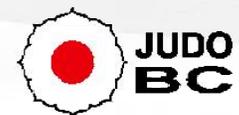


2016 Annual General Meeting

Schedule of Events

8:00 am	Continental Breakfast Registration of delegates and proxies
8:30 am	<i>Workshop #1 – Concussion Awareness</i>
10:00 am	<i>Risk Management & Society Act Update</i>
10:30 am	Break
10:45 am	<i>Workshop #2 – Judo Growth & Development in BC</i>
12:15 pm	Lunch
12:45 pm	Judoka tracking App Presentation
1:00 pm	Jeremy Le Bris Presentation
1:45 pm	Round Table Discussion – Growth & Development
2:15 pm	Break
2:30 pm	Annual General Meeting
4:00 pm	Tournament Committee



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2016 AGM Workshops & Presentations



Presented by: Paul Dwyer
Manager, Sport Safety and Event Services
SportMedBC



Concussion Awareness





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CONCUSSION MANAGEMENT WORKSHOP

Presented by: Paul Dwyer, CAT(C), CSCS



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Concussion Challenges

1. Recognizing a concussion when it happens
2. Lack of reporting by athlete
3. Everyone responds differently
4. Understanding how to manage symptoms
5. When to safely return to play



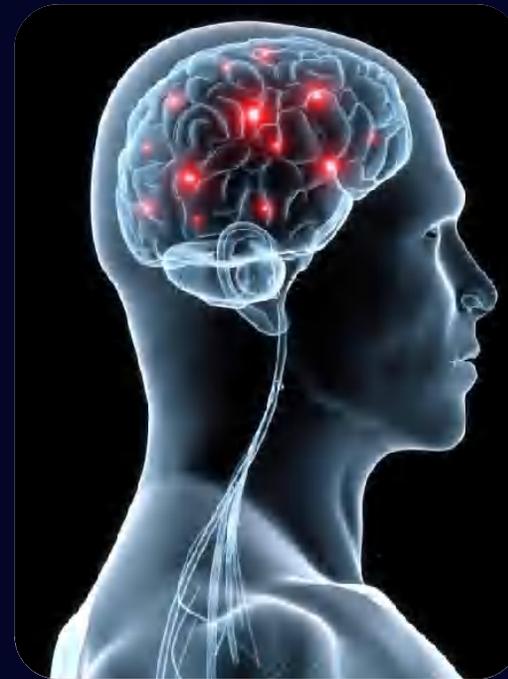


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Outline

- Defining Concussions
- Recovery
- Mechanisms of Injury
- Signs and Symptoms
- Second Impact Syndrome
- Suspecting a Concussion
- Concussion Management
- Red Flags
- Return to Play Protocol
- Conclusion



What is a Concussion?

- A complex pathophysiological process affecting the brain, induced by **traumatic biomechanical forces**



What is a Concussion?

- Force causes brain to move rapidly within the skull, causing impact and/or twisting
- May cause stretching/damage of nerve cells, resulting in a cascade of chemical events and altered cerebral blood flow
- May lead to signs and symptoms including somatic, cognitive and neurobehavioral
- Brain becomes vulnerable to increased stresses, including cognitive/physical work, light, noise, and other external stimuli



○ **Concussions are injuries to the BRAIN**

- Should not be dismissed as “getting your bell rung” or “getting dinged”
- Typically result in rapid onset of neurological impairment (Signs & Symptoms)

****Development of symptoms can be delayed****

Several minutes - up to 72 hours

- Day after effect
- Brought on after a change in physiological state
- (Adrenaline wears off)



Defining Concussions Cont.

- Symptoms reflect a functional disturbance, and thus are not detected by imaging of brain.
- May **NOT** include loss of consciousness
- Concussions are cumulative, and thus increases in risk and symptomatic effects are typical
- If not managed properly, concussions can lead to prolonged symptoms and associated complications



○ Adults

- 80%-90% resolve in a short period (7-10 days) –
- *IF managed properly*

○ Children & Teens

- More cautious approach due to continuing brain development
- 2-3 weeks minimum.



○ How Concussions Occur:

- **Direct Blow**
 - ✓ To the head, face, neck, chest or anywhere in the body that causes an impulsive force to transmit to the brain
- **Fall**
- **Whiplash**





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What are the Effects?

○ Concussion Signs and Symptoms can be broken down into **3** categories

- 1. Somatic**
- 2. Cognitive**
- 3. Neurobehavioral**

○ Somatic (relating to the body):

- Headache/Pressure in head
- Dizziness
- Nausea/Vomiting
- Blurred Vision
- Sensitivity to light
- Sensitivity to sound/noise
- Numbing or tingling
- Balance and/or coordination problems



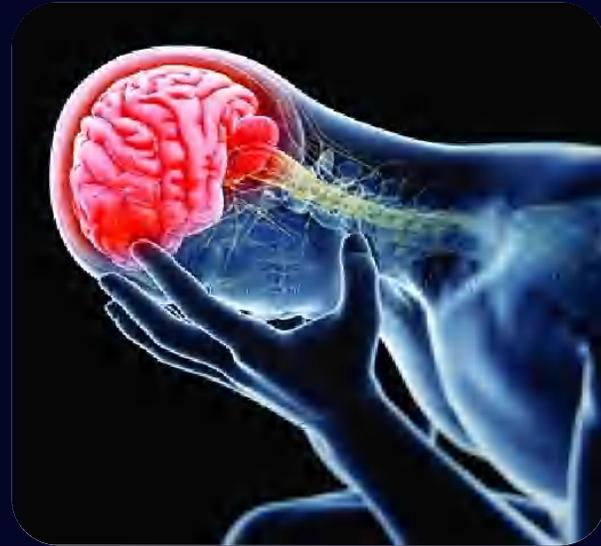
○ Cognitive (Mental):

- Feeling slowed down
- Feeling in a fog
- Difficulty concentrating
- Difficulty remembering
- Confusion



○ Neurobehavioral

- Sleeping more or trouble sleeping
- Drowsiness
- Fatigue
- Sadness/depression
- Nervousness
- Irritable



- No standard structural Neuro-imaging
 - CT, MRI, XRAY
- Research is ongoing to discover ways to see concussions:
 - Dye injected MRI
 - Functional MRI
 - Others





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Injury Reporting

- **Issue:** Athletes not reporting their symptoms
- A few reasons include:
 - Peer pressure from teammates
 - Pressure from coaches and parents
 - They want to keep playing
 - Want to appear tough
 - **Do not know enough about concussions**





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Second Impact Syndrome

- **Second Impact Syndrome (SIS)**
 - Individual suffers a concussive impact, while still suffering the effects from a previous concussion
- Varying results can be catastrophic
 - Increased symptom severity
 - Permanent brain damage
 - Paralysis
 - Death

**** The second injury can result from even the mildest concussive forces ****

**** Therefore...Athlete MUST receive medical clearance to return to play ****

A concussion should be suspected:

- **1 Mechanism of Injury (MOI) + 1 or more signs /symptoms of a concussion are present**
 - Severity of S&S does not matter
 - Onset of S&S can be delayed several hours
 - Athlete is removed from play immediately
 - Initiate concussion treatment (explained later)
 - Day after effect – delayed recognition



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Suspecting a Concussion cont.

○ Signs observed by **Coaching/Training staff:**

- Appears dazed or stunned
- Is confused about assignment (In match or training)
- Is unsure of score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to incident
- Can't recall events after the incident



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Suspecting a Concussion cont.

