

# ENGLISH KARATE NGB



English Karate National Governing Body (EKNGB)

Medical Manual

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## Foreword

Currently there is nothing in legislation that explicitly states minimum requirements when it comes to medical personnel for sports competitions outside of a stadium setting (green guide); nor are there any requirements as to training of medical personnel. The Purple Guide offers some minimum staffing levels for the attendance of a crowd and specifically for sporting events. This is useful when considering medical provision for an audience but not specifically for the Tatami and medical room provision.

It is important specifically in large scale events that a purple guide calculation is obtained. Nevertheless, priority should be that of the competitors and the best possible management of their injury and illness at the competition location.

The purpose of this document is to determine what is the appropriate level of medical/first aid cover at EKNGB events and when travelling with representative squads and to ensure emergency personnel have the appropriate training and registration and further to ensure that they are equipped to deal with foreseeable injuries and incidents?

It is not the purpose of this document to regulate and outline the minimum level of cover a non EKNGB competition, but it may be used by competition organisers to help support the understanding of medical regulations within EKNGB.

The EKNGB need to initiate a plan for a significant injury.

- Who will respond?
- Who will take control of any injured person?
- Will the injured person be taken to hospital by the event emergency care provider?
- How will emergency services access the site, especially when event under way?
- How will EKNGB communicate and respond to serious injury?

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## **1. EKNGB Competitions**

The EKNGB conducts its competitions under the WKF Kumite Rules under which the following protective equipment is compulsory:

The following protective equipment is compulsory:

- a) WKF approved mitts, one Competitor wearing red and the other wearing blue.
- b) Gum shield.
- c) WKF approved body protector (respectively male and female design as applicable)
- d) WKF approved shin pads, one Competitor wearing red and the other wearing blue.
- e) WKF approved foot protection, one Competitor wearing red and the other wearing blue.
  - f) WKF approved groin guards for male Competitors. In addition, for Competitors under 14 years of age the use of WKF approved WKF Helmet and External Chest Protector is compulsory.

## **2. Karate Competition safety precautions include:**

1. Glasses are forbidden. Soft contact lenses may be worn at the contestant's own risk. A competitor should take reasonable responsibility that if their eye sight is significantly effected by a visual illness, injury or degenerative condition that they wear such soft lenses to facilitate a better visualised fight.
2. The wearing of unauthorised apparel, clothing or equipment is forbidden.
3. All protective equipment must be WKF homologated.
4. It is the duty of the Match Supervisor to ensure before each match or bout that the Competitors are wearing the approved equipment. (In the case of Continental Federation, International, or National Federation Championships it should be noted that WKF approved equipment, must be accepted and cannot be refused).
5. The use of bandages, padding, or supports because of injury must be approved by the Referee on the advice of the Medical Officer.
6. For reasons of safety, throws where the opponent is grabbed below the waist, thrown without being held onto, or thrown dangerously, or where the pivot point is above belt level, are prohibited and will incur a warning or penalty. *Exceptions are conventional karate leg sweeping techniques, which do not require the opponent to be held while executing the sweep such as de ashi-barai, ko uchi gari, kani waza etc.*
7. After a throw has been executed the Competitor must immediately attempt a scoring technique for a score to be valid.
8. Techniques, which land below the belt, may score, if they are above the pubic bone. The neck is a target area and so is the throat. However, no contact to the throat is permitted, although a score may be awarded for a properly controlled technique, which does not touch.

9. FACE CONTACT - SENIORS: For Senior competitors, non-injurious, light, controlled “touch” contact to the face, head, and neck is allowed (but not to the throat). Where contact is deemed by the Referee to be too strong, but does not diminish the competitor’s chances of winning, a warning (CHUKOKU) may be given. A second contact under the same circumstances will result in KEIKOKU. A further offence will result in HANSOKU CHUI. Any further contact, although not significant enough to influence the opponent’s chances of winning, will still result in HANSOKU.
10. Techniques to the CHUDAN area may be delivered with controlled impact without causing injury to the opponent. A loss of breath by the recipient of a blow does not in itself indicate lack of control. Techniques to the JODAN can score when stopped within 5 cm of the target for kicks and 2 cm for hand techniques but may be delivered with light touch (skin touch), without causing impact – with exception to the throat area where no physical contact is allowed. For Cadets under 14 years and children, techniques to the JODAN can score when stopped within 10 cm of the target for kicks and 5 cm for hand techniques. “Skin touch” is allowed in categories for Competitors 16 years or older (Juniors). For categories 14 to 16 years of age skin touch is allowed for kicks only. Skin touch is defined as touching the target without transferring energy into the head or body. For Competitors under 14 years no skin touch is allowed with Jodan techniques.
11. Feigning an injury, which does not exist, is a serious infraction of the rules. SHIKKAKU will be imposed on the contestant feigning injury i.e., when such things as collapse and rolling about on the floor are not supported by evidence of commensurate injury as reported by a neutral medic.
12. Exaggerating the effect of an actual injury is less serious but still regarded as unacceptable behaviour and therefore the first instance of exaggeration will receive a minimum warning of HANSOKU CHUI. More serious exaggeration such as staggering around, falling on the floor, standing up and falling again and so on may receive HANSOKU directly depending on the severity of the offence.
13. Competitors, who receive SHIKKAKU for feigning injury will be taken from the competition area and put directly into the hands of the EKNGB Medical Commission, who will carry out an immediate examination of the competitor. The Medical Commission will submit its report before the end of the Championship, for the consideration of the Referee Commission. Competitors who feign injury will be subject to the strongest penalties, up to and including suspension for life for repeated offences.
14. The throat is a particularly vulnerable area and even the slightest contact will be warned or penalised, unless it is the recipient’s own fault.

### **3. Definitions**

#### **Medical Officer (M.O.)**

The appointed medical officer (M.O.) must be registered with appropriate governing body (GOsC, GMC, GCC, HCPC reg.) and have appropriate medical indemnity, covering them to work outside their usual practice. It may be preferable that the M.O. has immediate pitch-side care and be UKAD accredited advisor.

#### **Paramedic**

All Paramedics, whether private sector, NHS or voluntary have to be registered with a government regulator (The Health and Care Professions Council). They must be in regular active service as a paramedic. This ensures a standard of training and expertise in the pre-hospital management of sick and injured people. It is illegal for those without the appropriate training and current registration to call themselves paramedics. Check the registration of a paramedic by going to [www.hpcheck.org](http://www.hpcheck.org) and searching using the paramedic name or registration number. If the event requirements are for a paramedic, then the appointed person must be on this register.

#### **Sports & MSK Injury Specialist (SIMS).**

Immediate pitch-side care qualification with accredited course such as LUBAS, RFU (min. level 2), GOsC, GMC, GCC, HCPC, CSP. DBS approved. UKAD accredited advisor approved.

#### **Trained First Aider.**

Trained first aiders will be trained in Basic Life Support but will not be equipped to assess and manage significant traumatic injuries without professional help/back up immediately available.

#### **Tatami-based medical staff (TBM).**

Any of the above will be referred to as “Medic” during competition.

