

When an athlete exhibits signs/symptoms of a concussion, they will be removed from competition or practice for evaluation. The ATHLETE will not be allowed to return to play until they are evaluated by a licensed health care provider, experienced in the evaluation and management of a concussion.

- ☐ An ATHLETE suspected of or confirmed to have a concussion will be removed from play for 10 min and will then be evaluated utilizing the TXST-SCAT 5, a neurological assessment including but not limited to myotomes, dermatomes, and cranial nerves and physical assessment for to rule out skull fracture, and cervical spine injury in accordance with NCAA recommendations on preventing catastrophic injury.
- ☐ After successfully completing the TXST-SCAT 5 and evaluation with no signs or symptoms and a concussion is not suspected the ATHLETE can return to play. The ATHLETE will be instructed to report any changes in symptoms or new symptoms and will be removed from play when they report the symptoms. The ATHLETE will also be instructed to check in for follow up after the completion of practice/game and will be reassessed as necessary.
- ☐ If an ATHLETE reports symptom or “fails” any part of the sideline evaluation, then the ATHLETE will not be allowed to return to practice/game.
- ☐ Upon making the decision to not allow the ATHLETE to return to participation, In order to rule out a subdural bleed (typically indicated by hypotension, bradycardia, and hypoventilation) or Cushing’s Triad (typically indicated by hypertension, bradycardia, and irregular respirations) blood pressure, heart rate and respirations will be monitored every 20 minutes until all three are within normal limits.

A. Sideline Evaluation and Immediate care for concussion management:

Activation of the emergency action plan is required with an ATHLETE with any of the following and the ATHLETE should be transported by public safety/ambulance to an Emergency Room:

- ☐ Prolonged loss of consciousness
- ☐ Worsening symptoms, especially worsening headache, nausea or vomiting, increased confusion, garbled speech, lethargy or extreme sleepiness, trouble using their arms or legs, convulsions or seizure activity
- ☐ Any athlete with neck pain should be treated as if a cervical spine injury is present, and the appropriate emergency procedures (cervical spine immobilization, emergency room transfer) initiated.
- ☐ Glasgow Coma Scale < 13 or GCS <15 at 2 hours or more post-initial assessment.

- ☐ Focal neurological deficit suggesting intracranial trauma

If there is no ATC or team physician available, and the athlete has minimal symptoms, the athletic trainer/ team physician should be contacted to determine a plan for evaluation of the athlete.

- ☐ For transportation to the

Emergency Room University Police Department (UPD) or EMS should be called,

- SHC business hours 512-245-2700
- UPD business hours at 512-245-2890 or nights and weekends at 512-245-2805
- For away contests when an ATC is not available, the host institution's medical staff should be utilized.

- ☐ If it is determined that an ATHLETE has suffered a concussion and emergency transport is not needed, the ATHLETE and coaching staff will review and sign the Concussion Injury Acknowledgement Form

- ☐ The coach and ATHLETE may receive a copy. The original will go in their medical file.

- ☐ Either a parent, roommate, designated teammate, or significant other will review, sign and be given the Concussion

Information: Home Instruction Sheet

- ☐ A copy will be made and put in the student-athlete's medical file.

B. Concussion Injury Management

*The supervising staff ATC will be copied on all communication via email.

- ☐ The ATHLETE will see a physician, as soon as possible at the student health center
 - Appointment will be made 24-72 hours of ATHLETE reporting symptoms if possible
- ☐ Any additional testing or referrals to other medical professionals will be communicated to a member of the Texas State Medical team
- ☐ The ATHLETE, coach, responsible party, and ATC will review and sign the Concussion Injury Acknowledgement Form and the Concussion Information: Home Instruction Sheet

- A copy of the Concussion Injury Acknowledgement Form may be given to the coach
- A copy of the Concussion Injury Acknowledgement Form and the Concussion Information: Home Instruction Sheet will be given to the ATHLETE and responsible party

☐ The original Concussion Injury Acknowledgment Form and Concussion Information: Home Instruction Sheet will be placed in the SA's medical file.

V. Concussion Injury Management (cont)

☐ The ATHLETE will report daily (in the morning) to the ATC to monitor symptoms utilizing the Daily Concussion Symptom Checklist

☐ The ATC will give continuing education to the ATHLETE regarding importance of reporting all /any symptoms and behavior during this time.

