

Katsu Waza

**A Reference Paper by
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Jujitsu is a combative martial art which has evolved over centuries to be utilised as a form of self-defence against hostile environments, and as such requires a certain degree of athleticism and physicality. With the introduction of risk management protocols becoming ever more indispensable throughout contemporary training methodologies, injuries that have been incurred through classes have been well contained, both in severity and frequency. However, one must understand that martial arts, even with the most advanced risk management protocols enacted injuries still and always will remain an inevitable aspect within a Jujitsuan's lifestyle. Therefore to combat the unavoidable, one must ensure that in anticipation of such an event, senior members of the class are educated in basic medicinal treatment in a way that can be applied immediately and efficiently without resorting to advanced medical equipment, hence the introduction of Katsu into the Kyushin Ryu curriculum.

Over the years traditional eastern medical and naturopathic techniques have faced much criticism resulting from advances in western medicine. Many of these techniques, however, are still highly practical for use on today's tatami due to their immense versatility and rapid application. Shihan Jim Stackpoole is highly supportive of the many older eastern medical techniques, and demonstrates his point by the drowning of a fly, and bringing it back to life within a period of 10 minutes. Such an effective application of what could be considered the most traditional and basic Katsu connotes that even though a method of resuscitation or medicinal treatment may be of an alternative background or be obscure by nature, it may still be effective by today's standards.

Today's coaching accreditations have a requirement for a recognised senior first aid certificate. This certificate should cover areas such as:

- Safety hazards;
- Managing unconscious casualties;
- Trauma management;
- Strains and Sprains;
- Broken bones;
- Dislocations;
- Expired Air Resuscitation (EAR);
- Circulator Pulmonary Resuscitation (CPR); and
- Multiple other areas of first aid.



This paper will recognise and discuss such methods including the identification of situations in which they may be utilised, as well as their actual application. The importance of including traditional techniques in today's dojo will be highlighted and their teaching will be recommended for all Jujitsu practitioners. This will ensure an efficient response to an injurious situation to ensure that the severity and period of an injury under some circumstances can be effectively minimised.

Technique 1

Checking for broken phalanges or limbs

The human body is a wonderfully powerful object when utilised within the confines of that for which it is designed. However Jujitsu training often calls for the body to be cast out of what could be considered its comfort zone and thrust into circumstances in which it is not designed for, or unaccustomed to. As such, when thrust out of its usual range of motion the body becomes fragile, and this is when one of the most common Jujitsu injuries comes to the fore - a break in a skeletal structure. Generally on the tatami a break will be incurred upon a limb or a phalange, in other words a protrusion from the torso, and as an injury such as this is serious by nature, Katsu or even immediate Western remedies cannot be applied, as a damaged section of the skeletal system can only heal with time. However, Katsu can still be utilised as a method to determine and identify the injury, because the treatment of broken tibia and a torn calf muscle are substantially different due to the nature of each. Therefore methods have been designated to classify an injury as follows:



Broken Fibula/Tibia:

- Firstly ensure that the injured party remains in a lying position with the damaged leg outstretched.
- Ensure that the leg is kept firmly upon the ground, preferably on a soft surface such as a tatami for comfort purposes. Remember never attempt to move an injured patient until the injury has been fully identified and it is safe for them to be moved.
- Ensure that the injured person is kept reasonably relaxed.
- Rest one hand down the side of the leg keeping it straight and softly strike the heel of the foot with the centre of your palm.
- If the injury is skeletal, then the victim's nervous system will react to the blow causing pain; however if the injury is muscular there will be much less of a reaction as the muscles will have had little effect from the blow.
- Once the injury has been identified, seek more advanced medical attention as seen fit.

This method of Katsu used to determine an injured tibia/fibula can be equally effective on other parts of the body, and the utilisation of the technique is quite similar as demonstrated with the two following articles containing the identifying of a broken radius/ulna or phalange.

Broken Radius/Ulna:

- Firstly ensure that the injured party remains in a lying position with the damaged arm outstretched.
- Ensure that the arm is kept firmly upon the ground, preferably on a soft surface such as a tatami for comfort purposes. Remember never attempt to move an injured patient until the injury has been fully identified and it is safe for them to be moved.
- Ensure that the injured person is kept reasonably relaxed.
- Rest one hand down the side of the elbow keeping it straight and softly hit the heel of the victims palm with the centre of your palm.
- If the injury is skeletal then the victim's nervous system will react to the blow causing pain; however if the injury is muscular there will be much less of a reaction as the muscles will have had little effect from the blow.
- Once the injury has been identified, seek more advanced medical attention as seen fit.

Broken Phalange:

- Firstly ensure that the injured party remains in a lying or seated position with the damaged limb outstretched (lying if a toe has been broken, seated if the injury has been incurred on a finger).
- Ensure that the leg is kept firmly upon the ground, preferably on a soft surface such as a tatami for comfort purposes. If a finger has been injured keep the victim seated with their arm outstretched being supported by your arm. Remember never attempt to move an injured patient until the injury has been fully identified and it is safe for them to be moved.
- Ensure that the injured person is kept reasonably relaxed.
- Rest one hand down the side of the leg keeping it straight and softly flick the broken toe with the middle finger. If a finger has been injured, then keep the arm supported and gently flick the injured finger with your middle finger.
- If the injury is skeletal then the victim's nervous system will react to the blow causing pain, however if the injury is muscular there will be much less of a reaction as the muscles will have had little effect from the blow.
- Once the injury has been identified, seek more advanced medical attention as seen fit.

These methods can be used arbitrarily to identify an injury. However, if after examination the injury is almost certainly a break, immediately inform the Senior Coach upon the mat and suggest the subsequent seeking of medical attention. If after being trained in Katsu you do not feel comfortable administering such a method due to a particular reason, then inform the Senior Coach so they may choose whether or not to apply Katsu techniques. Only use the techniques as directly prescribed above, never attempt to modify any of the above techniques to suit a spinal injury as it will almost certainly result in a worsening of any damage already sustained.

Technique 2

Dislocated acromaclavicular joint

The acromaclavicular joint (or AC joint as it is more commonly referred) is considered to be the second most easily dislocated joint in the body. This comes as a surprise to many people because the joint itself is reasonably large in size and the relevant bones are quite strong. However, due to the need for excessive manoeuvrability in the joint to perform daily activities, the joint is built with a relatively large range of motion. Unfortunately, this range of motion is restricted at various points to particular amounts of resistance. When this resistance is exceeded, the joint, which is a ball and socket joint held together by ligaments, tendons and the rotator cuff muscles can slip out of its usual position. This, in turn, can cause either a stretching or breaking in the ligaments and tendons, which then displaces the ball section of the joint at the end of the clavicle. This causes the collar bone to slip out of place, usually vertically, on top of the socket which stresses the ligaments and tendons even further, rips cartilage and can cause the clavicle to become permanently displaced, leaving a small protrusion from the upper shoulder. As one would imagine, this injury is a relatively painful process, and rehabilitation will be necessary for quite a considerable period of time after the injury is incurred, usually up to six months for mobility and strength to return. It is worth noting, that after the injury has eventuated and a rehabilitation program has been completed, the range of motion, mobility and strength of the shoulder will be permanently affected. The motion of the shoulder performing certain actions will be subtly different from that which usually occurs. For example, when performing a bench-press type of activity, the shoulder will tend to creep upwards during the exertion part of the exercise. In addition to this the mobility will be affected. That is, the shoulder will be unable to travel the same path that it once did due to the natural healing process of injury itself. This is caused by the fact that when the clavicle is displaced, it tends to need the tendons and ligaments to reattach themselves differently. In addition to this, the newly created faux 'joint' must be held in place, and as such scar tissue grows around the new vicinity to compensate for the injury.

Unfortunately, this scar tissue and ligamental compensation is also what causes the shoulder to have a modified range of motion. Finally, the strength will be severely affected, particularly in certain positions. Generally, the strength in the shoulder will be similar to what it was after a period of rehabilitation, but it will never fully equate to the strength or progression of strength in the alternate arm unless unbalanced training is considered. More importantly however, the arm will lose extreme amounts of strength in more specific positions, namely vertical extenuations. An excellent example of this phenomenon can be perused in the two composers of this essay, Sensei Christopher Morris and Sensei Christopher Stackpoole. Both of these jujitsuans have been affected by this injury and as such are duly hampered in an extenuated vertical position. This can be seen when either performs a left handed Tsurikomi Goshi. A left handed Tsurikomi Goshi requires an extension of the left shoulder above one's head, which will need to be pushed forward in a powerful motion to complete the throw. Due to the injury both sensei are unable to generate the necessary power to complete the throw properly without a considerable amount of uke assistance, due to their injury in the left shoulder. This perfectly portrays how the injury can hamper a person to a certain extent with particular techniques.

While a damaged acromioclavicular joint is a rather serious injury which requires a certain amount of rehabilitation, and as such requires professional medical attention far beyond that which could be provided by that administration of Katsu, the injury can most certainly be identified and eased at the time of damage through a particular method. This method is:



- To begin, speak to the injured person and if they are conscious ask them to identify the point of injury.
- Once the point of injury is identified assist the patient to stand. Do not, under any circumstances, force them into a standing position as this may aggravate the injury and only the injured knows their current limitations.
- After they begin to stand, place one arm as seen above underneath the arm pit and allow gravity to pull the shoulder down, this will result in the shoulder being pulled further into alignment.

The shoulder when sliding into alignment will do one of two things. It may slide entirely into the joint, which will allow for a full rehabilitation, or alternatively, it may slide partially into joint which will have a detrimental result as commented upon earlier. After the injury has been duly responded to, ensure that the injured party receives further professional medical attention to treat the damage in its entirety.