### **4. Contestants**

Contestants must wear a white Karate Gi without stripes, piping or personal embroidery. The national emblem or flag of the country will be worn on the left breast of the jacket and may not exceed an overall size of 12cm by 8cm (see Appendix 7). Only the original manufacturer’s labels may be displayed on the Gi. In addition, identification issued by the Organising Committee will be worn on the back. One contestant must wear a red belt and the other a blue belt. The red and blue belts must be around five centimetres wide and of a length sufficient to allow fifteen centimetres free on each side of the knot. The belts are to be of plain red and blue colour, without any personal embroideries or advertising or markings other than the customary label from the manufacturer.

Notwithstanding paragraph 1 above, the Executive Committee may authorise the display of special labels or trademarks of approved sponsors.

The jacket, when tightened around the waist with the belt, must be of a minimum length that covers the hips, but must not be more than three-quarters thigh length. Female competitors may wear a plain white T-shirt beneath the Karate jacket.

The maximum length of the jacket sleeves must be no longer than the bend of the wrist and no shorter than halfway down the forearm. Jacket sleeves may not be rolled up.

The trousers must be long enough to cover at least two thirds of the shin and must not reach below the anklebone. Trouser legs may not be rolled up.

Contestants must keep their hair clean and cut to a length that does not obstruct smooth bout conduct. Hachimaki (headband) will not be allowed. Should the Referee consider any contestant's hair too long and/or unclean, he may disbar the contestant from the bout. Hair slides are prohibited, as are metal hairgrips. Ribbons, beads, and other decorations are prohibited. A discreet rubber band or ponytail retainer is permitted. Female competitors may wear a WKF homologated black plain fabric head scarf covering the hair, but not the throat area.

Contestants must have short fingernails and must not wear metallic or other objects, which might injure their opponents. Contestants must have trimmed toenails. Additionally, Toe rings, ankle bracelets should not be worn.

The use of metallic teeth braces must be approved by the Referee and the M.O. The contestant accepts full responsibility for any injury. Metallic braces running across the upper and lower dental frame must be covered with a full gum shield and no two gum shields. Where loose teeth or loose dentures (bridges, crowns) are present the M.O must be informed and has the right to refuse participation in the prevention of a choking episode.

## **5. Injuries and Accidents in Competition**

1. **KIKEN** or forfeiture is the decision given, when a contestant or contestants fail to present themselves when called, are unable to continue, abandon the bout, or are withdrawn on the order of the Referee. The grounds for abandonment may include injury not ascribable to the opponent's actions.
2. If two contestants injure each other or are suffering from the effects of previously incurred injury and are declared by the tournament M.O. to be unable to continue, the bout is awarded to the contestant who has amassed the most points. In Individual matches if the points score is equal, then a vote (HANTEI) will decide the outcome of the bout. In Team Matches the Referee will announce a tie (HIKIWAKE). Should the situation occur in an extra bout for deciding a Team Match, then a vote (HANTEI) will determine the outcome.
3. An injured contestant who has been declared unfit to fight by the tournament M.O. cannot fight again in that competition.

4. An injured contestant who wins a bout through disqualification due to injury is not allowed to fight again in the competition without permission from the M.O. If he is injured, he may win a second bout by disqualification but is immediately withdrawn from further Kumite competition in that tournament.
5. When a contestant is injured, the Referee shall at once halt the bout and call the TBM. The TBM will make an immediate assessment and make an evaluation to determine if the bout can continue. The TBM may call for further assistance.
6. A competitor who is injured during a bout in progress and requires medical treatment will be allowed three minutes in which to receive it. If treatment is not completed within the time allowed, the Referee will decide if the competitor shall be declared unfit to fight (Article 13, Paragraph 8d), or whether an extension of treatment time shall be given.
7. Any competitor who falls, is thrown, or knocked down, and does not fully regain his or her feet within **TEN** seconds, is considered unfit to continue fighting and will be automatically withdrawn from all Kumite events in that tournament. If a competitor falls, is thrown, or knocked down and does not regain his or her feet immediately, the Referee will call the doctor, and at the same time start a verbal count to ten in the English language indicating his count showing a finger for each second. In all cases where the 10 second count has been started the doctor will be asked to examine the Competitor before the bout can resume. For incidents falling under this 10 second rule, the Competitor may be examined on the mat.
8. A contestant may fight with... (see note)

*Explanation*

When the TBM declares the contestant unfit, the appropriate entry must be made on the contestant's monitoring card. The extent of unfitness must be made clear to other Refereeing Panels.

- i. A contestant may win through disqualification of the opponent for accumulated minor Category 1 infractions, for example when the winner has sustained no significant injury. A second win on the same grounds must lead to withdrawal, even though the contestant may be physically able to continue.
- ii. The Referee should call the TBM when a contestant is injured and needs medical treatment by raising his hand and verbally call out "Medic".
- iii. If physically able to do so, the injured contestant should be directed off the mat for examination and treatment by the TBM.
- iv. The TBM is obliged to make safety recommendations only as they relate to the proper medical management of that injured contestant.

## **6. Medical Equipment**

Trauma equipment must be always present and easily accessible. At all times

Splints for immobilisation of fracture

Slings, bandages, Ice and wound management.

Other medical equipment may include:

- Basic kit for management of minor trauma, cuts/ bruises/abrasions, blisters, mat burns etc. such as gauze, plasters, bandages etc.
- Plinths for trauma care or management of injuries.
- First aid bags with basic first aid equipment as well as potentially holding more basic advanced life support equipment such as airways to help with trauma management.

Where possible, vital equipment should be set out and easy to access in case of emergency.

All medical personnel must know the location of emergency equipment in case of emergency so that anyone can find equipment if/when asked by a colleague.

Easy to locate AED (which should remain in one position for the duration of the competition, and all medical personnel should know its location.)

Emergency trauma equipment to include (covered by third party medical, i.e., British Red Cross);

- Scoop stretchers
- Head blocks and straps
- Cervical collars of different sizes Neck Collars should only be considered in the patient who is unconscious with an unprotected airway.
- Scoop straps
- Oxygen
- Entonox
- AED
- Oropharyngeal and nasopharyngeal airways
- iGel or supraglottic airway device of different sizes
- Pulse oximeter
- Box splints

Where a Paramedic, Doctor or Advanced Practitioner is present they should be equipped with emergency drugs including cardiac stability and resuscitation drugs, analgesia, anaphylaxis and asthma medications as a minimum.

Note. This list is not exhaustive and is just a guide.

## **7. Duty of Care**

Participation in sport and recreation always involves some level of risk of injury. There is no sport situation where there is zero risk. However, the level of risk differs greatly from activity to activity.

Anyone who has an official capacity to organise and manage sport programs and events has a duty to make such activities as safe as possible for anyone who participates. This duty is referred to, in the eyes of the law, as the "Duty of Care".

**Persons in an official capacity** include coaches, referees, medical personnel, coordinators, club administrators, grounds caretakers and owners of the sport facility.

**Persons who participate** include competitors, competitors' supporters, spectators, coaches, referees, and other officials such as timekeepers and helpers.