☐ *May do physical activity under direct supervision of ATC. Ex: Bike, sit-ups, push-ups, walking, light strength training (body weight)

☐ Re-evaluation by a Physician for atypical presentations and persistent symptoms in order to consider additional diagnosis (additional diagnosis may include but are not limited to fatigue or treatment disorder, migraine or headache disorder, mental health symptoms and disorders, ocular dysfunction, vestibular dysfunctions, cognitive impairment, autonomic dysfunction, etc.), best treatment options, and considerations for referral.

VI. Concussion Injury Management: Return to Sport Progression

☐ Once ATHLETE has returned to the symptoms they reported at baseline testing for 24 hours.

○ Post Injury Testing deemed necessary could include but not limited to the TXST-SCAT 5

☐ Steps 1, 2 and 3 may be completed as long as ATHLETE continues to remain asymptomatic.

☐ 24 hours after successful completion of Step 3, the ATHLETE may return to team scheduled strength and conditioning.

○ After each strength and conditioning session that a ATHLETE participates in, prior to full clearance, the ATHLETE will complete a daily symptom checklist.

☐ If at any time during the progression, the ATHLETE exhibits any s/sx they will immediately stop and will not return to RTS protocol or strength and conditioning exercises until they are free of signs/symptoms (s/sx) for 24 hours.

- If at any point in the RTS progression the ATHLETE experiences symptoms, the physician should be notified, and following a 24 hour period of being asymptomatic, the ATHLETE will return to the previous step that the ATHLETE had successfully completed.
- If the ATHLETE's symptoms plateau the SA will be referred to a physician.
- ATHLETE can begin concussion rehab with recommendation from Concussion Coordinator and/or be referred on to other specialists, which can include but are not limited to a neurologist, and eye doctor.



What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.

You may experience ...

- Headache or head pressure
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

2. Speak up.

- If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.

- Follow your team physician and athletic trainer's directions during concussion recovery. If left unmanaged, there may be serious consequences.
- Once you've recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.

You may notice that a teammate ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

2. Encourage teammates to be safe.

- If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
- Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

3. Support your injured teammates.

- If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
- Being unable to practice or join team activities can be isolating. Make sure your teammates know they're not alone.

No two concussions are the same. New symptoms can appear hours or days after the initial impact. If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.

What happens if I get a concussion and keep practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won't be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

What are the long-term effects of a concussion?

- We don't fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions *may* have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.

CONCUSSION TIMELINE



For more information, visit ncaa.org/concussion.

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Appendix A 4/29/2019:



What is a concussion?

A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I tell if an athlete has a concussion?

You may notice the athlete ...

- Appears dazed or stunned
- Forgets an instruction
- Is confused about an assignment or position
- Is unsure of the game, score or opponent
- Appears less coordinated
- Answers questions slowly
- Loses consciousness

Note that no two concussions are the same. All possible concussions must be evaluated by an athletic trainer or team physician.

The athlete may tell you he or she is experiencing ...

- A headache, head pressure or that he or she doesn't feel right following a blow to the head
- Nausea
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy or foggy
- Confusion, concentration or memory problems

What can I do to keep student-athletes safe?

	Preseason	In-Season	Time of Injury	Recovery
What can I do?	Create a culture in which concussion reporting is encouraged and promoted.	Know the signs and symptoms of concussions.	Remove athletes from play immediately if you think they have a concussion and refer them to the team physician or athletic trainer.	Follow the recovery and return-to-play protocol established by team physicians and athletic trainers.
Why does it matter?	Athletes who don't immediately seek care for a suspected concussion take longer to recover.	The more people who know what to look for in a concussed athlete, the more likely a concussion will be identified.	Early removal from play can mean a quicker recovery and help avoid serious consequences.	Team physicians and athletic trainers have the training to follow best practices related to the concussion recovery process.
Tips and strategies	Be present when your team physician or athletic trainer provides concussion education material to your team. Tell your team that this matters to you.	Check in with your team physician or athletic trainer if you want to learn more about concussion safety.	Provide positive reinforcement when an athlete reports a suspected concussion.	Tell athletes that decisions related to their return to play and health are entirely in the hands of the team physician and athletic trainer.

You play a powerful role in setting the tone for concussion safety on your team. Let your team know that you take concussion seriously and reporting the symptoms of a suspected concussion is an important part of your team's values.