○ Symptoms reported by **Athlete**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”



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Concussion Management

1. Once emergency scenario, including spinal injury has been ruled out, the athlete is removed from activity. If necessary, take away a vital piece of equipment.
2. Check and treat any tissue injury (i.e. cuts, deformities)
3. If possible, monitor the athlete in a quiet room.
4. Give the athlete ear plugs if it is loud
5. Give the athlete a facemask, eye cover/patch or sunglasses if it is too bright
6. Arrange for a ride home/hotel and have someone keep an eye on them and available to them, watching for deteriorating conditions.
7. Give athlete and guardian/coach/parent instructions
8. Follow up with a doctor
9. Injury report form is filled out



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Concussion Management

In the absence of a Trained Medical Professional...

- Priority must be to protect the athlete
- Be aware of signs and symptoms and steps to manage an acute concussion

Concussion Response Tool: BC Injury Research and Prevention Unit / CATT

- An excellent resource for Coaches, Parents to guide recognition and management of concussion during a sporting event.
- Easy to use, follows a step by step process, provides guidelines for safe and effective management of an acute concussion

<http://ppc.cattonline.com/resources/files/concussion-response-tool.pdf>



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Concussion Management

Physician/Doctor Follow-Up

- Only a Physician can diagnose a concussion!
- An athlete with a suspected concussion should ALWAYS see a Physician
- Physician may assess
 - History
 - Neurological Examination (Mental Status, Cognitive Functioning, Gait, Balance)
 - Clinical Status (Symptoms and Severity)
 - Need for potential neuroimaging
 - Neuropsychological Testing
- Best to see a Physician trained in Concussion Management

Canadian Academy of Sport and Exercise Medicine (CASEM)

- www.casem-acmse.org





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While Symptomatic

The following may irritate and slow down recovery:

○ Physical activity:

- Running, jogging, swimming, biking, rollerblading, working out, dancing

○ Mental activity:

- Texting, watching TV, listening to music, reading, video games, computers

○ Environmental:

- Loud and bright environments (Gymnasiums, arenas)
- Prolonged exposure to the sunlight/heat

Red Flags!

When to Seek Urgent Care:

- Headaches worsen
- Neck Pain
- Seizures
- Unusual behavior change
- Repeated vomiting
- Slurred speech
- Increasing confusion/irritability
- Weakness/Numbness in arms or legs
- Can't recognize people or places
- Decreasing state of consciousness





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Unconscious Athlete

○ If an athlete experiences an impact that causes loss of consciousness...

* **DO NOT** move and activate **EMS** immediately

* Only move athlete if CPR must be initiated





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The Real First Step: Return to Learn

Return to Learn

- Before returning to sport, being symptom free during normal, everyday activity is essential
- School environment can be very stimulating and overwhelming
- Work with school administration to help support the student-athlete
- Allow for full recovery before enforcing deadlines/tests/assignments



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The Real First Step: Return to Learn

Return to Learn Communication Tool

Return to Learn should be completed before Return to Play.

<p>STAGE 1: Restricted cognitive activity Cognitive rest at home.</p> <p>Restrict cognitive activities (i.e., schoolwork, reading, texting, video games, computer).</p> <p style="text-align: center;">Recovery</p> <p>Symptom-free for 24 hours? Yes: Begin Stage 2 No: Continue resting</p> <p>Time & date completed: _____ _____</p>	<p>STAGE 2: Gradual reintroduction of cognitive activity</p> <p>Add cognitive activities. Start with 5-15 minutes at a time. Build to a 60-minute session without a break.</p> <p style="text-align: center;">Add cognitive activity</p> <p>Tolerates cognitive activity for 1 hour without a break? Yes: Move to Stage 3 No: Return to Stage 1</p> <p>Time & date completed: _____ _____</p>	<p>STAGE 3: Homework at home</p> <p>Add homework. Start with 20 minute sessions. Work up to the equivalent of half a school day (2-4 hours).</p> <p style="text-align: center;">Increase volume with self-paced activity</p> <p>Tolerates 3-4 hours of trial school schedule at home? Yes: Move to Stage 4 No: Return to Stage 2</p> <p>Time & date completed: _____ _____</p>	<p>STAGE 4: School part-time* <small>*inform school</small></p> <p>Attend only quieter classes. No gym class, noisy locations, tests, or heavy backpacks. Start with half-day, work up to full day of quieter classes. At home, 15 minute homework blocks for up to 1 hour daily.</p> <p style="text-align: center;">Begin gradual return to school</p> <p>Tolerates a full day of school with modifications? Yes: Move to Stage 5 No: Return to Stage 3</p> <p>Time & date completed: _____ _____</p>	<p>STAGE 5: Full days of school</p> <p>Do less than 5 days if needed. Homework as tolerated. Maximum one test per day, with option of extra time to complete. No gym class.</p> <p style="text-align: center;">Work up to some full days at school</p> <p>Tolerates a full school day and a normal work load? Yes: Return to play No: Return to Stage 4</p> <p>Time & date completed: _____ _____</p>	<p>STAGE 6: School full-time</p> <p>Resume full cognitive workload. Catch up with homework and tests.</p> <p>Physical activity: Begin RETURN TO PLAY Communication Tool.</p>
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If symptoms reappear at any stage, go back to the previous stage. You may need to move back a stage more than once during the recovery process.

Physical activity during Return to Learn is restricted to walking as tolerated.



BC INJURY research and prevention unit



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Return to Play (RTP)

- Once asymptomatic and cleared by a physician, athlete may begin graduated return to play protocol
- After each stage, have athlete rest and monitor for 15 minutes post exercise
- Must have at least 24 hours between each stage
- If ANY S&S appear, no matter the severity, athlete must rest at least 24 hours and athlete drops back to previous stage



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Return To Play (RTP)

Return to Play Communication Tool Return to Learn should be completed before Return to Play.

STAGE 1: No sporting activity Symptom-limited physical and cognitive rest	STAGE 2: Light aerobic exercise Walking, swimming, stationary cycling. No resistance training. Heart rate <70%	STAGE 3: Sport-specific exercise Skating drills (ice hockey), running drills (soccer). No head-impact activities	STAGE 4: Non-contact drills Progress to complex training drills (e.g., passing drills). May start resistance training	STAGE 5: Full-contact practice Following medical clearance participate in normal training activities	STAGE 6: BACK IN THE GAME Normal game play
Recovery	Increase heart rate	Add movement	Exercise, coordination, cognitive load	Restore confidence; assess functional skills	
Symptom-free for 24 hours? Yes: Begin Stage 2 No: Continue resting Time & date completed:	Symptom-free for 24 hours? Yes: Move to Stage 3 No: Return to Stage 1 Time & date completed:	Symptom-free for 24 hours? Yes: Move to Stage 4 No: Return to Stage 2 Time & date completed:	Symptom-free for 24 hours? Yes: Move to Stage 5 No: Return to Stage 3 Time & date completed:	Symptom-free for 24 hours? Yes: Return to play No: Return to Stage 4 Time & date completed:	

If symptoms reappear at any stage, go back to the previous stage until symptom-free for 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to Stage 5



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Return To Play (RTP)

CONCUSSION MANAGEMENT: GRADUATED RETURN TO PLAY PROTOCOL

- 1. NO ACTIVITY**
Complete medical and physical rest.
Monitor symptoms. Avoiding activities that worsen or prolong symptoms. Resting, eating, sleeping, using acetaminophen.
Stage Goal: Recovery.
- 2. LIGHT AEROBIC EXERCISE**
Event of low intensity (20-30 min) cardiovascular exercise.
Example: Staircase, swimming, light walking.
Stage Goal: Normalization rate.
- 3. SPORT SPECIFIC EXERCISE / TECHNIQUE**
Low intensity activity in therapy.
Rehabilitation (cardiac or land) specific.
Example: Running, walking, shooting, juggling.
Stage Goal: All symptoms.
- 4. NON-CONTACT TRAINING DRILLS**
Progress to more sport drills, continuing treatment and strategy. No head contact.
May begin progressive resistance training.
Stage Goal: Exercise, performance and strategy back.
- 5. FULL CONTACT PRACTICE**
Participate in contact, safety evaluation.
Stage Goal: Positive evaluation. Will accept full contact drills by condition staff.
- 6. RETURN TO PLAY**
Physician clearance. **MINIMUM 72 HOURS**
Aerobic training and resistance may resume incrementally.
Continual to monitor and reassess periodically.