**Safe as possible** means that efforts are made to:

- Make checks prior to the sport activity to identify and remove hazards from the environment in which the activity takes place.
- Educate competitors to undertake the activity safely as possible (this includes ensuring that competitors know and understand the rules of the competition and wearing approved protective clothing/equipment)
- Supervise competitors as they undertake sport activities particularly if they are children or have an infirmity.
- Ensure that there are persons on hand who can respond appropriately to emergencies. This usually involves the provision training and the development of procedure.

The actions that sport organisers and supervisors must take to make participation as safe as possible will depend, to some extent, on the participants themselves. The law tends to view that some people in society are owed a higher standard of Duty of Care as they are less able to look after themselves. This group includes children, persons with a disability, mentally ill, elderly and in some instances those who are pregnant.

Participation in sport is an inherently risky business and many injuries and even deaths do occur. Provided that sport managers have carried out their Duty of Care, then there is no redress for participants if they are injured in the pursuit of a normal sport activity.

They can insure for this if they wish. It is only possible to act in court if there is a breach of the Duty of Care and it is often the case that such a breach occurs when something has been missed or overlooked. For this reason, there is great pressure on all sport organisations to undertake RISK MANAGEMENT

The following actions are typical of what needs to be undertaken by sports administrators to fulfil the Duty of Care:

- Sport officials and coaches must be properly accredited.
- Sport facilities must be checked for safety and hazards removed prior to sport activity.
- Children and/or other vulnerable segments of the population should be supervised when they participate in sport activities.
- Implements used in the pursuit of sport are in good working order.
- Sport participants are appropriately prepared for the sport activities they undertake. This includes health checks, fitness training, coaching and knowledge of rules.
- Injured persons are withdrawn from participation as soon as the injury comes to light.

- Behaviour that may increase the possibility of injury is discouraged and action taken against persistent perpetrators of inappropriate behaviour.

### Who owes a Duty of Care?



It is unreasonable to expect that a sporting organisation is flawless in carrying out all aspects of risk management. It is more a case of, managing risks within reasonable expectations.

To meet its Duty of Care to competition participants and to minimise any risks the EKNGB has adopted and implemented the following:

- EKNGB Child Protection Policy
- EKNGB Codes of Conduct for all coaches working with children and young people
- EKNGB Code of Conduct for students and parents/carers
- ***The EKNGB has written procedures for dealing with injuries/accidents.***

### **8. Risk Assessment**

Under the Management of Health and Safety at Work Regulations 1999 (Regulation 3) organizations and individuals who carry out an undertaking, such as a sporting activity, have duties under health and safety legislation to assess risks arising from that responsibility.

In addition to these duties under health and safety legislation, as with other organizations that carry out activities of a sporting nature, the EKNGB and club owe a duty of care to people who are involved, and may be affected, by Karate competition (this includes members of the public as well as Karateka).

## **9. Roles and responsibilities**

### **Medical Officer**

Overall medical provision and organization of the EKNGB medical team and championships. Advise and support performance director, coaches and EKNGB Board.

Active role in overseeing medical of EKNGB athletes and function performed by medical staff in variety of environments including national and international events/training venues; may participate directly in care when services are being initially being implemented; may help to assess and diagnosis needs and plans of actions for EKNGB athletes.

To oversee injuries and illnesses of EKNGB athletes.

Lead and deliver individualised athlete management and rehabilitation programmes and targeted injury risk management strategy to enhance performance in collaboration with the interdisciplinary support team coaches and athletes.

Use medical records systems for accurate record keeping and injury surveillance analysis to inform athlete health decision-making.

Lead the delivery of project work or applied research within Karate and across the organisation as appropriate.

Within the rules of professional confidentiality, liaise with athletes, parents, coaches, and other support staff where appropriate.

Contribute with knowledge sharing and development across the organization to support the development of world-class medical services.

To produce and compile reports as required for the performance director, post EKNGB event (to include EKNGB sponsored championships and international squad representation).

Comply with professional codes of conduct, standards, and guidelines.

Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **Paramedic**

The Paramedic should work hand in hand with the M.O and effectively communicating in patient care.

They should advice on medical management and management or serious trauma, actively providing interventions where indicated.

They should uphold the standards of conduct and **proficiency** as outlined by the HCPC.

Maintain accurate records.

Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **External provider of medical services**

Communicate pre, during and post event in medical related planning and respond accordingly. should work hand in hand with the M.O and effectively communicating in patient care.

Provide accurate staffing in line with the regulations outlined.

Provide staff who are competent and skilled and whom have an enhanced DBS, and safeguarding training.

Provide equipment and where required a road worthy vehicle for emergency transportation.

Preferably be registered with the Care Quality Commission.

Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **Sports & MSK Injury Specialist (SIMS):**

Deliver MSK services to identified EKNGB athletes as requested by the M.O. and treat within a variety of training environments, including international travel to events/training camps.

To communicate all new injuries and illnesses to M.O., athletes and coaching personnel as soon as is reasonably possible.

To lead rehabilitation and treatment set by M.O. and SIMS team.

To liaise with M.O. with regards to any new relevant information/ideas relating to on-going issues with athlete.

To maintain contemporaneous appropriate EKNGB medical documentation.

To work as part of a multi-disciplinary team and collaborate with other medical support staff as required, optimizing inputs and interventions training preparations, competition and lifestyle programmes, to improve athlete performance.

To deliver any prehab/warm-up/cool-down/regeneration as appropriate.

Engage fully with personal review processes to identify training needs and a personalized CPD programme that will enhance own Sports and MSK specialism and effectiveness for the performance of EKNGB athletes.

To produce and compile reports as required to performance director post EKNGB event (to include EKNGB sponsored championships and international squad representation).

Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **Tatami-Based-Medics/ First Aider:**

Support and deliver first aid at the point of Tatami in EKNGB competitions.

To help maintain medical records at EKNGB competitions.

When required, to aid in the production of medical reports from EKNGB competitions.  
Required to have training and maintain professional personal development in basic life support.

To work as part of a multi-disciplinary team and collaborate with other medical support staff.  
Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **Strength and Conditioning (S&C)**

A coach facilitates the strength and conditioning of athletes, assisting with the development of exercise routines and nutrition intake, exercise supervision, tracking athlete progress and adjusting exercise plans accordingly. The S&C both designs and implements full-scale fitness programmes, which supplements athletes training, to develop physical qualities that can't be optimised from just practicing the sport itself. An important role of the S&C coach is Injury avoidance as well as athlete rehabilitation after injury.

The role involves working in the following areas:

1. Individual athletes
2. Squad Training
3. Representative squads during competition.
4. To work as part of a multi-disciplinary team and collaborate with other medical support staff.
5. Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **Nutritionist**

Nutrition professionals offer a range of services to support athletes' health and supporting goals, which can range from daily food diary to a comprehensive food and nutrition plan for training and competition.

To work as part of a multi-disciplinary team and collaborate with other medical support staff.  
Uphold the core values of EKNGB and performance department to create and maintain a high-performance team.

### **10. Medical provision when traveling with EKNGB squad/team (National/International)**

The provision of medical support when travelling to EKNGB competition/training camps home and away.

- Minimum 2 SIMS.
- Pre-event travel brief: Athlete pro-forma (Appendix 8); prioritization of existing athlete health/injury.

