

## Medical Manual for Judo

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## Tournament medical area requirements

### Physical area

Table and 3 chairs per combat mat area.  
Treatment area approximating table to be 2 mats long.

### Equipment

A complete list of all athletes attending the tournament  
Ice packed in bags in an eski  
Access to power.  
Writing paper and pens  
Garbage bin  
Other gear as per medical/paramedical personnel

### Personnel

One doctor per competition (overall responsibility)  
One medically trained per mat area (doctor or physiotherapist)  
One other person per mat area (first aid certificate at least)

## General guideline for medical personnel attending Judo tournaments

### **Punctuality**

It is expected that you arrive not less than 30mins prior to the commencement of the competition. If you are the one responsible for medical support then it is important that you liaise with the officials prior to the competition day and if possible be present on the day that the tatamis (mats) are laid out to negotiate an adequate treatment area.

### **Preparedness**

Know the rules of Judo, be prepared with your support gear, be watchful at all times during a competition and when called to attend to an athlete at the competition area, ensure efficiency with professionalism.

### **Communication**

Any significant treatment to an athlete must be explained to the athlete's coach or nominated support person. Written documentation of the treatment undertaken is advisable. Maintain a list of those athletes that you have treated (ideally obtain a complete list of attending athletes prior to the tournament).

### **Blood decontamination**

Personnel should wear gloves during treatments and change gloves between blood contacts. Wash own hands in soap and water between contacts. Judogis that have been stained with blood need to have that stain soaked with a fresh solution of 1% bleach (sodium hypochlorite) for 10 minutes then washed. The judogi should not be worn until the stain has been bleached out and dried.

Fresh blood stains should necessitate changing the judogi until the above procedure has been undertaken. Tatami stains should be cleaned with a neutral detergent and wiped dry.

### **Bleeding control**

Be efficient when attending to the athlete on the competition area. Do not use bandaids or taping that is likely to fall off. Circumferential taping is preferred but one must be careful to avoid restricting joint movement or blood supply. Wear gloves when handling blood, clean hands and dry afterwards. Change gloves after use.

Dental rolls or rolled gauze strips are useful for bleeding noses.

## Procedures for medical/paramedical personnel covering a competition

- Do not interfere with a bout unless requested by a referee or an obviously life threatening event has occurred.
- Be mindful that assessment, in the case of young men and young women and senior level, can only be made by timely observation, basic questioning and the request that the athlete move the affected part actively.
- Do not passively manipulate an injured part as this can be seen as a treatment and therefore necessitates the end of a bout.
- Blood control is at the direction of the referee.
- Do not apply tape, ice, or anything else to the athlete unless it is for control of bleeding.
- Tape that becomes loose during the bout needs to be removed. Do not reinforce tape, apply bandages, sprays or creams to the athlete as this means disqualification for the athlete.
- If the athlete refuses an examination that has been requested by a referee, then inform the referee of this after making a rapid observation. If the athlete has no potential for a significant injury then inform the referee of this.
- Offer the athlete a more thorough assessment after the bout.
- Be mindful of a continuing injury in subsequent bouts.
- Keep a watchful eye on the competition at all times.
- Ensure that each mat area has at least one medical/paramedical observer in constant attendance.

## Guideline for the management of the seriously injured person during competition

- Allow the athlete to continue competing if they so wish except when an injury is potentially serious. In the case of minors, be extra cautious and conservative
- Should you decide that the athlete, because of an injury, is to be disqualified stay with the athlete and escort the athlete off the mat area
- If the above has applied and the athlete competes again that day, inform the competition manager and request that the athlete be cleared by you prior to the next bout
- Involve the athlete's manager, coach or nominated support person in all cases that a minor (under 16 years) is treated and in all cases that a 'serious' injury has occurred or where medications are given
- Serious injuries include - joint dislocation and fractures, any period of loss of consciousness, uncontrolled blood loss, ocular injuries, fractures including ribs and suspected major spine trauma
- Beware - the athlete not fully co-operative, may have had undiagnosed concussion. Quick tests of cognition will help differentiate.
- In the case of a significant cervical spine injury, do not move the athlete off the competition area unless adequately equipped and trained. Collar and immobilise neck prior to any assessment procedures being undertaken.

