



COACH GUIDANCE

MANAGING CONCUSSION

Practical guidance for Australian Taekwondo coaches



Safety principle

A suspected concussion is managed as a concussion. Remove the athlete from training or competition, do not allow same-day return, arrange appropriate medical assessment, report the incident, and only return the athlete after the required stand-down, graduated return-to-sport process and medical clearance.

Applies to: Australian Taekwondo coaches, instructors, team officials and club personnel.

Based on: Australian Taekwondo National Concussion Policy (adopted 3 August 2026), AT on-mat and off-mat protocols, AT return-to-play guidance, neck-strengthening resource, and the AIS Concussion Referral & Clearance Form.

Version: September 2026

1. What every coach needs to know

RECOGNISE. REMOVE. REFER. REPORT. RECOVER. RETURN.

Concussion is a brain injury that disturbs brain function. It can follow a direct blow to the head or an impact elsewhere on the body, and loss of consciousness is not required. Symptoms may develop immediately or over the following 24-48 hours. Children and adolescents require a more conservative approach.

The coach's default action

If concussion is suspected, stop the athlete's participation immediately. Do not try to 'test' whether they can continue and do not allow them to return to training or competition on the same day.

Coach responsibilities

- Know the observable signs and common symptoms of concussion.
- Remove any athlete with confirmed or suspected concussion from training or competition.
- At sanctioned events, follow the direction of the commissioned medical doctor/medical associate and referee; coaches cannot overrule a suspected-concussion determination.
- Ensure an athlete with suspected concussion is referred for medical assessment.
- Ensure the Australian Taekwondo Concussion Management / National Injury Reporting Tool is completed for every suspected or confirmed concussion.
- Support the athlete and family to follow the required medical suspension, graduated return-to-sport process and medical clearance requirements.
- Do not pressure an athlete to conceal symptoms or return early.

Red flags: seek urgent medical care

The attached AT policy focuses on sport-management procedures rather than a detailed emergency red-flag list. Coaches should use normal emergency procedures whenever an athlete appears seriously unwell, deteriorates, has a prolonged loss of consciousness, seizure/convulsion, significant neck injury concern, or otherwise requires urgent medical attention.

2. Recognising a suspected concussion

A concussion should be suspected after a biomechanically plausible impact when an athlete displays one or more observable signs or reports symptoms consistent with concussion.

Observable signs highlighted in the AT on-mat protocol

Observable sign	Examples / what a coach may notice
Loss of consciousness	No protective action when falling, lying motionless or unresponsive.
Seizure, fit or convulsion	Abnormal involuntary movements following impact.
Disorientation or confusion	Appears unsure of situation, score, opponent or instructions.
Dazed, blank or vacant look	Noticeable change in facial expression or responsiveness.
Balance / motor incoordination	Staggering, stumbling, wobbly or unsteady gait.
Slow or laboured movements	Movement appears unusually slow or difficult.
Facial injury after head trauma	Visible facial injury following a head impact.
High-risk mechanism	For example, a forceful spinning heel kick to the head.

Symptoms that may be reported

- Headache
- Dizziness
- Confusion or difficulty concentrating
- Memory problems
- Blurred vision or sensitivity to light
- Ringing in the ears
- Fatigue
- Nausea or vomiting
- Loss of balance

Important

The absence of obvious signs does not rule out concussion. AT's on-mat protocol states that positive screening findings can rule in suspected concussion, but an absence of positive findings cannot rule it out.

3. Managing concussion at competition

At all Australian Taekwondo sanctioned events, the on-mat and off-mat concussion protocols apply.

