To help identify concussion in children, youth and adults

Pocket CONCUSSION RECOGNITION TOOL™

RECOGNIZE & REMOVE

Concussion should be suspected if one or more of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

- Loss of consciousness or responsiveness
- Lying motionless on ground / Slow to get up
- Unsteady on feet / Balance problems or falling over / Incoordination
- Grabbing / Clutching of head
- Dazed, blank or vacant look
- Confused / Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- Loss of consciousness
- Seizure or convulsion
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Irritability
- Sadness
- Fatigue or low energy
- Nervous or anxious
- “Don’t feel right”
- Difficulty remembering
- Headache
- Dizziness
- Confusion
- Feeling slowed down
- “Pressure in head”
- Blurred vision
- Sensitivity to light
- Amnesia
- Feeling like “in a fog”
- Neck Pain
- Sensitivity to noise
- Difficulty concentrating

Remember:

- Do not remove helmet (if present) unless trained to do so.
- Do not attempt to move the player (other than required for airway support)
- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment.

Failure to answer any of these questions correctly may suggest a concussion.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions.

It is recommended that, in all cases of suspected concussion, the player should not drive a motor vehicle.

Who scored last in this game?

Which half is it now?

What venue are we at today?

Did your team win the last game?

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3. Memory function
Failure to answer any of these questions correctly may suggest a concussion.

“*What venue are we at today?”*  
“*Which half is it now?”*  
“*Who scored last in this game?”*  
“*What team did you play last week/game?”*  
“*Did your team win the last game?”*

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

**RED FLAGS**
If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain  
- Increasing confusion or irritability  
- Repeated vomiting  
- Seizure or convulsion  
- Weakness or tingling/burning in arms or legs  
- Deteriorating conscious state  
- Severe or increasing headache  
- Unusual behaviour change  
- Double vision

**Remember:**
- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.  
- Do not attempt to move the player (other than required for airway support) unless trained to so do  
- Do not remove helmet (if present) unless trained to do so.

**What is childSCAT3?**

The ChildSCAT3 is a standardized tool for evaluating injured children for concussion and can be used in children aged from 5 to 12 years. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively. For older persons, ages 13 years and over, please use the SCAT3. The ChildSCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. Preseason baseline testing with the ChildSCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the ChildSCAT3 are provided on page 3. If you are not familiar with the ChildSCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any revision and any reproduction in a digital form require approval by the Concussion in Sport Group.

**NOTE:** The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The ChildSCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgment. An athlete may have a concussion even if their ChildSCAT3 is "normal".

**SIDELINE ASSESSMENT**

**Indications for Emergency Management**

**NOTE:** A hit to the head can sometimes be associated with a more severe brain injury. If the concussed child displays any of the following, then do not proceed with the ChildSCAT3, instead activate emergency procedures and urgent transportation to the nearest hospital:

- Loss of consciousness
- Faint / loss of consciousness
- Balance or motor incoordination (stumbles, slow/ laboured movements, etc.)
- Disorientation or confusion (inability to respond appropriately to questions)
- Loss of memory
- "If so, how long?"
- "Before or after the injury?"
- Blank or vacant look
- Visible facial injury in combination with any of the above
- Any loss of consciousness
- "If so, how long?"

**Potential signs of concussion?**

If any of the following signs are observed after a direct or indirect blow to the head, the child should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.

- Any loss of consciousness
- "If so, how long?"
- Balance or motor incoordination (stumbles, slow/laboured movements, etc.)
- Disorientation or confusion (inability to respond appropriately to questions)
- Loss of memory
- "If so, how long?"
- "Before or after the injury?"
- Blank or vacant look
- Visible facial injury in combination with any of the above

**Sideline Assessment – child-Maddocks Score**

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are we at now?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Is it before or after lunch?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What did you have last lesson/class?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What is your teacher’s name?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>child-Maddocks score</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Child-Maddocks score is for sideline diagnosis of concussion only and is not used for serial testing.**

