



Concussion and Head Injury Management Policy

Yorkshire Martial Arts Concussion and Head Injury Policy

Contents

- Introduction To Our Concussion & Head Injury Management Policy
- Interpreting Guidance & Ensuring Relevant Competency
- Pre-Reading & Important Disclosure
- Head Injuries: Types, Causes, and Prevalence in Martial Arts
- Red Flag Symptoms
- Long-Term Impacts of Concussions and Repeated Head Trauma
- The Danger in Martial Arts & Preventative Measures
- First Aid for Suspected Concussion and Head Injuries
- Return to Play: Guidelines and Precautions
- Protective Equipment: Selection, Use, and Maintenance
- Safe Sparring: Reducing the Risk of Head Injuries
- Moderated Sparring Access (MSA)
- Children & Sparring
- Common Sense - Not Never Again
- Culture & Risk Mitigation
- Strength and Conditioning to Prevent Head Injuries
- Third Party Events & Competitions
- Crucial 'Take-Homes' and Action Points



Concussion and Head Injury Management Policy

Introduction To Our Concussion & Head Injury Management Policy

Our Concussion & Head Injury Management Policy is a pioneering and critical component of our commitment to ensuring the safety and well-being of all participants within the martial arts community we serve.

As a martial arts academy, we recognise the inherent risks associated with martial arts training, including the potential for concussions and head injuries. Our policy is designed to mitigate these risks, providing a framework for the prevention, identification, and management of such injuries on a style agnostic basis, allowing the tools and policy guidance to be applicable across all of the disciplines we teach.

Our primary aim is to foster a safe and supportive environment where practitioners can thrive, learning and growing in their chosen martial arts discipline without undue risk to their health. To this end, this policy sets out clear guidelines and procedures that are grounded in the latest research and best practices in sports safety and concussion management predominantly aimed at instructor and club management teams.

We are dedicated to educating our instructors, students, and their families about the importance of recognising the signs and symptoms of concussions, the seriousness of head injuries, and the steps to take should an injury occur. This policy outlines our expectations for all our members, including the use of protective gear, the implementation of safe training practices, and the protocols for dealing with suspected concussions.

Through adherence to this policy, we aim to not only comply with legal and ethical standards but to surpass them, ensuring that our martial arts community is informed, protected, and empowered. We believe that by working together, we can create a culture of safety and respect that upholds the integrity of martial arts and safeguards the health and future of every practitioner.

Interpreting Guidance & Ensuring Relevant Competency

Concussion and head injury management in martial arts is a huge topic, and one that lacks any major funding or research. Accordingly, this policy document represents the 'tip of the iceberg' in terms of research and development in the subject.

We have undertaken the BMABA Concussion & Head Injury Management Policy Award (CHIMA) which represents the gold standard in martial arts for Concussion Management, and comprises of tens of thousands of words of specialist guidance on complex issues relating to the topic. This policy cannot replicate that level of depth or context, and should instead be used for reference only.



Concussion and Head Injury Management Policy

Pre-Reading & Important Disclosure

There is little to no established or peer-reviewed information available from martial arts specifically, and certainly not the full breadth of disciplines we each - especially at recreational level. BMABA have consulted expert guidance and provided us with externally validated sources from established guidance and publications from, among many others;

- NHS
- Sport & Recreation Alliance (SRE)
- Welsh Sports Association
- Scottish Sports Association
- Sports NI
- Headway
- Manchester Royal Infirmary
- UK Government
- Child Brain Injury Trust
- DCMS
- Child Protection in Sport Unit (CPSU)
- British Journal Of General Practice

Head Injuries: Types, Causes, and Prevalence in Martial Arts

Head injuries can range from mild to severe and are generally classified into two main categories: **external** and **internal**. **External injuries**, often visible, include cuts, bruises, and fractures to the skull. **Internal injuries**, which are more concerning, involve the brain and may not always show immediate symptoms. These include concussions, contusions (bruises on the brain), and traumatic brain injuries (TBIs).

