Primer on Judo Medical Rules  
USA Judo Sports Medicine Subcommittee  
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Judo is one of the most participated sports worldwide, with practitioners spanning all age groups, gender lines, and ethnicities. Judo has been an Olympic sport since 1964. Judo is technically a “contact-collision” sport whose injury profile is probably similar to folk-style & Olympic wrestling. Judo is in essence a grappling sport with emphasis on throws/takedowns (which probably account for the majority of injuries), hold-downs & pins, as well as strangleholds & chokes (allowed after age 13 y) and armlocks (allowed after age 16 y). No intentional striking is allowed. The entire spectrum of injuries can be encountered due participation.

Etiquette
1. No shoes on the mat unless there is an obvious medical emergency
2. Do not step onto the mat during a match until signaled by the referee (hand waving gesture) unless there is a medical emergency
3. Only one medical personnel on each mat, unless there is a critical situation (i.e. spinal injury, etc.)

Blood & Bodily Fluids
1. Always follow universal precautions
2. Goals: properly control the bleeding, cover any wounds, and clean & disinfect contaminated areas
3. Have proper disposal bins & supplies (please see below recommendations)
4. Three on mat visits are allowed to disinfect and control bleeding (i.e. stop bleeding or cover/barrier method) with approximately 1 minute allowed each time on the mat (although this is subject to the referee’s discretion based on severity and amount of bleeding). Once medical staff is called out the third time for bleeding, the contestant shall be disqualified
5. If bleeding cannot be controlled on any occasion, this may result in a medical disqualification by the Referee
6. Disinfectants should be bactericidal, virucidal & fungicidal (i.e. alcohol based). Bleach is not preferred for gi (judo uniform) disinfecting due to possible color damage to blue gi’s
7. Emesis during a match will result in contestant disqualification
8. The use of topical blood clotters and hemostatics products is generally permitted but medical “treatment” is not allowed on the mat during a match, so if there is any question, please ask the referee

Skin Infections
1. Suspicious lesions, rashes, etc. must be covered properly at minimum
2. Highly contagious skin infections (i.e. impetigo, MRSA, HSV, etc.) shall result in disqualification based on the medical professional’s judgment

Illness
1. Any illness requiring on mat medical evaluation will result in contestant disqualification

Injury
1. On mat medical evaluations will generally result in contestant disqualification if attributed to the injured athlete
2. If an athlete requests a medical evaluation for any injury, then the athlete will receive a medical disqualification for that match
3. On mat medical evaluations are allowed and return to play decisions will be made if the injury was clearly caused by the uninjured athlete
4. Whenever possible, once an athlete is medically disqualified for the current match, medical evaluation should be performed off the mat at the medical station area if moving the athlete will not result in further injury.

5. Return to play decisions can be made by the official medical professional for subsequent matches if applicable, after initial medical disqualification.

6. Automatic medical disqualification from on mat medical evaluation may not result in certain situations, i.e. evaluation for possible head injury and/or possible eye injury.

7. If a player sustains an extremity injury and cannot continue, Medical will not be called. The Referee will make an assessment and if an on mat medical evaluation is deemed necessary, then the Referee will call a medical disqualification, ending the match. The injured player should be initially triaged for severity and stability of the injury and then, if possible, moved off the mat for further evaluation and treatment in the designated medical area. If the player cannot leave the mat on his/her own, then he/she should be assisted off the mat. If the injury is potentially unstable, then it should be properly stabilized prior to transfer off the mat.

**Chokes & Strangle Holds**

1. Relatively safe and benign when done properly.

2. Essentially judo chokes, when done properly and persistently, cut off the blood flow and therefore the oxygen supply to the brain.

3. This temporary denial of oxygen to the brain, if prolonged, causes brief loss of consciousness and occasionally brief memory dysfunction, disorientation, and confusion. Uncommonly, brief flailing, convulsions, or seizure-like activity will occur after being choked unconscious. These are usually benign in the vast majority of cases. Concern is needed if these convulsions are prolonged, especially if they occur in someone with known brain injury, epilepsy, or carotid artery abnormalities. Prompt medical evaluation should then be pursued.

4. Crush injuries to the neck and throat are not seen unless (theoretically) the choke is grossly applied incorrectly or aberrantly. Significant pain, difficulty swallowing, difficulty breathing, and persistent or bloody cough post choke warrants medical attention. Another uncommon situation requiring immediate medical attention is when a judo player is choked unconscious immediately after a possible head or neck injury i.e. getting thrown on his/her head and choked in rapid succession. In this situation, assessment & treatment of the possible neck injury takes precedence.