Technique 3

Post strangle airway opening (resuscitation)

Very often during grappling practice, strangles are applied which result in the recipient falling into a state of unconsciousness. This is as a result of pressure being applied to the carotid artery, which is located either side of the windpipe. This artery is the major supplier of oxygen to the brain, and the successful strangle results in a temporary stoppage of blood to and from the brain, causing a lack of oxygen in the brain. The brain then reacts by shutting down the conscious state. Inevitably, the affected person will slump to the floor in a deep state of sleep. Quite often, panic then prevails!

The reality is that as soon as the blood flow is reactivated, the affected person is generally revived instantaneously.

The suggested method of applying Katsu is:



- Firstly, ensure that the strangle is fully released
- Place the affected person in a seated position, by kneeling behind them and grasping under their armpits, supporting their body with one of your knees
- Place your raised knee in between their shoulder blades as shown, and raise both of their arms in an upward and rear direction. This immediately expands the chest cavity and introduces air into their lungs, resulting in a re-commencement of the oxygen flow in the blood stream.
- Allow the affected person to remain seated until sufficient oxygen has rejuvenated full mental awareness and coordinated activity. Talking to the affected person will clarify their mental state.
- By applying this Katsu technique, the affected person should fully recover in a matter of minutes.

Technique 4

Treatments for a displaced testicle

Male Jujitsu practitioners are very aware of the painful effect that a blow to the testicles can cause. Such a blow, although somewhat devastating for a period of time, is nowhere as debilitating to a severe attack which may cause one or both testicles to retract to within the body. Quite often, this is as a result of a knee blow to the groin, or an incorrectly directed Uchi Mata (Inner Thigh Throw).

The pain caused in such an instance may very well cause the affected person to fall to the ground, or even fall into a state of unconsciousness.

Two methods of Katsu are suggested:

(1)

- Move the affected person into a seated position.
- Cross their legs as shown, so that the groin is opened as widely as possible.
- Grasp their body under their armpits and gently drop them several times so that their full weight bounces on their buttocks.
- This action will result in their recessed testicle falling back into place within the scrotum.
- Allow the affected person to lie still for a while so that any pain subsides.



(2)

- Move the affected person into a lying position with their hips and buttocks flat on the ground
- Open their legs as shown, so that the groin is opened as widely as possible.
- Grasp one of their legs and support the heel with one of your hands. This will ensure that the raised leg is quite straight, resulting in a straight line of bone from the heel to the hip.
- With a closed fist, strike the bottom of the foot close to the heel of the sole. It may be necessary to apply this action 2-3 times, if not initially successful.
- This action will jolt the hip and abdominal skeletal structure and result in the recessed testicle falling back into place within the scrotum.
- Allow the affected person to lie still for a while so that any pain subsides.



Technique 5

Treatment for a Bleeding Nose

Another injury which has the potential to arise on the tatami is that of a blood nose which can arise from instances such as a strike to the nose itself or in some cases, a strike to the neck. Whilst over the years suggested methods of treatment have varied, the accepted Katsu technique involves the following:

- Request the person to move into an upright position, preferably sitting with their head tilted back slightly.
- From here, with one hand lightly pinch the softer tissue of the nose, just below the bone so as to restrict the bleeding without blocking the flow of air through the nostrils.
- With your remaining hand form a knife-hand and gently tap the rear of the neck just above the bend resulting from the person having their head tilted slightly back.
- Continue tapping for approximately 20—30 seconds before checking to see if the bleeding has ceased by removing the nose pinch.
- If the bleeding continues, repeat this process several times over until the bleeding ceases.



Technique 6

Recovery position

In every instance when a person has suffered an injury which may need treatment by the application of Katsu, the person should be closely observed as to their physical and mental state. Quite often, persons suffering an injury become confused and disorientated, and may even faint without notice. To ensure that the ultimate level of care is provided to the person, it is advisable to place them in a recovery position as shown. This is a comfortable position where any pain or discomfort is eased or eliminated, and they may relax and breathe in a free manner. Assistance may be required in positioning them, especially the head so that there is a free flow of air to the lungs.



SUMMATION

Whilst modern first aid may well be today's accepted practice, as has been demonstrated, traditional Katsu Waza still has a considerable amount to offer to today's martial arts practitioner.

Importantly, upon completion of each of these techniques, it is imperative to seek medical attention by a trained professional. The above techniques are considered to be short term solutions for use in a training environment. Whilst many of these techniques may be applicable elsewhere the intention of this essay is provide katsu techniques suitable for use in today's dojo.

In all cases of injuries during Jujitsu training, immediate care must be undertaken by appropriately trained members.

Immediate actions are:

1. **K**ee the affected person safe by releasing them from the cause of the problem
2. **A**ssess the extent of the problem
3. **T**ake immediate action to commence Katsu waza
4. **S**end for the Senior Coach a.s.a.p.
5. **U**phold the code of safety by ensuring that the affected person has fully recovered before continuing any activity.

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