- **Concussions** are the most common form of brain injury in martial arts, described by the NHS as a temporary injury to the brain caused by a bump, blow, or jolt to the head. Symptoms can include headache, confusion, dizziness, nausea, and sometimes loss of consciousness, though it's important to note that not all concussions result in a loss of consciousness.
- **Contusions** and **TBIs** are more severe and can lead to swelling, bleeding inside the brain, and long-term damage.

Causes in Martial Arts

In martial arts, head injuries are predominantly caused by direct blows to the head, falls, or rapid acceleration/deceleration movements that cause the brain to move inside the skull. This



Concussion and Head Injury Management Policy

can happen in various contexts, such as sparring, competition fighting, or even during routine training exercises.

Techniques and practices that increase the risk include high-impact strikes, throws, and takedowns. The likelihood of injury can be exacerbated by inadequate protective gear, improper technique, or insufficient supervision.

Not all Traumatic Brain Injuries (TBIs) will result from full contact fighting. It may seem insignificant, but a poorly managed breakfall or an accidental punch to the face during pad work could be sufficient for a major and devastating brain injury. Of course, the most severe the level of impact, and the duration, the more likelihood of serious injuries occurring. We'll cover this in greater depth later.

Recognising Concussions: Symptoms and Immediate Assessment Techniques

One of the most crucial skills you can develop as a martial arts Instructor, practitioner or observer is the ability to recognise the signs and symptoms of a concussion. This knowledge is vital, as it can occur during any martial arts lesson, whether through sparring, routine training, or competitive fighting. Understanding the immediate assessment techniques will empower you to act swiftly and appropriately, ensuring the safety and well-being of the students.

Symptoms of Concussion

Concussions can present a wide range of symptoms, which may appear immediately after the injury or develop over hours or days. The NHS outlines several key symptoms to watch for, including but not limited to:

- **Confusion or feeling dazed**
- **Headache or a feeling of pressure in the head**
- **Dizziness**
- **Nausea or vomiting**
- **Slurred speech**
- **Delayed response to questions**
- **Appearing dazed or stunned**
- **Temporary loss of consciousness (though this does not happen in all concussions)**
- **Memory problems, such as difficulty remembering events before or after the injury**

In the context of a martial arts lesson, we might notice a student who seems confused about routine drills or techniques they were previously familiar with, or they might struggle to recall recent events of the session. It's important to remember concussion isn't always immediately visible, so we need to be highly alert to **potential** injuries from impacts or falls, and we shouldn't be afraid to take pre-emptive steps to minimise on-going injury – such as removing somebody from training.



Concussion and Head Injury Management Policy

There are generally two sets of symptoms to look for in concussion;

First Symptoms

First symptoms of concussion typically appear immediately or within minutes of the injury. Key symptoms to look out for include:

- Confusion
- Dizziness
- Feeling like 'in a fog'
- Balance problems
- Headaches
- Loss of muscle tone (limpness)
- Sensitivity to noise or light
- Feeling unusually emotional, nervous or sad

Remember, loss of consciousness only typically occurs in around 10% of instances, so you shouldn't use this as an exclusive reference to the likelihood of a brain injury.

The injured student may report some of these symptoms, or it may be noticed by the teaching team or other students.

It's crucial anyone with suspected concussions, with any of the prior specified symptoms is removed entirely from the session. They should also be assessed by a medical professional as an immediate point of action.

This applies even if they maintain they are feeling fine – we have a duty of care to enforce this policy.

Delayed Symptoms

Delayed symptoms can present at any point in the hours or days following a suspected brain injury.

These can include **physical** symptoms like;

- Headaches
- Dizziness
- Visual Problems
- Nausea
- Sensitivity to light and sound
- Sleep problems
- Balance problems
- Fatigue



Concussion and Head Injury Management Policy

Cognitive symptoms such as;

- Poor concentration
- Forgetfulness
- Difficulty with processing information
- Slowed reaction times

Emotional symptoms including;

- Irritability
- Low Mood
- Anxiety
- Feeling more emotional than usual

Most of these symptoms are typical following a brain injury, and will improve by themselves within 2-4 weeks post-injury, however it's important you/we don't rely on this. This has to be a treatment choice the student reaches themselves (or a parent, if the student is a minor). Advice should always be that if symptoms worsen at any time, or if they remain for more than 14 days, the student should report to the GP without delay.



