

KENDO AND ASSOCIATED WEAPONS INFORMATION FOR MEDICAL ASSESSMENT

OVERVIEW

This document is intended to be used as a general guide to the risk areas involved in the practise of Kendo. It is most strongly recommended that the reader visits a British Kendo Association dojo and observes a practise at first hand, before making any conclusions about the Health & Safety of Kendo.

Kendo is a vigorous physical contact exercise conducted wearing traditional Japanese armour for protection. It involves contact fighting with bamboo swords; non-contact formalised kata/forms with wooded swords and metal swords.

In contact Kendo controlled strikes are aimed at specific protected areas of the body, by two people fighting each other (see photographs below). The target areas include the head, wrist, trunk and throat. All these targets are well protected by the armour, but in the enthusiasm of the activity off target strikes can occur resulting in bruising.

Training takes place in bare feet.

Training demands a sustained level of fitness and endurance that is built up over time.

The protection equipment used:

The BKA recommends using only that protection equipment approved by the International Kendo Federation. The basic design and build standards have been in use for many years. The basic equipment looks like this:



When worn, the protection equipment looks like this:



Standard wearing of protection equipment and typical training environment.

The protection equipment is intended to protect the target areas i.e. the head, hands/wrists, upper body and throat. The target areas are struck by means of a “cutting” action, resulting in the person being hit with the bamboo stick (shinai) or thrust to the throat. Occasionally the person can be hit “off target” due to inadequate skill or the challenges of the combat. Some bruising may result from off-target hits. The photograph below illustrates the typical movements involved in “striking” the opponent.



Typical striking action

The weapons used:

Three main weapons are used in the practise of kendo: Shinai (contact striking), bokken (stylised non-contact forms) and sword (stylised non-contact forms by very senior experienced members only). All weapons are designed and manufactured to standards in use for many years.

The **shinai** (below) is made of flexible bamboo. This is used to strike the targets. There is a knuckle guard that fits unto the shinai (see photographs above) to protect the fingers. The shinai flexes when it strikes the target.



The bokken (below) is made of solid wood and is NOT used to strike targets. It is used in very formalised non-contact kata/forms and is very well rehearsed.



The sword (below) is made of metal and is NOT used to strike targets. It is used by **very senior and experienced members** in very formalised non-contact kata/forms and is very well rehearsed.



Physical and mental demands

The practise of kendo involves intense physical activity; vigorous movement of the arms, legs and main body; inhaling and exhaling deeply; shouting; slamming against the body of the opponent (this can result in very high impact body checks).

A principal goal of Kendo is to foster a sense of self-awareness and understanding of others through hard physical practise. The latter leads one through a mental process of contemplation and philosophy and can thus be mentally as well as physically demanding.

Principal injuries (see photos below)

Serious injuries are very rare in Kendo.

During training the following parts of the body are struck with the shinai: the head, wrists, side of the torso, throat. These targets are protected by the equipment. However, the very “contact and combative” nature of the discipline may result in a number of “off target” strikes and minor injuries during the normal course of training. These include sprains to the wrist and ankles; sprain to the Achilles tendon; skin abrasion to the underside of the feet; bruises to the arms and torso.

The head protection can lead to some claustrophobia in susceptible individuals.

Common injuries are slight and normally consist of light bruising to the knuckles and forearms and the occasional accidental strike to the head.

Photos of occasional injuries

Off target strike to the head - occasional risk (below).



Off target bruising to the arm - occasional risk (below).



Sprain of Achilles tendon - rare risk (below).



Errol Blake (2010 & 2018)
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