

2017 Gold Coast Judo Nationals

Medical Report

Thanks to Luis Val and his team for their tireless efforts in making this competition very successful.

I wish to personally thank all of the medical staff (Yaheli, James, Bruno, Jonathon, Simon, Paul, and Russell) for their team ethic, professionalism and punctuality.

Special thanks to Yaheli Bet'Or for arranging a pre-competition venue assessment, supplying most of the gear as well as the local physiotherapy support (James and Bruno).

Special mention to Simon Whitehead who also brought up some extra gear including emergency equipment by private car from Canberra.

Venue and Resources

Managerial staff were present on site, easily contactable and very supportive being invaluable in liaising with the ambulance.

It was a spacious competition hall.

There were two medical examination rooms which were clean, having a sink, tables and an icebox as well as a defibrillator in one of the rooms.

The venue had no wheelchairs or spine-boards being wholly dependent on our volunteers for equipment.

Recommendations Venue:

- *Garbage bins for each of the examination rooms*
- *More prominent signage for the medical areas*
- *Venue wheelchair and spine boards*

Venue Workflow

Venue layout specifically catered to two examination tables (one for each pair of mats) and three chairs per table.

These tables and chairs were not clearly identified as being for medical only.

The venue being large meant that there were significant distances to transport injured to the medical areas at the back of house.

The TV monitoring had privacy issues (medical staff discussion was televised) and the data and electrical wires were a trip hazard.

Drug testing staff wished to commandeer one of the medical rooms as a waiting area for athletes.

The weigh-in room being opposite the medical rooms caused significant congestion hampering access.

Recommendation:

- *Clear labelling for the medical table and chairs be arranged*
- *Venue wheelchair and spine boards to be made available*
- *The TV monitoring should have a clearly defined 'quiet' zone.*

- *Data and power cords should be covered.*
- *A medical triage area should be set up in the venue back of house with privacy screens in closer proximity to the competition area.*
- *Chairs should be made available in the corridor for the drug testing group.*
- *The weigh-in room should be preferably away from the medical treatment rooms*

Competition medical staffing

Due to the large number of entrants and the long day on first day we lost 2 medics after 7 pm on day 1.

Overall, the injuries were manageable however we became stretched when staff numbers dropped to 6.

Day 3 required less medical staff due the kata competition being run concurrently

Recommendation:

- *3 staff per pair of mats*
- *2 staff for back of house*
- *1 staff to provide relief*
- *Firm up rostering for each day of the competition consistent with expected number of athletes*

Medical work specifics

The medical care provided was of a high standard and benefited from the multidisciplinary aspect of the team.

Issues noted included different 'forms' being used, illegibility, incomplete demographic data and lack of follow up contact details.

We trialled an alternative to the Scat for concussion documentation.

Documentation recommendation

- *On mat – use single multi-entry form*
 - *To be redesigned*
- *Off mat injury – use individual form per athlete*
 - *To be redesigned*
 - *Add a section for observations*
 - *Always keep a photocopy of each form used*
- *Use latest edition SCAT in all cases of concussion*

Injury discussion

There were the usual number of injuries.

The more serious was the child with the displaced supracondylar fracture. He required urgent surgery that evening.

The athlete with the dislocated shoulder was relocated mat side successfully.
The athlete with the painful neck was cleared and discharged from hospital on the same day.

There was a case of a child allowed to return to the mat despite clear medical advice to the contrary. Investigation of this has mostly concluded and it will be discussed at the next club/coach seminar.

Concussion is everyone's responsibility.

Diagnosed concussion means disqualification from the whole of the competition.

It is clearly defined in the sporting code.

It is not negotiable.

Stats

Athletes total: 793

Fights total: 1120

Blood contact: 27

On-Mat injury contact other: 27

Off-Mat injury contact: 69

Injury category specifics:

Gender Males 60%, Females 40%

States decreasing order NSW, QLD/ACT, WA, Vic, SA, NT/Tas.

Weight category U57 (6), U81 (4), others

Injury type:

Old injury 14%

Special groups

Fracture 1 (upper arm)

Dislocation 1 (shoulder)

Concussion 5

Strangulation 3

Ambulance transport 2

Specifics

Knee 13

Elbow 12

Neck 8

Shoulder 8

Concussion 5

Strangulation 3

Hip/adductor 3

Fingers 3