Concussion and Head Injury Management Policy

Red Flag Symptoms

This is quoted directly from the Brain Injury Association Sport Factsheet (BMABA a member of BIA) for the red flag symptoms. This is because of the severity of the issue, and just how important it is for instructors and volunteers to recognise this properly;

If any of the following symptoms develop or are reported following a blow to the head, the person should be urgently medically assessed by an appropriate healthcare professional onsite, or immediately taken to a hospital Accident and Emergency (A&E) department. For the avoidance of doubt, a healthcare professional onsite must be a fully trained doctor or paramedic – not a first aider!

- **Any loss of consciousness**
- **Drowsiness or deteriorating consciousness**
- **Loss of memory for events before or after the injury**
- **Confusion or irritability out of character, or unusual behaviour**
- **Problems with understanding information or communicating**
- **Loss of balance or problems with walking**
- **Decreased sensation, or pins and needles down arms/ legs**
- **Blurred or double vision**
- **Weakness**
- **Any fits (collapsing or passing out suddenly)**
- **Severe and increasing headache not relieved by painkillers such as paracetamol**
- **Repeated vomiting**
- **Reduced neck movement or severe neck pain**
- **Deafness in one or both ears that was not present before**
- **Clear fluid coming out of the ears or nose**
- **Inability to be woken**
- **Bleeding from one or both ears**

If in doubt, call 999. Some of these symptoms will mark a life-or-death injury that requires immediate and urgent treatment, parallel to the likes of an arterial bleed if looking at physical first aid.



Concussion and Head Injury Management Policy

Long-Term Impacts of Concussions and Repeated Head Trauma

Understanding the Risks

Concussions are not just temporary setbacks; they can have profound long-term effects on an individual's neurological health. The NHS highlights that while most people recover fully from concussions, the risk increases with the number of injuries sustained. In martial arts, where blows to the head can be frequent, particularly in disciplines involving striking, the risk of repeated head trauma is significant.

Long-term impacts of repeated concussions and head trauma can include:

- **Chronic Traumatic Encephalopathy (CTE):** A degenerative brain condition associated with repeated head traumas. Symptoms can include memory loss, confusion, impaired judgment, impulse control problems, aggression, depression, anxiety, Parkinsonism, and, eventually, progressive dementia.
- **Post-Concussion Syndrome (PCS):** Some individuals continue to experience concussion symptoms such as headaches, dizziness, and cognitive difficulties for months or even years after the injury.
- **Second Impact Syndrome (SIS):** Although rare, a second concussion occurring before the first one has fully healed can lead to rapid and severe brain swelling and, in some cases, can be fatal.



Concussion and Head Injury Management Policy

The Danger in Martial Arts

The nature of martial arts training and competition means that participants are at risk of head impacts that can lead to concussions and, over time, more serious neurological conditions. Strikes to the head, falls, and even the rapid jerking of the head can all cause brain injury. Instructors must be acutely aware of these risks and take proactive measures to minimise them, such as teaching proper technique, enforcing the use of protective gear, and promoting a culture where students feel comfortable reporting symptoms.

Preventative Measures

Preventing long-term impacts starts with reducing the occurrence of concussions and managing them effectively when they do happen. This includes:

- **Education:** Teaching students about the risks associated with head injuries, the importance of reporting symptoms, and the serious nature of concussions.
- **Protective Gear:** Ensuring that all participants wear appropriate headgear during sparring and competition to mitigate the risk of head trauma.
- **Technique Training:** Focusing on techniques that reduce the risk of head impacts, and teaching students to defend themselves properly against strikes to the head.
- **Monitoring and Management:** Establishing clear protocols for the management of head injuries, including when to remove a student from training and the steps to follow before they can return.
- **Proper Recovery & Reporting:** It's important to ensure a student seeks proper medical assistance every time they are concussed, or suspect concussion. Even if there is not a medical emergency, at least visiting the GP or calling 111 within 24 hours is super-important. You too should be monitoring the instances of head injuries within your class, to ensure the same students are not constantly receiving blows or injuries to the head.
- **Under 18 Moderations:** We moderate and in almost all cases remove the possibility of head injuries occurring for children and young people (those under the age of 18). We permit very controlled striking to the head and face, and we pay particular care and attention to accidental impacts, slips and falls.



