



POVREDE U DŽUDOU

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Procentat povreda na OI 2012

(Engebretsen et al. Br J Sports Med 2013)

Olympic sport	Athletes (n)	Total injuries	Time loss ≥ 1 day	Time loss > 7 days
Judo	383	47 (12.3)	22 (5.7)	12 (3.1)
Taekwondo	128	50 (39.1)	16 (12.5)	7 (5.5)
Wrestling	343	41 (12.0)	11 (3.2)	6 (1.7)
Boxing	283	26 (9.2)	9 (3.2)	1 (0.4)
Football	509	179 (35.2)	67 (13.2)	11 (2.2)
Handball	349	76 (21.8)	32 (9.2)	16 (4.6)
Hockey	388	66 (17.0)	25 (6.4)	10 (2.6)
Athletics	2079	368 (17.7)	145 (7.0)	59 (2.8)
Weightlifting	252	44 (17.5)	19 (7.5)	11 (4.4)
Badminton	164	26 (15.9)	7 (4.3)	4 (2.4)
Total	10568	1361 (12.9)	482 (4.6)	174 (1.6)

PAŽNJA!

Katastrofalne i teške povrede glave i vrata

- Uprkos niskom procentu katastrofalnih povreda glave i vrata u džudou (od 0 do 3% na 100.000) oprez je neophodan! (Kamitani et al. Am J Sp Med, 2013)
- Akutni subduralni hematom
- Povrede vratnog dela kičmenog stuba
- Hronična traumatska encefalopatija
- Potres mozga

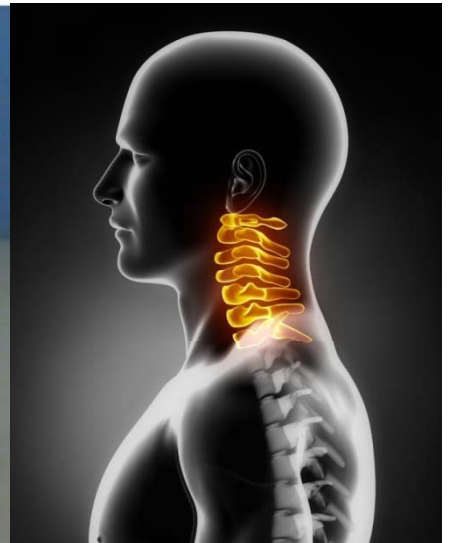
Glava - Acute subdural hematoma

- Javlja se najčešće kod mladih (u20) džudista početnika (sa manje od 3 godine iskustva)
- Mehanizam nastanka – kada vas protivnik baci unazad (osoto gari 35%)



Vrat – Povreda kičmenog stuba

- Javlja se najčešće kod iskusnih džudista (više od 3 godine treninga i takmičenja)
- Mehanizam nastanka – prilikom izvođenja bacanja (uči mata 37%)



Potres mozga

- Potencijalno veliki broj ove vrste povreda
- Informisanost trenera i takmičara nije na zadovoljavajućem nivou

- Od 800 sportista srednjoškolaca koji su anketirani, 40% je izjavilo da nije reklo trenerima o mogućem potresu mozga.



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Student Athletes Are Still Refusing To Stop Playing After Concussions

[Paul Stone](#) | [SEPTEMBER 25, 2015](#)

JUDO (Akoto et al. 2017)

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BJSM Online First, published on April 26, 2017 as 10.1136/bjsports-2016-096849

Original article

- 4659 džudista
- 5% je imalo potres mozga

Epidemiology of injuries in judo: a cross-sectional survey of severe injuries based on time loss and reduction in sporting level

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ABSTRACT

Background Sport injury severity can be detected by duration of time loss and reduction of sporting performance.

Aim To detect injury type-specific time loss duration and sporting performance reduction in judo.

Methods An online survey of active and former judo athletes was conducted (exclusion criterion: incomplete questionnaire). Only injuries causing more than 3 weeks' time loss were recorded. Athletes classified themselves into performance classes. Injury type-specific frequencies were recorded according to gender, age and performance level. Injury severity was assessed by time loss duration

Effective injury prevention programmes are based on knowledge of sport-specific injury risk and the severity of common injuries in different sports. Sporting time loss is frequently used to assess the severity of sports injuries.¹⁰⁻¹⁴ In the definition of sports injuries, a distinction is made between injuries with and without time loss. Time-loss injuries are those that restrict participation in training or competition for at least 24 hours.¹⁵⁻¹⁶ Furthermore, the duration of time loss is considered a way of defining injury severity.^{11,12} In team handball, Olsen *et al* defined injuries with a time loss of >21 days as major injuries.¹⁷ Sport injury severity can also be

Upitnik (24 trenera iz 30 klubova)

- 80% misli da poseduje solidno znanje (ocena 3 od 5).
- Nijedan nije prepoznao svih devet alarmantnih simptoma!
- Za 5 od 9 simptoma prepoznavanje je bilo ispod 25%.
- Najveći broj trenera (70%) je prepoznao povraćanje kao simptom.
- 29% je treniralo sportistu koji je doživeo potres mozga u toku prošle godine
- 80% nije pohađalo nijednu edukaciju u vezi ove povrede

E1.2 Medical Suspension Following Concussion

Athletes of all age categories with suspected concussion (confirmed by either the IJF Medical Commission delegate if a Medical Doctor, or by the relevant event's head of medical services) are not allowed to compete within the period of seven (7) days starting the day after the date of the injury. Athletes can return to competition having a medical clearing from their team medical doctor, family doctor or any other medical doctor having the authority to issue such a clearing. The IJF Medical Commission will register athletes under medical suspension.

