The Art of the Stand-Up Restraint: Understanding Blood vs. Air Chokes in Jiu Jitsu

CJC Manual (pg 138 - 141)

In the realm of stand-up grappling, particularly within the traditions of Jujitsu, the application of neck restraints—collectively known as Shime-waza—represents one of the most technically demanding and physiologically distinct aspects of the art. While often colloquially grouped together as "chokes," a critical distinction exists between techniques that target the airway and those that target the vascular system. Understanding this difference is not merely semantic; it is the cornerstone of safety, efficacy, and ethical practice.

Terminology and Classification

Using Judo terminology for universal clarity, all choking techniques fall under the umbrella of Shime-waza. When performed from a standing position, these techniques rely heavily on leverage, grip control, and body mechanics rather than the weight of the body used in ground fighting. Common standing variations include but are not limited to:

- **Kata-juji-jime (Half Cross Choke):** Executed with one hand palm-up and the other palm-down, crossing the forearms against the neck. In a gi context, this often utilizes the lapel to deepen the cut.
- **Nami-juji-jime / Gyaku-juji-jime (Cross Chokes):** Variations of the cross-arm choke, differing in the orientation of the thumbs and the angle of the forearm cut.

- **Hadaka-jime (Naked Choke):** A technique often performed without a gi, where the forearm slides across the front of the neck, and the hands clasp behind the head or shoulder to apply pressure. In standing applications, this is frequently entered from a clinch or a failed throw.

While these names describe the mechanical entry, the physiological effect divides them into two categories: **Blood Chokes** and **Air Chokes**.

The Physiological Divide: Blood vs. Air

The primary distinction lies in what is being compressed and the resulting speed of the submission.

Blood Chokes (Vascular Restraints)

Often referred to as "vascular neck restraints," these techniques target the **carotid arteries** located on the sides of the neck. By compressing these vessels, the technique restricts the flow of oxygenated blood to the brain.

- **Mechanism:** Pressure is applied laterally to the soft tissue of the neck.
- **Effect:** Unconsciousness occurs rapidly, typically within 5 to 10 seconds, due to lack of blood flow.
- **Safety Profile:** Generally considered the safer option in a training context. Because the pressure is applied to elastic arteries rather than rigid cartilage, the risk of permanent structural damage is significantly lower, provided the hold is released immediately upon your partner “tapping out”. Blood chokes should never be taken to unconsciousness in training.

Air Chokes (Respiratory Restraints)

These techniques target the **trachea (windpipe)** and the larynx.

- **Mechanism:** Pressure is applied to the front of the throat, squeezing the windpipe.

- **Effect:** These are slower to induce “tapping out”. Significant caution must be attended to here so that your training partner is not harmed in any way. Gradual increase in pressure and immediate release when you partner “Taps”

- **Safety Profile:** Higher risk. Compressing the trachea can cause laryngeal fractures, cartilage damage, and prolonged hypoxia.

Why the differentiation matters: In a stand-up environment where balance is precarious and impact is possible, the speed of a blood choke allows for a quicker resolution of the engagement. An air choke prolongs the struggle, increasing the likelihood of erratic movement, accidental strikes, or falls that could injure both parties.

Safety Protocols in Practice

The margin for error in standing neck restraints is slim. Adhering to strict safety protocols is non-negotiable for the intermediate to advanced practitioner. Always practice with a fully qualified instructor. Ensure that all training partners understand the training drill and safety protocols associated with the drill.

1. **Target the Sides, Not the Front:** Regardless of the technique, the goal should always be to compress the carotid arteries. Practitioners must train to avoid digging the thumb or the bony part of the wrist into the trachea.
2. **The Tap is Absolute:** In training, the moment a tap (verbal or physical) is registered, the hold must be released instantly. There is no "finishing" the choke after a tap.
3. **No Twisting:** Standing chokes should not involve violent twisting of the cervical spine. The pressure should be linear and controlled.

Training Drills for the Intermediate to Advanced Practitioner

Moving beyond basic execution, advanced training focuses on fluidity, counter-attacks, and the subtle adjustment of pressure.

1. The "Pressure Dial" Drill

Objective: To develop the tactile sensitivity to apply a blood choke without crushing the airway.

- **Setup:** Partners stand in a neutral stance. The attacker applies a Kata-juji-jime.
- **Action:** The attacker applies pressure slowly. The defender signals "blood" when they feel the carotid compression and "air" if they feel pressure on the windpipe.
- **Goal:** The attacker learns to isolate the lateral pressure. The defender learns to identify the sensation of vascular restriction versus respiratory distress.

2. Standing Entry and Transition Flow

Objective: To integrate chokes into the flow of a stand-up exchange.

- **Setup:** Partners engage in light clinching or grip fighting.
- **Action:** The attacker attempts to transition from a grip break or a failed throw directly into a Hadaka-jime or Nami-juji-jime.
- **Constraint:** The attacker must maintain their balance and cannot drop to the knees. If they lose balance, the drill stops.
- **Goal:** To practice the timing of the choke entry while managing the center of gravity.

3. The "Release and Recover" Drill

Objective: To condition the instinct of immediate release and defensive recovery.

- **Setup:** Attacker applies a standing choke. Defender taps.
- **Action:** Upon the tap, the attacker releases instantly. The defender immediately transitions to a counter-attack (e.g., a sweep or a strike simulation) while the attacker is still recovering their posture.
- **Goal:** To reinforce that a tap ends the submission immediately and to train the attacker to recognize the end of the engagement without hesitation.

4. No-Gi Standing Adaptation

Objective: To adapt gi-dependent techniques to no-gi environments.

- **Setup:** Partners wear rash guards or t-shirts (no lapels).
- **Action:** Practice Hadaka-jime and collar-less variations of Juji-jime. Focus on using the forearm bone and the bicep/tricep muscle mass to create the "cut" rather than relying on fabric tension.
- **Goal:** To ensure the practitioner can apply vascular restraints effectively regardless of attire.

Canadian Jiu Jitsu Council Directors

Shihan R. W. Forrester (d. 2013)