Concussion and Head Injury Management Policy

First Aid for Suspected Concussion and Head Injuries

Immediate Actions

When a head injury occurs during martial arts training, the initial response can significantly influence the outcome for the injured individual. Here's what we do:

1. **Stop the Session:** Immediately halt the training session to prevent further injury to the affected individual or others. Remembering to ensure we have suitable supervision for the rest of the class if we need to spend time with the injured person. We'll consider instructor to student ratios, and the use of assistants/volunteers in advance.
2. **Assess the Situation:** Determine the severity of the injury. Look for visible signs of a head injury or concussion, such as confusion, loss of balance, changes in consciousness, or visible wounds on the head.
3. **Ensure Safety:** Move the injured individual to a safe location, if necessary, but avoid moving them unnecessarily if a suspected severe head injury or spinal injury.

Initial Assessment

As part of general first aid training, as always, we undertake an initial assessment. This helps understand the apparent severity of the injury and will inform your next steps. Remember, we are not Doctors (unless you're one of the 1.3% of our members who are!) so you should not be trying to diagnose on the side of the mats. Likewise, whilst legality and insurance may be a concern, your primary ethical and legal responsibility is the welfare of your student so you should be assessing;

- **Consciousness:** Check if the individual is conscious and responsive. If they are unconscious or their level of consciousness changes, seek emergency medical help immediately. This means 999 in almost all cases, unless you can safely and quickly move the patient to A&E. Seek guidance from a 999 operator before moving them.
- **Symptom Check:** Ask about symptoms of concussion, including headache, dizziness, nausea, or memory problems. Remember, symptoms may not appear immediately. Refer back to our prior lesson on the immediate symptoms of concussion for a definitive list.
- **Memory Test:** Perform a simple orientation test by asking the individual about their name, the current location, and the date or time to gauge their cognitive function. You should repeat this step numerous times throughout the period you're with them.
- **Sit Them Out!** Whist you suspect a concussion, you must sit them out of the remainder of the lesson, and insist they seek medical guidance. This could be a call with their GP or 111 – provided it's within 24 hours if no obvious symptoms emerge. Don't leave the student on their own, and make sure their next of kin is aware of the potential injury. They should not drive themselves home if you suspect a head injury.



Concussion and Head Injury Management Policy

When to Seek Medical Attention

All the proper literature on the matter emphasises the importance of erring on the side of caution with head injuries. Immediate medical assistance and evaluation is necessary if the individual:

- Loses consciousness, even briefly
- Exhibits any signs of confusion or disorientation
- Experiences memory loss about the event
- Shows any physical signs of head injury, such as bleeding or visible damage to the head
- Reports any symptoms of concussion, as symptoms can worsen without prompt treatment

Even without apparent signs of concussion, we still have a duty to ensure the student seeks competent medical guidance.

Immediate assistance means 999.

Seeking guidance means calling 111 or seeing a GP within 24 hours.

SEND THE STUDENT TO A&E IF

The student has;

- been knocked out but have now woken up
- vomited (been sick) since the injury
- a headache that does not go away with painkillers
- a change in behaviour, like being more irritable or losing interest in things around them (especially in children under 5)
- been crying more than usual (especially in babies and young children)
- problems with memory
- been drinking alcohol or taking drugs just before the injury
- a blood clotting disorder (like haemophilia) or they take medicine to thin your blood
- had brain surgery in the past

Symptoms usually start within 24 hours, but sometimes may not appear for up to 3 weeks.

CALL 999 IF

Someone has hit their head and has:

- been knocked out and has not woken up
- difficulty staying awake or keeping their eyes open
- a fit (seizure)



Concussion and Head Injury Management Policy

- fallen from a height more than 1 metre or 5 stairs
- problems with their vision or hearing
- a black eye without direct injury to the eye
- clear fluid coming from their ears or nose
- bleeding from their ears or bruising behind their ears
- numbness or weakness in part of their body
- problems with walking, balance, understanding, speaking or writing
- hit their head at speed, such as in a car crash, being hit by a car or bike or a diving accident
- a head wound with something inside it or a dent to the head

Also call 999 if you cannot get someone to A&E safely.



