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[www.ldkfoundation.com](http://www.ldkfoundation.com)

# Leadership Development through Kohai Foundation

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## Concussion Policy

# CONCUSSION POLICY

## PLAYERS' HEALTH AND SAFETY FIRST

### NOTE TO PARENTS AND ATHLETES

As part of a pre-season concussion education strategy, we recommend:

1. Our students and parents/guardians review as a minimum, the Summary section of this document, OR both the Respond and Recognize sections of this document (recommended) as part of their Karate registration process.
2. All participants are encouraged to familiarize themselves with the entirety of our Concussion Guidelines.

Baseline (pre-season) testing of youth (<18 years) and adult recreational athletes using any tool or combination of tools is *not required* for post-injury care of those who sustain a suspected or diagnosed concussion and is not recommended.

Generic concussion reporting letters created by Parachute Canada are available for download on this website ([www.ldkfoundation.com](http://www.ldkfoundation.com))

### SUMMARY

A concussion is a brain injury.

All concussions should be regarded as potentially serious.

Most concussions recover completely with correct management.

Incorrect management of a concussion can lead to further injury.

Concussions should be managed according to current guidelines.

Anyone with suspected concussion following an injury will be immediately removed from training and should receive a prompt assessment by a medical doctor or nurse practitioner.

Concussions should be managed by licensed health care professionals working within their scope of practice and expertise.

Concussions are managed by a limited period of rest followed by avoiding physical and brain activities that make concussive symptoms worse, and once concussion related symptoms have resolved, a stepwise return to school, work and sports-related activities.

Return to education or work will take priority over return to participating in Karate.

Concussion symptoms must have completely resolved and documented medical clearance completed by a medical doctor or nurse practitioner must be provided before the student can resume full contact practice or game play.

The recurrence of concussion symptoms after the return to full contact practice or training requires us to remove the Karateka from training, or training & reassessment.

## **LDK FOUNDATION CONCUSSION POLICY**

This Policy is based on current evidence and examples of best practice taken from sports organizations around the world including the Canadian Soccer Association, the Football Association, the Scottish FA, World Rugby, and the Canadian Concussion Collaborative. They are consistent with The Canadian Guideline on Concussion in Sport, (Toronto: Parachute, 2017) and the current Consensus Statement on Concussion in Sport issued by the Fifth International Conference on Concussion in Sport, Berlin 2017.

While this policy aims to reflect 'best practice', it must be recognized that there is a current lack of evidence with respect to their effectiveness in preventing long-term harm. The LDK Foundation will continue to monitor research and consensus in concussion and update its policies accordingly.

This version was adopted by the LDK Foundation in 2020.

## **ADDITIONAL RESOURCES**

### **WEBSITES**

- Sport Information Resource Centre (SIRC): <http://sirc.ca/resources/concussion>
- Coaching Association of Canada: Making Head Way Concussion eLearning Series: <https://www.coach.ca/concussion-awareness-s16361>
- Parachute: [www.parachutecanada.org/concussion](http://www.parachutecanada.org/concussion)
- Concussion Awareness Training Tool: [www.cattonline.com](http://www.cattonline.com)
- MyHealth.Alberta.ca Network: <https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=tp23364spec>

## **RESPOND - WE ALL NEED TO PLAY A PART IN THE RECOGNITION AND MANAGEMENT OF CONCUSSION**

As Canadians, we have a heightened awareness of concussions, related to increased media coverage of this brain injury with its range of outcomes, incidents involving high profile athletes with concussions, and increasing understanding of the consequences of repetitive brain trauma, primarily within professional sports.

### **WHAT IS A "CONCUSSION"?**

Concussion is an injury to the brain resulting in a disturbance of brain function involving thinking and behavior.

### **WHAT CAUSES CONCUSSION?**

Concussion can be caused by a direct blow to the head or an impact to the body causing rapid movement of the head.

### **ONSET OF SYMPTOMS**

Symptoms of concussion typically appear immediately but may evolve within the first 24-48 hours.