5. Even though the brain in a healthy adult individual can withstand prolonged oxygen deprivation (possibly up to or even over 5 minutes), any choked out athlete with prolonged unconsciousness/unresponsiveness or prolonged altered consciousness, or abnormal body posturing (such as back arching) requires the initiation of the Basic Life Support protocol and immediate medical response. A “safe” position for a choked out judo player is on their side and partially prone, but not face down. Always remember, do not move the unconscious/choked out athlete if they may also have a possible spine injury without experienced professional medical assistance and supervision.

**Judo Maxims**

The original philosophies proposed by Professor Jigoro Kano emphasize the true goals and spirit of USA Judo Sports Medicine. These basic judo maxims are “maximum efficiency for expended effort” and “mutual welfare and benefit for all”.

Adapted November 2004 from the USA Judo Sports Medicine Guidelines & the 2003 International Judo Federation Injury & Illness Rules
PROCEDURES TO ESTABLISH THE MEDICAL STAFF FOR NATIONAL JUDO EVENTS

USA Judo in cooperation with the Local Event Director will assist in the provision of medical services and staffing at approved sanctioned events. The following are the formal procedures to establish medical services and staffing:

1. Provide a Physician who is currently licensed in the state where the tournament is held. The Physician is responsible for the following:
   a. Should be knowledgeable in the field of Sports Medicine and familiar with the contest rules of Judo, especially the current IJF Injury & Illness Rules.
   b. Medical personnel who will be assisting the Physician in his or her duties.
   c. Keeping medical records of the injuries sustained and treated at the venue. All minor and major injuries MUST BE DOCUMENTED by the senior medical staff personnel involved using the form provided by USA Judo representatives or its Sports Medicine Subcommittee delegate. The records are to be given to the Tournament Director and they are to be retained for insurance purposes and possible legal suits. A copy of the injury reports must also be sent to the USA Judo Sports Medicine Subcommittee and the National Office in Colorado Springs.
   d. The Physician should inform the Tournament Director what medical supplies and equipment will be needed in case of injuries or illnesses, e.g. ice, bandages, tape, gloves, blood disinfectant solution, nasal tampons for nose bleeds, infectious waste bags/containers, etc (see below).

2. Provide Certified Athletic Trainers. In order to assist the Physician in charge, the Athletic Trainers must be available at all times. Trainers must be familiar with injuries and be able to tape and treat minor injuries under the direction of the Physician in charge. Trainers must also be familiar with the current International Judo Federation (IJF) Injury & Illness Rules. They (or other designated personnel) are also responsible for cleaning up blood spilled on the mat (in accordance with Universal Precautions) with a bactericidal/virucidal/fungicidal solution or other similar antiseptic. Disposable gloves and appropriate infectious waste disposal should be available for this task.

3. Have available in case of emergency, an ambulance on standby or an immediately accessible means of communication to initiate the emergency medical system. A flyer or pamphlet containing the name and address and/or map to the nearest medical facility should be available at each medical station.

4. All questions should be directed at the Chairperson of the USA Judo Sports Medicine Subcommittee who will also be readily available for any advice or assistance.

Whenever possible, the Chairperson, or designated member of the USA Judo Sports Medicine Subcommittee shall inspect, help coordinate, and inform the medical personnel concerning specific needs relative to the IJF Injury & Illness Rules.
Recommended Minimum Supply List for Each Medical Station

1. Ice and ice baggies
2. Latex Gloves
3. Antiseptic solution (bactericidal/virucidal/fungicidal) in spray bottles (one per mat)
4. Paper towels
5. Infectious waste disposal bags
6. Athletic tape and flexible tape (i.e. Coban, Elastoplast, Lightplast, etc.)
7. Assorted band aids and gauze pads
8. Cotton nose plugs/nasal tampons for nose bleeds
9. Injury documentation forms (shall be supplied by the USJI Director of Operations and/or Sports Medicine Subcommittee)
10. Handouts with name, phone number, directions or map to nearest medical facility

Recommended Medical Table/Station Layout

1. One mat-side medical table for every 2-3 mats. The table should have an easily visible medical designation. The table should be located adjacent to the mats or in an area that provides easy immediate access and unimpeded line of sight to the relevant mats/athletes/referees in case of emergency.

2. Ideally there should be a central treatment/taping station located in an easily accessible but more secluded/private area, such as behind the spectator stands or near the warm-up area.