Concussion and Head Injury Management Policy

Return to Play: Guidelines and Precautions

Part of our critical guidelines and precautions for safely reintegrating students into martial arts training following a head injury or suspected concussion is a graduated Return to Play (RTP) process which is essential to ensure the well-being of the student, minimising the risk of further injury.

Understanding the Graduated Return to Play (RTP) Process

The RTP process is a medically supervised, step-by-step approach to safely resuming physical activity following a concussion. It's designed to ensure that an individual only progresses to more demanding activities when they can handle current activities without symptoms.

The process should be led by a medically qualified practitioner, but can generally be expected to follow;

- Step 1: Symptom-Limited Activity
- Step 2: Light Aerobic Exercise
- Step 3: Sport-Specific Exercise
- Step 4: Non-Contact Training Drills
- Step 5: Full Contact Practice
- Step 6: Return to Competition

Key Precautions

- **Medical Clearance:** A healthcare professional should provide clearance before the student moves to full contact practice and returns to competition.
- **Symptom Monitoring:** At each stage, carefully monitor for the recurrence of any symptoms. If symptoms reappear, the student should revert to the previous step where they were symptom-free.
- **Communication:** Maintain open lines of communication with the student throughout the RTP process. Encourage them to be honest about their symptoms and how they're feeling.
- **Minimum RtP:** We ensure nobody is returning to training in any form within 28 days of a suspected concussion. For serious head injuries, such as bouts of unconsciousness, an extended period should be considered.



Concussion and Head Injury Management Policy

Protective Equipment: Selection, Use, and Maintenance

The Importance of Protective Equipment

Protective equipment in martial arts serves two primary purposes: injury prevention and confidence building. It allows practitioners to train realistically while minimising the risk of injury, thus providing a safer environment for learning techniques and sparring. Moreover, wearing appropriate gear can increase a student's confidence, enabling them to focus on skill development without the fear of getting hurt.

In terms of concussion, there is an inherent risk of a sense of false-confidence when using protective equipment. For example, a concussion can be sustained even when wearing protective headgear. When there is a knock to the head, the brain moves around inside the skull, and it is this movement and subsequent shearing forces that can cause damage. While helmets can absorb some of the shock of this impact, they are not effective at reducing these rotational forces and therefore cannot completely prevent a concussion from happening. Headgear can, however, protect against cuts and bruises to the scalp and ears, and protect the skull.

As with all areas of training in martial arts, it is about context and good instruction/supervision. PPE (Personal Protective Equipment) has a crucial role to play in injury prevention, however in direct reference to Concussions, it is not a 'cure all'.

Selecting Appropriate Protective Gear

When selecting gear for our students, we consider the following:

- **Fit:** Equipment must fit properly to provide the intended protection. Ill-fitting gear can lead to restricted movement or inadequate coverage and, in some cases, can heighten the risk of an injury occurring. Whilst expensive to purchase varying sizes of essential equipment (such as S, M, L, XL chest guards etc) it is essential if you're teaching a broad audience.
- **Quality:** High-quality equipment may be more costly initially but tends to offer better protection and lasts longer. There's no hard-fast rule on what is deemed to be acceptable but it's generally recommended that for essential protective equipment – such as headguards, gumshields, and so on – only equipment from a recognised supplier is used. This may mean using the 'big five' providers for essential gear, rather than unknown overseas discounted brands so you can be as sure as possible as to the quality of PPE in use.
- **Compatibility:** Ensure the gear is appropriate for the specific martial art and level of contact expected during training. For example, this may mean changing the weight of gloves used during sparring based on age and ability, or increasing the amount of personal protective equipment required at different stages of contact.

Do Headguards & Gumshields Prevent Concussion?

Padded headgears have been shown to decrease the risk of abrasions and lacerations in contact sport, but its effectiveness in preventing concussion is less clear. Likewise, whilst gumshields clearly perform a crucial role in preventing dental injuries, there remains very little evidence to support mouth guards effectively reducing concussion incidence rates or the severity of concussions.



