

Martial Arts

More than 6 million children in the United States participate in martial arts. Martial arts are known to improve social skills, discipline, and respect in children. Children can also improve their abilities to concentrate and focus on activities, as well as bettering their motor skills and self-confidence. Martial arts can be fun and beneficial at any age.

Non-contact martial arts forms and drills have a lower injury risk, while practice contact drills (including striking other participants and padded objects) and practice or competitive combat sparring fights have a higher injury risk. Before entering children in martial arts programs, be aware of these differences and ask about the amount of contact versus non-contact activities. While the martial arts are relatively safe, injuries can happen because there is physical contact between opponents. The following is information from the American Academy of Pediatrics (AAP) about how to prevent martial art injuries. Also included is an overview of martial arts forms.

Types of Martial Arts

The term *martial arts* can be used to describe any number of styles or disciplines of self-defense practices. There are many different styles practiced around the world, with the most popular forms being karate, tae kwon do, and judo.

- **Karate (KAH-rah-teh) means “empty hand,” as it is normally practiced without weapons.** Karate is a traditional Japanese form. The hands and feet are trained and prepared for use in a weaponless form of self-defense.
- **Tae kwon do (tahy-kwon-doh) means “the way of foot and fist.”** This is a traditional Korean martial art. It is also the most popular. This form highlights discipline, respect, and personal growth and focuses on the use of the feet for powerful kicks in self-defense.
- **Judo (joo-doh) means “gentle way” and is known for a variety of throwing techniques.** It uses many methods to control an opponent while on the ground. In many ways it is more similar to wrestling than to the other martial arts.
- **Kung fu (kung-foo) most commonly translates to “hard work” and is one of the oldest forms of martial arts.** The term may be used to describe all of the hundreds of Chinese martial arts. Kung fu is mainly a “stand-up” form of the martial arts, known for its powerful blocks. Wushu is the most popular and modern form of kung fu.

- **Aikido (eye-key-do) means “way of harmony.”** This Japanese martial art is known as a throwing style. It teaches a nonaggressive approach to self-defense, focusing on joint locks, throws, and restraining techniques, rather than kicks and punches. While aikido may be learned at any age, it is especially popular among women and older adults. Aikido is not practiced as a competitive sport.
- **Jujitsu (joo-jit-soo) means “the art of softness” and emphasizes techniques that allow a smaller fighter to overcome a bigger, stronger opponent.** First practiced in Japan, jujitsu is considered a ground fighting or grappling style of the martial arts. Many of the forms have been incorporated into other martial arts such as judo, karate, and aikido. The arm lock and submission techniques have been taught to police all over the world.

Injury Prevention and Safety Tips

- **Instructors.** Experienced instructors should teach at a level appropriate for your child’s age and maturity. Lessons should emphasize technique and self-control. Experienced instructors should carefully advance your child through more complex training. Lessons should also be fun. Visit a variety of instructors and ask about their experiences with young children and their teaching philosophy.
- **Technique.** An instructor’s emphasis on technique and self-control is very important in limiting the risk for injury. Children should learn to punch and kick with their hands and feet in proper position and using the appropriate amount of force. Kicks and punches with the hand or foot in the wrong position can cause injuries to fingers and toes. Punches or kicks that are too hard can cause pain or bruises. Contact to the head should be discouraged.
- **Equipment.** Safety gear should fit properly and be well maintained.
 - **Headgear.** When the rules allow, protective headgear should be worn for sparring or for activities with risk of falling, such as high jumps or flying kicks.
 - **Body pads** can help protect against scrapes and bruises and limit the pain from kicks and punches. Arm pads, shin pads, and chest protection for sparring.
 - **Mouth guards.**

- **Environment.** Mats and floors should be safe to play on. Gaps between mats can cause sprained ankles. Wet or worn floors can cause slips and falls.

Common Injuries

Scrapes and Bruises

Scrapes and bruises are by far the most common injuries seen in the martial arts. They often result from falls onto mats, kicks and punches that are “off target,” or when proper padding is not worn. All scrapes and cuts should be washed with soap and water and bandaged before returning to activity. Bruises are best treated with ice applied for 20 to 30 minutes. They will slowly get better and fade over 2 to 3 days.

Sprains and Strains

Sprains and strains become more common as children get older. Ankles, knees, and elbows are the joints most often sprained. Muscle strains usually happen in the front (quadriceps) or the back (hamstrings) of the thigh. Most knee and ankle sprains occur either by landing awkwardly after a jump or by improper contact with a partner. Elbow and wrist injuries happen with falling, punching, or blocking. Muscle strains can occur with trying to kick too high or punch too hard without using correct form or having properly warmed up.

Finger and Toe Injuries

Finger and toe injuries are often due to the large amount of kicking and punching of padded targets. They may also happen when sparring with a partner. These injuries are usually the result of poor kicking and punching technique. Contact with the target should never be initiated with the fingers or toes. Jammed fingers result from holding the hand in the wrong position (fingers spread) or if the toes are used to hit the target (instead of the heel or top of the foot).

Any injury that is associated with a dislocation, deformity, inability to straighten or bend the finger, or significant pain should be examined by a doctor. X-rays are usually needed. Buddy tape may be all that is needed to return to sports; however, this cannot be assumed without an exam and x-ray. Swelling often persists for weeks to months after a finger joint sprain. Ice, nonsteroidal anti-inflammatory drugs, and range of motion exercises are important for treatment.

Head Injuries

Concussions can occur in martial arts if children fall and strike their heads, or if they are kicked or punched in the head. A concussion is any injury to the brain that disrupts normal brain function on a temporary or permanent basis.

The signs and symptoms of a concussion range from subtle to obvious and usually happen right after the injury but may take hours to days to show up. Athletes who have had concussions may report feeling normal before their brain has fully recovered. With most concussions, the player is *not* knocked out or unconscious.

Prematurely returning to play after a concussion can lead to another concussion or even death. An athlete with a history of concussion is more susceptible to another injury than an athlete with no history of concussion. Once a concussion has occurred, it is important to make sure the helmet is fitted properly. If the concussion occurred due to the player leading with the head to make a tackle, he should be strongly discouraged from continuing that practice.

All concussions are serious, and all athletes with suspected concussions should not return to play until they see a doctor and once cleared, follow a medically supervised, step-wise return to play program. The AAP recommends children avoid sports that reward blows to the head.

Remember

The risks of martial arts injuries may be decreased with proper supervision and compliance with the rules and safety guidelines in place for martial arts.

NOTES

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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