Work sheets

Patient notes

Referring practitioner contact details

Name

Address/phone:

**Date:**

**Event and Venue:**

**Patient name:**

**Age:**

**D.O.B:**

**Sex:**

M/F

**Address:**

**Medicare number:**

**Coach name:**

**Symptoms incl. history:**

Preventability?

Y/N

**Examination findings:**

**Provisional diagnosis:**

**Treatment:** (circle). Ice, bandage, tape, drugs, referral to hospital, etc.

**Follow up recommendations and progress notes:**

FEEDBACK is requested Signature:

Date:

## Head injury card

<p>Please read carefully <i>Give one to an accompanying person and one to the player.</i></p>	
NAME.....	AGE.....
Sustained.....*concussion at(time).....on(date).....	
*insert mild, medium, severe as appropriate.	
<b>IMPORTANT WARNING.</b>	
He/she should be taken to a hospital or a doctor immediately if he/she:	
<ul style="list-style-type: none"><li>• develops headache</li><li>• becomes restless, irritable or unsteady</li><li>• becomes drowsy or cannot easily be roused from sleep</li><li>• has a fit(convulsion)</li><li>• vomits or becomes nauseated</li><li>• or if anything unusual occurs.</li></ul>	
For the rest of the day He/she should:	
<ul style="list-style-type: none"><li>• rest quietly</li><li>• not consume alcohol</li><li>• not drive a vehicle.</li></ul>	
He/she should not train or play again without clearance by a doctor.	
Emergency phone numbers:	
<ul style="list-style-type: none"><li>• Doctor.....</li><li>• Ambulance.....</li><li>• Hospital.....</li></ul>	

## Ice treatment

- |  |
|--|
| <ul style="list-style-type: none"><li>• Apply for 15 minute intervals every 1 hour</li><li>• Use a large amount of crushed ice.</li><li>• A wet cloth should be applied between the skin and the ice to prevent ice burns.</li><li>• Do not apply to an area where there is local circulation impairment or over nerves.</li><li>• Once the part is cool, then commence gentle, non-weight bearing movement until warmed up again.</li><li>• For an ankle injury, place the foot in a bucket of water which has a floating layer of ice. When the foot is cold, begin ankle movement (toes up and down) exercises until warmed up. Repeat at hourly intervals for 3 hours.</li><li>• Always elevate the injured limb and don't forget to bandage firmly after the above exercises.</li></ul> |
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## Concussion definition

Loss of unconsciousness is not a universal feature of concussion. A blow to the jaw can cause a head injury. Properly fitting mouth guards can prevent head injury.

Mild concussion: consciousness is preserved, there is a transient confusion and disorientation unaccompanied by any amnesia or headache, dizziness or lack of coordination.

Moderate concussion has associated loss of consciousness and reverses completely within several seconds. There may be transient neurological signs. There may be temporary confusion after recovery with some degree of pre and post amnesia. Post traumatic amnesia level is a guide to the severity of the concussion. There may be personality changes. Persistence of symptoms past 30 minutes is a recommendation of formal assessment in a hospital environment.

Severe concussion is associated with longer periods of loss of consciousness (more than 1 minute), with more headache, amnesia, dizziness, and amnesia. Persistence of symptoms past 24 hours is significant and will require further investigation.



## Tools of trade

Note - this list is not exhaustive

### Bits and pieces

Alcowipes  
Band-aids  
Chux superwipes  
Combines  
Cotton dental rolls  
Cotton pads  
  
Skin closure glue  
Elastoplast  
Eyepads  
Freezer bags  
Friars Balsam  
Gauze/sterile  
Gloves  
Hand towels  
Hydrogen peroxide;  
Liquid Pyroneg (low  
sudzing detergent)  
Local anaesthetic  
Mefix/Hypafix  
Moist towlettes  
Needles/syringes  
Paper tissues  
Peripads  
Saline for irrigation  
Scissors - nails and tape  
Small garbage bags  
Sterile gauze  
Steristrips  
Talcum powder  
Tapes - assorted  
Vaseline/KY jelly  
  