○ No Activity

- Complete mental and physical rest
- Mental activity includes: reading, texting, watching TV, computers, video games, listening to music
- Physical activity includes: Running, jogging, hiking, swimming, cycling, rollerblading, skateboarding, working out, sex
- Stage goal: Recovery



CONCUSSION MANAGEMENT: GRADUATED RETURN TO PLAY PROTOCOL

- 1. REST**
Complete medical evaluation
Rest (physical, mental, social, school/work)
Avoid alcohol, smoking, driving, operating heavy machinery
Stage Goal: Recovery
- 2. LIGHT MENTAL ACTIVITY**
Light effort in order 1-5 of cognitive function (20-30 min)
Duration: 20-30 min maximum (no, light exercise)
Stage Goal: Recovery
- 3. SPORT SPECIFIC EXERCISE / TRAINING**
Low to moderate intensity activity
Readily to contact / head impact
Duration: 30 min maximum (no, light exercise)
Stage Goal: Recovery
- 4. MORE DEMANDING EXERCISE / TRAINING**
Progress to more sport skills, condition, assessment and strategy (30 min)
May begin progressive resistance training
Stage Goal: Exercise, coordination and cognitive function
- 5. FULL CONTACT PRACTICE**
Participate in contact training activities
Stage Goal: Restore confidence and assess functional skills by coaching
- 6. RETURN TO PLAY**
Physician clearance (MUST) FOR PROCEEDING
Return to play and competition after medical clearance
Continue to monitor and assess performance

○ Light Aerobic Exercise

- Keep effort to under 70% of Max heart rate
 - Estimated Max Heart Rate = 220-age
 - Conversational Pace

- Example:
 - 20 minute stationary bike
 - 20 minute light run/walk

- Stage goal: Increase Heart Rate



CONCUSSION MANAGEMENT: GRADUATED RETURN TO PLAY PROTOCOL

- 1** **NO ACTIVITY**
Complete medical and physical rest
Medical attention: Swelling, bruising, 7x convulsions, vision, severe headache
Physician attention: Swelling, bruising, vomiting, bleeding, seizures
Stage Goal: Recovery
- 2** **1 HOUR LIGHT EXERCISE**
Keep effort to under 70% of estimated heart rate (220-age)
Duration: 10 minute stationary bike, light run/walk
Stage Goal: Increase heart rate
- 3** **SPORT SPECIFIC EXERCISE / TRAINING**
Low to moderate intensity activity
Should be in control of head movement
Example: Throwing, catching, shooting, dribbling
Stage Goal: Add movement
- 4** **NON-CONTACT TRAINING DRILLS**
Progress to more sport drills, conditioning, movement and strategy, 90' field drills
May begin progression-resistance training
Stage Goal: Stamina, coordination and cognitive load
- 5** **FULL CONTACT PRACTICE**
Participate in normal training practices
Stage Goal: Restore confidence and restore functional skills by meeting staff
- 6** **REGULAR PLAY**
Participate in normal activities, monitor performance
Normal training and competition play without restrictions
Continue to monitor and assess periodically

CRITICAL: ALL STAGES FROM PROFESSIONAL MEDICAL SUPERVISION TO RESTART STEP

○ Sport Specific Exercise/Technique

- Low to moderate intensity activity
- Absolutely no contact or head impact
- Example: Throwing, catching, shooting.
- Stage Goal: Add movement



CONCUSSION MANAGEMENT: GRADUATES RETURN TO PLAY PROTOCOL

- 1. RECOVERY**
Complete medical and physical rest
Mental activities: Reading, listening, TV, computers, video games, music
Physical activities: Running, hiking, swimming, hiking, tennis
Stage Goal: Resting
- 2. LIGHT AEROBIC EXERCISE**
Stage Goal: Walk for 10 minutes at a slow pace (20% effort)
Example: 20 minutes stationary bike, light walk
Stage Goal: Increase heart rate
- 3. SPORT SPECIFIC EXERCISE / TECHNIQUE**
Low to moderate intensity activity
Available in contact or head impact
Example: Throwing, catching, shooting, passing
Stage Goal: Advancement
- 4. NON-CONTACT DRILLS / SKILLS**
Progress to more sport skills, avoiding movement and/or stage 10 drill
Use stage progression resistance training
Stage Goal: Increase confidence and competence
Stage Goal: Advancement
- 5. FULL CONTACT PRACTICE**
Participate in contact training activities
Stage Goal: Restore confidence and assess functional skills in training
Stage Goal: Advancement
- 6. RETURN TO PLAY**
Participate in official competition
Normal training and competition play without restrictions
Continue to monitor and assess periodically

⚠️ MEDICAL CLEARANCE FROM PHYSICIAN NEEDED TO PROCEED TO NEXT STEP

○ Non-Contact Training Drills

- Progress to more Sport drills – no head contact
- May start progressive resistance training
- Participate in drills, combine movement and strategy
- Stage Goal: Exercise, coordination, and cognitive load



CONCUSSION MANAGEMENT: GRADUATED RETURN TO PLAY PROTOCOL

- 1** **RECOVERY**
Complete medical and physical exam
Medical activities: Resting, walking, TV, computers, video games, music
Physical activities: Swimming, biking, swimming, biking, exercise
Stage Goal: Recovery
- 2** **LIGHT EXERCISE**
Stage Goal: Light aerobic exercise (e.g., walking, light jogging)
Criteria: 20 minutes maximum, 100% heart rate, 100% effort
Stage Goal: Normal heart rate
- 3** **SPORT SPECIFIC EXERCISE / TRAINING**
Low to moderate intensity activity
Moderately structured or free play
Example: Training, conditioning, strength, stretching
Stage Goal: Full recovery
- 4** **NON-CONTACT TRAINING DRILLS**
Progress to more sport drills, conditioning, movement and strategy. No head contact
May begin progressive resistance training
Stage Goal: Exercise, coordination, and cognitive load
- 5** **FULL CONTACT PRACTICE**
Participate in normal training activities
Stage Goal: Restore confidence and return to normal skills by meeting staff
- 6** **RETURN TO PLAY**
Return to normal activities. **RETURN TO PLAY**
Normal training and competition play without restrictions
Return to baseline and normal playability

⚠️ MEDICAL CLEARANCE FROM PHYSICIAN NEEDED TO PROCEED TO NEXT STEP

○ Full Contact Practice

- Participate in normal training activities
- Stage goal: Restore confidence and assess functional skills by coaching staff. Final on field tests.