**BACKGROUND**

**Name:**

**Date/Time of Injury:**

**Examiner:**

**Date of Assessment:**

**Sport/team/school:**

**Age:**

**Gender:** M F

**Current school year/grade:**

**Gender:**

**Mechanism of Injury ("tell me what happened"):**

**For Parent/carer to complete:**

**How many concussions has the child had in the past?**

**When was the most recent concussion?**

**How long was the recovery from the most recent concussion?**

- Has the child ever been hospitalized or had medical imaging done (CT or MRI) for a head injury?
  - Y N
- Has the child ever been diagnosed with headaches or migraines?
  - Y N
- Does the child have a learning disability, dyslexia, ADD/ADHD, seizure disorder?
  - Y N
- Has the child ever been diagnosed with depression, anxiety or other psychiatric disorder?
  - Y N
- Has anyone in the family ever been diagnosed with any of these problems?
  - Y N
- Is the child on any medications? If yes, please list:
  - Y N

---

**Glasgow coma scale (GCS)**

<table>
<thead>
<tr>
<th>Best eye response (E)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No eye opening</td>
<td></td>
</tr>
<tr>
<td>Eye opening in response to pain</td>
<td>2</td>
</tr>
<tr>
<td>Eye opening to speech</td>
<td>3</td>
</tr>
<tr>
<td>Eyes opening spontaneously</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best verbal response (V)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No verbal response</td>
<td></td>
</tr>
<tr>
<td>Incomprehensible sounds</td>
<td>2</td>
</tr>
<tr>
<td>Inappropriate words</td>
<td>3</td>
</tr>
<tr>
<td>Confused</td>
<td>4</td>
</tr>
<tr>
<td>Oriented</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best motor response (M)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No motor response</td>
<td></td>
</tr>
<tr>
<td>Extension to pain</td>
<td>2</td>
</tr>
<tr>
<td>Abnormal flexion to pain</td>
<td>3</td>
</tr>
<tr>
<td>Flexion/Withdrawal to pain</td>
<td>4</td>
</tr>
<tr>
<td>Localizes to pain</td>
<td>5</td>
</tr>
<tr>
<td>Obeys commands</td>
<td>6</td>
</tr>
</tbody>
</table>

Glasgow Coma Scale (E + V + M)  of 15

GCS should be recorded for all athletes in case of subsequent deterioration.
**SYMPTOM EVALUATION**

**Child report**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>never</th>
<th>rarely</th>
<th>sometimes</th>
<th>often</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have trouble paying attention</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get distracted easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have a hard time concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have problems remembering what people tell me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have problems following directions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I daydream too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel confused</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I forget things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have problems finishing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It's hard for me to learn new things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel dizzy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel like the room is spinning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel like I'm going to faint</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Things are blurry when I look at them</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I see double</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel sick to my stomach</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get tired a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get tired easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total number of symptoms** (Maximum possible 20)

**Symptom severity score** (Maximum possible 20 x 3 = 60)

---

**Parent report**

The child

<table>
<thead>
<tr>
<th>Symptom</th>
<th>never</th>
<th>rarely</th>
<th>sometimes</th>
<th>often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has trouble sustaining attention</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is easily distracted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has problems remembering what he/she is told</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has difficulty following directions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Tends to daydream</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gets confused</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Is forgetful</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has difficulty completing tasks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has poor problem solving skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has problems learning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feels dizzy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has a feeling that the room is spinning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feels faint</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has double vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Experiences nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gets tired a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Gets tired easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total number of symptoms** (Maximum possible 20)

**Symptom severity score** (Maximum possible 20 x 3 = 60)

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**COGNITIVE & PHYSICAL EVALUATION**

**Cognitive assessment**

**Standardized Assessment of Concussion – Child Version (SAC-C)**

**Orientation**

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>What month is it?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What is the date today?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What is the day of the week?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>What year is it?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Orientation score** of 4

**Immediate memory**

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Alternative word list</th>
</tr>
</thead>
<tbody>
<tr>
<td>elbow</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>apple</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>carpet</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>saddle</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>bubble</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Immediate memory score total** of 15

**Concentration**

**Digits Backward**

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Alternative digit list</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-2</td>
<td>0</td>
<td>1</td>
<td>5-2</td>
<td>4-1, 4-9</td>
</tr>
<tr>
<td>4-9-3</td>
<td>0</td>
<td>1</td>
<td>6-2-9</td>
<td>5-2-6, 4-1-5</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>0</td>
<td>1</td>
<td>3-2-7-9</td>
<td>1-7-9-5, 4-9-6-8</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>0</td>
<td>1</td>
<td>1-5-2-8-6</td>
<td>3-8-5-2-7, 6-1-8-4-3</td>
</tr>
<tr>
<td>7-1-8-4-6-2</td>
<td>0</td>
<td>1</td>
<td>5-3-9-1-4-8</td>
<td>8-3-1-9-6-4, 7-2-4-8-5-6</td>
</tr>
</tbody>
</table>