Drugs in sport handbook

### Drugs

Benzylpenicillin  
Buscopan IMI/oral  
Neurofen  
Feldene/voltaren gel-tabs  
Gastrolyte  
Hydrocortisone  
intravenous  
Imodium  
Cephalosporins  
Maxolon IVI/IMI  
Mylanta tabs  
Neurofen  
Paracetamol  
Phenergan IMI/oral  
Telfast/Claratyne  
Throat lozenges  
  
Valium, morphine, adrenaline IVI/IMI  
Ventolin inhaler

### Personal

Notepad/official papers  
Photo identification  
Mobile phone  
Alarm clock  
Spare shoelaces  
Needle and thread.

Other

### Tools

Auroscope  
Glucometer  
Official stamp  
Ophthalmoscope  
Peak flow meter  
Script pad  
  
Sharps container  
Sphygmomanometer  
Stethoscope  
Thermometer  
Torch  
Volumatic spacer  
Worksheets  
  
**Other**  
Cervical collars  
Stretcher  
Jordan frame or scoop stretcher  
  
Resuscitation mask

## Protocols and Procedures

### Introduction

Judo is a vigorous body contact sport. It involves obtaining submission by means of throwing, pinning on the ground, arm bars and strangulations. There is no protective equipment used, but it is highly regulated and there are no weapons used. At competition level there are significant risks of blood contamination through lacerations. Injuries sustained are usually minor, however they can include, fractures, dislocations and periods of unconsciousness. It is not uncommon at national competitions (where there are up to 300 competitors) to have 3 or 4 fractures, 2 or 3 dislocations and 2 or 3 athletes with unconsciousness due to concussion or strangulations.

Judo players compete in weight and sex based divisions. 'Making weight' is a requirement that, in some cases, encourages dehydration.

It is possible to participate in the sport of Judo in a non-combative way. This would involve Kata (a stylised and choreographed form of judo).

The following protocols have been developed with the above in mind and in the interest of the competitor.

### Pregnancy

Be aware that there is a risk of miscarriage when competing in Judo. There is also a theoretical risk of malformations due to the overheating effects of training. It is advised that pregnant women do not compete in Judo at competition level.

### DVT and Travel

Deep venous thrombosis can lead to death from lung clots. The risk is low and has been calculated at one in two million passengers. In high-risk passengers it is one in one hundred thousand passengers. High risk situations include travelling with a limb that has been immobilised (e.g. in plaster), smoking, prior DVTs and being on the oral contraceptive pill. Aspirin has not been shown to be protective. Compression stockings do prevent against DVTs but need to be fitted by a professional.

To minimise the risk of deep venous thrombosis, common sense suggestions include the following -

- Drink plenty of fluids
- Regularly mobilise ankles and massage calves
- Avoid combining sedatives and alcohol
- Wear non-restrictive clothing and avoid tight bandages
- Exercise by walking before and after travel and during stopovers
- Do not dehydrate

### HIV and other blood born diseases

The risk of infectious disease transmission is low but real. Due to the not infrequent contact with blood, no athlete known to have HIV, active Hepatitis B and Hepatitis C should participate in Judo at competition level. Athletes competing should understand that blood spill management minimizes transmission of these diseases but does not completely prevent it.

### Vaccinations

All judo athletes should have up to date vaccinations against Hepatitis B and Tetanus.

It is also recommended that other routine vaccinations should be up to date. Please check with your usual doctor.

## Medical clearance

All athletes should be aware of the above and should have a medical clearance prior to overseas travel and prior to attending each competition. In knowing the above they compete at their own risk.

## Injury prevention

Attending competition with the following can lead to an increased risk of serious injuries:

- An anaesthetised joint
- A spinal injury
- A major joint injury (knee, shoulder and elbows)
- A febrile illness
- Not wearing a mouth guard
- Being nauseated
- Being under the influence of drugs or alcohol
- A suspected rib fracture
- Being more than mildly dehydrated (more than 3% bodyweight)

Please note that this is not an exhaustive list.