



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

**Lookout for HEADCASE**

(Headache, Emotional, Appearance, Confusion, Agitated, Seizure, Ears and Eyes)

The Jiu Jitsu Foundation takes the health and safety of its members seriously, especially in the case of head injury or in the event of a jitsuka becoming unconscious during a training session in the jiu jitsu club or other jiu jitsu 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 jitsuka 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 jitsuka being concussed (see information on concussion on page 2).
3. Concussion can occur without the jitsuka being knocked out and losing consciousness – it should always be considered a possibility and be taken seriously.

The Jiu Jitsu Foundation 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 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!

## Lookout for HEADCASE

### Headache

**Emotional** - Displaying inappropriate emotions (e.g. laughing, crying), Personality changes,

**Appearance** - Loss of consciousness or impaired consciousness, Poor coordination/balance

**Confusion** – Confusion, Slurred speech, Slow to answer questions or follow instructions

**Agitated** - Feeling stunned/dazed, Easily distracted/inability to concentrate on tasks, Nausea/vomiting, Dizziness

**Seizure** - Fits/seizures

**Ears and Eyes** - Seeing stars or flashing lights ringing in the ears, double vision

For detailed assessment tool download link below and put it in your first aid box:

<http://www.sportphysio.ca/wp-content/uploads/SCAT-5.pdf>

Online version:

<http://physicians.cattonline.com/scat/>

If a jitsuka displays any of the above symptoms and signs – concussion should be considered and the jitsuka withdrawn from the competition or training and assessed further. This point is paramount – any jitsuka suspected of having concussion must initially be treated as though they are concussed, withdrawn from a competition or training immediately and assessed by a doctor or physiotherapist.

The Jiu Jitsu Foundation recommends that the following protocols be implemented by the club instructor and/or club officials.

## JITSUKAS UNDER 18 YEARS OF AGE

### BLOW TO HEAD

In the event of a jitsuka under the age of 18 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 jitsuka 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 14 days is mandatory following the incident (no matter the outcome at the A&E department) and the jitsuka will require re-assessment by a competent medical professional before restarting training.

4. Following clearance by a competent medical professional and the mandatory 14 day rest period, the jitsuka should follow a graduated return to jiu jitsu 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 jitsuka under the age of 18 years becoming unconscious as a result of a Shimewaza (strangulation technique the following protocol applies).

1. The jitsuka must be immediately withdrawn from training and no further jiu jitsu or jiu jitsu related training that day.
2. The jitsuka 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 postincident.
3. If checked and cleared by the A&E department the jitsuka 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.

#### **JITSUKAS 18 YEARS OF AGE AND OVER**

##### **BLOW TO HEAD**

In the event of a jitsuka over the age of 18 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 jitsuka must be immediately withdrawn from training.
2. It is recommended that the jitsuka 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 14 days is mandatory following the incident (no matter the outcome at the A&E department).
4. Complete physical and mental rest for 14 days following the incident is mandatory (no matter the outcome at the A&E department). This should be followed by a graduated return to jiu jitsu over the period of the following fourteen (14) days (see page 3).
5. It is highly recommended that the jitsuka 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 jitsuka over the age of 18 years becoming unconscious as a result of a Shime-waza (strangulation technique the following protocol applies).

1. In the event of a jitsuka becoming unconscious as a result of a Shime-waza (strangulation technique) it is recommended that no further jiu jitsu or jiu jitsu related training that day.
2. It is recommended that the jitsuka be attend 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 JIU JITSU (GRTJJ)

The return to training follows a stepwise process which must be followed. This process should be conducted over a period of 4 weeks for jitsukas under 18 years of age and 2 weeks for jitsukas over 18 years of age with a minimum of 48 hours between each step.

With this step-wise progression, the jitsuka should continue to the next step only if he/she shows no symptoms at the current level. If any HEADCASE symptoms/signs occur at the current step, the jitsuka must consult with their medical practitioner before dropping back to the previous step and try to progress again after 24hrs at stage 1, without the presence of symptoms.

### Step 1: No Activity

Complete physical and cognitive rest for a minimum of 14 days or until the jitsuka shows no symptoms, whichever is longer.

- Jitsuka should avoid the following initially and then gradually re-introduce them:
  - Reading
  - TV
  - Computer games
  - Driving
- It is reasonable for a student to miss a day or two of academic studies but extended absence is uncommon.
- Start GRTJJ once all symptoms have resolved and cleared to do so by a healthcare professional (HCP) or doctor (for children).
- In the case of a young person, As part of the process it is prudent to consult with their academic teacher(s) or tutor to ensure that their academic performance has returned to normal prior to commencing their GRTJJ. The school environment obviously helps with this liaison with educational experts.

### 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, no contact movement drills, Tai-sabaki and Uchikomi with 'therabands'.

### Step 4: No Impact Training Drills

This will include progressive Uchi komi, Gatame Waza, Kansetsu Waza not involving being thrown or practising breakfalling.

### Step 5: Contact Training

Return to training including throwing and full strength and conditioning training. Excluding boxer defence, other situations where there is a high risk of head impact.

### Step 6: Full Return to Jiu Jitsu

Return to full training, competition and grading