Concussion and Head Injury Management Policy

The developing research on the matter points toward the nature of the head-rolling causing concussion – for example, when receiving a hook to the chin. The headguard or gumshield may take the brunt of the strike, but it is the sudden shift of the neck and head that can lead to concussion. Some in the field believe headguards can help to reduce the severity of an impact or strike by absorbing some of the power on initial contact, but the evidence is clear – it will not prevent a concussion.

This doesn't mean you shouldn't consider a headguard useful. It does provide protection from abrasions and contusions, but similarly to a gumshield, you can not assume it to be sufficient in terms of preventing the possibility of concussion or brain injury.



Concussion and Head Injury Management Policy

Safe Sparring: Reducing the Risk of Head Injuries

Sparring is a critical component of training, offering students the opportunity to apply techniques in a dynamic and controlled environment. However, the risk of injury, particularly to the head, increases with semi-contact and full-contact sparring. This is why we only practice light contact.

The Importance of Safety Mitigations When Sparring

The importance of implementing proper safety mitigations during sparring sessions cannot be overstated. Such measures are crucial not only for preventing injuries but also for cultivating an environment where students feel secure and confident in practicing and applying their skills. Effective supervision, coupled with the use of appropriate protective gear and adherence to established safety protocols ensures that participants can engage in sparring with minimal risk. Note please the term *minimal*, not *nil* risk.

Moreover, it promotes a respectful and disciplined training atmosphere, where the focus remains on skill development, mutual learning, and the preservation of health. Instructors play a pivotal role in this context, as their vigilance, expertise, and commitment to safety standards directly impact the well-being of their students and the integrity of the martial arts discipline being taught.

Supervising and encouraging safer sparring isn't watering down the technical ability of students or the essence of our discipline. It is quite the opposite – you are providing a 'safe space' in which students can try, fail, try and then succeed with new techniques and strategies 'in the ring' – something that doesn't happen when students feel under physical threat of danger within an uncontrolled sparring bout.

Warm-Up and Conditioning Exercises

Prior to sparring, a thorough warm-up and specific conditioning exercises can prepare the body and mind for the physical demands of sparring. This is of course common knowledge, and is covered in or instructor qualifications however, we focus specifically on:

- **Neck and shoulder exercises:** Strengthening these areas can help absorb impacts and reduce whiplash.
- **Balance and agility drills:** Improving balance and agility enhances a student's ability to dodge and deflect attacks, reducing the likelihood of head contact.
- **Reaction time drills:** Faster reaction times allow students to better anticipate and avoid incoming strikes.

These conditioning exercises should form a crucial and recurring part of training, and we should work to build up these skills in our students long before they first take on any aspect of contact training. In the same way we wouldn't take a first-time runner and ask them to run a marathon, instead building up experience, skill and muscle performance for long distance running through lots of exercises and shorter runs, the same approach should be taken for martial arts.



Concussion and Head Injury Management Policy

Moderated Sparring Access (MSA)

Following on from the above, we are employing a methodology known as 'Moderated Sparring Access' – or 'MSA' for shorthand reference. This refers to the policy of moderating access, and requiring students to 'graduate' to different phases of sparring based upon physical conditioning and technical ability.

Our moderated access plan;

> **ENTRY LEVEL – NO CONTACT SPARRING PERMITTED**

> **LEVEL 1 – LIGHT CONTACT SPARRING (BODY ONLY)**

> **LEVEL 2 – LIGHT CONTACT SPARRING (FULL BODY, PUNCHES ONLY TO THE HEAD)**

> **LEVEL 3 – LIGHT CONTACT SPARRING (FULL BODY AND HEAD CONTACT)**

A two way instructor/student appraisal will be conducted prior to which level is to be undertaken. Any level up or down can be accessed at the student's request or instructors' direction.

Safe Sparring Techniques

Our instructors know and emphasise the safe techniques and principles during sparring sessions and continually inform students when practicing sparring. A full set of safe sparring protocols, including 'kill switch' commands, defensive techniques, spatial awareness, proper stance and movement, and control and is taught during classes.