1	RECOGNISE AND SUSPEND 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 medical staff are called.
2	IMMEDIATE ON-COURT SCREENING The medical doctor/associate is allowed one minute for an immediate screening assessment and may request up to two minutes if required.
3	MEDICAL DECISION One or more positive indications means the contestant is treated as having a suspected concussion. The medical decision cannot be overruled by coaches, team doctors or court officials.
4	NO CONTEST RESUMPTION If the medical doctor/associate determines suspected concussion, the centre referee may not resume the contest.
5	IMMEDIATE OFF-MAT EVALUATION Except where emergency hospital referral is required, the athlete is evaluated in the venue medical room immediately after the contest.
6	COMPREHENSIVE ASSESSMENT SCAT6 Off-Field Assessment is used for athletes aged 13 years or older; Child SCAT6 is used for athletes aged 8-12 years. The AT protocol requires this assessment within 30 minutes of the incident.
7	NO SAME-DAY RETURN Any athlete with suspected concussion is not permitted to return to competition on the same day, irrespective of the off-mat assessment outcome or concussion
8	RECORD AND REPORT Ensure the incident is documented and submitted through the Australian Taekwondo Concussion Management National Injury Reporting Tool.

4. Managing concussion at training

	Same safety standard A suspected concussion in training is treated with the same seriousness as a competition concussion: remove the athlete, no same-day return, seek medical assessment, and report the incident.
1	STOP PARTICIPATION Immediately remove the athlete from sparring, drills, conditioning or any other training activity.
2	DO NOT RETURN THE SAME DAY The athlete must not resume training that day, even if symptoms appear to settle.
3	ARRANGE MEDICAL ASSESSMENT The AT policy requires a medical doctor to be sought to complete a concussion assessment when concussion is suspected from training.
4	NOTIFY PARENT/GUARDIAN For athletes under 18, promptly involve the parent/legal guardian and provide clear information about what occurred and the need for medical review.
5	COMPLETE THE REPORTING TOOL Every observed training concussion or suspected concussion must be reported through the AT Concussion Management / National Injury Reporting Tool.
6	FOLLOW RETURN-TO-SPORT REQUIREMENTS If concussion is confirmed, the athlete must complete the AT return-to-activity requirements before returning to competition.

What coaches should document

- Date, time and location of the incident.
- Whether it occurred in training or competition.
- Mechanism of injury (direct head blow, indirect head injury or no specific injury observed).
- Signs and symptoms observed or reported.
- Whether loss of consciousness occurred.

WHEN IN DOUBT, SIT THEM OUT. | PROTECT OUR ATHLETES.

- Immediate actions taken and who provided medical/first-aid support.
- Parent/guardian notification where applicable.
- Known recent concussion history, if disclosed.
- Referral, medical advice and any restrictions communicated to the club.

5. Australian Taekwondo injury and concussion reporting

EVERY SUSPECTED OR CONFIRMED CONCUSSION MUST BE REPORTED

Australian Taekwondo's National Concussion Policy requires the AT concussion management tool to be completed for every case of confirmed and suspected concussion. The policy also states that concussion must be reported on the AT Concussion Reporting Tool.

National Injury Reporting Tool

Any parent, member, instructor, event manager or state officer can submit an Injury Report through the National Injury Reporting Tool. Clubs and States may include the public reporting link on their websites.

Why this matters

The reporting tool creates a consistent national record, supports athlete follow-up and safety oversight, and reduces duplicated administration for State Bodies. Data and reporting are available at National level; Australian Taekwondo can provide State-specific reports as required.

Who can submit?	Parent, member, instructor, event manager or state officer.
When should it be used?	For every suspected or confirmed concussion. It is also best practice to complete an injury submission after sanctioned State and National events when an injury has occurred.
Insurance claims	Completion of a National Injury Reporting Tool submission is to be mandatory before an insurance claim is made.
Where is the data held?	At National level rather than State level, with State reports available from AT as required.

Public reporting link: <https://www.revolutionise.com.au/australiantaekwondo/injury>

6. Medical suspension and return to taekwondo

For Australian Taekwondo domestic management, coaches should follow the age bands and suspension periods in the current National Concussion Policy adopted 3 August 2026.

Athlete category	Age	Minimum medical suspension
Senior	18 years and older	30 days
Junior	15-17 years	40 days
Cadet	12-14 years	50 days
Younger athlete	11 years and under	60 days

Repeat concussion

A second diagnosed concussion within 90 days carries a 90-day medical suspension. A third diagnosed concussion within 180 days carries a 180-day medical suspension. Mandatory medical suspension periods cannot be shortened.

