



# Kendo Ontario Concussion Protocol

Kendo Ontario has developed the Kendo Ontario Concussion Protocol to help guide the management of athletes/participants who may have a suspected concussion as a result of participation in Kendo.

## Purpose

This protocol covers the recognition, medical diagnosis and management of athletes/participants who may sustain a suspected concussion or head injury during Kendo. It aims to ensure that athletes with a suspected concussion receive timely and appropriate care and proper management to allow them to return back to Kendo safely.

## Who should use this protocol?

This protocol is intended for use by all active athletes/participants as well as those who are involved with Kendo. This includes parents (of underage participants), instructors/trainers as well as officials/judges.

## 1. Education

Despite recent increased attention focusing on concussion there is a continued need to improve concussion education and awareness. Optimizing the prevention and management of concussion depends highly on regular education of all those involved with Kendo. They should be aware of and educated on current evidence-based approaches that can prevent concussion and more serious forms of head injury and to help identify and manage an practitioner with a suspected concussion.

### Concussion education should include information on:

- The definition of a concussion
- Possible mechanisms of injury
- Common signs and symptoms
- Steps that can be taken to prevent concussions and other head-related injuries from occurring
- What to do when an athlete has suffered a suspected concussion or more serious head injury
- What measures should be taken to ensure proper medical assessment
- Return-to-Full Practice Strategies
- Return to full practice medical clearance requirements

All athletes/participants and parents of underage athletes/participants should be required to review and submit a signed copy of the *Concussion Education Sheet* to their club instructor prior to:

- The first time the participant puts on their protective mask (“men”),
- Paying their club fees at a designated annual period, or
- Beginning to instruct or assisting in the instruction of a Kendo Ontario club.

In addition to reviewing the information on concussions, it is also vital that all those involved with Kendo should have a clear understanding of the protocol itself.

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## **2. Head Injury Recognition**

The formal diagnosis of concussions should be made following a proper medical assessment, all Kendo stakeholders including athletes/participants, parents, instructor/coaches and officials are responsible for the recognition and reporting of athletes who demonstrate signs and symptoms of a concussion. This is particularly important because many Kendo, sports and recreation venues will not have access to on-site licensed healthcare professionals.

A concussion should be suspected:

- In any practitioner who sustains a significant impact to the head, face, neck or body and demonstrates ANY of the visual signs of a suspected concussion or reports ANY symptoms of a suspected concussion as detailed in the *Concussion Recognition Tool 5*.
- If a player reports ANY concussion symptoms to one of their fellow peers, parents or instructors OR if anyone witnesses an athlete exhibiting any of the visual signs of concussion.

In some cases, an practitioner may demonstrate signs and/or symptoms of a more severe head or spine injury (including convulsions, worsening headaches, vomiting or neck pain). As indicated by the *Concussion Recognition Tool 5*, these are 'Red Flag' indicators, and a more severe head or spine injury should be suspected and Emergency Medical Assessment should be pursued and contacted.

## **3. Onsite Medical Assessment**

Depending on the suspected severity of the injury, an initial assessment may be completed by emergency medical professionals or by an on-site licensed healthcare professional (if available). In cases where an practitioner loses consciousness or a more severe head or neck injury is suspected, an Emergency Medical Assessment by emergency medical professionals should take place (see 3a below). If a more severe injury is not suspected, the practitioner should undergo Sideline Medical Assessment or Medical Assessment (depending on availability of a licensed healthcare professional - see 3b).

***Licensed Healthcare Professionals who are able to make a formal diagnosis of a concussion includes physician and/or nurse practitioner.***

### **3a. Emergency Medical Assessment**

If a practitioner is suspected of sustaining a more severe head or spine injury during a practice or match, an ambulance should be called immediately to transfer the patient to the nearest emergency department for further assessment.

The practitioner should not be moved, nor should any of the equipment on the practitioners' body be removed. The practitioner should not be left alone until the ambulance arrives. After the emergency medical services staff has completed their assessment, the athlete will be transferred to the nearest hospital for further assessment.