- Travelling medical equipment to include:

Basic bandaging equipment (tape of different sizes, cotton, and elastic bandages, Steri-strips, adhesive tape, skin-protecting spray, and bandage-removal spray, etc.)

First line equipment to treat lacerations and cuts on site (water, anti-septic solutions, sterile saline solution, tongue depressors, pocket lamps, scissors, dressing gauzes, nose tamponade material, Band-Aids, etc.)

Disposable examination gloves

A mirror and eye-caring solutions

AED (Defibrillator)

Portable Couch

Cold sprays and/or crunched ice in plastic bags for single use

Paper towels or similar for cleaning and wiping

Optionally, otoscope, stethoscope, ophthalmoscope, manometer, retention, or inflatable splints are recommended.

### **Tasks on arrival at EKNGB Squad Base and Competition Venue**

- Training/event venue/hotel medical amenities review (Hospital, pharmacy location, local GP, suitability of hotel, taxis etc.)
- Event venue, familiarisation of medical manager and CMO (chief medical officer), medical room and equipment, doping control station, access rules etc.
- Post event report. The senior medical person attending the championships should produce a Post Event report for the Performance Director.

## Appendix 1

### **Risk Assessment for EKNGB Karate Competitions**

Note: Designated medical area for authorized people only. M.O. overriding responsibility for medical area and its access.

| <b>PHYSICAL INJURIES/ HEALTH RISKS DURING COMPETITION</b>  |  |  |  |
|--|--|--|--|
| <b>Significant Hazards</b>   | <b>People at risk</b>                              | <b>Controls / precautions</b>  | <b>Review</b>  |
| 1. Fire and other emergencies requiring evacuation   | Competitors, officials, venue staff and spectators | Emergency exits to be clearly signed, unlocked and routes clear of obstructions  | Establish exits, routes, alarms etc with venue staff prior to competition. Venue staff to have overall control of evacuation |
| 2. Slips, trips, and cuts  | As above   | Floors to be kept dry and clear of obstacles, competition areas and 1m safety zone, to be kept clear of litter & clutter.  | Review Venue - Executive Committee to consider suitability of venue if serious problems are identified                       |
| 3. Electric shock, Lighting / visibility and other risks arising from physical aspects of venue  | As above   | All equipment to be properly maintained and adequate for purpose   | Venue review as above  |
| 4. Miscellaneous physical injuries during kumite e.g. broken bones, loss of teeth, dislocations, concussion, strains and sprains, cuts / broken skin | Competitors  | Officials to enforce competition rules, particularly technical control. Use of Personal Protective Equipment (mitts, gum shields compulsory) Report to M.O. and/or medical personnel | Annually by EKNGB Executive Committee  |
| 5. Impact from competitors forced out of area  | Competitors, spectators, officials and venue staff | Maintain clear 1m safety zone around competition areas. Persons in zone to be kept to a minimum e.g. other team members and one coach  | As above   |
| 6. Health effects linked to over exertion e.g. feeling faint, seizure, breathlessness etc  | Competitors  | Existing health problems to be made known to club coach and EKNGB organizing committee before entry. Report to M.O. and/or medical personnel   | As above   |
| 7. Infection from body fluids e.g. blood   | Competitors, officials, venue staff                | Medical or Venue staff to clear up   | Venue to review as above   |

## **Appendix 2**

### **GUIDELINES FOR DEALING WITH AN ACCIDENT/INCIDENT**

- ✓ Stay calm but act swiftly and observe the situation. Is there danger of further injuries?
- ✓ Listen to what the injured person is saying.
- ✓ Alert the first aider who should take appropriate action for minor injuries.
- ✓ In the event of an injury requiring specialist treatment, call the emergency services.
- ✓ Deal with the rest of the group and ensure that they are adequately supervised.
- ✓ Do not move someone with major injuries. Wait for the emergency medics.
- ✓ Contact the injured person's parent/guardian.
- ✓ Complete an incident/accident report form.
- ✓ Follow up with injured person or their parent to check on current condition.

Appendix 3

**EKNGB Accident/Incident Report Form**

|   |                                    |  |
|---|------------------------------------|--|
| <b>NAME OF CLUB</b>   | <b>NAME OF COACH/CARER</b>         |  |
| <b>VENUE OF ACCIDENT/INCIDENT</b>   | <b>NAME OF INJURED PERSON</b>      |  |
| <b>TIME OF ACCIDENT/INCIDENT</b>  | <b>ADDRESS OF INJURED PERSON</b>   |  |
| <b>NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT</b>                           |                                    |  |
| <b>NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY</b>                               |                                    |  |
| <b>DETAILS LEADING UP TO ACCIDENT/INCIDENT</b>  |                                    |  |
| <b>DETAILS OF ALL CLUB MEMBERS INVOLVED</b>   |                                    |  |
| <b>DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT</b>                     |                                    |  |
| <b>WERE ANY OF THE FOLLOWING CONTACTED?</b>   |                                    |  |
| Police <input type="checkbox"/>   | Ambulance <input type="checkbox"/> | Parent/Guardian/Carer <input type="checkbox"/> |
| Doctor <input type="checkbox"/>   |                                    |  |
| <b>ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT</b> |                                    |  |
| Signed:   | Name of Coach:                     | Date   |
| Signed:   | Name of First Aider:               | Date   |

## Appendix 4

### **Numbers of Medical Personnel per Competition**

For each EKNGB home competition event there should be a minimum of:

- 1 M.O.
- 1 paramedic
- 1.5 TBM per tatami
- 2 medics in designated medical area and can assist in TBM cover.

This allows adequate triage, rest-breaks, medical support, and emergency support to the TBMs.

Medical personal subject to increase with competitor numbers.

## Appendix 5

### Competition and medical day-planning

**Note: Designated medical area for authorized people only. M.O. overriding responsibility for medical area and its access.**

| <b>COMPETITION</b>                             |  |   |  |
|--|--|---|--|
| <b>Task</b>                                    | <b>Attendees</b>   | <b>Actions/Responsibilities</b>   | <b>Others</b>  |
| <b>1. Pre-Competition<br/>Medical planning</b> | <b>Current medical staff and others as required</b>  | <b>Contact arena, emergency evac routes, first aid room, access, local A&amp;E location (distance telephone), AED location, re-iterate medical protocols, medical access passes. car passes. medical kit review; accommodation, food + drinks requirements.</b> | Booking of additional medical support (first aiders)   |
| <b>2. Event Day</b>                            | <b>Current medical staff,<br/><br/>Chief Referee</b>   | <b>Setting up of medical area; medical personal briefing; tournament programme; any other issues (ice etc.).</b>  | Walk-thru emergency evac.<br><br>Allocation of roles for emergency removal/trauma etc  |
| <b>3. Post-competition</b>                     | <b>Current medical staff,<br/><br/>Performance director,<br/><br/>Chief ref,<br/>Tournament dir.</b> | <b>Tournament debriefs to include athlete injury follow-up.<br/><br/>Post event report</b>  | Individual follow-up of injured athletes e.g. hospital visits<br><br>Collection of injury reports and statistical analysis of injuries |

