athlete from continuing to compete if the referee determines that the athlete is injured or incapable of competing without presenting risk to their health. All officials have a responsibility to make decisions prioritizing the safety of an athlete's long-term health.



Referees are responsible to call for a doctor to triage/diagnose the nature of the injury. The referee will then make a decision based on the medical information and has the authority to stop the match. If an athlete is down and cannot stand up within 10 seconds, the athlete will be withdrawn from the remainder of the competition for said event.

Coaches are encouraged to communicate with the referee's should they acquire information that their athlete is not able to continue, or if the coach deems withdrawal as a preventative measure.

WHEN A CONCUSSION IS SUSPECTED

- i. The athlete is not allowed to return after the incident. It is recommended to have the athlete require medical clearance before 'RTP'.
- ii. The Sport Concussion Assessment Tool 2 (the SCAT 2), can be used to assess an athlete's state should a concussion be suspected. This tool involves asking questions, and having the athlete perform simple tasks. Link found in Additional Resources below.
- iii. Although the SCAT 2 is a good option for on-field assessment, it is still recommended that the athlete seek a medical professional's opinion to avoid any further brain damage, as already mentioned.
- iv. In situations where timely and sufficient availability of medical resources and/or trained and licenced health professionals qualified for concussion management are not available, health professionals from various disciplines should work together to improve concussion management outcomes by facilitating access to medical resources and relevant expertise where appropriate.

RECOGNIZING A CONCUSSION

A concussion is important to recognize in order to allow the brain adequate time to rest and heal.

If an athlete returns to training or competition too early, symptoms may drag on, and put the athlete at risk for a second concussion or other significant injury. Symptoms are often vague and can be complex, that make it difficult for initial diagnosis. We tend to rely on the athlete to report the injury; thus, it is a difficult task if that same athlete is actually concussed and not processing information properly. The task then falls directly in the hand of the coach, therapists, and medical staff to identify the symptoms and treat the athlete properly.

PRESEASON TESTING

All athletes, 15 and over, should complete a pre-season baseline assessment, such as the SCAT2 test prior to the start of training each season. This provides a valuable baseline for the ongoing evaluation of some concussions that are slow to resolve.



Follow-up testing is only done once the athlete is symptom free and return to training is being considered.

INITIAL ASSESSMENT & DIAGNOSIS

Athletes with any concussion symptoms, following a fall or injury, must be identified by their coach, therapist or doctor on site. The athlete must then be evaluated by the therapist, and medical personnel or doctor, if present. The presence of any symptoms mandates the athlete's immediate removal from activity and requires a medical evaluation by a physician who has experience with traumatic brain injuries. An athlete who has sustained a suspected concussion is not to return to any aerobic or sport activity without the written consent of a physician.

INITIAL MANAGEMENT OF THE CONCUSSION

The athlete should not be left alone within the first few hours. The initial treatment is rest until the complete resolution of symptoms. This includes both physical and cognitive rest. Athletes should therefore have a quiet environment and avoid excessive exposure to stimulation such as, school, work, television, computer, video games, text messaging and possibly, certain lighting. Athletes should avoid alcohol and medication after a concussion. Some painkillers including Acetaminophen (Tylenol), Ibuprofen (Advil) or Naproxen (Aleve), may be taken under medical advice. It should be recognized that these medications might mask some of the signs and symptoms of a concussion. The medical evaluation will decide whether any other acute investigations such as CT or MRI are warranted.

The Return to Play (RTP) Progression can begin once the athlete has been off all medications and presents completely symptom free for a minimum of 24 hours. In cases where symptoms have persisted for many weeks or more, it may be necessary to be symptom free for a longer period of time before beginning the Return to Play process, as consulted with the monitoring physician, with experience in traumatic brain injuries.

LENGTH OF PROCESS

With this protocol, it takes a minimum of one week following complete resolution of symptoms before an individual or athlete can return to his or her appropriate level of activity. These steps do not correspond to days, although most athletes with a concussion will typically progress through these steps over 7 to 10 days. If the concussion is severe, or if the athlete has had multiple concussions, it may take many days to progress through one step. As soon as symptoms appear, the player should return to rest until symptoms have resolved and wait at least one more day before attempting any activity. The only way to heal a brain is to rest it.

COACHES AND TRAINERS:

Coaches should look for educational opportunities to develop concussion related skills as they can play a central role in the early detection and safe management of concussions. Trainers should understand their role as part of the concussion management protocol and be educated in Graduated Return to Play protocol for athletes coming back from a concussion.

Returning Athlete's Rehabilitation stage

Each stage will have functional exercise with symptom limited physical and cognitive rest until all symptoms are gone

- Stage 1: No activity *
- Stage 2: Light aerobic exercise
- Stage 3: Sport-specific exercise
- Stage 4: Non-contact training drills

***Light activities and exercise include:**

Walking, swimming or stationary cycling. *No resistance weight training & drills*

****Karate specific drills:**

Kumite drills, running drills. *Zero impact activities*

Progression to more complex training drills (eg, passing drills in football and ice hockey) may start progressive resistance training

Objective of each stage

- Recovery
- Increase heart rate
- Add movement
- Exercise, coordination and cognitive load

Stage 5: Full-contact practice

Stage 6: Return to play

Following medical clearance, athlete may participate in Restore confidence and assess normal training activities and functional skills by coaching staff.



Normal game play

*Children and adolescents should remain at this step until symptom-free for several days (optimally seven to 10 days).

FINDING THE RIGHT DOCTOR

When dealing with concussions, it is important to see a doctor who is knowledgeable and experienced in concussion management. This might include your physician or someone such as a sports medicine specialist. Your family doctor may be required to submit a referral to see a specialist. The Canadian Academy of Sport and Exercise Medicine (CASEM) may be able to find help a sports medical physician.

SCOPE OF GUIDELINES

These guidelines were developed for children over the age of 10; those younger may require special guidelines, and more conservative and specialized treatment and care. Return to Play Guidelines should be at the discretion of the physician.

WHAT IF SYMPTOMS RETURN DURING THE PROCESS?

Sometimes these steps can cause symptoms of a concussion to return. This means that the brain has not yet healed and needs more rest. If any signs or symptoms return during the Return to Play process, they should stop the activity and rest until symptoms have resolved. The athlete must be re-evaluated by a physician before trying any activity again. Remember, symptoms may return later that day or the next, not necessarily during the activity!

ADDITIONAL RESOURCES

Concussion 101 Video - A Primer for Kids and Parents <https://youtu.be/zCCD52Pty4A>

What's your Concussion IQ? Take a quiz to test your concussion knowledge
<https://www.coach.ca/what-s-your-concussion-iq--p153386>

<https://cces.ca/sites/default/files/content/docs/pdf/scat21.pdf>

<https://bjsm.bmj.com/content/bjsports/51/11/872.full.pdf> **Great Resource for Coaches and Trainers**