

# Sport Concussion Assessment Tool – 5th Edition (SCAT5<sup>®</sup>)

## Patient Details

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID Number: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

## WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals<sup>1</sup>. The SCAT5 cannot be performed correctly in less than 10 minutes.

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

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose.

Detailed instructions for use of the 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 an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- 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 SCAT5 should **NOT** be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their 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 Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do 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	<input type="radio"/> Y	<input type="radio"/> N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	<input type="radio"/> Y	<input type="radio"/> N
Disorientation or confusion, or an inability to respond appropriately to questions	<input type="radio"/> Y	<input type="radio"/> N
Blank or vacant look	<input type="radio"/> Y	<input type="radio"/> N
Facial injury after head trauma	<input type="radio"/> Y	<input type="radio"/> N

**STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS<sup>2</sup>**

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

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Mark Y for correct answer / N for incorrect

What venue are we at today?	<input type="radio"/> Y	<input type="radio"/> N
Which half is it now?	<input type="radio"/> Y	<input type="radio"/> N
Who scored last in this match?	<input type="radio"/> Y	<input type="radio"/> N
What team did you play last week / game?	<input type="radio"/> Y	<input type="radio"/> N
Did your team win the last game?	<input type="radio"/> Y	<input type="radio"/> N

**Note: Appropriate sport-specific questions may be substituted.**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID number: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

**STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)<sup>3</sup>**

<b>Time of assessment</b>			
<b>Date of assessment</b>			
<b>Best eye response (E)</b>			
No eye opening	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Eye opening in response to pain	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Eye opening to speech	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
Eyes opening spontaneously	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<b>Best verbal response (V)</b>			
No verbal response	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Incomprehensible sounds	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Inappropriate words	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
Confused	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
Oriented	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<b>Best motor response (M)</b>			
No motor response	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
Extension to pain	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
Abnormal flexion to pain	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
Flexion / Withdrawal to pain	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
Localizes to pain	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
Obeys commands	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<b>Glasgow Coma score (E + V + M)</b>			

**CERVICAL SPINE ASSESSMENT**

Does the athlete report that their neck is pain free at rest?	<input type="radio"/> Y	<input type="radio"/> N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?	<input type="radio"/> Y	<input type="radio"/> N
Is the limb strength and sensation normal?	<input type="radio"/> Y	<input type="radio"/> 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**

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

**STEP 1: ATHLETE BACKGROUND**

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)

**Mark Y for correct answer / N for incorrect**

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ID number: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

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**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.

Please Check:  Baseline  Post-Injury

Please hand the form to the athlete

	None	Mild	Moderate	Severe
Headache	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
"Pressure in head"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Neck Pain	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Nausea or vomiting	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Dizziness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Blurred vision	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Balance problems	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sensitivity to light	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sensitivity to noise	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Feeling slowed down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Feeling like "in a fog"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
"Don't feel right"	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Difficulty concentrating	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Difficulty remembering	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Fatigue or low energy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Confusion	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Drowsiness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
More emotional	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Irritability	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sadness	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Nervous or Anxious	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Trouble falling asleep (if applicable)	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Total number of symptoms: \_\_\_\_\_ of 32

Symptom severity score: \_\_\_\_\_ of 32

Do your symptoms get worse with physical activity?  Yes  No

Do your symptoms get worse with mental activity?  Yes  No

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why? \_\_\_\_\_

Please hand form back to examiner

**STEP 3: COGNITIVE SCREENING****Standardised Assessment of Concussion (SAC)4****ORIENTATION**

What month is it?		
What is the date today?		
What is the day of the week?		
What year is it?		
What time is it right now? (within 1 hour)		
<b>Orientation score</b>		

**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
<b>A</b>	Finger	Penny	Blanket	Lemon	Insect			
<b>B</b>	Candle	Paper	Sugar	Sandwich	Wagon			
<b>C</b>	Baby	Monkey	Perfume	Sunset	Iron			
<b>D</b>	Elbow	Apple	Carpet	Saddle	Bubble			
<b>E</b>	Jacket	Arrow	Pepper	Cotton	Movie			
<b>F</b>	Dollar	Honey	Mirror	Saddle	Anchor			
<b>Immediate Memory Score</b>						of 15		
<b>Time that last trial was completed</b>								

List	Alternate 10 word lists					Score (of 5)		
						Trial 1	Trial 2	Trial 3
<b>G</b>	Finger	Penny	Blanket	Lemon	Insect			
	Candle	Paper	Sugar	Sandwich	Wagon			
<b>H</b>	Baby	Monkey	Perfume	Sunset	Iron			
	Elbow	Apple	Carpet	Saddle	Bubble			
<b>I</b>	Jacket	Arrow	Pepper	Cotton	Movie			
	Dollar	Honey	Mirror	Saddle	Anchor			
<b>Immediate Memory Score</b>						of 30		
<b>Time that last trial was completed</b>								

