MANAGING CONCUSSION

A PRACTICAL GUIDE FOR AUSTRALIAN TAEKWONDO COACHES

Recognise | Remove | Refer | Recover | Return safely

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COACHING PRINCIPLE

A coach does not diagnose concussion. Your role is to recognise possible concussion, remove the athlete from risk, support appropriate medical assessment, document/report the incident, and prevent premature return to training or competition.

Based on the Australian Taekwondo National Concussion Policy (adopted 3 August 2026), AUSTKD competition protocols, the supplied concussion referral/clearance form, and supporting coach resources.

1. What every coach needs to know

Concussion is a brain injury that causes a disturbance of brain function. It can follow an impact to the head, neck or body and does not require loss of consciousness. Symptoms may emerge after the incident, including within the following 24–48 hours.

Australian Taekwondo requires confirmed and suspected concussion to be managed conservatively. Athletes with a potential head injury or suspected concussion must be removed from play/training and must not return on the same day.

THE COACH'S FIVE ACTIONS

1 — RECOGNISE
Know the observable signs and symptoms. Take any concern seriously.

2 — REMOVE
Stop participation immediately. Do not allow the athlete to "test it out" by continuing.

3 — REFER
Arrange medical assessment. At sanctioned events, follow the commissioned medical team's direction.

4 — REPORT
Complete the Australian Taekwondo concussion reporting requirements and retain relevant documentation.

5 — RETURN SAFELY
Do not return an athlete to contact training or competition until the required stand-down, graduated return process and medical clearance requirements are satisfied.

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SAME-DAY RULE
An athlete with suspected concussion is not permitted to return to competition on the same day, irrespective of the outcome of the off-mat evaluation or whether concussion is ultimately diagnosed.

2. Recognising possible concussion

Observable signs identified in the AUSTKD competition protocol include:

- Loss of consciousness, no protective action when falling, lying motionless or being unresponsive
- Seizures, fits or convulsions
- Disorientation or confusion; a dazed, blank or vacant look
- Balance problems or motor incoordination such as staggering, stumbling or an unsteady gait
- Slow or laboured movements
- Facial injury following head trauma

- A high-risk mechanism of injury, such as a forceful spinning heel kick to the head

The supplied referral/clearance form also prompts coaches to record symptoms such as headache, dizziness, vomiting, blurred vision, memory loss, difficulty concentrating, sensitivity to light, fatigue, ringing in the ears and incoherent speech.

3. Managing concussion at competition

ON-MAT: WHAT HAPPENS DURING THE CONTEST

1 — Contest suspended
If the centre referee or commissioned medical doctor/associate identifies an observable sign after an impact to the head, neck or body, the contest is suspended, the clock is stopped and the medical doctor/associate is called.

2 — Immediate screening
The medical doctor/associate is allowed one minute for an immediate on-court concussion screening and may request up to two minutes if required.

3 — Medical decision
Suspected concussion is determined when the on-court screen has one or more positive indications. These can include GCS <15, observable signs, motor incoordination, oculomotor abnormality or an incorrect response to modified Maddocks questions.

4 — Do not interfere
Coaches, team doctors and court officials must not interfere with the immediate screening or overrule the commissioned medical doctor/associate's determination.

5 — Contest cannot resume
If the medical doctor/associate determines suspected concussion, the centre referee may not resume the contest.

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IMPORTANT
The absence of positive indications on the immediate screen does not rule out concussion.

OFF-MAT: WHAT HAPPENS AFTER THE CONTEST

1 — Immediate venue evaluation
Except where emergency hospital referral is required, an athlete with suspected concussion must be evaluated by the commissioned medical doctor in the venue medical room immediately after the contest.

2 **Comprehensive assessment**
The protocol specifies SCAT6 Off-Field Assessment for athletes aged 13+ and Child SCAT6 for athletes aged 8–12, completed within 30 minutes of the incident.

3 **No same-day return**
The athlete may not return to competition that day, regardless of the comprehensive evaluation result or whether a concussion diagnosis is made.

Coach behaviour at the venue

- Give the medical team clear factual information about the mechanism of injury and signs you observed.
- Do not pressure the athlete, referee or medical team to accelerate a decision.
- Ensure the athlete is supervised and that a parent/guardian is involved where appropriate.
- Confirm who is responsible for transport, follow-up medical review and reporting before leaving the venue.