Return-to-sport sequence

1

COMPLETE THE MEDICAL SUSPENSION

No competition during the mandatory suspension period.

2

MEDICAL REVIEW

The athlete should be managed by an appropriate medical practitioner and follow the prescribed recovery plan.

3

RETURN TO NORMAL DAILY FUNCTION

Symptoms should resolve and normal school, study or work participation should be restored.

4

GRADUATED RETURN TO SPORT

Progress through a standardised graduated return-to-sport process without recurrence of symptoms.

5

MEDICAL CLEARANCE

A medical doctor must provide clearance before the athlete is permitted to compete again.

6

SUBMIT EVIDENCE

Completion of the graduated return-to-sport process and

medical clearance must be evidenced using the AUSTKD Concussion Return-To-Sport Form and submitted to Australian Taekwondo as required by policy.

The AIS Concussion Referral & Clearance Form supplied with this guidance also 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 AT's longer mandatory suspension applies, the longer AT stand-down governs competition return.

7. Supporting the athlete during recovery

Coaches have an important role in creating an environment where athletes report symptoms early and do not feel pressure to return before they are medically ready.

Good coaching practice

- Make it clear before incidents occur that reporting symptoms will never be treated as weakness or lack of commitment.
- Keep the athlete engaged socially with the team where appropriate, while respecting medical restrictions.
- Do not prescribe or accelerate the return-to-sport process beyond medical advice.
- Modify training only in line with the athlete's graduated return plan.
- Communicate with the athlete, parent/guardian (where relevant) and appropriate medical practitioner about restrictions and progression.
- Keep a simple club record of clearance status so all coaches know whether the athlete is permitted to participate.
- Do not allow competition entry until the required AT suspension period, graduated return process and medical clearance requirements have been satisfied.

Culture matters

The AT policy notes concerning under-reporting and premature return-to-sport behaviours in Australian Taekwondo. Coaches can directly reduce this risk by consistently rewarding honest symptom reporting and putting athlete welfare ahead of short-term competition outcomes.

Communication script for coaches

"You've had an impact and there are signs that could be concussion. You're finished for today. We'll make sure you're medically assessed, the incident is reported, and we'll support you through the return-to-sport process. Your health comes first."

8. Prevention and risk reduction

Not all concussions can be prevented. Coaches can, however, reduce avoidable risk through safe training design, appropriate technical coaching, sensible contact exposure and athlete preparation.

Neck strengthening

The Australian Taekwondo neck-strengthening resource presents neck strength as one practical risk-reduction strategy that may help reduce head acceleration and improve head/postural control. It is not a guarantee against concussion.

Exercise	Example prescription from AT resource
Neck flexion (forward)	3 sets x 10 reps; ~5-second resisted hold
Neck extension (backward)	3 sets x 10 reps; ~5-second resisted hold
Lateral flexion (side)	3 sets x 10 reps each side; ~5-second resisted hold
Neck rotation	3 sets x 10 reps each side; ~5-second resisted hold
Neck bridging (advanced)	3 sets x 10-15 reps; 3-5 second hold

Introduce exercises gradually, prioritise technique, and consider including neck work 2-3 times per week. Athletes with a history of neck injury or concussion should seek guidance from a qualified health professional before starting.

9. Coach concussion checklist

USE THIS CHECKLIST AFTER ANY SUSPECTED CONCUSSION

- ☐ STOP: Remove the athlete from training or competition immediately.
- ☐ ASSESS SAFETY: Use emergency procedures if the athlete is seriously unwell or deteriorating.
- ☐ NO SAME-DAY RETURN: Do not allow further training or competition that day.
- ☐ REFER: Arrange medical assessment; at sanctioned events follow the commissioned medical team's process.
- ☐ INFORM: Notify parent/guardian for athletes under 18 and relevant team/event personnel.
- ☐ DOCUMENT: Record the mechanism, observed signs/symptoms and immediate actions.
- ☐ REPORT: Complete the AT Concussion Management / National Injury Reporting Tool.
- ☐ FOLLOW UP: Confirm the athlete understands the medical suspension and graduated return requirements.
- ☐ CLEARANCE: Ensure required medical clearance and return-to-sport evidence have been completed before competition return.
- ☐ REINFORCE: Encourage honest symptom reporting and never pressure the athlete to return early.