What happens if an athlete gets a concussion and keeps practicing or competing?

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with a concussion have reduced concentration and slowed reaction time. This means they won't be performing at their best.
- Athletes who delay reporting concussion may take longer to recover fully.

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What do I need to know about repetitive head impacts?

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

Did you know?

- Most contact or collision teams have at least one student-athlete diagnosed with a concussion every season.
- Your school has a concussion management plan, and team physicians and athletic trainers are expected to follow that plan during a student-athlete's recovery.
- NCAA rules require that team physicians and athletic trainers have the unchallengeable authority to make all medical management and return-to-play decisions for student-athletes.
- We're learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit ncaa.org/concussion.



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Appendix D

4/29/2019: Concussion and Injury Reporting Acknowledgement Student-Athlete Concussion Statement

After reading the NCAA Concussion Fact Sheet, I am aware of the following information (please initial beside each statement and sign at the bottom):

____ I have read and understand the NCAA Concussion Fact Sheet.

____ A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

____ A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

____ A concussion cannot be seen, but I might notice some of the symptoms right away. It is possible for other symptoms to show up hours or days after the injury.

____ If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

____ I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms without being evaluated by a team physician or athletic trainer.

____ Following a concussion the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve.

____ In rare cases, repeat concussions can cause permanent brain damage, and even death.

____ I understand the Texas State Concussion Protocol.

____ I understand that a student-athlete may start light physical activity prior to starting the return to play progression.

____ I understand that a student-athlete will return to the classroom prior to starting the return to play progression.

Signature of Student-Athlete

Date

Printed name of Student-Athlete

Appendix G
4/29/2019:

Concussion Information: Home Instruction Sheet

Name: _____

Date: _____

You have had a concussion and need to be watched closely for the next 24-48 hours. This sheet highlights the important information you need to know for at home care. This is an addendum to the "Concussion Injury Acknowledgement Form" that you, your ATC, and Head Coach signed. You will check in daily with your athletic trainer to report symptoms.

It is OK to:	There is no need to:	Do Not:
<ul style="list-style-type: none">• Use Tylenol (acetaminophen)• Use an ice pack to head/neck for comfort• Eat a light meal• Go to sleep	<ul style="list-style-type: none">• Check eyes with a light• Wake up every hour• Stay in bed all day	<ul style="list-style-type: none">• Drink Alcohol• Eat spicy foods• Drive a Car• Use aspirin, Aleve, Advil or other NSAID products• Stare at bright screens

Special Recommendations: _____

Person Responsible for at home care: _____ Relationship to Athlete: _____

Cell Phone Number: _____

WATCH FOR ANY OF THE FOLLOWING PROBLEMS:

Worsening Headache

Vomiting

Decreased level of consciousness

Dilated Pupils

Increased Confusion

Stumbling/loss of balance

Weakness in one arm or leg

Blurred Vision

Increased irritability

If any of these problems develop, call your athletic trainer immediately.

Athletic Trainer: _____ Phone: _____

Print Athletic Trainer Name

Athletic Trainer Signature

Date

Print Athlete Name

Athlete Signature

Date

Witness Name

Witness Signature

Date

Appendix H 4/29/2019

Daily Concussion Symptom Checklist

SA Name: _____ Date: _____ Time: _____

Medications taken: What _____ When _____ Amount _____

Hours Slept Last Night: _____ Follow-up Date and Time: _____

Headache	0	1	2	3	4	5	6
"Pressure in Head"	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Ringing in the ear	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
"Doesn't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Feeling "in a fog"	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Nervous/ Anxious	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6

Number of Sx: 23

Total Score: 138

Athlete Signature _____

ATC Signature _____

Updated April 29, 2019

SCAT 5 (BASELINE / BASELINE2 / POST-INJURY / RTP / RETEST: _____) Examiner _____**ATHLETE'S BACKGROUND**

Name: _____

Today's Date: _____ Test Time: _____

DOB (MM/DD/YYYY): _____ Sport: _____

Current Academic Classification: (Circle one)