**Total of 5**

**Concentration: Days in Reverse Order**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Double leg stance:</th>
<th>Tandem stance (non-dominant foot at back):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Error(s)</td>
<td>Errors</td>
<td>Errors</td>
</tr>
</tbody>
</table>

**Balance examination**

Do one or both of the following tests.

**Modified Balance Error Scoring System (BESS) testing**

<table>
<thead>
<tr>
<th>Footwear (shoes, barefoot, braces, tape, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
</tr>
<tr>
<td>Right</td>
</tr>
</tbody>
</table>

**Condition**

Double leg stance:

<table>
<thead>
<tr>
<th>Error(s)</th>
<th>Time taken to complete (best of 4 trials)</th>
<th>Tandem gait</th>
</tr>
</thead>
<tbody>
<tr>
<td>Errors</td>
<td>Time taken to complete (best of 4 trials)</td>
<td>Tandem gait</td>
</tr>
</tbody>
</table>

**Coordination examination**

**Upper limb coordination**

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
</table>

**Coaching score** of 1

**SAC Delayed Recall**

<table>
<thead>
<tr>
<th>Word</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed recall score</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

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Scoring on the Child SCAT3 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.
INSTRUCTIONS

Words in italics throughout the ChildSCAT3 are the instructions given to the child by the tester.

Sideline Assessment – child-Maddocks Score

To be completed on the sideline in the playground, immediately following concussion. There is no requirement to repeat these questions at follow-up.

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.

On the day of injury
- the child is to complete the Child Report, according to how he/she feels now.
On all subsequent days
- 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.

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

Orientation
Ask each question on the score sheet. A correct answer for each question scores 1 point. If the child does not understand the question, gives an incorrect answer, or no answer, then the score for that question is 0 points.

Immediate memory
“1 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.”

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.”

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.

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

Concentration

Digits Forward:
“I am going to read you a string of numbers and when I am done, you repeat 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, go to next string length. If incorrect, trial 2: One point possible for each string length. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

Days in Reverse Order:
“Now tell me the days of the week in reverse order. Start with Sunday and go backwards. So you’ll say Sunday, Saturday ... Go ahead”

1 pt. for entire sequence correct

Delayed recall

The delayed recall should be performed after completion of the Balance and Coordination Examination.

“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.

Balance examination

These instructions are to be read by the person administering the childSCAT3, and each balance task should be demonstrated to the child. The child should then be asked to copy what the examiner demonstrated.

Modified Balance Error Scoring System (BESS) testing^3

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 pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of two different parts.”

(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 the child 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.

Balance testing – types of errors - Parts (a) and (b)

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
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 two 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.

OPTION: For further assessment, the same 2 stances can be performed on a surface of medium density foam (e.g., approximately 50cmx40cmx6cm).

Tandem Gait^3

Use a deck (with a second hand) or stopwatch to measure the time taken to complete this task. 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 30m 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 30m line, they turn 180 degrees and return to the starting point using the same gait.

A total of 4 trials are done and the best time is retained.

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. In this case, the time is not recorded and the trial repeated, if appropriate.

Explain to the child that you will time how long it takes them to walk to the end of the line and back.

Coordination examination

Upper limb coordination

Finger-to-nose (FTN) task:

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 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. Failure should be scored as 0.

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BISM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in other leading biomedical journals with the copyright held by the Concussion in Sport Group, to allow unrestricted distribution, providing no alterations are made.


CHILD ATHLETE INFORMATION

Any child suspected of having a concussion should be removed from play, and then seek medical evaluation. The child must NOT return to play or sport on the same day as the suspected concussion.

Signs to watch for

Problems could arise over the first 24–48 hours. The child should not be left alone and must go to a hospital at once if they develop any of the following:
- New Headache, or Headache gets worse
- Persistent or increasing neck pain
- Becomes drowsy or can’t be woken up
- Can not recognise people or places
- Has Nausea or Vomiting
- Behaves unusually, seems 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
- Has slurred speech
- Has difficulty understanding speech or directions

Remember, it is better to be safe. Always consult your doctor after a suspected concussion.