Recognition of a concussion:

The concussion is a traumatism of the head or the neck that alters the brain function in an immediate or transitional way. In nine (9) cases, out of 10, it is not associated with loss of consciousness. It is very important, in case of traumatism, to respect safety instructions in order to preserve the athlete's health and to ensure an appropriate medical follow-up.

Signs of recognition

During the contest:

- Loss of consciousness, convulsions.
- Disorder of balance, of vision (seeing stars, double vision).
- Headache, tiredness, confusion, somnolence.
- Memory troubles (to ask simple questions: their name, the place...).

After the contest:

- Irritability, sadness, impression of drunkenness.
- Hypersensitivity to noise, to light.
- Sleep disorders.
- Reduction of performance.

Safety instructions:

- To stop the contest immediately.
- The athlete must be taken care of by a doctor or a person who has a close relationship with the athlete.
- To respect the rest period prescribed by the doctor.
- To officially inform in writing the IJF Medical Commission.
- Return to activity only with a medical certificate specifying the date.

Bolje sprečiti, nego lečiti!

CONCUSSION RECOGNITION TOOL 5[®]

To help identify concussion in children, adolescents and adults



FIFA[®]

Supported by



FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More Irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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Prsti (do 30%)

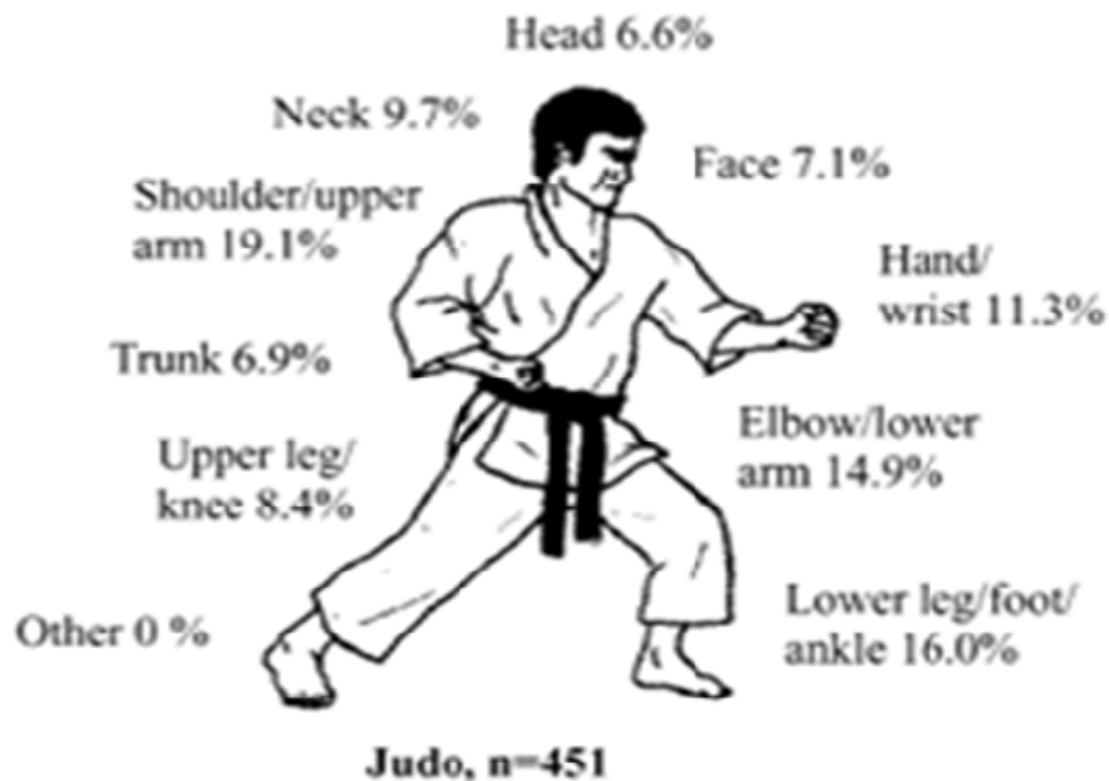
Rame (do 22%)

Koleno (do 28%)



Pocecco, Ruedl,
Stankovic et al.
British Journal of
Sports Medicine
(2013)

Повреде у борилачким спортовима код деце (Yard et al. 2007)



Hronične povrede u džudou

- Prsti (moguća pojava osteoartritis)
- Donji deo leđa

Tip povrede

- Najčešće povrede su iščašenja (5.6–59.8%), istegnuća (7–33.8%) i kontuzije (5.6–56%)
- Mlađi borci su imali više fraktura (preloma), dok su kod odraslih bile češće dislokacije (rame - prilikom odbrane od seoi tehnika, lakat - postavljanje ruku pri padu).

Letter to the editor

Comprehensive training programme for judo players nine plus 9+: possible lower limb primary injury prevention



FIFA 11+

PART 1 RUNNING EXERCISES - 8 MINUTES

- Running (Straight Ahead)**
Run in a straight line for 10 seconds. Repeat 10 times.
- Running (Hip Out)**
Run in a straight line for 10 seconds. Repeat 10 times.
- Running (Hip In)**
Run in a straight line for 10 seconds. Repeat 10 times.
- Running (Curling Marker)**
Run in a straight line for 10 seconds. Repeat 10 times.
- Running (Shoulder Contact)**
Run in a straight line for 10 seconds. Repeat 10 times.
- Running (Duck Forward & Backward)**
Run in a straight line for 10 seconds. Repeat 10 times.

Prevenција

- UKEMI

- METODIKA

- EDUKACIJA



- Preventivni programi (FIFA 11+, Judo players 9+ lower limb primary injury prevention, itd.)
- Poznavanje faktora rizika (skidanje kilaže) i rizičnih situacija.
- Zaštitna oprema?