○ Return To Play

- Doctor clears athlete – written permission
- Normal training and competition play
- No restrictions
- Continue to monitor and assess periodically



CONCUSSION MANAGEMENT: GRADUATED RETURN TO PLAY PROTOCOL

- 1 NO ACTIVITY**
Complete medical and physical exam
Monitor vital signs, breathing, 1% oxygen, saturations, pulse
Physical activities: Resting, sitting, walking, standing, sitting, exercise
Sleep: Good, necessary
- 2 LIGHT AEROBIC EXERCISE**
Heart rate (HR) is under 170% of maximal heart rate (220-age)
Exercise: 30 minutes maximum, low, high resistance
Sleep: Good, necessary
- 3 LIGHT SPECIFIC EXERCISE / TRAINING**
Low to moderate intensity activity
Ability to control or head impact
Example: Running, walking, stretching, cycling
Sleep: Good, necessary
- 4 NONCONTACT TRAINING DRILLS**
Progress to more sport skills, coaching assessment and strategy, 90 head contacts
May begin progressive resistance training
Sleep: Good, necessary, consistent and sufficient rest
- 5 NORMAL TO ABOVE NORMAL PHYSICAL ACTIVITY EXPOSURE TO BE AT RISK**
- 6 RETURN TO PLAY**
Physician clears athlete. **NEEDS PERMISSION**
Normal training and competition play without restrictions
Continue to monitor and assess periodically



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Injury Prevention

○ Equipment

- Proper fitting helmets – shoulder pads
 - Certified, fitted, replaced after significant damage
- Mouth guards
 - Debated but still has many benefits
 - Reduces dental injuries
 - Shock absorption – only with proper fit (not cut)



○ Technique

- How to tackle and be tackled
- How to body check and take a check





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Injury Prevention cont.

○ Appropriate physical conditioning

- Good general health and physical conditioning
- Strength, power and endurance
- Coordination, balance and proprioception
- Flexibility, agility, etc.
- Athletes are more at risk of injury when they are tired and/or out of shape

○ Appropriate refereeing

- Ensure qualified referees are monitoring the match

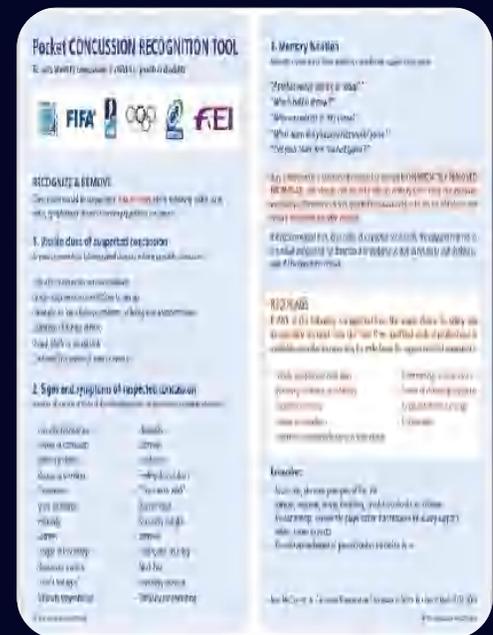
○ Medical staff

- CATA – Certified Athletic Therapist
- SPC – Sports Physiotherapist
- CASEM – Sports Medicine Physician



Sideline Concussion Assessment Tool 3 (SCAT3) and Child SCAT3 (5-12 years)

- Includes: pocket/condensed version
- Standardized approach to concussion evaluation
- Good tool used by medical professionals





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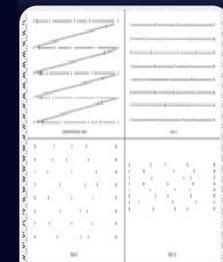
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Baseline Testing

A series of tests, performed by a medical professional, used to establish a "Baseline", objective measurement, of "Normal" athlete cognitive, physical functioning. Used as a comparison following a concussion incident.

Examples:

- **Neropsychological Testing: ImPACT, COGNIGRAM**
- Computer based programs used pre-and post- concussions for comparisons
- Used by medical professionals
- Can be costly, not properly analyzed by Neuropsychologist
- Not unanimously recommended
- **SCAT 3 – Sport Concussion Assessment Tool**
- **KING-DEVICK Vision Test, Near Point Convergence**
- **Reaction Time, Balance, Cervical Testing**





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Myths & Mistakes

- I just got my bell rung – I don't have a concussion
- My symptoms aren't that bad, I can play through it
- It's just a headache
- I had a headache before the hit
- I can finish the match and rest after
- I'm sick and have a cold so that's why I feel this way
- He's just suffering from "Concussion-like symptoms"
- No longer need to wake up every couple hours – let sleep and promote rest



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Conclusion

- When in doubt, sit them out!
- Err on the side of caution
- Patience is very important
- Any suspected concussion should be followed up with a doctor

BE SAFE!



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Resources

For up to date information, visit:

- SportMedBC
- www.sportmedbc.com
- Concussion Awareness Training Tool (CATT)
- www.cattonline.com
- <http://ppc.cattonline.com/resources/handouts.html>
- Parachute Canada
- www.parachutecanada.org
- CDC website – Heads up training tool
- <http://www.cdc.gov/concussion/headsup/youth.html>
- Canadian Concussion Collaborative
- <http://casem-acmse.org/education/cc/>
- YouTube: Concussions 101, a Primer for Kids and Parents



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Thank You!

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Community, Sport and Cultural Development





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Risk Management

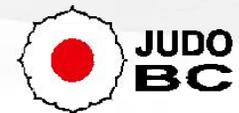
What's your Risk Management IQ?



Risk Management

□ Key Messages

- Request sanctioning for all activities outside regularly scheduled club activities
- Everyone that steps on the mats should sign a Awareness and Assumption or Risk/Release of Liability, Waiver or Claims & Indemnity Agreement
- Ask to see Judo Canada cards at events
- Judo BC insurance is specific and doesn't cover everything



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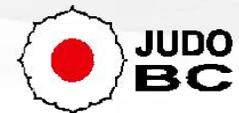
Society Act Update

The new BC Societies Act will
come into effect on **Nov. 28, 2016**



Society Act

- What does this mean to Judo BC Clubs?
 - In the two years following that date, every pre-existing society will be required to “transition” to the new Act.
 - Transition Support
 - ViaSport
 - Judo BC
 - Interested in learning more now?
 - www.bcregistryservices.gov.bc.ca/bcreg/societiesact/index.page



RICHMOND OLYMPIQUE
ANNEAU OLYMPIQUE DE RIC

Judo Growth & Development in BC

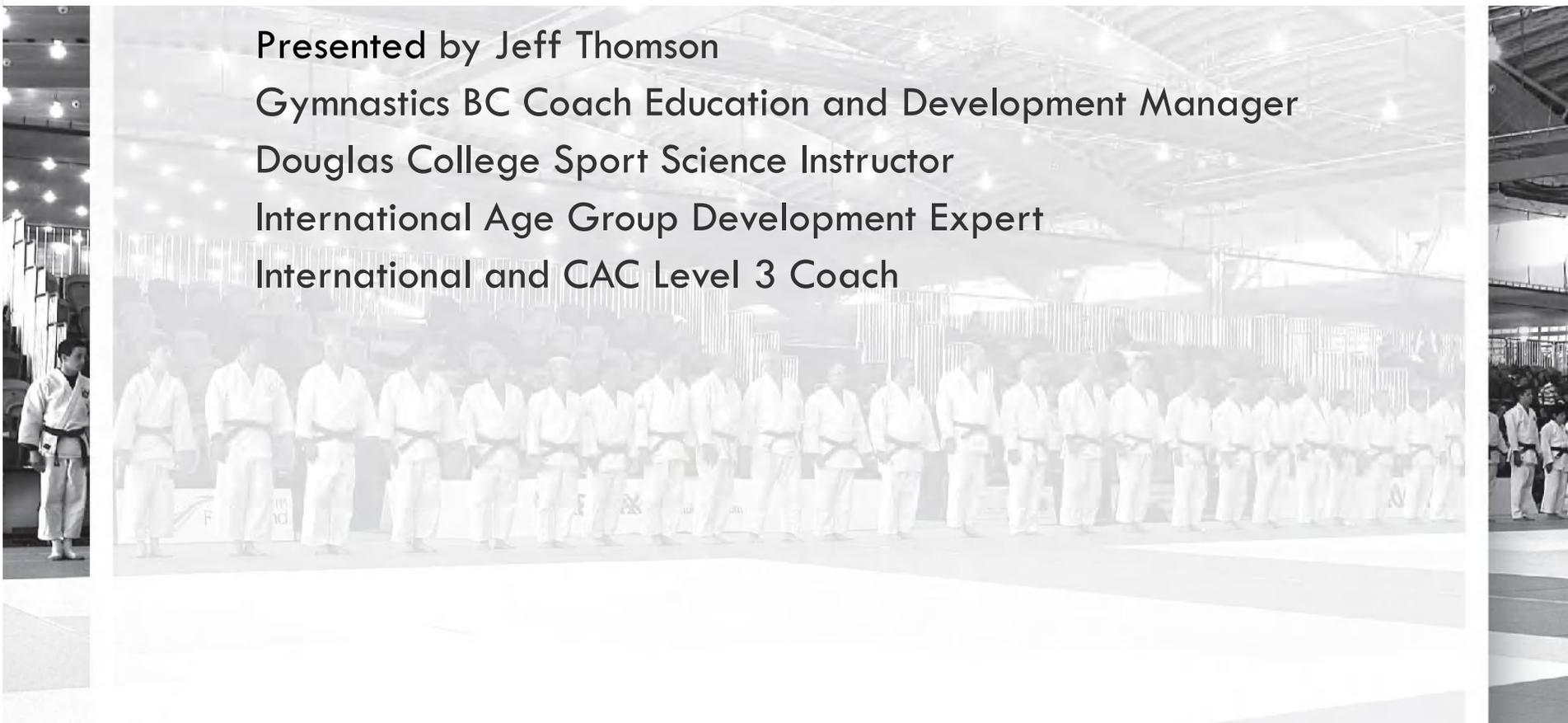
Presented by Jeff Thomson

Gymnastics BC Coach Education and Development Manager

Douglas College Sport Science Instructor

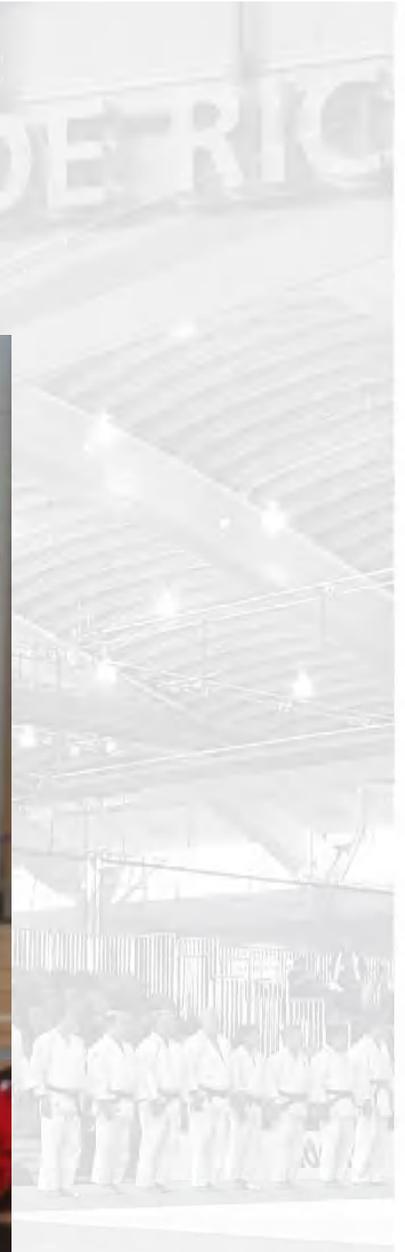
International Age Group Development Expert

International and CAC Level 3 Coach





Growth and Development?



Normal Growth

Early versus Late Maturity



Growth and Development of Judo

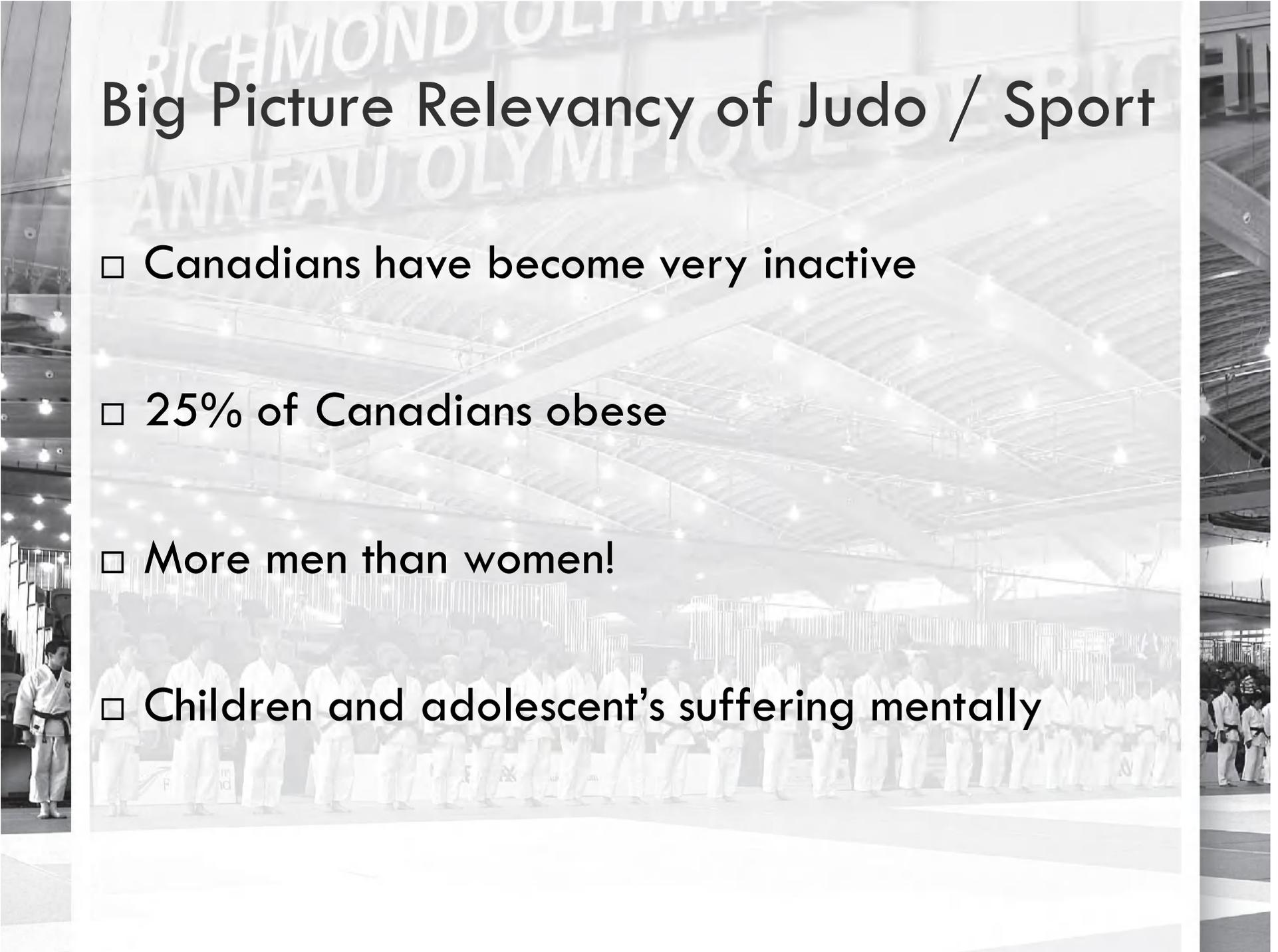


It is not important to be better than
someone else, but to be better than
yesterday.

— *Kano Jigoro* —

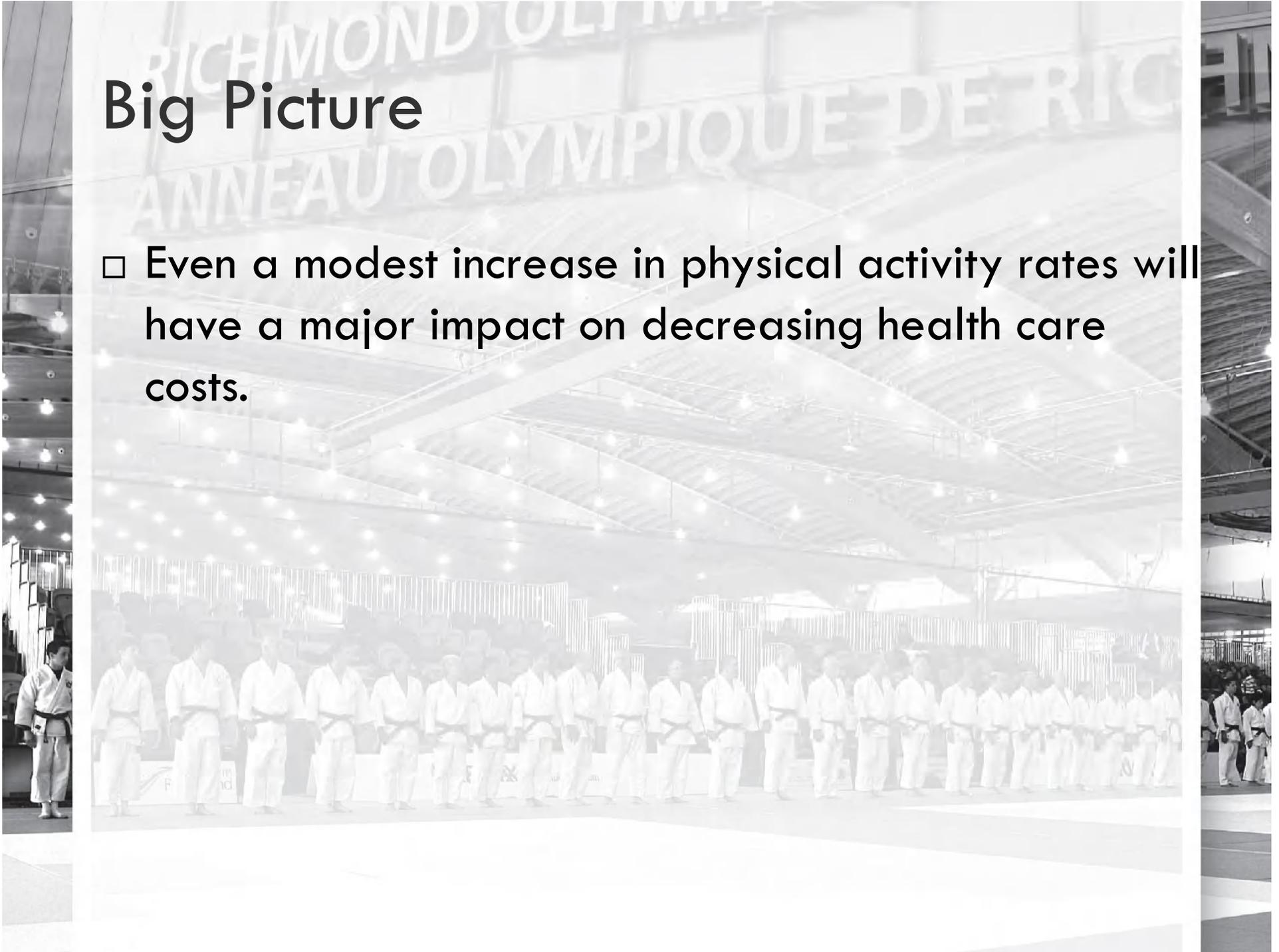
Big Picture Relevancy of Judo / Sport

- ❑ Canadians have become very inactive
- ❑ 25% of Canadians obese
- ❑ More men than women!
- ❑ Children and adolescent's suffering mentally



Big Picture

- Even a modest increase in physical activity rates will have a major impact on decreasing health care costs.



Relevance of the Coach

- Children who take part in sport most want to be like their;
- Coach 80%
- Teacher 40%
- Parent 14%

Athlete centered, Coach driven and Administratively supported

Mandatory Coaching Certification

Number of hours required to become qualified?

- Plumber
- Barber
- Level 3 Coach



Gymnastics BC

- 72 Member Clubs
- 50,000+ members

Why?

- Professional Clubs
- Public knowledge of importance of physical literacy
- History of coaches nurturing and mentoring future coach talent

“Nothing under the sun is greater than education. By educating one person and sending him into the society of his generation, we make a contribution extending a hundred generations to come.”