4. Managing a suspected concussion in training

The AUSTKD policy applies beyond competition. Any concussion observed in training must be reported through the Australian Taekwondo Concussion Management Tool. If concussion is suspected, a medical doctor must be sought to complete a concussion assessment. If concussion is confirmed, the AUSTKD Return-to-Activity Protocol applies.

COACH ACTION PLAN — TRAINING

1 **STOP**
Immediately remove the athlete from sparring, drills, conditioning or other activity where another impact could occur.

2 **CHECK & ESCALATE**
Observe the athlete and arrange urgent/emergency care if their condition requires it. Do not use a normal-looking athlete or a quick symptom improvement as evidence that concussion is absent.

3 **REFER**
Arrange assessment by a medical doctor. Provide the referral/clearance form with the mechanism of injury and observed signs/symptoms recorded.

4 **INFORM**
For athletes under 18, involve the parent/legal guardian. Ensure relevant club and performance staff know that the athlete is restricted from return.

5 **REPORT**
Complete the AT Concussion Management Tool for suspected and confirmed concussion.

Australian Taekwondo

6 **RESTRICT**
No same-day return to training. If concussion is confirmed, follow the formal return-to-activity and medical clearance process before return to competition.

Information to record

Record	Examples
Incident	Date/time, training activity or bout, direct head blow / indirect injury / no specific injury observed
Immediate signs	Loss of consciousness, confusion, vacant stare, balance loss, incoherent speech
Symptoms reported	Headache, dizziness, nausea/vomiting, blurred vision, fatigue, concentration or memory problems
History	Whether this is the first concussion in the last 12 months; if not, how many
Actions	Activity stopped, first aid/medical referral, parent/guardian informed, reporting completed

5. Return to activity and competition

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THE STAND-DOWN PERIOD IS A MINIMUM
Under the adopted AUSTKD policy, a diagnosed concussion triggers a mandatory medical suspension that cannot be shortened. The athlete must also complete a standardised graduated return-to-sport process and receive medical clearance from a medical doctor before another taekwondo contest.

AUSTKD MANDATORY MEDICAL SUSPENSION — DIAGNOSED CONCUSSION

18+ years Senior	15–17 years Junior	12–14 years Cadet	11 years & under
30 DAYS	**40 DAYS**	**50 DAYS**	**60 DAYS**

SECOND CONCUSSION
within 90 days
90 DAYS

THIRD CONCUSSION
within 180 days
180 DAYS

Graduated return: the coach's role

1	**Respect the suspension** No competition during the mandatory medical suspension.
2	**Support medical management** The athlete should be assessed and guided by an appropriate healthcare practitioner/medical doctor.
3	**Restore normal function first** Return to school, study or work and symptom recovery are part of safe progression.
4	**Progress training gradually** Reintroduce training in a staged and supervised manner. Do not jump directly back into contact sparring.
5	**Verify clearance** Before competition, ensure the required AUSTKD evidence of graduated return and medical clearance has been completed and submitted.

The supplied AIS referral/clearance form states that children/adolescents under 19 and adults in community (non-elite) sport should be symptom-free for 14 days before contact training and should not return to competitive contact in less than 21 days. Where AUSTKD's mandatory suspension is longer, the AUSTKD stand-down remains the controlling minimum for AUSTKD competition.

6. Communicating with athletes and parents

Concussion management is more effective when the coach sets the expectation before an injury occurs: symptoms must be reported, medical decisions are respected, and missing a session or competition is preferable to risking another impact.

USE CLEAR, CONSISTENT MESSAGES	
To the athlete	"You're coming out because we have a possible concussion. You will not return today. We'll get you assessed and follow the return process."
To a parent/guardian	"We observed signs/symptoms after an impact. They have been removed from activity and need medical assessment. We will also complete the required Australian Taekwondo reporting."

To the team	"Concussion symptoms must be reported immediately. Nobody loses their place for speaking up about a possible concussion."

Coach do / don't

DO	DON'T
✓ Treat suspected and confirmed concussion seriously.	× Allow same-day return after suspected concussion.
✓ Record what you observed rather than trying to diagnose.	× Ask an athlete to hide or minimise symptoms.
✓ Follow medical direction and AUSTKD reporting requirements.	× Overrule or interfere with event medical staff.
✓ Plan a gradual, supervised re-entry to training.	× Use fitness, motivation or a normal appearance as clearance.
✓ Create a culture where symptom reporting is expected.	× Return an athlete to competition without required medical clearance.