Fr Soph Jr Sr 5th yr Sr 6th yr Sr Grad

→ Gender: M / F → Dominant Hand: L / R / BOTH

- FEMALES: 1st day of your most recent menstrual cycle (MM/DD/YYYY): _____
- Number of Past Concussions: _____
 - Date of most recent concussion (MM/DD/YYYY): _____
 - Time to return to play from most recent concussion (days): _____
- Have you ever been hospitalized for a head injury? YES / NO
- Have you been diagnosed w/ headaches/migraines? YES / NO
 - Have you been prescribed medication for headaches/migraines? YES / NO
 - Do you usually take medication for headaches/migraines? YES / NO
 - Have you taken that medication today? YES / NO
- Have you been diagnosed by a doctor w/ a learning disability, dyslexia, ADD/ADHD? (circle all that apply) YES / NO
 - Have you been prescribed ADD/ADHD meds? YES / NO
 - Do you usually take your ADD/ADHD meds? YES / NO
 - Have you taken that medication today? YES / NO
- Have you been diagnosed w/ depression, anxiety, or any other psychiatric disorder? (circle all that apply) YES / NO
 - Have you been prescribed medication for a psychiatric disorder? YES / NO
 - Do you usually take medication for a psychiatric disorder? YES / NO
 - Have you taken that medication today? YES / NO
- Have you been to the eye doctor in the past year? YES / NO
 - Have you been prescribed glasses/contacts? YES / NO
 - Which do you wear for sport? (circle one)
Glasses/Contacts/None
 - Which are you wearing today? (circle one)
Glasses/Contacts/None
- Are you color blind? YES / NO / Unsure
 - Color blind to (circle) RED / GREEN / Other: _____
- Please list ALL current medications: (Including: asthma, heart, BCP, allergy, acne, ADD/ADHD, anxiety/depression, & over-the-counter allergy, cold/flu/sinus medications)

- How many hours ago did you last exercise? _____
- What exercise(s)/activities did you perform? _____
- Please rate the intensity of the exercise session:
Low Moderate Vigorous Maximal
- How many hours did you sleep LAST NIGHT? _____
- How many hours do you NORMALLY sleep? _____
- Are you feeling 100% normal today? YES / NO
 - If not feeling 100% normal today, what percent of normal do you feel? _____
 - If not 100% why? _____

→ BASELINE ATHLETES STOP HERE ←****IF RETESTING FILL OUT BELOW******SYMPTOMS** Rating based on CURRENT sx (how athlete is at the moment)

	None	Mild	Mod.	Sev.
Headache	0	1	2	3
"Pressure in head"	0	1	2	3
Nausea/Vomiting	0	1	2	3
Dizziness	0	1	2	3
Balance Problems	0	1	2	3
Sensitivity to noise	0	1	2	3
Ringing in the ear	0	1	2	3
Sensitivity to light	0	1	2	3
Blurred vision	0	1	2	3
"Doesn't feel right"	0	1	2	3
Difficulty concentrating	0	1	2	3
Feeling in a "fog"	0	1	2	3
Feeling slowed down	0	1	2	3
Difficulty remembering	0	1	2	3
Confusion	0	1	2	3
Trouble falling asleep	0	1	2	3
Drowsiness	0	1	2	3
Fatigue/low energy	0	1	2	3
More emotional	0	1	2	3
Sadness	0	1	2	3
Irritability	0	1	2	3
Nervous/Anxious	0	1	2	3
Neck pain	0	1	2	3

Total Number of symptoms: ____/23

Total Severity Score: ____/138

- Do symptoms get worse w/ physical activity? YES / NO
 - Mark sx. that get worse with physical activity with a "*"
- Do symptoms get worse w/ mental activity? YES / NO
 - Mark sx. that get worse with mental activity with a "#"

IMMEDIATE MEMORY (1 word per second)

5 WORD LIST					Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect		
B	Candle	Paper	Sugar	Sandwich	Wagon		
C	Baby	Monkey	Perfume	Sunset	Iron		
D	Elbow	Apple	Carpet	Saddle	Bubble		
E	Jacket	Arrow	Pepper	Cotton	Movie		
F	Dollar	Honey	Mirror	Saddle	Anchor		
Extra words stated:							

10 WORD LIST					Trial 1	Trial 2	Trial 3
	Finger	Penny	Blanket	Lemon	Insect		
G	Candle	Paper	Sugar	Sandwich	Wagon		
	Baby	Monkey	Perfume	Sunset	Iron		
H	Elbow	Apple	Carpet	Saddle	Bubble		
	Jacket	Arrow	Pepper	Cotton	Movie		
I	Dollar	Honey	Mirror	Saddle	Anchor		