### **WHO IS AT RISK?**

All our sport's participants are at risk. Also, some Karate participants are at increased risk of concussion:

- Children and adolescents (18 years and under) are more susceptible to brain injury, take longer to recover, and are susceptible to rare dangerous brain complications, which may include death.
- Female Karatekas have higher rates of concussion.
- Participants with previous concussion are at increased risk of further concussions - which may take longer to recover.

### **WHAT ARE THE DANGERS OF BRAIN INJURY?**

Failure to recognize and report concussive symptoms or returning to activity with ongoing concussion symptoms set the stage for:

1. Cumulative concussive injury
2. Second Impact Syndrome (SIS)

Second impact syndrome is a rare occurrence. If an athlete sustains a second brain injury while still experiencing symptoms (not fully recovered) from a previous injury, the athlete may experience second impact syndrome which is associated with brain swelling and permanent brain injury or death. Brain swelling may also occur without previous trauma.

Recurrent brain injury is currently implicated in the development of Chronic Traumatic Encephalopathy (CTE). CTE is a progressive degenerative brain disease seen in people with a history of brain trauma. For athletes, the brain trauma has been repetitive. Originally described in deceased boxers, it now has been recognized in many sports. Symptoms include difficulty thinking, explosive and aggressive behavior, mood disorder (depression), and movement disorder (parkinsonism).

### **RECOGNIZE**

LEARN THE SIGNS AND SYMPTOMS OF A CONCUSSION SO YOU UNDERSTAND WHEN A KARATEKA MIGHT HAVE A SUSPECTED CONCUSSION.

Everyone involved in Karate (including side-line staff, coaches, officials, players, parents and guardians of children and adolescents) should be aware of the signs, symptoms, and dangers of concussion. If any of the following signs or symptoms are present following an injury, the player should be suspected of having concussion and will be immediately removed from play or training.

- *"If in doubt, sit them out."*
- *"It is better to miss one training session or tournament than the whole season."*

### **VISIBLE CLUES OF CONCUSSION – WHAT YOU MAY SEE:**

Any one or more of the following visual clues can indicate a concussion:

- Dazed, blank or vacant look
- Lying motionless on ground / slow to get up
- Unsteady on feet / balance problems / falling over / poor coordination
- Loss of consciousness or responsiveness
- Confused or not aware of play or events
- Grabbing, clutching, or shaking of the head
- Seizure

- More emotional or irritable than normal for that person
- Injury event that could have caused a concussion

### **SYMPTOMS OF CONCUSSION - WHAT YOU MAY BE TOLD BY AN INJURED PLAYER:**

The presence of any one or more of the following symptoms may suggest a concussion:

- Headache or “Pressure in head”
- Dizziness or balance problems
- Mental clouding, confusion, or feeling slowed down
- Trouble seeing
- Nausea or vomiting
- Fatigue
- Drowsiness or feeling like “in a fog” or difficulty concentrating
- Sensitivity to light or noise
- Difficulty with reading, learning or work
- Sleep problems such as falling asleep, too much sleep, or too little sleep
- Emotional / anger / sad / anxious

### **REMOVE**

IF A KARATEKA HAS A SUSPECTED CONCUSSION, HE OR SHE WILL BE REMOVED FROM ACTIVITY IMMEDIATELY.

Fellow students, staff, coaches, players or parents and guardians who suspect that a Karateka may have concussion MUST work together to ensure that the player is removed from training in a safe manner.

If a neck injury is suspected the Karateka will not be moved and should only be removed from the training area by emergency healthcare professionals with appropriate spinal care training.

### **Call 911. Activate the emergency action plan.**

More severe forms of brain injury may be mistaken for concussion. If **ANY** of the following are observed or reported within 48 hours of an injury, then the Karateka should be transported for urgent medical assessment at the nearest hospital (symptoms below). **Call 911.** Activate the emergency action plan.