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			
4-9-3	5-2-6	1-4-2	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
6-2-9	4-1-5	6-5-8	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
3-8-1-4	1-7-9-5	6-8-3-1	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
3-2-7-9	4-9-6-8	3-4-8-1	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
9-2-6	5-1-8	4-7-9	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
4-1-8-3	2-7-9-3	1-6-8-3	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
9-7-2-3	2-1-6-9	3-9-2-4	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	<input type="radio"/> Y	<input type="radio"/> N	<input type="radio"/> 1
<b>Digits Score</b>					of 4

**MONTHS IN REVERSE ORDER**

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead."

Dec - Nov - Oct - Sept - Aug - July - Jun - May - Apr - Mar - Feb - Jan

**Months Score** \_\_\_\_\_

**Concentration Total Score (Digits + Months)** \_\_\_\_\_

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**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 checklist) and follow instructions without difficulty?	<input type="radio"/> Y	<input type="radio"/> N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	<input type="radio"/> Y	<input type="radio"/> N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	<input type="radio"/> Y	<input type="radio"/> N
Can the patient perform the finger nose coordination test normally?	<input type="radio"/> Y	<input type="radio"/> N
Can the patient perform tandem gait normally?	<input type="radio"/> Y	<input type="radio"/> N

**BALANCE EXAMINATION**

**Modified Balance Error Scoring System (mBESS) testing<sup>5</sup>**

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

Testing surface (hard floor, field, etc.) \_\_\_\_\_

Footwear (shoes, barefoot, braces, tape, etc.) \_\_\_\_\_

Condition	Errors
<b>Double leg stance</b>	_____ of 10
<b>Single leg stance (non-dominant foot)</b>	_____ of 10
<b>Tandem stance (non-dominant foot at the back)</b>	_____ of 10
<b>Total Errors</b>	_____ of 10

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**STEP 6: DECISION**

Domain	Date & Time of Assessment		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	_____ of 15 _____ of 30	_____ of 15 _____ of 30	_____ of 15 _____ of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	_____ of 5 _____ of 10	_____ of 5 _____ of 10	_____ of 5 _____ of 10

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

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 SCAT5.**

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Registration number (if applicable): \_\_\_\_\_  
 Date: \_\_\_\_\_

**SCORING ON THE 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.**

**CLINICAL NOTES:**

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Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
ID number: \_\_\_\_\_  
Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_

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**CONCUSSION INJURY ADVICE**

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

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

**If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.**

Other important points:

**Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.**

- 1) Avoid alcohol
- 2) Avoid prescription or non-prescription drugs without medical supervision.
  - a) Avoid sleeping tablets
  - b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics
- 3) Do not drive until cleared by a healthcare professional.
- 4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: \_\_\_\_\_  
Patient's name: \_\_\_\_\_  
Date / time of injury: \_\_\_\_\_  
Date / time of medical review: \_\_\_\_\_  
Healthcare Provider: \_\_\_\_\_

**Contact details or stamp**

## INSTRUCTIONS

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

#### Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep item is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if sleep item is omitted, which then creates a maximum of 21x6=126.

#### Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. 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.

Choose one of the word lists (either 5 or 10). 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.

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

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

Say: *"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."*

Begin with first 3 digit string.

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.

#### Months in reverse order

*"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"*

1 pt. for entire sequence correct

#### Delayed Recall

The delayed recall should be performed after 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."*

Score 1 pt. for each correct response

5

#### Modified Balance Error Scoring System (mBESS) testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)<sup>5</sup>. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only

one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that 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.

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).

#### Balance testing – types of errors

- |                     |   |   |
|---------------------|---|---|
| 1. Hands lifted off | 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 |

*"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."*

(a) Double leg stance:

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

(b) Single leg stance:

*"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability 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 stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

(c) Tandem stance:

*"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability 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 stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

#### Tandem Gait

Participants are 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 meter 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. Athletes 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

*"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), pointing in front of you. 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, and then return to the starting position, as quickly and as accurately as possible."*

#### References

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3. Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181
5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

## CONCUSSION INFORMATION

**Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.**

### Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

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

### Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, **medically managed exercise progression, with increasing amounts of exercise.** For example:

### Graduated Return to Sport Strategy

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.	

In this example, it would be typical to have 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).

**Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.**

### Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

**Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.**

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete 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 schoolwork. 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 athlete continues to have symptoms with mental activity, some other accommodations that can 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 athlete 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.**