## **MEDICAL ASPECTS OF THE ORGANISATION OF OFFICIAL EVENTS.**

1. Preliminary stage in the organisation.  
The acting M.O. must assess the medical requirements of the competition.
  
2. Long term preparation of a competition  
The M.O. must be in contact with the host venue to:
  - ❖ Prepare pre-event meeting, if required.
  - ❖ Co-operate with the organizing committee (OC) to prepare the essential medical documents (med. cards for weighing, doping-control form, accident report, etc.).
  - ❖ Prepare the room(s) for the medical examination furnished with the necessary equipment (couches, lockers, chairs, tables, etc.).
  - ❖ Prepare a first-aid room in the sports hall (equipped with all items required for first aid and equipped with a direct telephone line).
  - ❖ Arrange for transportation by ambulance(s) with personnel.
  - ❖ If required, arrange a well-equipped room, following IOC/WADA standards, for doping-control with separate rooms for female and male.
  - ❖ Ensure that there are sufficient seats for the medical personnel (Based on WKF Medical Rules)
  
3. Immediate preparation of an event.  
  
Special attention should be directed to the following areas:
  - medical examinations should be done in adequate rooms that fulfil certain conditions
  - a) Offering enough room for participants.
  - b) Having sufficient couches and providing adequate working conditions.
  - c) Having heating (if necessary) lighting and ventilation.
  - d) Having enough desks and chairs.
  - assist the preparation of the doping-control that, in every respect, suits the requirements of the Anti-Doping Regulations. (UKAD/WADA)
  
4. During the tournament  
  
Keep under control the following:
  - the accreditation cards of the competitors. (where required)
  - the ambulance and Medical and First-aid Room in the Sports hall.
  - the smooth running of the doping-control.
  - being in constant contact with the OC, Chief Referee.
  - the hygiene conditions of the medical areas.

## **Appendix 6**

### **MEDICAL CARE OF COMPETITORS DURING AND AFTER A BOUT**

The TBM in charge of each tatami should be in attendance throughout the competition and should not leave before the end of the last bout.

By entering the championships, the athletes give their anticipated consent to be treated by the local medical team and the EKNGB Medical Team, as there will be no time to provide a formal informed consent every time that the doctors are called to the tatami by the referees.

When during a bout, a competitor has sustained injury, the TBM has the right to request that the bout be suspended if it is considered for medical reasons the bout should not be allowed to continue.

The Referee must be informed that the bout shall be suspended.

If a competitor is down because of a blow or kick and is rendered unconscious, only the Referee and the TBM should remain on the tatami unless the medical team needs extra help.

A competitor who has suffered (or is suspected to have suffered) a concussion shall be examined by the medical team immediately afterwards. In case of a concussion, most competitors recover in a few seconds but if the competitor remains unconscious, they must be removed on a stretcher. In all concussion cases the competitor should never be left unattended until they have recovered completely and should be escorted to hospital if necessary.

After a suspected concussion and after the competitor has been removed to the Medical Room, he/she should undergo a thorough examination, and will not be allowed to fight again unless cleared by the Medical Team, who will apply the recommended standards for concussion treatment.

**(Based on WKF Medical Rules)**

## Appendix 7

### **PERIODS AFTER AUTHENTICATED CONCUSSIONS**

#### **One Concussion**

A competitor who has suffered an authenticated concussion during a contest, or wherein the Referee has stopped the contest due to a competitor receiving a perceived hard blow or kick to the head which makes them defenceless or incapable of continuing, then the competitor shall not be permitted to take part in competition for a period of at least two weeks after the diagnosis.

#### **Two Concussions**

A competitor who has suffered an authenticated concussion twice in a period of three months shall not be permitted to take part in competition during a period of three months from the second concussion.

#### **Three Concussions**

A competitor who has suffered an authenticated concussion three times in a period of 12 months shall not be allowed to take part in competition for a period of one year from the third concussion.

Medical certification following on probation period; before resuming competition after any of the periods of rest prescribed above a competitor must be certified by a neurologist, or a medical practitioner who has undertaken recognized training in assessing concussion, as fit to take part in competition again.

**APPENDIX 8**

**EKNGB  
PRE-EVENT MEDICAL SCREEN  
FOR INTERNATIONAL COMPETITORS/ SQUADS**

Event:..... Date: .....

Name: ..... Date of Birth: .....

Club: .....

**Current/Previous Injury/Illness** (incl. Diabetes/asthma/blood disorders):

.....  
.....

**Medication/tablets/supplements/vitamins/inhalers currently being taken:**

.....  
.....

Are you taking any medications not prescribed by a doctor?

YES / NO. If yes, what? .....

Have you had any periods of two weeks or more off through injury this year? If so, when and what injury?

.....  
.....

Current status (please circle):      Fully fit      unsure      Injured/ill.

**Other information:**

Do you wear contact lenses? Yes / No

Are you allergic to anything? Yes / No      If yes, what? .....

Have you any special dietary requirements? .....

Have you any specific requirements prior to event? (strapping/massage etc)

.....

Emergency Contact / Next of Kin:

In the event of emergency, what is the NAME of the person we contact:

.....

What is their telephone number (s)? .....

**APPENDIX 9**

**EKNGB ATHLETE CONSENT FORM**

**EKNGB CONSENT FOR MEDICAL TREATMENT**

I, \_\_\_\_\_, consent to medical treatment for athletic related injuries/illnesses by EKNGB Medical Personnel and /or Hospital Medical Staff at any EKNGB Sanctioned Event. I authorize treatment by such personnel in the event of injury or illness. This care includes but is not limited to: preventative taping and padding; first aid treatment of injuries and illnesses; medication for illness or injury treatment, including over-the-counter medications such as ibuprofen or acetaminophen; emergency care of injuries, which may include use of a backboard and cervical collar; suturing, splinting or casting of wounds/injuries on site or in medical treatment facility; chiropractic or osteopathic adjustments and care; acupuncture treatments; use of injected medications, oxygen or IV to stabilize an athlete's condition on site or in route to a medical treatment facility; and any other medical and/or life sustaining treatment deemed necessary for athlete to continue competition or deemed by medical personnel to be in the best interest of the health and well-being of the athlete.

\_\_\_\_\_  
(Athlete's Signature) (Date)

As a parent or legal guardian of \_\_\_\_\_, who is under the age of 18, I hereby authorize medical treatment in the event of an injury or illness as outlined above for \_\_\_\_\_ while he/she is participating in an EKNGB event by a member of EKNGB Medical Personnel and/or Hospital Medical Staff.

I Agree \_\_\_\_\_  
(Parent/Guardian Signature) (Date)

All medical evaluations completed by EKNGB Medical Personnel for athletic injuries are considered confidential and will be filed at the offices of EKNGB provider of medical care and insurance claims filing. EKNGB can request a copy of medical report forms completed at any EKNGB/EKNGB/WKF Sanctioned Event to maintain injury files on all injuries occurring at sanctioned events to participating athletes and coaches for both athlete insurance filing and research purposes. Information pertaining to injury data without using an athlete's name will be released to the Medical Officer, the Medical Coordinator, or their assistants for purposes of injury research or recommendations for safety rule changes only. An athlete's name and injury will only be released in cases pertaining to head injures requiring the athlete to not compete for the safety period established per EKNGB Federation rules. This information will be released to the Medical Officer, Medical Coordinator, Referee Chairperson, Tournament Committee Chairman, National Events Director, Executive Director and documented within the EKNGB registration program for purposes of enforcing the safety period rule in compliance with EKNGB rules.

