Suspected Concussion: Information for Competitors

You have received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and you will need monitoring for at least the first 24 hours by a responsible adult.

You should be seen by a doctor if you have:

- been knocked out but have now woken up;
- vomited since the injury;
- a headache that does not go away with painkillers;
- a change in behaviour, like being more irritable or losing interest in things around you;
- been crying more than usual (especially in young children);
- problems with memory;
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood;
- had brain surgery in the past.

If your injury was not serious enough for you to see a doctor you may take the following action:

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any swelling;
- rest and avoid stress;
- take paracetamol or ibuprofen to relieve pain or a headache;
- make sure an adult stays with you for at least the first 24 hours.
-

Do **not** do any of the following:

- do not go back to work or school until you're feeling better;
- do not drive until you feel you have fully recovered;
- do not play contact sports for at least 3 weeks – children should avoid rough play for a few days;
- do not take drugs or drink alcohol until you're feeling better;
- do not take sleeping pills while you're recovering unless a doctor advises you to.

See your doctor if:

- your symptoms last more than 2 weeks;
- you're not sure if it's safe for you to drive or return to work, school or sports.
-

The matter should be treated as an emergency and 999 called where you have:

- been knocked out and have not woken up;
- difficulty staying awake or keeping your eyes open;
- a fit (seizure);
- problems with vision or hearing;
- a black eye without direct injury to the eye;
- clear fluid coming from your ears or nose;
- bleeding from your ears or bruising behind your ears;
- numbness or weakness in part of your body;
- problems with walking, balance, understanding, speaking or writing;
- a dent to your head.

Returning to Karate

Your return to your normal karate training regime, intensity and methods and/or karate competition must be phased in accordance with the timeframes set out below:

Phase 1	**Day 0 – Day 2**	Complete rest for 2 days from your injury or longer if symptoms persist.
Phase 2	**Day 2 – Day 16**	Relative rest for a further 14 days. Return to daily activities that do not involve a risk of further head injury and avoid prolonged reading and use of television, computer, video games and smart phones. If symptoms return, reduce activity levels.
Phase 3	**Day 16 Onwards**	If symptom free reintroduce exercise such as walking or gentle jogging gradually. If an activity triggers symptoms that is a sign that you are not yet ready to progress to this stage and should return to the previous one. Increase the intensity as appropriate every 1 – 2 days. Karate training should initially be light. You should avoid any forms of training where there is a foreseeable risk of further injury.
		Gradually return to normal karate training intensity but continue to avoid any forms of karate training where there is a foreseeable risk of further injury. Kumite training must not include the head as a target or any sweeps/throws.
Medical Review	**Before Phase 4**	You should be reviewed by a doctor before returning to training or competition where there is a foreseeable risk of head injury. The doctor's role is to ensure that you are following a graduated return to training and are symptom free.
Phase 4	**Not Before Day 19 (Adults)** **Not Before Day 23 (Children)**	Return to your normal karate training regime, intensity and methods. If symptoms are triggered that is a sign that you are not yet ready to progress to this stage and should return to the previous one.

Phase 5	**Not Before Day 21 (Adults)** **Not Before Day 28 (Children)**	Return to competition when fully fit and after an appropriate period of your normal karate training regime, intensity and methods.

Suspected Concussion: Information for Responsible Adult

(To be given to the person monitoring the concussed competitor)

The competitor (name)

.....

received a suspected concussion on (date)……

at AMA event.....

A careful medical examination has been carried out and no sign of any serious complications has been found. Most people will make a full recovery from a concussion and will not require any treatment. Recovery time is variable across individuals and they will need monitoring for at least the first 24 hours by a responsible adult.

They should be seen by a doctor if they have:

- been knocked out but have now woken up;
- vomited since the injury;
- a headache that does not go away with painkillers;
- a change in behaviour, like being more irritable or losing interest in things around you;
- been crying more than usual (especially in young children);
- problems with memory;
- a blood clotting disorder (like haemophilia) or you take medicine to thin your blood;
- had brain surgery in the past.

If their injury was not serious enough for them to see a doctor they may take the following action:

- hold an ice pack (or a bag of frozen peas in a tea towel) to the area regularly for short periods in the first few days to bring down any

swelling;

- rest and avoid stress;
- take paracetamol or ibuprofen to relieve pain or a headache.

They should **not** do any of the following:

- go back to work or school until they are feeling better;
- drive until they feel they have fully recovered;
- play contact sports for at least 3 weeks – children should avoid rough play for a few days;
- take drugs or drink alcohol until they are feeling better;
- take sleeping pills while they are recovering unless a doctor advises them to.

They see their doctor if:

- their symptoms last more than 2 weeks;
- they are not sure if it's safe for them to drive or return to work, school or sports.

The matter should be treated as an emergency and 999 called where they have:

- been knocked out and have not woken up;
- difficulty staying awake or keeping their eyes open;
- a fit (seizure);
- problems with vision or hearing;
- a black eye without direct injury to the eye;
- clear fluid coming from their ears or nose;
- bleeding from their ears or bruising behind their ears;
- numbness or weakness in part of their body;
- problems with walking, balance, understanding, speaking or writing;
- a dent to their head.

Suspected Concussion: Documentation Record

(To be given to the AMA event organiser for record)

1: Suspected Concussion: Information for Competitors

I have read and understood the information provided in the above document and will keep a copy for reference.

Name

…….Club

…….Signed

……. Date

2. Suspected Concussion: Information for Responsible Adult

I have read and understood the information provided in the above document and will keep a copy for reference.

Name ……..

Relationship to

competitor…… Signed

Date ……..

AMA Medical Team Member

Name:

……

Signature:

……

Event……

Date……

Notes:……

……

……

……

……

……

BASIC OBSERVATIONS: TIME:

BP:

TEMP:

SATURATION:

PUPILS:

RESP RATE:

BPM:

BM: