



Medical tournament rules for EKO

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- a) **Doping**
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1) Before the tournament.

a) EKO health information

A month before a tournament, all participating complete the EKO Health Information. This shall be sent to the tournament organizer one month before the tournament.

A fighter with a documented medical condition requiring the use of a Prohibited Substance (that is on the



WADA Prohibited List (<http://www.wada-ama.org>) or a Prohibited Method must first obtain a TUE (Therapeutic Use Exemptions, <http://www.wada-ama.org>) TUE

TUEs to the *fighter* participating in the *major event* shall be given by the Therapeutic Use Exemption Committee (TUEC) of either of the following anti-doping organisations:

- *International Federations;*
- *National Anti Doping Organization;*
- *WADA;*

This form must be sent to the tournament organizer and European Doping Committee in EKO, within a month before the tournament.

If participants, using drugs on the WADA Prohibited List, must be allowed to participate in the tournament, the and European Doping Committee in EKO approve this.

It is the participant's own responsibility to ensure if there have to be made an application (TUE) for the drug the participant uses.

If the participant uses medication which is on WADA Prohibited List, and have not received a signed WADA Therapeutic Use Exemptions Form approval from the National Anti Doping Organization and European Doping Committee in EKO, the use is considered as doping, and it will be punished according to the doping rules. It is each Athlete's personal duty to ensure that no Prohibited Substance enters his or her body. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their Samples.

The Medical committees follows:

WADA TUE Guidelines

b) Knock out register

All knock outs, in tournaments in Europe, should be send to the medical committee.



After a knock-out all fighters should have a period of 3 month, where they cannot participate in a tournament.

If a contestant within 6 months after the first knock-out, gets a new knock-out, the fighter cannot participate in a tournament for 6 months.

If a contestant gets 3 knock-outs within 1 ½ years, the contestant cannot participate in tournaments, until the fighter has undergone a neurological examination by a neurologist.

This list should be at the EKO's home page, so all tournament organizers can check if the competitors is on this list.

2) During the tournament.

Contents:

- a) **Guidelines for tournament doctors**
- b) **knock-out register**
- c) **Doping rules.**

Before the start of the tournament, the doctor identify himself to the judges.

a) **Guidelines/handbook for tournament doctors.**

Contents:

- 1) Preface
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- 7) The unconscious fighter



- 8) Concussion
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1). Preface

This handbook is written to give some common guidelines, for the tournament doctor's treatment and assessment at tournaments in Kyokushin Karate

Rules for allowable and not allowable techniques are not mentioned here, but reference to the tournament rules for knock down Kyokushin Karate.

A dilemma by the rules of knock down karate is that there are not allowed techniques that may result in disqualification of the contestant who performs these techniques. This may inspire the contestants to such "filming" disorientated at not allowed techniques to the head or painful kick in the groin. The doctor's evaluation could result in disqualification of the opponent. Doctor's decision is final and will always be respected by the judge. You should make this clear, before you enter into an agreement to be tournament doctor and use common sense to detect possible cheating.

2). Preparations before the tournament starts

1. The doctor must know a little about the tournament's rules.
2. The Arena. Ensure that medical personnel at the fighting area, is separated from the audience, so that full concentration can be at the fighting area. There should be medical personnel to each fighting area, so that one should not observe more fights simultaneously.
Make sure there is a observations area nearby. There must be opportunities for study and observation with the contestant standing and lying.
Make sure there is a fast way with a stretcher.
3. Contact the nearest emergency room and prepare them on time and place for the event. If possible, it would be good to have an ambulance standing standby.
4. Agree who is responsible for calling an ambulance.

3). Medical equipment

This list is intended as a guide for the official doctor, and there are no minimum requirements for the equipment the doctor chooses to bring.

It is the doctor's responsibility to bring the equipment, and to verify that the equipment works. The doctor



can decide what equipment is required in order that he / she can treat the participants with diligence and conscientiousness.

Suggestions on what the physician should have close to the fighting area

1. Stretcher.
2. Oxygen bottle (remember to check that it works and is filled!).
3. Acute bag with mesh and, ventilation balloon and possible. Other equipment for cardio pulmonary rescue.
4. Sterile gauze to nose bleeding and lacerations.
5. Pupil lamp to inspect intraoral bleeding, lacerations and eye responses (pupillary reflex, horizontal nystagmus).
6. Possibly, blood pressure apparatus, stethoscope, neck collar, otoscop.