I have read and understand the above information as it pertains to my medical records of injury or illness, which may occur and be treated at EKNGB Sanctioned events.

\_\_\_\_\_  
(Athlete's Signature) (Parent/Guardian Signature) (Date)

\*\*\*\*\*

I, \_\_\_\_\_, consent to having my image photographed while injured or ill by EKNGB Staff Photographers for purposes of documentation of the injury

and/or publicity for EKNGB. This publicity may include but is not limited to advertisement in print or on the websites of said organization. I know I have the right to decline the photographing of my image at the time of injury if verbally requested by myself, my parent, or my coach. Furthermore, I know I can request that such images be removed from publication or public view if I decide to decline their use later for any reason simply by making that request in writing directly to the EKNGB Office. I understand that such pictures may be taken without any expectations of compensation for said photographic images.

\_\_\_\_\_ I Agree \_\_\_\_\_ I Decline

\_\_\_\_\_  
(Athlete's signature) (Date)

As a parent or legal guardian of \_\_\_\_\_, who is under the age of 18, I hereby authorize photographic images of

\_\_\_\_\_ to be allowed if injured or ill unless otherwise verbally requested at time of injury/illness that no such photographs be taken at that time. Furthermore, I know I can request that such images be removed from publication or public view if I decide to decline their use later simply by making that request in writing directly to the EKNGB Office.

\_\_\_\_\_ I Agree \_\_\_\_\_ I Decline

\_\_\_\_\_  
(Parent/Guardian signature) (Date)

**INSURANCE INFORMATION:**

Primary Insurance Company: \_\_\_\_\_ Policy holder's Name:

Insurance Address: \_\_\_\_\_ Phone:

Policy #: \_\_\_\_\_ Claimant's Name (Print): \_\_\_\_\_

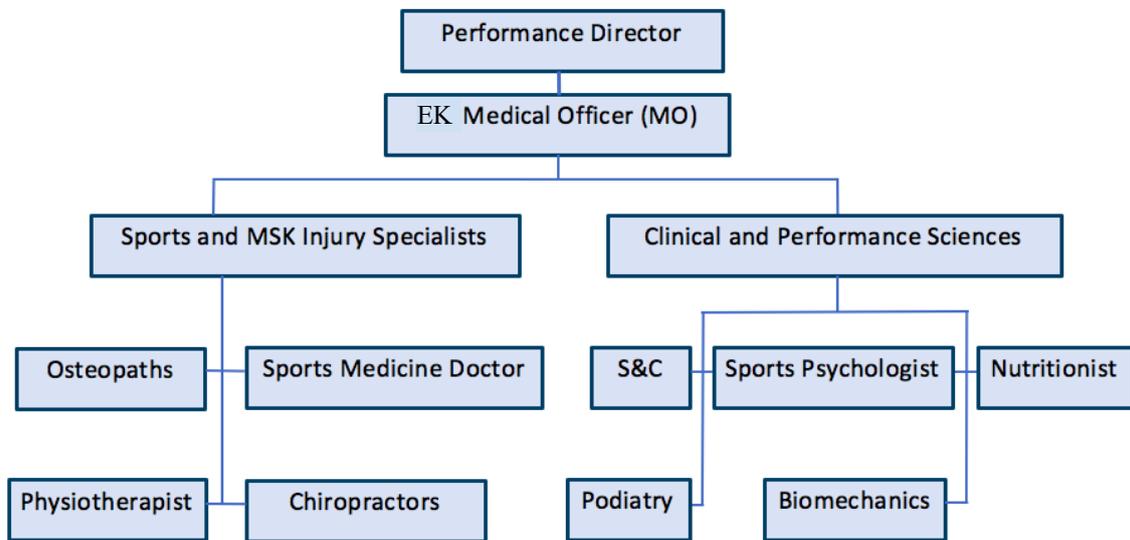
**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT**

- In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against EKNGB and for its continental or national and district associations, this athletic meet, its organizing committee, the EKNGB, and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lesser of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that all entry fees are non-refundable.
- I understand the nature of EKNGB activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this athletic meet. I understand that entering EKNGB activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis, and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the athletic meet.
- If the minor child or I are selected, I agree to be drug tested pursuant to the EKNGB, IOC/WADA or National Anti-Doping Program, as amended. I understand that such drug testing may take place at any time during the competition. If the minor child or I fail to show up at the athletic meet, for any reason, I knowingly forfeit this competition and all applicable registration fees. I further understand that any pictures taken of the minor child or I in connection with this athletic meet may be used by WKF for publicity or promotion without compensation.
- I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Participant's Printed Name Participant's Signature (Date)

\_\_\_\_\_  
Parent/Guardian's Printed Name Parent/Guardian's Signature (Date)

**APPENDIX 10**  
EKNGB Medical Support Structure



## Appendix 11

### EKNGB Concussion Guidelines

#### **What is concussion?**

Concussion is classified as a traumatic brain injury, resulting in altered brain function. The symptoms may be noticeable immediately after a head injury or may become apparent after a few hours to days following the injury. These symptoms may include headache, dizziness, and memory loss or balance problems.

#### **What causes concussion?**

Concussion can be caused by a direct blow to the head, or following an impact to another area of the body resulting in a rapid movement of the head e.g. whiplash type injuries, rugby tackles, falls and heavy landings.

#### **When will the symptoms start?**

Typically, the symptoms will start immediately. However, there may be a delay in the onset with symptoms potentially appearing any time after the initial injury.

Concussion doesn't only occur to those that lose consciousness. Some concussed athletes may remain standing, and may not have even fallen to the ground.

#### **Who is at risk?**

Concussion can happen to **anyone**.

However, special precautions should be used for children and adolescents (18 and under) because they:

- are more susceptible to brain injury.
- can take longer to recover.
- are more susceptible to rare and dangerous neurological complications, such as death caused by second impact (second impact syndrome)

A history of previous concussion increases your risk for further concussions.

#### **How long until I can return to sport?**

Concussions must be taken seriously to protect the short and long term health and welfare of athletes.

The majority of concussions resolve in a short period (7-10 days). This may be longer in children and adolescents, and extra care should be taken for them.

During the concussion recovery period, the brain is at risk to further injury. If an athlete returns too soon, before a full recovery, it may result in:

- Prolonged concussion symptoms
- Possible long-term health consequences e.g. psychological and/or brain degenerative disorders
- **DEATH**, due to severe brain swelling - known as second impact syndrome.

### **How to recognise a concussion**

If you suspect a concussion, the athlete MUST be removed from the activity and must not return to training or competition that day.