Recognising and Addressing Common Mistakes

Common mistakes that increase the risk of head injuries include overextending, poor timing, and neglecting defence in favour of offence. Our Instructors will:

- Provide immediate feedback on these errors during sparring.
- Use drills that specifically target these issues, reinforcing the correct techniques.
- Encourage a mindset of continuous improvement and learning from mistakes.
- Not be afraid to immediately stop a sparring technique or session mid-term, to prevent any escalation in poor technique or possible injury
- Encourage novel and emerging technology – such as video review and feedback – with student permission to help students see externally their technique, guard or movement.



Concussion and Head Injury Management Policy

Children & Sparring

It is imperative that we highlight the significant safety concerns surrounding children engaging in sparring activities that involve contact to the head. The developing brains of children are particularly susceptible to the adverse effects of head injuries, which can have long-lasting implications on their cognitive, physical, and emotional well-being. Given the available scientific evidence and the duty of care we hold as instructors and guardians, we closely monitor children undertaking any sparring in martial arts classes that involves head contact. This precautionary approach not only aligns with best practices in sports safety but also ensures that the martial arts environment remains conducive to positive growth, skill acquisition, and the overall health of our young practitioners. Emphasising skill development, technique, and discipline over physical confrontation can provide a comprehensive martial arts education that is both safe and rewarding for children.

Where sufficient maturity, skill and conditioning is present, a phased approach to light contact 'tag fighting' can be employed but it should still be based on avoidance of head contact, and zero-pointing any form of scoring associated with head contact in favour of 'chest only' contact.



Concussion and Head Injury Management Policy

Common Sense - Not Never Again

It's important to stress that this guidance should not be interpreted as 'never allow children to spar again'. That's not what the guidance is for or about.

Common sense applies. Light contact - such as tag fighting etc - remains a relatively low risk activity that is still perfectly acceptable. The key difference is understanding what concussion is, how to identify potential signs of concussion, and how to handle genuine concerns.

A student who takes a moderately low clip to the headguard whilst retreating into a backward stance, observed by you to be very low impact, is likely to be without concussion. A student impacted with a heavy hit to the jaw followed by a fall would be a significant impact, and an immediate intervention would be required.

As experienced instructors, we are able to make a determination based on our experience and training. This guidance is not yet enforced by insurers or regulators so it's important we start to adapt our thinking as a community in anticipation of a likely shift in mandated policy in the near future.

For now the message remains clear; understand the issue, learn to identify the symptoms, make sure to react appropriately when needed to and ensure contact is safe and appropriate. It does not mean you must immediately stop young people from training in contact sparring.



Concussion and Head Injury Management Policy

Culture & Risk Mitigation

Cultivating a Safety-First Culture

Implementing a safety-first approach in martial arts is crucial for several compelling reasons, particularly in reducing the risk of concussion and head injuries. First and foremost, as you well know concussions are serious brain injuries that can have profound short and long-term effects on health, including cognitive impairment, emotional instability, and physical discomfort. In martial arts, where physical contact is often a key component of training, the risk of such injuries can be significant if proper precautions are not taken.

We are cultivating the right attitudes in our club with the importance of establishing a culture that prioritises safety above all, explaining how this mindset helps in preventing avoidable injuries. The role of the instructor is setting expectations for safe practice, including the use of appropriate gear, adherence to rules, and fostering an environment where students feel comfortable reporting symptoms of injury.

This isn't 'woke' – this is sensible. Students will leave in droves if they are constantly injured or intimidated during training, and ultimately, that's not the best way to build a solid martial artist. It's perfectly possible to create a safety-first club that still engages in full contact training and grappling, with a robust and modern feel to classes. This is what a professional instructor does, and it's what we should all be aiming to deliver within our classes.

Mitigating Risks for Head Injuries

We continually review the specific risks of head injuries within martial arts training and strategies to reduce these risks directly with our students and teaching team. As an example, this could include;

- Implementation of protective headgear in sparring sessions.
- Enforcing strict rules on techniques that pose a high risk of causing head injuries.
- Modifying sparring intensity according to the skill level and age of practitioners, particularly for children and adolescents.
- Regular inspection and maintenance of training equipment and facilities to ensure safety.

We are opening this thought-process up to our students, parents and teaching team to help share the 'method behind the action' and show a clear prioritisation of safety.