In the case of youth (under 18 years of age), the athletes' parents should be contacted immediately to inform them of athletes' injury. For practitioners over the age of 18, their emergency contact person should be contacted, if provided.



### 3b. Sideline Medical Assessment

If a practitioner is suspected of sustaining a concussion and there is no concern for a more serious head or spine injury, the practitioner should be immediately removed from the field of play.

#### **Scenario 1: If a licensed healthcare professional is present**

The practitioner should be taken to a quiet area and undergo Sideline Medical Assessment using the **Sport Concussion Assessment Tool 5 (SCAT5)** or the **Child SCAT5**. These are clinical tools that should only be used by a licensed healthcare professional that has experience using these tools. It is important to note that the results of **SCAT5** and **Child SCAT5** testing can be normal in the setting of acute concussion. As such, these tools can be used by licensed healthcare professionals to document initial neurological status but should not be used to make sideline return-to-full-practice decisions in young practitioners. Any young practitioner who is suspected of having sustained a concussion must not return to the game or practice and must be referred for medical assessment.

If a young practitioner is removed from play following a significant impact and has undergone assessment by a licensed healthcare professional, but there are NO visual signs of a concussion and the practitioner reports NO concussion symptoms then the practitioner can be returned to play but should be monitored for delayed symptoms.

In the case of national team-affiliated athletes (Age 18 years and older), an experienced certified athletic therapist, physiotherapist or medical doctor providing medical coverage for the sporting event may make the determination that a concussion has not occurred based on the results of the Sideline Medical Assessment. In these cases, the athlete may be returned to the practice or match without a *Medical Clearance Letter* but this should be clearly communicated to the coaching staff. Athletes that have been to return to play should be monitored for delayed symptoms. If the athlete develops any delayed symptoms, the athlete should be removed from play and undergo medical assessment by a medical doctor or nurse practitioner.

#### **Scenario 2: If there is no licensed healthcare professional present**

The athlete should be referred immediately for Medical Assessment by a licensed healthcare professional (this includes a medical doctor or nurse practitioner), and the athlete must not return to play until receiving medical clearance.

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#### 4. Medical Assessment

In order to provide comprehensive evaluation of athletes with a suspected concussion, the medical assessment must rule out more serious forms of traumatic brain and spine injuries, must rule out medical and neurological conditions that can present with concussion-like symptoms, and must make the diagnosis of concussion based on findings of the clinical history and physical examination and the evidence-based use of adjunctive tests as indicated (e.g CT scan). In addition to nurse practitioners, medical doctors that are qualified to evaluate patients with a suspected concussion include: family medicine, sports medicine, emergency department, internal medicine and rehabilitation physicians; neurologists; and neurosurgeons.

#### 5. Concussion Management

When a young practitioner has been diagnosed with a concussion, it is important that the practitioners' parent or legal guardian be informed. All practitioner diagnosed with a concussion must be provided with a standardized *Medical Assessment Letter* that notifies the athlete and their parents/legal guardians/spouse that they have been diagnosed with a concussion and may not return to any activities with a risk of concussion until medically cleared to do so by a medical doctor or nurse practitioner. Because the *Medical Assessment Letter* contains personal health information, it is the responsibility of the athlete or parent/legal guardian to provide this documentation to the athletes' instructors/coaches. It is also important for the athlete to provide this information to sport organization officials that are responsible for injury reporting and concussion surveillance where applicable.

Athletes diagnosed with a concussion should be provided with education about the signs and symptoms of a concussion, strategies about how to manage their symptoms, the risks of returning to full practice without medical clearance and recommendations regarding a gradual return to full practice or other activities. Athletes diagnosed with a concussion are to be managed according to their *Return-to-School/Work* and *Sport-Specific Return-to-Full Practice Strategy* under the supervision of a medical doctor or nurse practitioner. Once the practitioner has completed their *Return-to-School/Work* and *Sport-Specific Return-to-Full Practice Strategy* and are deemed to be clinically recovered from their concussion, the medical doctor or nurse practitioner can consider the athlete for a return to full Kendo activities and issue a *Medical Assessment Letter* .