The Pocket Recognition tool may be used as an aid when assessing athletes for suspected concussions. It can be found at the link below;

<https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>

### **Visible clues of concussion (signs) - What you may see.**

One or more of the following signs can indicate a concussion

- Loss of consciousness/responsiveness
- Lying motionless on the ground
- Being slow to get up.
- Unsteady on feet/Balance problems/loss of coordination.
- Grabbing/clutching/holding of head.
- Dazed, blank, or vacant look
- Confused
- Not aware of events around them i.e. training or competition

### **Symptoms of concussion - What they may tell you**

One or more of the following signs can indicate a concussion.

- Headache
- Dizziness
- Confusion/mental clouding
- “Pressure in head”
- “Don’t feel right”.
- Blurred vision/visual disturbance
- Sensitivity to light
- Fatigue
- Nausea or vomiting

### **Questions to ask a player (Maddocks’ questions)**

These should be tailored to the activity and event.

**Failure to answer any of the question may indicate a concussion.** Examples with alternatives include:

- What venue are we at today? or where are we now?
- How far into the fight are you? or What time of day is it?
- Who scored the last point in this fight? or how did you get here today?

- What colour were you in your last fight? or where were you on this day last week?
- Did you win your last fight? or What were you doing this time last week?

### **Video footage**

If video footage of the incident is available this may be useful in understanding the mechanism and potential severity of the injury, and can be used as part of the overall assessment of the player.

The person assessing the injured player, or a third person such as medical staff at competitions or training events, can view and comment on the video.

**The footage must not under any circumstance be used to contradict a medical decision to remove the athlete, either from training or from a fight.**

### **What to do next?**

Anyone with a suspected concussion must be removed from the activity immediately. Once they are safely removed they must not return to activity that day.

Teammates, coaches, officials, event staff or parents who suspect a concussion must do their best to safely remove the athlete from play.

It is always best practice to remove anyone who you may suspect has suffered a concussion from the activity immediately, even if you cannot be certain. Always follow the rule of **'if in doubt, sit them out'**.

**If a neck injury is suspected, the athlete must be attended to by someone who is adequately trained in pitch side injury management. This may be medical staff, a coach, or a parent.**

Any athlete who is suspected of concussion or is being attended to for direct trauma to the head or neck, should be assessed and cleared for a neck injury before removing them from the event.

If any of the following are reported or observed, then the athlete must be transported for urgent medical assessment at the nearest hospital emergency department:

- Severe neck pain
- Deteriorating consciousness (increased drowsiness)
- Increase confusion or irritability.
- Severe or increasing headache.
- Repeated vomiting
- Unusual behaviour/Acting 'out of character'.
- Seizure/fit/convulsions
- Double vision
- Weakness and/or tingling and/or burning in arms or legs.

**It is recommended that all suspected concussions are referred to a medical or healthcare professional for diagnosis and advice, even if the symptoms resolve.**

### **Returning to play and management of concussion/suspected concussion standard care setting**

Rest is the most important part of recovery from concussion. This involves both physical rest as well as cognitive rest. The initial period of rest allows symptoms to recover and allows all athletes to return to work or study prior to resuming training or competitions.

#### **Rest means avoiding;**

- Physical activities such as running, cycling, swimming, physical work etc
- Cognitive activities such as reading, television, computer games, schoolwork, homework. Students with a diagnosis of concussion may be to have an allowance made for cognitive recovery such as additional time for classwork, homework and exams.

Those diagnosed with a concussion or suspected concussion should NOT:

- Be left alone in the first 24 hours.
- Consume alcohol until free of all concussion symptoms.
- Drive a motor vehicle until free from all concussion symptoms.

#### **Return to play.**

All suspected or diagnosed with a concussion should follow the graduated return to play (GRTP) protocol.

This is a protocol that starts from midnight on the day of the injury, with the initial rest period (stage 1) lasting for 14 days. In all cases, progression to stage 2 of the GRTP can only happen if the athlete is symptom free for concussion.

Athletes should have returned to normal education or work before starting physical activities (stage 2) in the GRTP protocol.

#### **Graduated return to play protocol**

The GRTP protocol is a progressive program that returns athletes with concussion back to sport in a step-by-step manor.

Stage 2 must only be commenced if the athlete is:

- Symptom free at rest following the initial 14-day rest period.
- Is not receiving treatment or taking medication that may mask the symptoms of concussions.
- Has returned to normal education or work (if not professional athlete)

Under the GRTP protocol, an individual can allow progress to the next stage **if they are symptom free for concussion** at rest and at the level of physical activity allowed in the stage of the GRTP they are at.

If any symptom occurs whilst undergoing the GRTP protocol, the individual must return to the previous stage and attempt to progress again after a minimum of a 24-hour rest period where they must remain **symptom free** (this is 48 hours of rest in those under 19 years old).

It is recommended that a medical practitioner confirms recovery before an individual enters stage 5 (full contact practice).

Stages 2-5 may take a minimum of 24 hours each in adults, and 48 hours each in those under 19 years of age.

The outline of each stage of the GRTP protocol can be seen in the following table:

|                        | Stage 1   | Stage 2  | Stage 3  | Stage 4   | Stage 5  | Stage 6   |
|------------------------|---|--|--|---|--|---|
|                        | Initial rest period<br>14 days  | Light aerobic<br>exercise  | Karate specific<br>exercise  | Non-contact<br>training   | Full contact<br>training   | Return to play  |
| Exercise allowed       | Complete mental<br>and physical rest<br><br><b>NO EXERCISE</b><br><b>Avoid reading,<br/>driving, computer<br/>games, TV and<br/>screen time.</b><br><b>Students may<br/>need to miss<br/>school for 2+ days<br/>dependent on<br/>symptoms</b> | Walking, light<br>jogging,<br>swimming,<br>stationary cycling<br>or equivalent only<br><br><b>No contact sports,<br/>resistance<br/>training,<br/>weightlifting,<br/>sparring, jumping<br/>or hard running</b> | Simple movement<br>exercises<br><br>Limit head and<br>body movement<br><br><b>No head impact or<br/>sparring</b> | Progression to<br>more complex<br>training drills<br><br>Complex training<br>activities with<br>increased<br>intensity,<br>coordination and<br>attention<br><b>No head impact or<br/>sparring</b> | Return to full<br>training activities<br>with sparring   | Athlete fully<br>rehabilitated<br><br>Return to normal<br>training routine<br>and competition |
| %<br>max heart<br>rate | No training   | <70%   | <80%   | <90%  |  |   |
| Duration<br>(minutes)  | No training   | <15  | <45  | <60   |  |   |
| Aim                    | <b>Symptom free<br/>after this 2-week<br/>period</b>  | <b>Increase heart<br/>rate</b>   | <b>Add movement</b>  | <b>Exercise,<br/>coordination, and<br/>skills/tactics</b>   | <b>Address<br/>technique<br/>weakness that<br/>may have<br/>contributed to<br/>head injury</b> | <b>Full return to<br/>sport</b>   |

## Standard return to play pathway

The table below highlights the minimum time frame for return to play for adults and those under the age of 19. All stages must be completed being symptom free during the activity and at rest before progressing to the next stage.