Key contacts and resources

Australian Taekwondo National Medical Committee: policy and education lead for concussion management.

National Injury Reporting Tool: <https://www.revolutionise.com.au/australiantaekwondo/injury>

Australian Taekwondo website: <https://austkd.com.au>

For medical emergencies, use normal emergency services and local emergency procedures.

10. Source documents and implementation notes

This coach guidance has been developed from the following materials supplied for Australian Taekwondo:

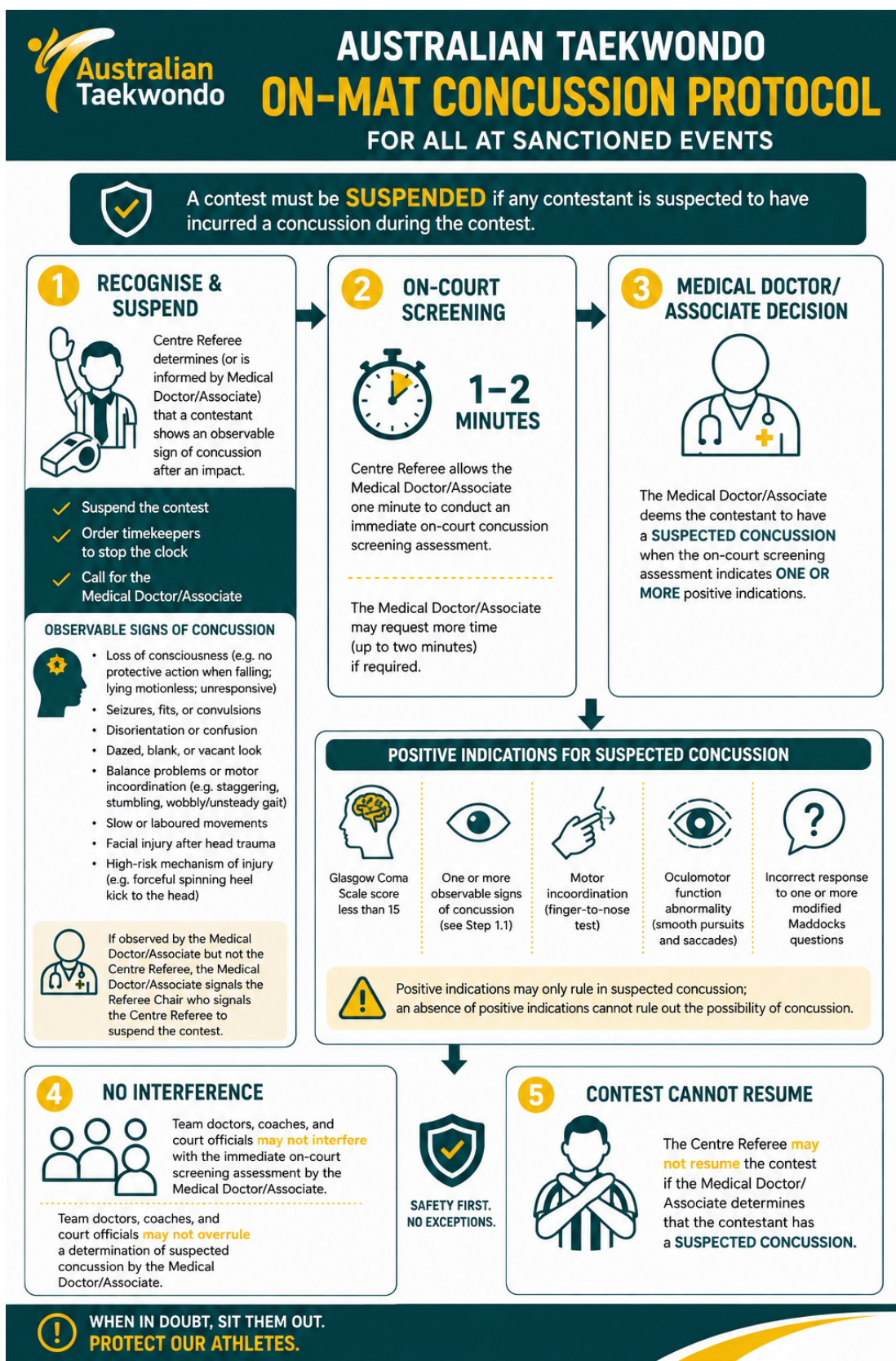
- Australian Taekwondo National Concussion Policy, adopted 3 August 2026.
- Australian Taekwondo On-Mat Concussion Protocol infographic.
- Australian Taekwondo Off-Mat Concussion Protocol infographic.
- Australian Taekwondo Concussion Return to Play Guidelines infographic.
- Australian Taekwondo 'A Stronger Neck, A Safer You' infographic.
- AIS Concussion Referral & Clearance Form.

