

## IAIDO AND WEAPONS INFORMATION FOR MEDICAL ASSESSMENT

### OVERVIEW

The purpose of these notes is to give an outline of the activities and risks within laido that may assist in deciding whether a person is at risk when training in laido. Each dojo will prepare specific “Risk Assessments” as outlined by the BKA, for use within clubs and for various events, such as seminars and competitions.

laido is a non-contact Japanese Martial Art. It consists of individual training and training with a partner (occasional low-contact). The weapon in use is the Japanese sword. The sword could be:

- A traditionally made sword (Nihonto)
- A steel copy of a traditional sword
- An alloy copy (iaito)
- A wooden sword called a bokken (also known as a bokuto)



A typical metal sword used in the practise of laido (blunt for paired forms occasional low contact; occasionally sharp for non-contact solo forms).



A typical wooded sword (bokken) used in laido (used for paired forms); Low-contact.

With very rare exception, all training is carried out as a predetermined exercise whether solo or paired. In the paired training usually only wooden weapons are employed. Occasionally senior instructors will demonstrate pairs work with special blunt steel weapons. The paired techniques are not delivered so as to land & injure the partner.

Sometimes minor bruises occur to wrist & arms. Exercises need not be vigorous in the early stages of training.

The solo forms, using a sharp blade, have the potential to do serious injury. This is sometimes caused when taking the sharp blade out of its scabbard or, when putting it away. However, only a few people use the sharp type of sword; these are mostly experienced players. When there is a large seminar, the use of sharp weapons is discouraged. Each person practises in a carefully controlled space with a safety area separating them from the next person.

Persons studying laido need perseverance, self control and spatial awareness. The training demands great care looking after yourself, your partner and those in close proximity to oneself.

Existing problems with for example the knee, back, ankle, elbow, and such like would impinge on a persons training. Where problems occur with regard to the knee, and participants cannot kneel down, then alternative standing forms are taught.

Training with a heart condition, or whilst suffering from a heavy cold would be unwise. Doctors usually advise refraining from training in these situations - this should be followed. Advice on training while recovering from injury must also be sought.

There are examples of successful training in laido despite various disabilities. In Italy there is a person training who has only one arm. In Japan there is an example of a blind person training. Perhaps deafness is a serious disability if instructions to stop or to inform of danger could not be received? In Europe very old persons have been asked not to attend an arduous seminar. At present we have more mature students still participating in their 70's (even older in Japan).

Each club should be able to ascertain the specific problems relating to their training facilities. For example access to the venue & comfort facilities.

In general the art of laido should be enjoyable to a range of ages and both sexes.