Equipment you may need to diagnostic

Otoscop
Pupil lamp
Stethoscope
Blood pressure apparatus
Nasalspekulum
Reflex hammer

Instruments

Suturing kit
Scissor
Pincet
Scalpel
Hand Disinfecting

Wound and fracture treatment

Steristrips
Sutures



Sterile gauze
Gloves
Tape
Bandages
Patch
Finger immobilization
Collar
Cannulae
Syringes
Eye cover
Tongue Holder
Tongue depressors
Icebags

Medicine

Analgesic agents (eg. Morphine injection (small amounts!), NSAIDs, paracetamol)
Anticonvulsant agents (eg. diazepam, midazolam)
Local anesthesia - lidocaine with and without adrenaline, cincaïn eyedrops
Antibiotics (eye ointment)
Bricanyl for inhalation and possible injection.

4). Guidelines for when the doctor must enter the contest area

1. Suspicion of serious harm, the judge will ask for the doctor's assistance.
2. The doctor may take the initiative between rounds, or when judge interrupted to ask to examine a fighter. The referee must then stop the fight temporarily, until the doctor has completed the evaluation of the contestant.
3. The doctor may at any time stop the fight. If there is a risk of serious physical injury, he or she should ask the chief judge to stop the fight. This decision is final and goes ahead of other considerations.

When the doctor enters the battle area, he should:



1. Go quickly, but calmly and with authority. Remember that the others on the area are not medically trained, and can overreact.
 2. Take sterile gauze and pupil lamp with you but be sure to have airways and resuscitation equipment ready.
 3. Do not let the fights coach decide about your evaluation, treatment or the time it takes!
 4. Keep the fighters airways free. Remove the tooth protector and inspect for vomiting and aspiration
 5. Insist that the contestant is laying down, until he / she is fully awake. Let him then sit up and first go to his coach when he / she is completely ready.
 6. Check neurological status when there is time for it.
 7. The doctor should observe the contestant if he has been unconscious. There must therefore be possibility to make observation, close to the fighting area. Here the fighter can be under observation of the tournament staff/paramedical/red cross.
- If the contestant does not recover as quickly as expected, make sure the ambulance transport to hospital
If the contestant is satisfactory, he / she is observed by family or coach (give a head trauma brochure).

5). How to treat wounds at the fighting area

One cannot expect other acute wounds treatment at the fighting area than steristrips and Compression bandage.

In some cases this is not enough:

1. If a gash around the eyes bleed so much, that it affects the sight, the fight must be stopped.
2. Deep gashes with suspected lesions of important structures, the fight is stopped
3. Nose: Laceration of the nose should trigger an investigation in order to be sure that there is no open nasal fracture

Nose Bleeding: The initial evaluation should determine whether the nose is fractured. Careful treatment of nasal bleeding is crucial to not aggravate a fracture.

Is bleeding venous or arterial?

If profuse bleeding that cannot be stopped with simple compression, the fight is stopped

Posterior hemorrhage investigated by tongue compression and pupil lamp. If there are clots in the pharynx or if the contestant spits out clots, the match is stopped (risk of aspiration during the match).

The doctor may have merocelstav with lidokaingel ready! This may give the fighter the opportunity to continue the fight.

4. Loose and broken teeth look for it.



5. Eye: Think of abrasion, pupilluxsation, retinal detachment.
Have eye flap ready, and refer to an ophthalmologist.

6). Evaluation of head trauma at the fighting area

Concussion is a temporary state of motor hypotonia, helplessness and disturbed consciousness.
This includes one or more of the following characters:

1. Disorientation
2. Memory trouble - antegrad and retrograde amnesia
3. Changed or slow speech
4. Difficulty in understanding new information
5. Disturbed motor function - slow, uncoordinated

Examples of rapid tests:

Finger to finger

Finger to (own) nose

Pronation / supination of the hand

Romberg test (standing with legs together and close eyes)

6. The following questions are good to evaluating the fighter's mental status and his ability to defend himself

What's your name?

Where are you?

What date is it?

What is the name of your opponnet? What "round" is it?

Say the following figures, eg. 7-3-8-2

7. Eye changes:

Pupillary changes: egal, light reaction?