Return to school

Concussion may impact on the child’s cognitive ability to learn at school. This must be considered, and medical clearance is required before the child may return to school. It is reasonable for a child to miss a day or two of school after concussion, but extended absence is uncommon. In some children, a graduated return to school program will need to be developed for the child. The child will progress through the return to school program provided that there is no worsening of symptoms. If any particular activity worsens symptoms, the child will abstain from that activity until it no longer causes symptom worsening. Use of computers and internet should follow a similar graduated program, provided that it does not worsen symptoms. This program should include communication between the parents, teachers, and health professionals and will vary from child to child. The return to school program should consider:
- Extra time to complete assignments/tests
- Quiet room to complete assignments/tests
- Avoidance of noisy areas such as cafeterias, assembly halls, sporting events, music class, shop class, etc
- Frequent breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of peer helper/tutor
- Reassurance from teachers that student will be supported through recovery through accommodations, workload reduction, alternate forms of testing
- Later start times, half days, only certain classes

Concussion may impact on the child’s cognitive ability to learn at school. This must be considered, and medical clearance is required before the child may return to school. It is reasonable for a child to miss a day or two of school after concussion, but extended absence is uncommon. In some children, a graduated return to school program will need to be developed for the child. The child will progress through the return to school program provided that there is no worsening of symptoms. If any particular activity worsens symptoms, the child will abstain from that activity until it no longer causes symptom worsening. Use of computers and internet should follow a similar graduated program, provided that it does not worsen symptoms. This program should include communication between the parents, teachers, and health professionals and will vary from child to child. The return to school program should consider:
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- Shorter assignments
- Repetition/memory cues
- Use of peer helper/tutor
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- Later start times, half days, only certain classes

CONCUSSION INJURY ADVICE FOR THE CHILD AND PARENTS / CARERS

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

This child 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. It is expected that recovery will be rapid, but the child will need monitoring 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 transport the child to hospital immediately.

Other important points:
- Following concussion, the child should rest for at least 24 hours.
- The child should avoid any computer, internet or electronic gaming activity if these activities make symptoms worse.
- The child should not be given any medications, including pain killers, unless prescribed by a medical practitioner.
- The child must not return to school until medically cleared.
- The child must not return to sport or play until medically cleared.

Return to sport

There should be no return to play until the child has successfully returned to school/learning, without worsening of symptoms. Children must not be returned to play the same day of injury. When returning children to play, they should medically cleared and then follow a stepwise supervised program, with stages of progression.

For example:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No activity</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling keeping intensity, 70% maximum predicted heart rate. No resistance training</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey. May start progressive resistance training</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
</tbody>
</table>

Return to play

Normal game play

There should be approximately 24 hours (or longer) for each stage and the child should drop back to the previous asymptomatic level if any post-concussive symptoms recur. Resistance training should only be added in the later stages. If the child is symptomatic for more than 10 days, then review by a health practitioner, expert in the management of concussion, is recommended. Medical clearance should be given before return to play.

Notes:

- __Patient’s name__
- __Date/time of injury__
- __Date/time of medical review__
- __Treating physician__

![The Sports Clinic](https://www.sportsclinic.ca)
SCAT3™

Sport Concussion Assessment Tool – 3rd Edition
For use by medical professionals only

Name

Date/Time of Injury:

Date of Assessment:

Examiner:

What is the SCAT3?¹

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively.² For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is “normal”.

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion), or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected.

Any loss of consciousness?  Y  n

"If so, how long?"  n

Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?  Y  n

Disorientation or confusion (inability to respond appropriately to questions)?  Y  n

Loss of memory:

"If so, how long?"  n

"Before or after the injury?"  n

Blank or vacant look:

Visible facial injury in combination with any of the above:

Glasgow coma scale (GCS)

Best eye response (E)

No eye opening  1

Eye opening in response to pain  2

Eye opening to speech  3

Eyes opening spontaneously  4

Best verbal response (V)

No verbal response  1

Incomprehensible sounds  2

Inappropriate words  3

Confused  4

Oriented  5

Best motor response (M)

No motor response  1

Extension to pain  2

Abnormal flexion to pain  3

Flexion/Withdrawal to pain  4

Localizes to pain  5

Obeys commands  6

Glasgow Coma score (E + V + M)  of 15

GCS should be recorded for all athletes in case of subsequent deterioration.