Important implementation note

The supplied Return to Play infographic uses age categories that differ from the National Concussion Policy adopted 3 August 2026. This guidance uses the current National Concussion Policy age bands for AT domestic suspension requirements: 18+ (30 days), 15-17 (40 days), 12-14 (50 days), and 11 and under (60 days).

This document is coach guidance and does not replace medical assessment, emergency care, or the Australian Taekwondo National Concussion Policy.

Appendix A - On-Mat Concussion Protocol



Appendix B - Off-Mat Concussion Protocol



When a contest is stopped due to any contestant having a suspected concussion, the following measures shall be observed (**off-mat**).

1

IMMEDIATE OFF-MAT EVALUATION



Except for medical emergencies requiring referral to hospital, any contestant with suspected concussion **must be evaluated** by the commissioned medical doctor at the venue medical room **immediately after the contest**.

1.1

COMPREHENSIVE CONCUSSION EVALUATION

The commissioned medical doctor (or medical associate) must perform a comprehensive off-court concussion evaluation using:

SCAT6

Off-Field Assessment
for athletes aged
13 years or older



OR

Child SCAT6

Off-Field Assessment
for athletes aged
8 to 12 years



This assessment must be completed **within 30 minutes** of the incident.

1.2

CONCUSSION DIAGNOSIS

The diagnosis of concussion is ultimately based on the clinical judgement by the commissioned medical doctor (or medical associate) using the following diagnostic criteria:

- 1** A biomechanically plausible mechanism of injury.
- 2** Either one or more observable clinical signs, or two or more acute symptoms and one or more clinical examination findings.
- 3** Observable clinical signs and acute symptoms not better accounted for by confounding factors.

2

NO RETURN TO COMPETITION ON THE SAME DAY



**NO RETURN
TO COMPETITION
ON THE SAME DAY**

Any contestant with a suspected concussion **may not be permitted to return to competition on the same day as the suspected concussion**, irrespective of the results of the comprehensive off-mat concussion evaluation and whether they were diagnosed with a concussion.



This applies regardless of the outcome of the off-mat evaluation and whether a concussion diagnosis is made.



**PROTECT OUR ATHLETES.
HEALTHY TODAY. STRONGER TOMORROW.**



Appendix C - Return to Play Guidelines



CONCUSSION

RETURN TO PLAY GUIDELINES

BASED ON THE WORLD TAEKWONDO MEDICAL CODE

RESPECT
INTEGRITY
SAFE SPORT
**STRONGER
TOGETHER**



A SERIOUS INJURY REQUIRES A CAREFUL APPROACH

Any significant head trauma (any loss of consciousness or altered mental status more than 10 seconds due to concussion or moderate to severe traumatic head injury) carries **mandatory suspension** for any competition during the suspension period.

MANDATORY SUSPENSION PERIODS

SENIOR ATHLETE (17+ years)	JUNIOR ATHLETE (13 – 16 years)	CADET ATHLETE (12 years and under)
 30 DAYS	 40 DAYS	 50 DAYS



90
DAYS

SUSPENSION



180
DAYS

SUSPENSION



This mandatory medical suspension period **cannot be shortened in any circumstances** once the suspension is given.

RETURN TO PLAY PROCESS (AFTER SUSPENSION PERIOD)

1
COMPLETE
SUSPENSION PERIOD

2
MEDICAL
ASSESSMENT

3
SYMPTOM FREE

4
GRADUAL RETURN
TO TRAINING

5
RETURN TO
COMPETITION







No competition during the mandatory suspension period.

Obtain clearance from a qualified medical doctor experienced in concussion management.

Be symptom free at rest and with exertion, and have returned to normal cognitive function.

Progress through a gradual, supervised return to training program.

Once all stages are completed and medical clearance is provided, the athlete may return to competition.



These guidelines are based on the World Taekwondo Medical Code.
Always seek advice from a qualified health professional for individual management.

WHEN IN DOUBT,
SIT THEM OUT.



**HEALTHY ATHLETES.
STRONGER TOMORROW.**

AUSTRALIAN TAEKWONDO



Appendix D - Neck Strengthening Exercises



CONCUSSION AWARENESS

Concussion is a serious injury. While it cannot always be prevented, strengthening the neck is one practical way to help reduce risk and build overall resilience in taekwondo.

**STRONGER NECKS
SUPPORT SAFER
ATHLETES**

BENEFITS OF A STRONG NECK



REDUCES HEAD ACCELERATION

A stronger neck can help limit the speed and force of head movement during impact.



LOWER CONCUSSION RISK

Research shows stronger necks are associated with a reduced risk of concussion in contact sports.



IMPROVES STABILITY AND CONTROL

Enhances head and postural stability during dynamic movements, kicks and collisions.



BETTER PERFORMANCE

Supports technique, balance and overall athletic performance.



BUILDS RESILIENCE

A stronger, more stable neck helps you stay in the fight for the long term.

HOW IT HELPS

A stronger neck acts like a natural shock absorber by:



Reducing the force transferred to the brain



Controlling head movement after impact



Improving posture and alignment



Enhancing neuromuscular control and reaction time

**STRONGER NECK.
GREATER CONTROL.
LOWER RISK.**

BASIC NECK STRENGTHENING EXERCISES

SIMPLE. EFFECTIVE. DO THEM REGULARLY.

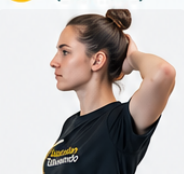
1 NECK FLEXION (FORWARD)



- Place your hand on your forehead.
- Gently push your head forward into your hand (resist the movement).
- Keep your neck neutral.

3 sets x 10 reps
(5 second hold)

2 NECK EXTENSION (BACKWARD)



- Place your hand on the back of your head.
- Gently push your head back into your hand (resist the movement).
- Keep your eyes forward.

3 sets x 10 reps
(5 second hold)

3 NECK LATERAL FLEXION (SIDE)



- Place your hand on the side of your head.
- Gently push your head into your hand (resist the movement).
- Repeat on both sides.

3 sets x 10 reps each side
(5 second hold)

4 NECK ROTATION



- Place your hand on the side of your head (near your temple).
- Gently push your head into your hand (resist the movement).
- Repeat on both sides.

3 sets x 10 reps each side
(5 second hold)

5 NECK BRIDGING (ADVANCED)



- Lie on your back with knees bent.
- Gently lift your head off the ground (keeping chin tucked).
- Hold, then lower with control.

3 sets x 10-15 reps
(3-5 second hold)



START GRADUALLY
Focus on good technique and build up over time.



BE CONSISTENT
Include 2-3 times per week in your training program.



GET GUIDANCE
Ask your coach, S&C professional or physiotherapist to tailor a program for you.



IMPORTANT

These exercises are a general guide. If you have a history of neck injury or concussion, seek advice from a qualified health professional before starting.



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