Immediate Memory Score _____ /15 or 30

→ Time Completed _____

Extra words stated: _____

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What is the time right now? (within 1 hour)	0	1

Orientation Score _____ /5

NEAR POINT CONVERGENCE

Trial 1	cm	Trial 2	cm
Trial 3	cm	Trial 4	cm
EXTRA Trial 5	cm	EXTRA Trial 6	cm
AVG		cm	

COORDINATION EXAMINATION

Arm length (Acromion tip to fingertip): _____ cm

Which arm was tested? (circle) RIGHT / LEFT

Score (≤ 4 sec= 1; > 4 sec= 0): _____

Trial 1	sec	Trial 2	sec
Trial 3	sec	EXTRA Trial 4	sec
EXTRA Trial 5	sec	AVG	sec

Failed trials (tally): _____

MONTHS IN REVERSE ORDER

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan 0 1

Time: _____ Seconds Months Score: _____ /1

DIGITS BACKWARDS (1 per second)

LIST A	LIST B	LIST C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-9	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
LIST D	LIST E	LIST F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1

Digits score _____ /4

Digits + Months Score _____ /5

Balance Examination (BESS)

Which foot was tested? (Non-dominant foot) LEFT / RIGHT

Testing surface (hard floor, field, etc.): _____

Footwear: BL=barefoot ☒ always / Post-injury: _____

Condition	Firm	Soft
Double leg stance	/10	/10
Single leg stance (non-dominant)	/10	/10
Tandem stance	/10	/10

Total Errors _____ /60

DELAYED RECALL (20 min. post-immediate mem.)

Time started: _____ Delayed recall score: _____ /5 or 10

Record each word remembered: _____

»TOTAL SCORE«

Number of symptoms:	/23
Severity score:	/138
Immediate memory:	/15 or 30
Orientation:	/5
Near point convergence:	cm (avg)
Digits + Months:	/5
BESS errors:	/60
Coordination:	/1
Delayed recall:	/5 or 10

Child SCAT5[®]

SPORT CONCUSSION ASSESSMENT TOOL

FOR CHILDREN AGES 5 TO 12 YEARS

FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by



Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE CHILD SCAT5?

The Child SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals¹.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The Child SCAT5 is to be used for evaluating Children aged 5 to 12 years. For athletes aged 13 years and older, please use the SCAT5.

Preseason Child SCAT5 baseline testing can be useful for interpreting post-injury test scores, but not required for that purpose. Detailed instructions for use of the Child SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If the child is suspected of having a concussion and medical personnel are not immediately available, the child should be referred to a medical facility for urgent assessment.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The Child SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their Child SCAT5 is "normal".

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The cervical spine exam is a critical step of the immediate assessment, however, it does not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed ☐ Observed on Video ☐

Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: EXAMINATION

GLASGOW COMA SCALE (GCS)²

Time of assessment			
Date of assessment			

Best eye response (E)

No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4

Best verbal response (V)

No verbal response	1	1	1
--------------------	---	---	---

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5

Best motor response (M)

No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6

Glasgow Coma score (E + V + M)

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest , does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

OFFICE OR OFF-FIELD ASSESSMENT

STEP 1: ATHLETE BACKGROUND

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

Sport / team / school: _____
 Date / time of injury: _____
 Years of education completed: _____
 Age: _____
 Gender: M / F / Other _____
 Dominant hand: left / neither / right _____
 How many diagnosed concussions has the athlete had in the past?: _____
 When was the most recent concussion?: _____
 How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

Hospitalized for a head injury?	Yes	No
Diagnosed / treated for headache disorder or migraines?	Yes	No
Diagnosed with a learning disability / dyslexia?	Yes	No
Diagnosed with ADD / ADHD?	Yes	No
Diagnosed with depression, anxiety or other psychiatric disorder?	Yes	No
Current medications? If yes, please list: _____		