Nystagmus: If there are horizontal nystagmus, the match must be stopped

8. Look for the weakness of the face, hemiparesis or other focal signs

The fight must be stopped if the fighter

- cannot answer correctly



- cannot perform the motor tests
- have abnormal focal signs

7). Treatment of the unconscious fighter

Urgent help from the doctor is mandatory. The referee must signal to the doctor immediately. If the tooth protector is halfway out of his mouth, judge must remove this, but should otherwise not touch the fighter. Fracture of cervical columna must always be in mind in the first evaluation of the fighter, but otherwise the procedure:

1. Ensure adequate airway (put him in the recovery position if there is spontaneous respiration)
2. Look for limb movements, as evidence of intact spinal cord.
3. Immobilize neck in neck brace, put the fighter on the stretcher and take him / her away from the fighting area
4. Give oxygen, even breathing seems Sufficient (increased oxygen supply to the brain can prevent further damage)

When the fighter regains consciousness and has full movement of arms and legs, he must sit up, and assisted standing and walking.

Thorough neurological examination are there indication for further control, maybe at the hospital?

8). Guidelines for treatment of concussion

Grade I

1. Transient confusion
2. No loss of consciousness
3. Symptoms disappear within 15 minutes.: distant gaze, visual skotom, tinnitus, delayed verbal and motor responses

Treatment

Stop the fight

Investigate immediately and then check with 5 min. interval for symptom exacerbation

Grade II

1. Transient confusion
2. No loss of consciousness



3. Symptoms in more than 15 minutes.: confusion, difficulty speaking, amnesia, nausea, vomiting, headache, dizziness, photophobia, mental status changes

Treatment

Stop the fight

Examine frequently for signs of intracranial hemorrhage / edema

Send the fighter to hospital for extended neurological examination

Grade III

1. Loss of consciousness, either brief (seconds) or prolonged (minutes)

Treatment

See "Treatment of the unconscious fighter"

9). Evaluation of abdominal trauma

In rare cases, punch and kicks to the abdomen resulting in lesions of the spleen or liver, with consequent risk of life-threatening intraabdominal bleeding.

One should suspect seriously abdominaltraume if:

1. Abdomen is hard and sore localized by palpation
- 2.If there are suspected rib fracture
3. Signs of incipient circulatory effects (weak pulse, rapid pulse, low blood pressure.)
4. Localized redness of the skin

You should be aware that in adolescents, in otherwise healthy people can even serious intra-abdominal haemorrhage be compensated for a long time, but suddenly they decompensate very quickly, when compensation is no longer possible. . On suspicion of severe abdominaltrauma, person should not be left alone, and should urgently be transported to hospital. If possible, there should be installed intravenous infusion.

10). Evaluation of extremity trauma

Extremity trauma are not uncommon in martial arts competitions. Soft tissue injuries are generally not serious, but when large acute hematoma is developed, consider the fight to be stopped and the damage should be compressed and cooled.



There have been cases of compartment syndrome.

In the case of closed or open fracture or dislocation of joints, the fight is stopped immediately. Fracture should be investigated and immobilized until the fighter may be transported to hospital (in rare cases you may be try reduction of the bone). It may be necessary to give painkillers.

Joint dislocation can be replaced if possible, and the person is transported to hospital

Open wounds: bleeding should be stopped and make a temporary bandage. Depending on the wound character send the person to hospital or instruction of general wound care.

11). Trauma to the neck

Trauma to the neck occurs frequently. Usually they are not of clinical importance, but often it makes the fighter startled and afraid.

You should examine primarily whether there is stridor or affected respiration in general. Cartilago cricoidea and thyroid are palpated to ensure that there is no fracture.

If these conditions are normal, there is in principle nothing wrong with the fighter and can continue, if the fighter wishes.

The fighter should be observed after the fight, to eliminate the development of symptoms.

It is not allowed for the fighters to have any bandage in the first fight.

If the fighter and his coach want to put on a bandage after the first fight, first the tournament doctor must inspect the damage. Then the fighter and the coach do the bandages. Then the tournament doctor approve the bandage with stamp or signature.



b) knock-out register

The tournament doctor should maintain a list of fighters with knockout, this list is returned after the tournament to the Medical Committee.

C) Doping rules

Following the WADA rules.

European Doping Committee in EKO is responsible for doping control conducted by WADA rules

3. After the tournament

a) Doping.

The European Doping Committee in EKO gets the results from the doping test.

The Medical committee assists European Doping Committee in EKO, if there are some medical problems.

EKO should have a **doping register** on the EKO homepage. So all fighters who's having a doping exclusion period is on this list, so tournament organizer can check the participants.

b) Knock out register

The Medical Committee update the knock out register