Maddocks Score³

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

What venue are we at today?

Which half is it now?

Who scored last in this match?

What team did you play last week/game?

Did your team win the last game?

Maddocks score  of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of Injury ("tell me what happened"):

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of injury.

University of Toronto Mississauga, RAWC 3359 Mississauga Rd., Miss., ON L5L 1C6 | 905.820.9292
2315 Bristol Circle, Suite 102, Oakville, ON L6H 6P8 | 905.829.2827 | www.sportsclinic.ca
SCAT3 to be done in resting state. Best done 10 or more minutes post exercise.

**COGNITIVE & PHYSICAL EVALUATION**

### Symptom Evaluation

**How do you feel?**

"You should score yourself on the following symptoms, based on how you feel now."

<table>
<thead>
<tr>
<th></th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling like &quot;in a fog&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;Don't feel right&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total number of symptoms** (Maximum possible 22)

**Symptom severity score** (Maximum possible 132)

- Do the symptoms get worse with physical activity? [Y] [N]
- Do the symptoms get worse with mental activity? [Y] [N]
- Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self? Please circle one response:
  - no different
  - very different
  - unsure
  - N/A

### Cognitive Assessment

**Standardized Assessment of Concussion (SAC)**

<table>
<thead>
<tr>
<th>Orientation</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
</table>

**Orientation score** (of 5)

**Immediate memory**

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
<th>Alternative word list</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| elbow | candle | baby | finger |
| apple | paper | monkey | penny |
| carpet | sugar | perfume | blanket |
| saddle | sandwich | sunset | lemon |
| bubble | wagon | iron | insect |

**Total**

** Immediate memory score total** (of 15)

**Concentration: Digits Backward**

<table>
<thead>
<tr>
<th>List</th>
<th>Trial 1</th>
<th>Alternative digit list</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>0 1</td>
<td>6-2-9 5-2-6 4-1-5</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>0 1</td>
<td>3-2-7-9 1-7-9-5 4-9-6-8</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>0 1</td>
<td>1-5-2-8-6 3-8-5-2-7 6-1-8-4-3</td>
</tr>
<tr>
<td>7-1-8-4-6-2</td>
<td>0 1</td>
<td>5-3-9-1-4-8 8-3-1-9-6-4 7-2-4-8-5-6</td>
</tr>
</tbody>
</table>

**Total of 4**

**Concentration: Month in Reverse Order**

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

**Concentration score** (of 5)

### Balance Examination

Do one or both of the following tests.

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

**Modified Balance Error Scoring System (BESS) testing**

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

Testing surface (hard floor, field, etc.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Double leg stance:</th>
<th>Single leg stance (non-dominant foot):</th>
<th>Tandem stance (non-dominant foot at back):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Errors</td>
<td>Errors</td>
<td>Errors</td>
</tr>
</tbody>
</table>

**And/Or**

**Tandem gait**

Time (best of 4 trials): _______ seconds

### Coordination Examination

**Upper limb coordination**

Which arm was tested: | Left | Right

**Coordination score** (of 1)

### SAC Delayed Recall

Delayed recall score (of 5)

**BACKGROUND**

Name: __________________________ Date: __________________________

Examiner: ________________________ Date/time of injury: __________________________

Sport/team/school: ________________________ Age: __________________________

Years of education completed: ________________________ Gender: [M] [F]

Dominant hand: ______ right ______ left ______ neither

How many concussions do you think you have had in the past? [Y] [N]

When was the most recent concussion? Date: __________________________

How long was your recovery from the most recent concussion? __________________________

Have you ever been hospitalized or had medical imaging done for a head injury? [Y] [N]

Have you ever been diagnosed with headaches or migraines? [Y] [N]

Do you have a learning disability, dyslexia, ADD/ADHD? [Y] [N]

Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? [Y] [N]

Has anyone in your family ever been diagnosed with any of these problems? [Y] [N]

Are you on any medications? if yes, please list: __________________________

Scoring on the SCAT3 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. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.
INSTRUCTIONS

Words in italics throughout the SCAT3 are the instructions given to the athlete by the tester.

Symptom Scale

“You should score yourself on the following symptoms, based on how you feel now”.