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

To be done in a resting state

Please Check: ☐ Baseline ☐ Post-Injury

2

Child Report³

	Not at all/ Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
I have headaches	0	1	2	3
I feel dizzy	0	1	2	3
I feel like the room is spinning	0	1	2	3
I feel like I'm going to faint	0	1	2	3
Things are blurry when I look at them	0	1	2	3
I see double	0	1	2	3
I feel sick to my stomach	0	1	2	3
My neck hurts	0	1	2	3
I get tired a lot	0	1	2	3
I get tired easily	0	1	2	3
I have trouble paying attention	0	1	2	3
I get distracted easily	0	1	2	3
I have a hard time concentrating	0	1	2	3
I have problems remembering what people tell me	0	1	2	3
I have problems following directions	0	1	2	3
I daydream too much	0	1	2	3
I get confused	0	1	2	3
I forget things	0	1	2	3
I have problems finishing things	0	1	2	3
I have trouble figuring things out	0	1	2	3
It's hard for me to learn new things	0	1	2	3
Total number of symptoms:			of 21	
Symptom severity score:			of 63	
Do the symptoms get worse with physical activity?			Y	N
Do the symptoms get worse with trying to think?			Y	N

Overall rating for child to answer:

	Very bad	Very good
On a scale of 0 to 10 (where 10 is normal), how do you feel now?	0 1 2 3 4 5 6 7 8 9 10	

If not 10, in what way do you feel different?:

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

Parent Report

The child:

	Not at all/ Never	A little/ Rarely	Somewhat/ Sometimes	A lot/ Often
has headaches	0	1	2	3
feels dizzy	0	1	2	3
has a feeling that the room is spinning	0	1	2	3
feels faint	0	1	2	3
has blurred vision	0	1	2	3
has double vision	0	1	2	3
experiences nausea	0	1	2	3
has a sore neck	0	1	2	3
gets tired a lot	0	1	2	3
gets tired easily	0	1	2	3
has trouble sustaining attention	0	1	2	3
is easily distracted	0	1	2	3
has difficulty concentrating	0	1	2	3
has problems remembering what he/she is told	0	1	2	3
has difficulty following directions	0	1	2	3
tends to daydream	0	1	2	3
gets confused	0	1	2	3
is forgetful	0	1	2	3
has difficulty completing tasks	0	1	2	3
has poor problem solving skills	0	1	2	3
has problems learning	0	1	2	3

Total number of symptoms:			of 21	
Symptom severity score:			of 63	
Do the symptoms get worse with physical activity?			Y	N
Do the symptoms get worse with mental activity?			Y	N

Overall rating for parent/teacher/coach/carer to answer

On a scale of 0 to 100% (where 100% is normal), how would you rate the child now?

If not 100%, in what way does the child seem different?

STEP 3: COGNITIVE SCREENING

Standardized Assessment of Concussion - Child Version (SAC-C)⁴

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

List	Alternate 10 word lists					Score (of 10)		
						Trial 1	Trial 2	Trial 3
G	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
H	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
I	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 30		
Time that last trial was completed								

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
5-2	4-1	4-9	Y	N	0
4-1	9-4	6-2	Y	N	1
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
2-7	9-2	7-8	Y	N	0
5-9	6-1	5-1	Y	N	1
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9-	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-3-9-8	3-1-7-8-2-6	Y	N	1
Digits Score:					of 5

DAYS IN REVERSE ORDER

Now tell me the days of the week in reverse order. Start with the last day and go backward. So you'll say Sunday, Saturday. Go ahead.

Sunday - Saturday - Friday - Thursday - Wednesday - Tuesday - Monday	0 1
Days Score	of 1
Concentration Total Score (Digits + Days)	of 6

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (BESS) testing⁵

Which foot was tested ☐ Left ☐ Right
(i.e. which is the non-dominant foot)

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	_____ of 10
Single leg stance (non-dominant foot, 10-12 y/o only)	_____ of 10
Tandem stance (non-dominant foot at back)	_____ of 10
Total Errors	5-9 y/o _____ of 20 10-12 y/o _____ of 30

Name: _____
DOB: _____
Address: _____
ID number: _____
Examiner: _____
Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started _____

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: _____ of 5 or _____ of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number Child report (of 21) Parent report (of 21)			
Symptom severity score Child report (of 63) Parent report (of 63)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 6)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (5-9 y/o of 20) (10-12 y/o of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

If re-testing, has the athlete improved?

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this Child SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE CHILD SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.



For the Neurological Screen (page 5), if the child cannot read, ask him/her to describe what they see in this picture.

Name: _____
 DOB: _____
 Address: _____
 ID number: _____
 Examiner: _____
 Date: _____

CLINICAL NOTES:



Concussion injury advice for the child and parents/carergivers

(To be given to the person monitoring the concussed child)

This child has had an injury to the head and needs to be carefully watched for the next 24 hours by a responsible adult.

