



JUDO AUSTRALIA

CONCUSSION MANAGEMENT POLICY

UPDATED JULY 2021

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 management procedure
2. Judo specific concussion stepwise return to play recommendations

1. Concussion management procedure

- Protect the cervical spine if athlete is unconscious or if you are concerned
- IMMEDIATELY REMOVE FROM PLAY
- Inform the referees' commission regarding the above.
- Refer to the nearest hospital if persistent symptoms - generally advised after 30 minutes.
- Engage the assistance of a responsible adult for constant supervision for a minimum of 24 hours.
- Advise a review by a medical professional prior to return to play.
- Provide a copy/or electronic link advice to the SCAT evaluation form to a responsible adult for completion at the next medical assessment and explain the "Athlete information", "Concussion injury advice" and "Return to play" (referenced in the 'JA Medical Manual')

Urgent referral to hospital will be required at any stage in the following: A GCS less than 15, deteriorating mental state, potential spinal injury, progressive mental state deterioration or new neurological symptoms or signs.

Referral to hospital is required if there is ongoing concern at any stage.

Medical referral will be required if there is no resolution of symptoms within 10 days.

2. 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

1. Advise a graduated return to play.
2. Rest from exercise/ exertion until symptoms have completely resolved for 1 week
3. Perform a symptom review (SCAT 5 page 3) on return to play
4. Aerobic exercise 1 week (no randori, no strength training, avoid being thrown)
5. Perform a 'symptom evaluation' (SCAT 5 page 3) - if 0, progress
6. Light randori 1 week
7. Perform a 'symptom evaluation' (SCAT 5 page 3) - if 0, progress
8. Club based shiai 1 week
9. Perform a 'symptom evaluation' (SCAT 5 page 3) - if 0, progress
10. Competition after medical clearance - recommend that a full SCAT 5 assessment be completed.

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 symptoms despite rest then seek medical advice.

Second episode of concussion within 12 months

Obtain medical review prior to commencement of the graduated exercise program

Recommend that a full SCAT 5 assessment be completed. Do not progress if score is not close to baseline.

Progress rehab as above if comparison score on full SCAT 5 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 by a specialist.