To be completed by the athlete. 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.

For total number of symptoms, maximum possible is 22.

For Symptom severity score, add all scores in table, maximum possible is 22x6 = 132.

SAC 4

Immediate Memory

“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.”

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.”

Complete all 3 trials regardless of score on trial 1 & 2. Read the words at a rate of one per second.

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

“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.”

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
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 athlete. The examiner will begin counting errors only after the individual 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 total number of errors for any single condition is 10. If a 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 subject is set. Subjects 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 50cmx40cmx6cm).

Tandem Gait 5

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). 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. A total of 4 trials are done and the best time is retained. Athletes should complete the test in 14 seconds. 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. In this case, the time is not recorded and the trial repeated, if appropriate.

Coordination Examination

Upper limb coordination

“Finger-to-nose (FTN) task:

“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 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.”

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Athletes fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions. Failure should be scored as 0.

References & Footnotes

1. This tool has been developed by a group of international experts at the 4th International Consensus meeting on Concussion in Sport held in Zurich, Switzerland in November 2012. The full details of the conference outcomes and the authors of the tool are published in The BJSM Injury Prevention and Health Protection, 2013, Volume 47, Issue 5. The outcome paper will also be simultaneously co-published in the tool are published in the BJSm injury prevention and Health protection, 2013, Volume 47, issue 5. the outcome paper will also be simultaneously co-published in

2. McCrory P et al., Consensus Statement on Concussion in Sport – the 3rd international Consensus meeting on Concussion in Sport held in Zurich, Switzerland 2009, 43: 76-89.


ATHLETE INFORMATION

Any athlete suspected of having a concussion should be removed from play, and then 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:
- Have a headache that gets worse
- Are very drowsy or can’t be awakened
- Can’t recognize people or places
- Have repeated vomiting
- Behave unusually or seem confused; are very irritable
- Have seizures (arms and legs jerk uncontrollably)
- Have weak or numb arms or legs
- Are unsteady on their feet; have slurred speech

Remember, it is better to be safe. Consult your doctor after a suspected concussion.

Return to play
Athletes should not be returned to play the same day of injury. When returning athletes to play, they should be medically cleared and then follow a stepwise supervised program, with stages of progression.

For example:

<table>
<thead>
<tr>
<th>Rehabilitation stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No activity</td>
<td>Physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>Light aerobic exercise</td>
<td>Walking, swimming or stationary cycling</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>Sport-specific exercise</td>
<td>Skating drills in ice hockey, running drills in soccer</td>
<td>Add movement</td>
</tr>
<tr>
<td>Non-contact training drills</td>
<td>Progression to more complex training drills, eg passing drills in football and ice hockey</td>
<td>Exercise, coordination, and cognitive load</td>
</tr>
<tr>
<td>Full contact practice</td>
<td>Following medical clearance participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>Return to play</td>
<td>Normal game play</td>
<td></td>
</tr>
</tbody>
</table>

There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages.

If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended.

Medical clearance should be given before return to play.

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, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points:
- Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared
- No alcohol
- No prescription or non-prescription drugs without medical supervision. Specifically:
  - No sleeping tablets
  - Do not use aspirin, anti-inflammatory medication or sedating pain killers
  - Do not drive until medically cleared
  - Do not train or play sport until medically cleared

Notes:

<table>
<thead>
<tr>
<th>Scoring Summary:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Domain</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Number of Symptoms of 22</td>
</tr>
<tr>
<td>Symptom Severity Score of 132</td>
</tr>
<tr>
<td>Orientation of 5</td>
</tr>
<tr>
<td>Immediate Memory of 15</td>
</tr>
<tr>
<td>Concentration of 5</td>
</tr>
<tr>
<td>Delayed Recall of 5</td>
</tr>
<tr>
<td>SAC Total</td>
</tr>
<tr>
<td>BESS (total errors)</td>
</tr>
<tr>
<td>Tandem Gait (seconds)</td>
</tr>
<tr>
<td>Coordination of 1</td>
</tr>
</tbody>
</table>

Patient’s name
Date/time of injury
Date/time of medical review
Treatingphysician

Mississauga Location:
University of Toronto Mississauga
RAWC 3359 Mississauga Rd., Miss., ON L5L 1C6
905.820.9292

Oakville Location:
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