If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please call an ambulance to take the child to hospital immediately.

Other important points:

Following concussion, the child should rest for at least 24 hours.

- The child should not use a computer, internet or play video games if these activities make symptoms worse.
- The child should not be given any medications, including pain killers, unless prescribed by a medical doctor.
- The child should not go back to school until symptoms are improving.
- The child should not go back to sport or play until a doctor gives permission.

Clinic phone number: _____

Patient's name: _____

Date / time of injury: _____

Date / time of medical review: _____

Healthcare Provider: _____

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Contact details or stamp

INSTRUCTIONS

Words in *Italics* throughout the Child SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

At Baseline	On the day of injury	On all subsequent days
<ul style="list-style-type: none"> The child is to complete the Child Report, according to how he/she feels today, and The parent/carer is to complete the Parent Report according to how the child has been over the previous week. 	<ul style="list-style-type: none"> The child is to complete the Child Report, according to how he/she feels now. If the parent is present, and has had time to assess the child on the day of injury, the parent completes the Parent Report according to how the child appears now. 	<ul style="list-style-type: none"> The child is to complete the Child Report, according to how he/she feels today, and The parent/carer is to complete the Parent Report according to how the child has been over the previous 24 hours.

For Total number of symptoms, maximum possible is 21

For Symptom severity score, add all scores in table, maximum possible is 21 x 3 = 63

Standardized Assessment of Concussion Child Version (SAC-C)

Immediate Memory

Choose one of the 5-word lists. Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order." The words must be read at a rate of one word per second.

OPTION: The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. (In younger children, use the 5-word list). In settings where this ceiling is prominent the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case the maximum score per trial is 10 with a total trial maximum of 30.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3: *"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."*

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

Concentration

Digits backward

Choose one column only, from List A, B, C, D, E or F, and administer those digits as follows:

"I am going to read you some numbers and when I am done, you say them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1, you would say 1-7."

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. The digits should be read at the rate of one per second.

Days of the week in reverse order

"Now tell me the days of the week in reverse order. Start with Sunday and go backward. So you'll say Sunday, Saturday ... Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after at least 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Circle each word correctly recalled. Total score equals number of words recalled.

Neurological Screen

Reading

The child is asked to read a paragraph of text from the instructions in the Child SCAT5. For children who can not read, they are asked to describe what they see in a photograph or picture, such as that on page 6 of the Child SCAT5.

Modified Balance Error Scoring System (mBESS)⁵ testing

These instructions are to be read by the person administering the Child SCAT5, and each balance task should be demonstrated to the child. The child should then be asked to copy what the examiner demonstrated.

Each of 20-second trial/stance is scored by counting the number of errors. The This balance testing is based on a modified version of the Balance Error Scoring System (BESS)⁵.

A stopwatch or watch with a second hand is required for this testing.

"I am now going to test your balance. Please take your shoes off, roll up your pants above your ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of two different parts."

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

(a) Double leg stance:

The first stance is standing with the feet together with hands on hips and with eyes closed. The child should try to maintain stability in that position for 20 seconds. You should inform the child that you will be counting the number of times the child moves out of this position. You should start timing when the child is set and the eyes are closed.

(b) Tandem stance:

Instruct or show the child how to stand heel-to-toe with the non-dominant foot in the back. Weight should be evenly distributed across both feet. Again, the child should try to maintain stability for 20 seconds with hands on hips and eyes closed. You should inform the child that you will be counting the number of times the child moves out of this position. If the child stumbles out of this position, instruct him/her to open the eyes and return to the start position and continue balancing. You should start timing when the child is set and the eyes are closed.

(c) Single leg stance (10-12 year olds only):

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your other foot. You should bend your other leg and hold it up (show the child). Again, try to stay in that position for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you move out of this position, open your eyes and return to the start position and keep balancing. I will start timing when you are set and have closed your eyes."

Balance testing – types of errors

- | | | |
|---------------------------------|---|---|
| 1. Hands lifted off iliac crest | 3. Step, stumble, or fall | 5. Lifting forefoot or heel |
| 2. Opening eyes | 4. Moving hip into > 30 degrees abduction | 6. Remaining out of test position > 5 sec |

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the child. The examiner will begin counting errors only after the child has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the 20-second tests. The maximum total number of errors for any single condition is 10. If a child commits multiple errors simultaneously, only one error is recorded but the child should quickly return to the testing position, and counting should resume once subject is set. Children who are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

Tandem Gait

Instruction for the examiner - Demonstrate the following to the child:

The child is instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Children fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

Finger to Nose

The tester should demonstrate it to the child.