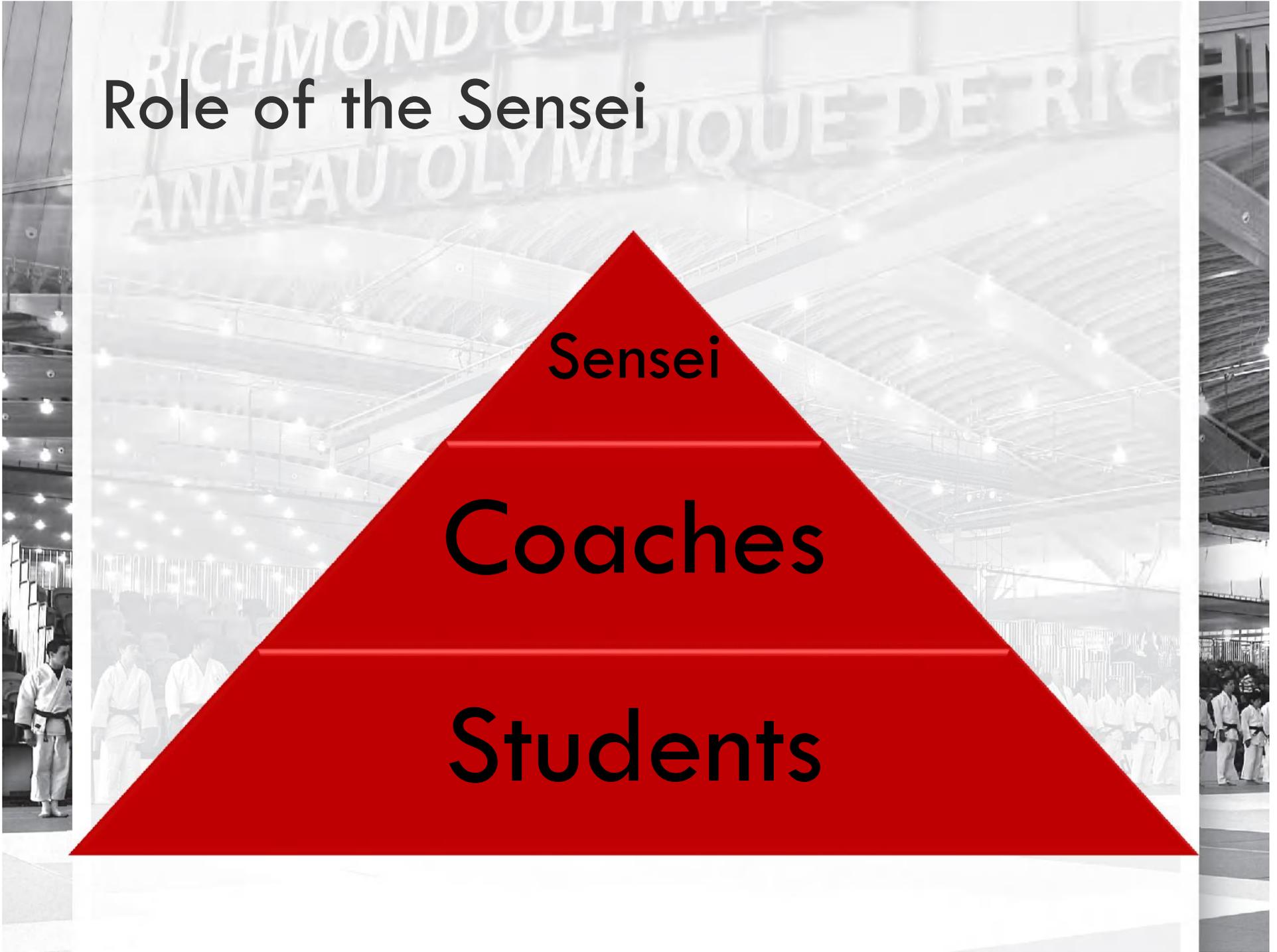
Prof. Kano

Role of the Sensei

Sensei

Coaches

Students

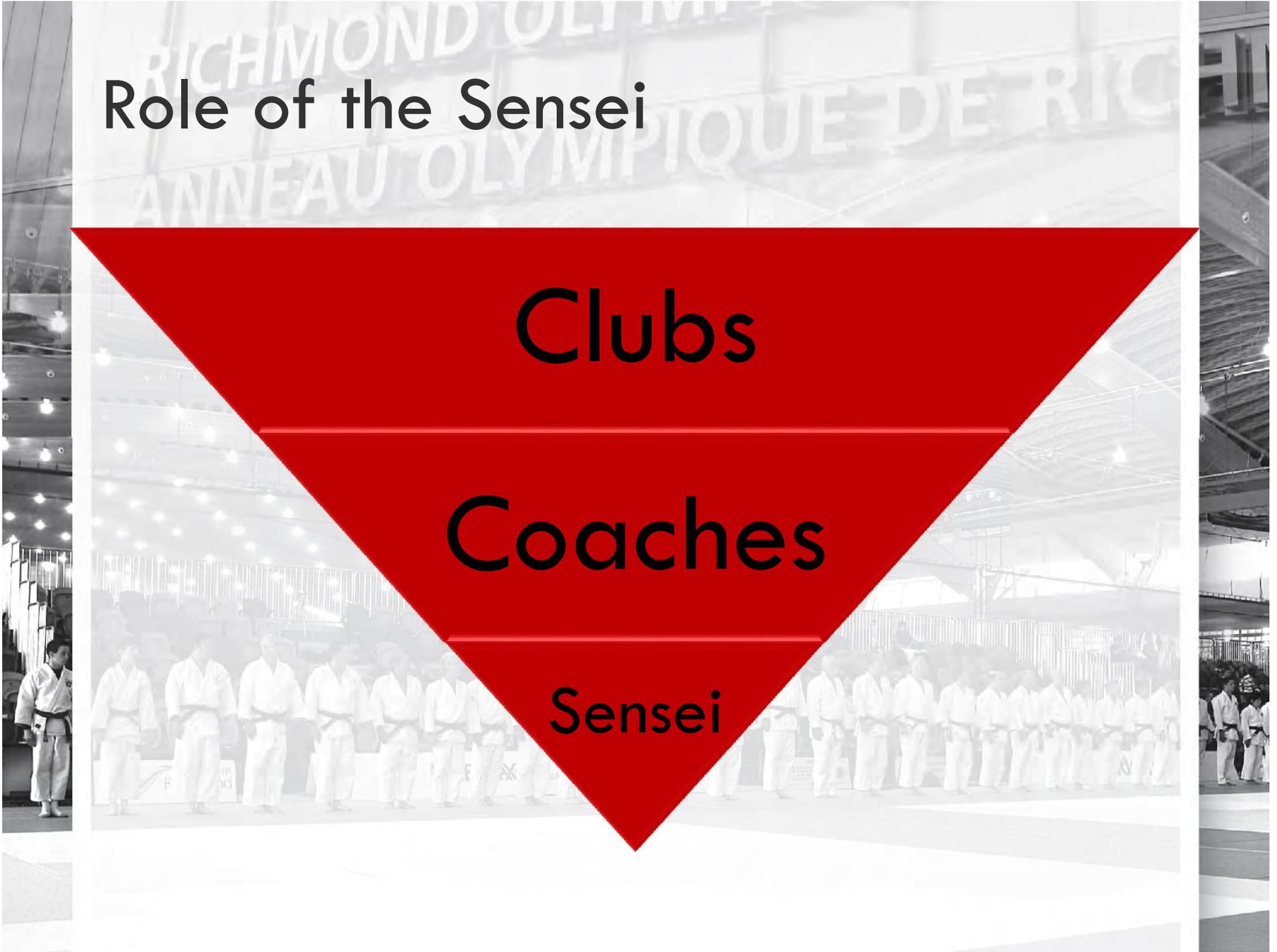


Role of the Sensei

Clubs

Coaches

Sensei



A Sensei or Coaches Legacy

In the end, as leaders, we will not be judges or remembered for how many medals our athletes won, but by the legacy we leave behind in terms of the number of people still involved in the sports we love



Call to Action!

**COMPLAINING ABOUT A PROBLEM
WITHOUT PROPOSING A SOLUTION**

IS CALLED WHINING

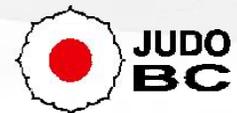


Let's get them into the Dojo's



Round Table Discussions Part 1

- Group 1 – Cultural/Attitude/Social Challenges
- Group 2 – Infrastructure Challenges
- Group 3 – Successes – Judo BC & Clubs



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Judoka Tracking App

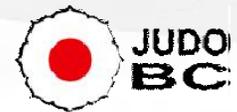
Presented by Marco Pasin, Delta Kaigan Judo



RICHMOND OLYMPIQUE
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High Performance

Presented by Jeremy Le Bris





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BC
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High Performance Presentation

U16 - U18 – U21

*By Jeremy Le Bris
2016-06-11*



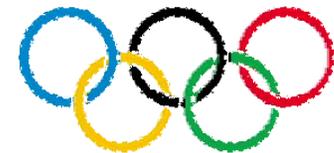
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Our mission



- **Judo British Columbia as one of the best Province in Canada**
- **Create an optimal environment training for ours athletes (IST, RTC, planning & periodization, etc.)**
- **Have 1 or 2 athletes selected at the Olympic Games (2024)**





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Our 4 Goals

1. The Regional Training Center is coming soon

2. 3 « STEPS » in the development

- Athletes selected at Nationals
- Medals at Nationals
- Medals in international tournaments



3. Increase the number of Nationally ranked E/F in U18

4. Increase the number of Nationally ranked D/E in U21



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What do we have to do?