|          | Stage 1<br>Initial rest period   | Stage 2<br>Light exercise       | Stage 3<br>Karate-specific<br>exercise | Stage 4<br>Non-contact training | Stage 5<br>Full-contact<br>training | Stage 6<br>Return to<br>play   |                                 |
|----------|--|---------------------------------|--|---------------------------------|-------------------------------------|--------------------------------|---------------------------------|
| Adult    | 14 days of rest following the initial injury. Athlete must be symptom-free at the end of this period before progressing onto stage 2 | Return to work/academic studies | Clearance by doctor recommended        | Minimum duration of 24 hours    | Minimum duration of 24 hours        | 19-day earliest return to play |                                 |
|          |  |                                 |  | Minimum duration of 24 hours    | Minimum duration of 24 hours        |                                | Clearance by doctor recommended |
| Under 19 | 14 days of rest following the initial injury. Athlete must be symptom-free at the end of this period before progressing onto stage 2 | Return to work/academic studies | Clearance by doctor recommended        | 4 days minimum if symptom free  |                                     |                                | 23-day earliest return to play  |
|          |  |                                 |  | Minimum duration of 48 hours    | Minimum duration of 48 hours        | Minimum duration of 48 hours   |                                 |
|          |  |                                 |  | 8 days minimum if symptom free  |                                     |                                |                                 |

**Players may want to return to activity as soon as possible following a concussion. Medical staff, coaches, administrators, officials, teachers and other club members must:**

- Ensure all symptoms have resolved before commencing GRTP.
- Ensure the GRTP is followed accurately.
- Ensure that the advice of medical practitioners and other healthcare professionals is adhered to

**It is the patient or parent's responsibility to obtain medical clearance before returning to play.**

It is important that all those involved with the athlete suspected of concussion remain vigilant for the signs and symptoms of concussions (outlined above) even if the GRTP has been completed. If symptoms persist, the player must consult their healthcare practitioner as soon as possible as referral for specialist concussion management may be required.

**Please note:** Athletes who suffer concussion from poor technique or ability, their coach must ensure that this is corrected and improve upon before returning them to situation in which they suffered the concussion e.g. sparring, open competitions etc.

If the athlete’s attitude or behaviour is suspected of putting them at risk of injury, then this should also be addressed prior to returning to full competition.

**Management of recurrent or multiple concussions**

Repeated concussions increase the risk of long-term damage. Those with a second concussion within 12 months, unusual symptoms/presentations or prolonged recovery from concussion should be assessed and managed by healthcare professionals with experience in sports-related concussions.

It is important to remember that repeated concussions can cause serious injury, even if they aren’t apparent at the time. Specialist management of these cases is important, and it may involve prolonged rest from sport.

**Returning to school/academic studies**

Athletes, who are required to return to school following a concussion or suspected concussion, may need adequate rest from cognitive rest before returning to their studies.

The plan below may help with graduated reintroduction to their studies and cognitive activities.

| Stage | Aim   | Activity  | Goal  |
|-------|---|---|---|
| 1     | Daily activities at home that remain symptom free | Normal activities during the day as long as they do not increase symptoms. Start at 5-15 minutes and build up time e.g. screen time, reading, texting | Gradual return to typical activities                        |
| 2     | School activities                                 | Homework, reading or other cognitive activities outside of the classroom  | Increase tolerance of cognitive activities                  |
| 3     | Return to school part-time                        | Gradual introduction to schoolwork starting with partial school days or normal length days with increased breaks                                      | Increase academic activities                                |
| 4     | Return to school full-time                        | Progress activities until a full day of studies can be tolerated without provoking symptoms   | Return to full academic studies and catch up on missed work |

## Return to play in the enhanced setting.

The enhanced return to play protocol allows recovery and return to full competition quicker than the standard pathway. However, for this to be achieved then the following must be present:

1. There is a doctor with training and experience in the management of concussion/traumatic brain injury available to closely supervise the player's care and GRTP protocol and clear the player prior to their return to play.

### And

2. There is a structured concussion management programme in place including:
  - a. Baseline SCAT 5 and/or Computerised Psychometric/Cognitive testing of players
  - b. Clinical serial multimodal concussion assessment of players post-head impact event
  - c. Formalised GRTP programme with regular SCAT 5 assessments recorded in players' medical records.
  - d. Access to neuropsychology/neurology/neurosurgery specialists if required.
  - e. Formal concussion education programme for coaches and players

**The enhanced GRTP protocol is not appropriate for anyone under the age of 17. Those under this age must follow the standard protocol for graduate return to play.**

The protocol follows the same step-by-step procedure as the standard GRTP, however the initial recovery period is accelerated. The table below shows the different time frame for the enhanced GRTP protocol.

| Stage 1<br>Initial rest period  | Stage 2<br>Light exercise      | Stage 3 Karate-specific exercise | Stage 4<br>Non-contact training | Stage 5 Full-contact training | Stage 6<br>Return to play    |                                |
|---|--------------------------------|----------------------------------|---------------------------------|-------------------------------|------------------------------|--------------------------------|
| Must be cleared by doctor   | Minimum duration of 24 hours   | Minimum duration of 24 hours     | Minimum duration of 24 hours    | Must be cleared by a doctor   | Minimum duration of 24 hours | 6-day earliest return to play  |
|   | 4 days minimum if symptom free |                                  |                                 |                               |                              |                                |
|   | Minimum duration of 24 hours   | Minimum duration of 24 hours     | Minimum duration of 24 hours    | Must be cleared by a doctor   | Minimum duration of 24 hours | 12-day earliest return to play |
| 8 days minimum if symptom free  |                                |                                  |                                 |                               |                              |                                |
| The entire process must be supervised by a doctor within a structured concussion management programme |                                |                                  |                                 |                               |                              |                                |

**It is important to remember that these return-to-play times are a minimum, and players who do not complete each stage being symptom free at rest and during the physical activity at that stage will require longer to return to play.**

Players may want to return to activity as soon as possible following a concussion. Medical staff, coaches, administrators, officials, teachers and other club members must:

- Ensure all symptoms have resolved before commencing GRTP.
- Ensure the GRTP is followed accurately.
- Ensure that the advice of medical practitioners and other healthcare professionals is adhered to

Please note: This protocol is more appropriate for elite athletes who are under the supervision of medical staff regularly.

#### **Additional/Useful resources**

Pocket Recognition tool - <https://bjsm.bmj.com/content/bjsports/47/5/267.full.pdf>

Sport Concussion Assessment Tool (SCAT 5) -  
<https://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf>

ChildSport Concussion Assessment Tool (ChildSCAT5) for those aged 5 to 12 years old - <https://bjsm.bmj.com/content/bjsports/early/2017/04/28/bjsports-2017-097492childscat5.full.pdf>

Berlin concussion group consensus statement -  
<https://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097699>

*The British Karate Federations concussion resources have been developed based on the Berlin Guidelines outlines in the Consensus Statement on Concussion in Sport and have been adapted for Karate.*

The information outlined in this document is intended for educational purposes only and is not meant to be a substitute for appropriate and proper medical advice or care. If you believe that someone under your care has sustained a concussion, it is strongly recommended that you contact a qualified healthcare professional for appropriate diagnosis and treatment.