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended). When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose as quickly and as accurately as possible."

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Children fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions.

References

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- Ayr, L.K., Yeates, K.O., Taylor, H.G., Brown, M. Dimensions of postconcussive symptoms in children with mild traumatic brain injuries. Journal of the International Neuropsychological Society. 2009; 15:19–30
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- Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

CONCUSSION INFORMATION

If you think you or a teammate has a concussion, tell your coach/trainer/parent right away so that you can be taken out of the game. You or your teammate should be seen by a doctor as soon as possible. YOU OR YOUR TEAMMATE SHOULD NOT GO BACK TO PLAY/SPORT THAT DAY.

Signs to watch for

Problems can happen over the first 24-48 hours. You or your teammate should not be left alone and must go to a hospital right away if any of the following happens:

- New headache, or headache gets worse
- Neck pain that gets worse
- Becomes sleepy/drowsy or can't be woken up
- Cannot recognise people or places
- Feeling sick to your stomach or vomiting
- Acting weird/strange, seems/feels confused, or is irritable
- Has any seizures (arms and/or legs jerk uncontrollably)
- Has weakness, numbness or tingling (arms, legs or face)
- Is unsteady walking or standing
- Talking is slurred
- Cannot understand what someone is saying or directions

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Graduated Return to Sport Strategy

After a concussion, the child should rest physically and mentally for a few days to allow symptoms to get better. In most cases, after a few days of rest, they can gradually increase their daily activity level as long as symptoms don't get worse. Once they are able to do their usual daily activities without symptoms, the child should gradually increase exercise in steps, guided by the healthcare professional (see below).

The athlete should not return to play/sport the day of injury.

NOTE: An initial period of a few days of both cognitive ("thinking") and physical rest is recommended before beginning the Return to Sport progression.

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest). The athlete should not return to sport until the concussion symptoms have gone, they have successfully returned to full school/learning activities, and the healthcare professional has given the child written permission to return to sport.

If the child has symptoms for more than a month, they should ask to be referred to a healthcare professional who is an expert in the management of concussion.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The child may need to miss a few days of school after a concussion, but the child's doctor should help them get back to school after a few days. When going back to school, some children may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms don't get a lot worse. If a particular activity makes symptoms a lot worse, then the child should stop that activity and rest until symptoms get better. To make sure that the child can get back to school without problems, it is important that the health care provider, parents/caregivers and teachers talk to each other so that everyone knows what the plan is for the child to go back to school.

Note: If mental activity does not cause any symptoms, the child may be able to return to school part-time without doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the child symptoms	Typical activities that the child does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the child continues to have symptoms with mental activity, some other things that can be done to help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The child should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

5 Step Graduated* Return to Play

*(All steps must be done without symptoms, if athlete experiences symptoms, return to step that was last performed after 24 hours. IF SYMPTOMS RETURN WITH STEP 5 PROTOCOL MUST BE STARTED FROM STEP 1)

****ONLY STEPS 1 & 2 MAY BE PERFORMED ON THE SAME DAY WITH SYMPTOM CHECKLIST ADMINISTERED 10 MINUTES FOLLOWING EXERTION.**

Please mimic playing conditions (i.e. indoor sports vs. outdoor sports)

- **Exertion step 1**:**
 - **20 minute stationary bike ride (10-14 mph) with minimal resistance**
- **Exertion step 2**:**
 - **Interval bike ride: 30 second sprint (18-20 mph)/30 second recovery (10-14 mph) X 10**
 - **Body weight circuit: squats/push ups/sit ups x 20 sec x 3 times**
- **Exertion step 3:**
 - **60 yard shuttle run x 10 (40 sec rest)**
 - **Plyometric workout (x3)**
 - **10 yard bounding**
 - **10 medicine ball throws**
 - **10 vertical jumps**
 - **Non-contact sports specific drills for 15 min.**
- **Exertion step 4:**
 - **Limited, controlled return to non-contact practice**
- **Exertion step 5:**
 - **Full sport participation in a practice**