Concussion and Head Injury Management Policy

Strength and Conditioning to Prevent Head Injuries

In the realm of martial arts, the physical demands placed on practitioners can lead to a range of injuries, with head injuries and concussions being among the most serious. To mitigate these risks, a comprehensive strength and conditioning programme tailored to martial artists is essential.

- Understand the role of strength and conditioning in injury prevention, with a focus on head injuries.
- Implement exercises that strengthen the neck and upper body for better shock absorption and injury resilience.
- Design conditioning routines that improve balance and proprioception, reducing the likelihood of falls and blows to the head.
- Educate students on the importance of a holistic approach to training that includes injury prevention strategies
- Develop a structured strength and conditioning programme tailored to the needs of martial arts practitioners.



Concussion and Head Injury Management Policy

Third Party Events & Competitions

It's crucial that we realise there is never a release to the duty of care placed upon us in respect of our students when it comes to concussion and head injuries. When we are attending third party events and competitions with non-BMABA affiliated clubs or associations, we ensure we are confident they have sufficient and thorough concussion management protocols in place.

This should include;

- Designated persons who take responsibility for head injury and concussion training and first aid.
- A clear policy on identifying head injuries, and how to immediate triage and care for this.
- A clear Return to Play (RtP) process that includes a mandatory period of enforced rest from competition and training following a suspected concussion.
- Proper medical oversight and immediate trained paramedic or physicians to provide immediate assistance in the event of a suspected head injury. **A standard first aider is not sufficient.**



Concussion and Head Injury Management Policy

Crucial 'Take-Homes' and Action Points

Understanding Concussions and Head Injuries

- **Concussions are Serious:** Recognise that concussions are traumatic brain injuries with potential long-term effects on cognitive function, physical health, and emotional well-being.
- **Mechanisms of Injury:** Understand that concussions can result from direct blows to the head or indirect forces transmitted to the brain, emphasising the need for comprehensive prevention strategies.

Prevention Strategies

- **Safety Equipment:** Ensure the use of appropriate protective equipment to mitigate the risk of head injuries, understanding that while equipment can reduce risk, it cannot eliminate it.
- **Technique and Awareness:** Teach and reinforce proper technique, including defensive manoeuvres and correct stances, to reduce the likelihood of injurious impacts. Promote awareness among students to recognise and avoid potentially dangerous situations.
- **Training Environment:** Maintain a safe training environment, free of hazards, and conducive to learning and practising martial arts safely.

Recognising and Responding to Concussions

- **Early Identification:** Be vigilant for signs and symptoms of concussion, such as headache, dizziness, confusion, or changes in mood and behaviour. Early identification is crucial for appropriate management.
- **Immediate Action:** If a concussion is suspected, remove the student from training immediately. **“When in doubt, sit them out.”**
- **Medical Evaluation:** Encourage a professional medical evaluation before the student returns to training. Follow a graduated return-to-play protocol based on medical advice to ensure the student’s full recovery.

Educating the Martial Arts Community

- **Communication with Students and Parents:** Actively communicate the risks associated with concussions and the importance of reporting symptoms. Creating an open and supportive environment encourages students to speak up about their injuries.
- **Ongoing Education:** Commit to your continuous education on concussion management and prevention. Stay updated with the latest research and guidelines to ensure your practices reflect current best practices.

Legal and Ethical Responsibilities

- **Duty of Care:** Acknowledge your legal and ethical responsibilities to protect students from harm. This includes conducting regular risk assessments and implementing effective risk management strategies.



Concussion and Head Injury Management Policy

- **Informed Consent:** Ensure that students and parents are fully informed about the risks of martial arts participation, including the specific risks of concussions and head injuries.

Creating a Culture of Safety

- **Promote a Safety-First Approach:** Foster a training culture that prioritises safety above all, reinforcing the message that the well-being of participants is paramount.
- **Supportive Environment:** Encourage a club environment where students support each other in practising safely and reporting injuries without fear of judgment or reprisal.

Footnotes

It's important we seek guidance from BMABA or a competent authority if we have any concerns or questions surrounding head injuries and concussion.

Remember, **if in doubt, we'll sit them out.**