



AUSTRALIAN KENDO RENMEI

CONCUSSION IN KENDO GUIDANCE

Policy Name:	Concussion in Kendo Guidance
Date of Commencement:	11 February 2024
Date of Approval:	11 February 2024
Date of Review:	11 February 2025

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1.0 Introduction

Concussions, a form of traumatic brain injury, are a significant health concern in sports, including full-contact martial arts like Kendo. Despite the use of protective equipment during Kendo practice, this does not mitigate all potential risk.

Of particular concern are situations where:

- Strikes to the head with excessive force, particularly to members <16 or >65 years old.
- Strikes to inappropriate areas of the Men (面).
- Accidental/non-accidental collision leading to a fall with head strike onto a hard surface.

Recognising and managing concussions is crucial, especially at the community sport level where medical resources may be less readily available than in professional settings.

The Australian Institute of Sport have published guidelines on concussion in community sport.¹ The following have been adapted to assist practitioners, coaches/sensei and support staff to identify and manage suspected concussions.

2.0 Definitions

2.1 Concussion

Concussion is a brain injury resulting in a disturbance of brain function. It affects the way a person thinks, feels and remembers things. Concussion occurs through a collision with another person or object where biomechanical forces to the head, or anywhere on the body transmit an impulsive force to the head/brain. In most cases, this results in transient neurological impairment. It should be noted that concussion can also occur with relatively minor 'knocks'.

2.2 Symptoms and Signs of Concussion

Symptoms of concussion based on the concussion recognition tool (CRT6)²:

Physical Symptoms
Headache
"Pressure in head"
Balance problems
Nausea or vomiting
Drowsiness
Dizziness
Blurred vision
More sensitive to light
More sensitive to noise
Fatigue or low energy
"Don't feel right"
Neck Pain

Changes in Emotions
More emotional
More Irritable
Sadness
Nervous or anxious

Changes in Thinking
Difficulty concentrating
Difficulty remembering
Feeling slowed down
Feeling like "in a fog"

Remember, symptoms may develop over minutes or hours following a head injury.

In particular, serious signs (“Red Flags”) that should prompt urgent medical assessment:

Red Flags: CALL AN AMBULANCE

If **ANY** of the following signs are observed or complaints are reported after an impact to the head or body the athlete should be immediately removed from play/game/activity and transported for urgent medical care by a healthcare professional (HCP):

- **Neck pain or tenderness**
- **Seizure, ‘fits’, or convulsion**
- **Loss of vision or double vision**
- **Loss of consciousness**
- **Increased confusion or deteriorating conscious state (becoming less responsive, drowsy)**
- **Weakness or numbness/tingling in more than one arm or leg**
- **Repeated Vomiting**
- **Severe or increasing headache**
- **Increasingly restless, agitated or combative**
- **Visible deformity of the skull**

2.3 Onset of concussion symptoms

Symptoms of a concussion may take up to 48 hours to develop following a head contact. Concussion is an evolving injury and all individuals with a suspected concussion should be vigilant for any new symptoms.

3.0 Management Recommendations

Based on the Australian Institute of Sport’s Concussion and Brain Health Position Statement 2024 and related guidelines³, the following recommendations are made for managing head concussions in Kendo within a community sport environment:

3.1 Education and Awareness

All AKR members should be aware of the symptoms of concussion and the importance of reporting and managing these injuries. It is recommended that all AKR members be familiar with this policy document as well as review other educational resources including the “Concussion in Australian Sport” website from the Australian Institute of Sport.¹

3.2 Immediate Response and Assessment

If a concussion is suspected during training or competition, the affected individual should be assessed immediately.

Quick screening questions should be asked during the initial assessment:

- What is your name?
- What day is it today?
- Where are we today?
- What event (training/competition) were you doing?
- Who was your last opponent/training partner?

If the individual is unable to correctly provide answers to these screening questions or describe symptoms/signs of concussion (section 2.2), they should be immediately removed from the activity and assessed by a qualified healthcare professional (HCP) (see Figure 1 for flowchart).

Individuals with suspected concussion should **NOT**:

- Be left alone initially (at least for the first three hours), worsening of symptoms should lead to immediate medical attention.
- Be sent home by themselves - they need to be with a responsible adult.
- Drink alcohol use recreational drugs or drugs not prescribed by their HCP.
- Drive a motor vehicle until clear to do so by HCP.

It is recommended that an incident report be created using the AKR Incident report form regardless of a suspected concussion. Please detail the circumstance and treatment provided to the best of your ability (understanding that the reporter may not be medically trained). This document should be emailed within 24 hours of the incident to your State/Territory Secretary and AKR Secretary should the individual require medical assessment.

Please note that confirmation of a concussion is the responsibility of the HCP. **If in doubt, please send the individual to a HCP/hospital for medical assessment.**

If concussion is not suspected, the individual may return to their activities but should continue to monitor for symptoms in the next 48 hours.

3.3 Mandatory Rest Period

Following a **confirmed** concussion, a mandatory rest period should be observed. In line with the Australian Concussion Guidelines for Youth and Community Sport, an individual should undergo an initial 24-48 hours of relative rest, followed by a gradual reintroduction of light exercise. Ongoing review with the individual's HCP is recommended.

3.4 Return-to-Play Protocol

Individuals with a **confirmed** concussion should be symptom-free for at least 14 days before returning to contact training in Kendo. A minimum period of 21 days is recommended before resuming competitive contact activities.

3.5 Duty of Care

Coaches/sensei have a duty of care to ensure that their members are able to practice in a safe sporting environment. It is acknowledged that Kendo clubs in Australia may vary in size, complexity and level of resources. It is recommended that those in club leadership positions ensure that both they and their members are educated about concussion and that appropriate protocols are established to suit their club's specific circumstance.

3.6 Review of Process

All reported cases of suspected/confirmed concussion will be reviewed by the AKR Chief Medical Officer and Executive Committee. Recommendations will be fed back to all relevant parties in a timely manner.

4.0 References

1. [Concussion in Australian Sport | Concussion in Australian Sport \(concussioninsport.gov.au\)](http://concussioninsport.gov.au)
2. [The Concussion Recognition Tool 6 \(CRT6\) \(bmj.com\)](http://bmj.com)
3. [AIS-Concussion-and-Brain-Health-Position-Statement-2024-FINAL.pdf \(concussioninsport.gov.au\)](http://concussioninsport.gov.au)

Figure 1: Concussion identification and management flowchart