- Neck pain or tenderness
- Deteriorating consciousness (increased drowsiness)
- Increasing confusion or irritability
- Severe or increasing headache
- Repeated vomiting
- Unusual behavior change
- Seizure
- Double vision
- Weakness or tingling / burning in arms or legs

### **ANYONE WITH A SUSPECTED CONCUSSION WILL NOT:**

- Be left alone until they have been assessed medically

- Consume alcohol or recreational drugs in the first 24 hours, and thereafter will avoid alcohol or recreational drugs until free of all concussion symptoms
- Drive a motor vehicle until cleared to do so by a medical doctor or nurse practitioner

## **RE-ENTRY**

A Karateka who has been removed from training who reports NO concussion symptoms and NO visual clues of a concussion can return to training. Any such Karateka will be monitored for delayed symptoms, which may appear over the next 24-48 hours. If there is reason to believe a Karateka has sustained a concussion, they will be removed from training and undergo medical assessment by a medical doctor or nurse practitioner.

## **REFER**

ONCE REMOVED FROM TRAINING, THE KARATEKA WITH SUSPECTED CONCUSSION SHOULD VISIT A MEDICAL DOCTOR OR NURSE PRACTITIONER WITH TRAINING IN THE EVALUATION AND MANAGEMENT OF HEAD INJURY AND CONCUSSIONS.

All cases of suspected concussion require referral to medical doctors or nurse practitioners for diagnosis, even if the symptoms resolve.

## **REPORT**

COMMUNICATION BETWEEN STUDENTS, PARENTS, TEAM STAFF, AND THEIR HEALTH CARE PROVIDERS IS VITAL FOR THE WELFARE OF THE KARATEKA.

Karateka, parents, and guardians must disclose the nature of, and status of all active injuries (including concussions) to the instructors and assistants.

Karateka will be responsible for one another and encourage the disclosure of concussion symptoms. For children and adolescents with suspected concussion who have not been directly transferred for medical management, instructors will communicate their concerns directly to the parents or guardians.

## **RECOVER**

AVOIDING PHYSICAL AND BRAIN ACTIVITIES THAT MAKE CONCUSSIVE SYMPTOMS WORSE IS THE CORNERSTONE OF CURRENT CONCUSSION MANAGEMENT.

The management of a concussion involves an initial limited period (<48 hours) of physical and brain rest.

Stage 1 of the Return-to-Play Strategy involves avoiding or limiting physical and brain activities that make concussive symptoms worse. Once concussion-related symptoms have resolved, the Karateka may start Stage 2 and continue to proceed to the next level when he/she completes the stage without a recurrence of concussion-related symptoms.

In conjunction with your school and educational professionals and health care provider, recommendations will be made about whether it is appropriate to take time away from school, or whether returning to school should be done in a graded fashion. This is called “return to learn”.

Your health care provider will also make recommendations about whether it is appropriate to take time away from work, or whether returning to work should be done in a graded fashion. This is called “return to work”.

## **RETURN TO PLAY**

Karateka who have been removed from play and referred for medical assessment for a suspected concussion must provide a completed Concussion Assessment Medical Report which is signed by a medical doctor or nurse practitioner.

- If the Concussion Assessment Medical Report documents NO active concussion, the karateka may participate in training sessions and game play.
- If the Concussion Assessment Medical Report documents a concussion diagnosis, the karateka may participate in training sessions (Stage 3 and 4) within the Return-to-Play Strategy, once they or their parents/guardians report NO concussion symptoms and successfully complete Stage 2.
- If the Concussion Assessment Medical Report documents recovery from concussion, the karateka may participate in full-contact training sessions (Stage 5) and subsequently, game play within the Return-to-Play Strategy, if they remain clear of concussion symptoms.

## **REASSESS**

A Karateka with prolonged concussion recovery (>4 weeks for youth athletes, >2 weeks for adult athletes), or recurrent or complicated concussions, should be assessed and managed by a medical doctor with experience in sports-related concussions, working within a multidisciplinary team.

## **RETURN TO KARATE STRATEGY**

Depending on the severity and type of the symptoms, Karateka may progress through the Return-to-Play stages at different rates. Stages 2-4 should each take a minimum of 24 hours in adults, and longer in those 18 years and under.

If the player experiences new symptoms or worsening symptoms at any stage, they should go back to the previous stage and attempt to progress again after being free of concussion-related symptoms for 24 hours, or seek medical attention.