7. Prevention and preparation

Concussion cannot always be prevented. Coaches can still reduce avoidable risk through safe training design, appropriate progression, technical control, athlete education and physical preparation.

- Build athlete and parent awareness of concussion signs, symptoms and reporting expectations.
- Avoid unnecessary head-impact exposure in training and manage fatigue, mismatch and uncontrolled contact.
- Include neck strengthening as part of general physical preparation where appropriate and technically supervised.
- Keep the referral/clearance form and concussion reporting pathway accessible to coaching staff.
- Brief assistant coaches and team managers on who takes responsibility when a suspected concussion occurs.

8. Neck strengthening: supportive preparation

The supplied Australian Taekwondo resource presents neck strengthening as a practical way to support head and postural control. It should be viewed as supportive physical preparation—not as a guarantee that concussion will be prevented.

BASIC EXERCISES FROM THE COACH RESOURCE

Exercise	Coaching cue	Guide
Neck flexion (forward)	Hand on forehead; gently press the head forward into the hand while resisting. Keep the neck neutral.	3 × 10 reps; ~5-second hold
Neck extension (backward)	Hand on the back of the head; gently press backward into the hand while resisting.	3 × 10 reps; ~5-second hold

Exercise	Coaching cue	Guide
Lateral flexion	Hand on the side of the head; gently press sideways into the hand while resisting. Repeat both sides.	3 × 10 each side; ~5-second hold
Rotation	Hand near the temple; gently rotate into the hand while resisting. Repeat both sides.	3 × 10 each side; ~5-second hold
Neck bridging (advanced)	Supplied resource shows a supine bridge variation. Use only with appropriate coaching and athlete readiness.	3 × 10–15 reps; 3–5-second hold

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START GRADUALLY

Use good technique, progress over time and seek guidance from an S&C professional or physiotherapist where required. Athletes with a history of neck injury or concussion should seek qualified health-professional advice before starting.

9. Coach checklist

☐ I can identify common observable signs and symptoms of concussion.

☐ I know that suspected concussion means immediate removal and no same-day return.

☐ I know who the event/club medical contact is.

☐ I can provide a factual account of the mechanism, signs and symptoms.

☐ I know how to access the AUSTKD concussion reporting process.

☐ I understand the mandatory suspension periods for diagnosed concussion.

☐ I will not return an athlete to competition without the required graduated return evidence and medical clearance.

☐ My athletes and parents know that symptom reporting is expected and supported.

10. Quick-reference decision guide

SUSPECTED CONCUSSION? FOLLOW THIS PATH

1

IMPACT OR CONCERN

An impact occurs and/or signs or symptoms raise concern for concussion.

2

REMOVE

Stop the athlete from training or competition immediately.

3 **MEDICAL ASSESSMENT**
At an event, follow the commissioned medical team. In training, seek a medical doctor for concussion assessment.

4 **NO SAME-DAY RETURN**
Do not allow the athlete back into training or competition that day.

5 **REPORT & DOCUMENT**
Complete the AT concussion reporting process and retain referral/clearance documentation.

6 **IF DIAGNOSED**
Apply the mandatory AUSTKD medical suspension and complete a standardised graduated return-to-sport process.

7 **CLEARANCE**
Medical clearance and evidence of the return process are required before return to another taekwondo contest.

! **WHEN IN DOUBT, SIT THEM OUT.**
Protect the athlete first. Concussion symptoms can evolve, and a normal-looking athlete may still have a concussion.

Key resources

Australian Taekwondo National Concussion Policy — primary policy source for AUSTKD coaches and sanctioned events.

AUSTKD Concussion Return-to-Sport / clearance documentation — use the current form and submission process required by Australian Taekwondo.

Concussion in Australian Sport — national guidance for youth and community sport, including graded return-to-sport resources.

World Taekwondo Medical Code — international medical framework informing competition concussion management.

Source note

This coach guide synthesises the materials supplied for this task. Where the supplied return-to-play infographic and the adopted AUSTKD National Concussion Policy differ on age bands, this guide uses the age bands in the adopted AUSTKD policy (18+; 15–17; 12–14; 11 and under). Coaches should always use the latest AUSTKD policy and forms.