★ Talent ID detection

★ Close collaboration between clubs, Judo BC and Judo Canada

★ Prepare young athletes to integrate to the National Team

★ Create a Regional Training Centre





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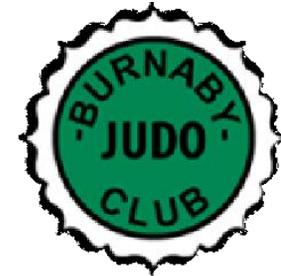


Regional Training Centre

Facility and location :

Short term

Burnaby Judo Club



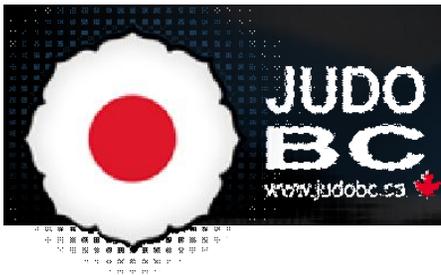
First day : SEPTEMBER 6TH – 6PM

Long Term

Metro Vancouver

A structure with facilities (Simon Fraser University)





Training Plan

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		Physical Training (TBD)		Physical Training (TBD)		Physical Training (TBD)	10-12 RTC Training **
PM	Rest	Club training	6-8 RTC Training *	Club training	6-8 RTC Training*	Club training	

* *Burnaby Judo Club*

** *Abbotsford Judo Club and Steveston Judo Club*



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« Train to train »

U14 = **3 times** per week

U16 = **5 times** per week

U18 = **7 times** per week

U21 = **7/9 times** per week





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« Train to compete »

U14 = 6/8 **competitions** per year

U16 = 6/10 **competitions** per year

U18 = 8/10 **competitions** per year

U21 = 8/12 **competitions** per year





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Provincial Training Camp

4-6 training per year seasonally

Register on line with Judo BC

Open to everyone, coaches and athletes

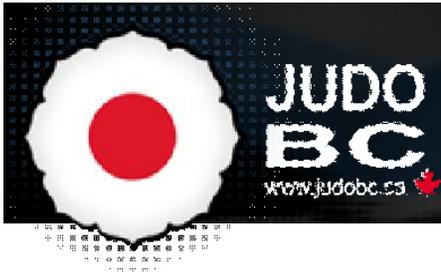


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«Feeding» system

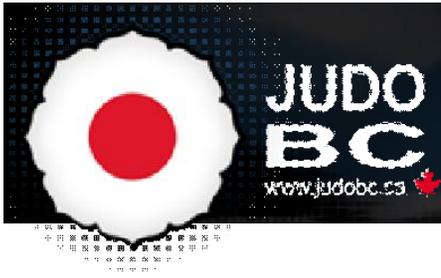




Regional IST Support

- ★ **Anthropometric and physical testing : 3 per year**
- ★ **Nutrition**
- ★ **Performances analysis**
- ★ **Mental performances**
- ★ **Health services**





Testing selection

When?

Last week-end of August – TBC



What?

Physical and judo testing

How?

Register on line on Judo BC

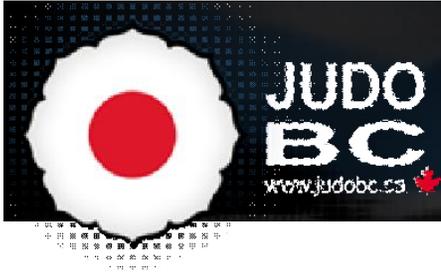
Where?

2 or 3 areas in BC

Who?

Criteria has to be defined





Questions or comments?

Thank you for your attention!

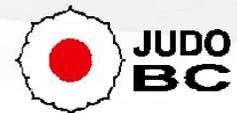
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ANNEAU OLYMPIQUE DE RIC

2016 Annual General Meeting



2016 AGM Agenda

- 1) Meeting called to order
- 2) Adoption of Agenda
- 3) Review and Acceptance of minutes from 2015
- 4) Treasurer's Report
- 5) Reports
- 6) Resolutions
- 7) Elections of Officers
- 8) Old Business
- 9) New Business
- 10) Announcements
- 11) Awards Presentations
- 12) Adjournment



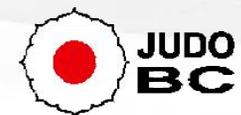
Treasurer's Report, Eric Cherneff

1. Review of Financial Statements to March 31, 2016
2. Review and Adopt budget for 2016/17
3. Appointment of Auditor for 2016/17 fiscal year



Reports

1. President Sandy Kent
2. Judo Canada Sandy Kent
3. Executive Director Katie Thomson
4. BC Team Bruce Kamstra
5. Technical Committee Aline Strasdin
6. Grading Board Art Nishi
7. Coaching Bruce Fingarson
8. Referee Graham Magnusson
9. BC Winter Games James Chevrette
10. Women's Committee Donna Hanson



BC Games

Where: **Kamloops**

When: **February 22 – 25, 2018**

Who: **14 – 16 year olds TBC**

Minimum Rank – orange belt

Rules: **IJF U16 TBC**

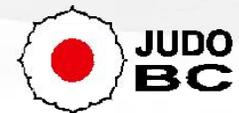


Elections of Officers

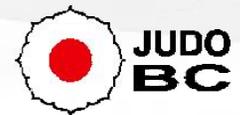
1st Vice President – two year term

Ramon Rodriguez

Secretary – two year term



Old Business



New Business

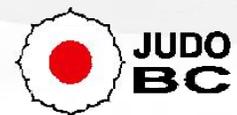
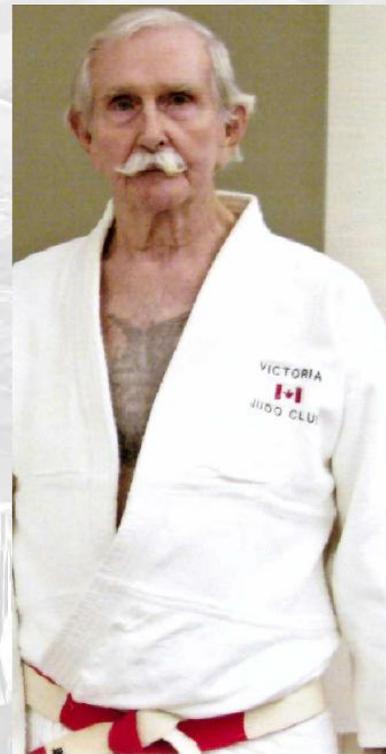


In Memoriam

**Charles William
(Bill) Kovits**

1934-2015

Victoria Judo Club

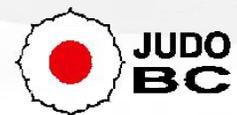


In Memoriam

Eugene Baker

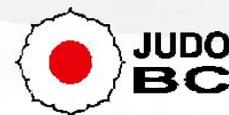
1972 – 2016

Seikidokan Judo Club



Announcements

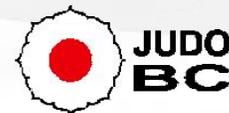
- 2016 Americas Masters Games



Steve Sasaki Memorial Award



*Presented annually
to a long time
member of Judo BC
who exemplifies the
principles of
Kodokan Judo*



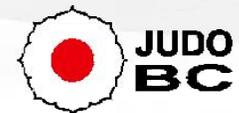
Steve Sasaki Memorial Award

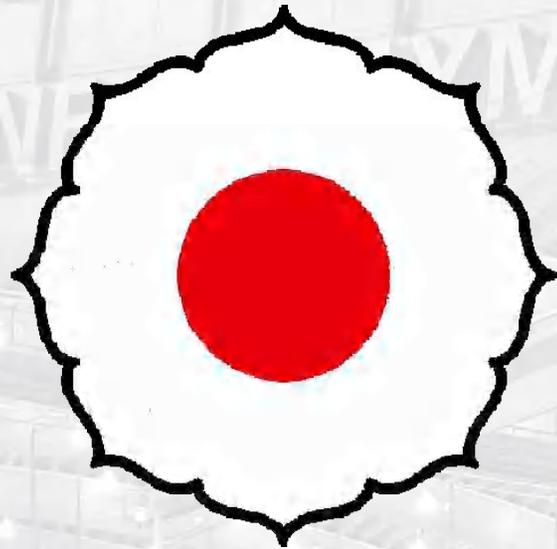
2016 Recipient
**George
Okazaki**



Acknowledgements

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Community, Sport and Cultural Development.





**JUDO
BC**

Thank you for attending.
See you in the Fall!

2016 Annual General Meeting