WHAT IS THE SCAT5?

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

- 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
- Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Facial injury after head trauma

STEP 3: MEMORY ASSESSMENT

MADDOCKS QUESTIONS

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

Mark Y for correct answer / N for incorrect

- 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?

Note: Appropriate sport-specific questions may be substituted.

STEP 4: EXAMINATION

GLASGOW COMA SCALE (GCS)

Time of assessment
Date of assessment
Best eye response (E)
- No eye opening
- Eye opening in response to pain
- Eye opening to speech
- Eyes opening spontaneously

Best verbal response (V)
- No verbal response
- Incomprehensible sounds
- Inappropriate words
- Confused
- Oriented

Best motor response (M)
- No motor response
- Extension to pain
- Abnormal flexion to pain
- Flexion / Withdrawal to pain
- Localizes to pain
- Obey commands

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

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)

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 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

<table>
<thead>
<tr>
<th>Symptom</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 “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Don’t feel right”</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>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>
<tr>
<td>Trouble falling asleep (if applicable)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms: ______ of 22
Symptom severity score: ______ of 132

Do your symptoms get worse with physical activity? Y  N
Do your symptoms get worse with mental activity? Y  N

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)

**ORIENTATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>What month is it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the date today?</td>
<td></td>
<td></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>
<tr>
<td>What time is it right now? (within 1 hour)</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Orientation score of 5

**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) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Finger Penny Blanket Lemon Insect</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Candle Paper Sugar Sandwich Insect</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Baby Monkey Perfume Sunset Wagon</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Elbow Apple Carpet Saddle Bubble</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Jacket Arrow Pepper Cotton Movie</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Dollar Honey Mirror Saddle Anchor</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score of 15

Time that last trial was completed

**List** | Alternate 10 word lists | Score (of 10) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Finger Penny Blanket Lemon Insect</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Candle Paper Sugar Sandwich Wagon</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Baby Monkey Perfume Sunset Wagon</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Elbow Apple Carpet Saddle Bubble</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Jacket Arrow Pepper Cotton Movie</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Dollar Honey Mirror Saddle Anchor</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score of 30

Time that last trial was completed

**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.

**List** | Lists A B C D E F | Score (of 4) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4-9-3 5-2-6 1-4-2</td>
</tr>
<tr>
<td>4-9-3</td>
<td></td>
<td>6-2-9 4-1-5 6-5-8</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td></td>
<td>4-9-6-8 3-4-8-1</td>
</tr>
<tr>
<td>3-2-7-9</td>
<td></td>
<td>6-2-9-7-1 4-8-5-2-7</td>
</tr>
<tr>
<td>1-5-2-8-6</td>
<td></td>
<td>6-1-8-4-3 6-8-5-1</td>
</tr>
<tr>
<td>7-1-8-4-6-2</td>
<td></td>
<td>8-3-1-9-6-4 3-7-6-5-1-9</td>
</tr>
<tr>
<td>5-3-9-1-4-8</td>
<td></td>
<td>7-2-4-8-5-6 9-2-6-5-1-4</td>
</tr>
</tbody>
</table>

Concentration Number Lists (circle one)

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 0
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 0
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 6-8-5-1-4 Y N 0
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 0

Concentration Total Score (Digits + Months) of 5

**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.


0 1

Months Score of 1

Concentration Total Score (Digits + Months) of 5

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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 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 (mBESS) testing
Which foot was tested ☐ Left ☐ Right
Testing surface (hard floor, field, etc.) ____________________________
Footwear (shoes, barefoot, braces, tape, etc.) ____________________________

Condition | Errors | of 10
--- | --- | ---
Double leg stance | | of 10
Single leg stance (non-dominant foot) | | of 10
Tandem stance (non-dominant foot at the back) | | of 10
Total Errors | | of 30

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.

Which is the non-dominant foot? ☐ Right ☐ Left
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.

Date & time of assessment: ____________________

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

STEP 6: DECISION

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.

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CLINICAL NOTES:

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

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. Specifically:
   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.
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 21 x 6=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 2-5 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

Digits backward

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 Ns) 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

Modified Balance Error Scoring System (mBESS)® testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)®. 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 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

*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 30m wide line (e.g., approximately 50cm x 40cm x 6cm).

They walk in a forward direction at a rate of one word per second.

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 test your coordination now. Please sit comfortably on the chair with your eyes closed. I will now test your coordination by asking you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose. I will time you and record your score."

(As the examiner asks the athlete to perform five successive finger to nose repetitions, the examiner begins timing when the athlete is set and has closed their eyes."

Finger to Nose

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes closed. I will now test your coordination by asking you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose."

Options: 1. "How are you feeling?"
2. "How do you feel?"
3. "How do you feel?"
4. "How do you feel?"
5. "How do you feel?"
6. "How do you feel?"
7. "How do you feel?"
8. "How do you feel?"
9. "How do you feel?"
10. "How do you feel?"

References

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

<table>
<thead>
<tr>
<th>Exercise step</th>
<th>Functional exercise at each step</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Symptom-limited activity</td>
<td>Daily activities that do not provoke symptoms.</td>
<td>Gradual reintroduction of work/school activities.</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking or stationary cycling at slow to medium pace. No resistance training.</td>
<td>Increase heart rate.</td>
</tr>
<tr>
<td>4. Non-contact training drills</td>
<td>Harder training drills, e.g., passing drills. May start progressive resistance training.</td>
<td>Exercise, coordination, and increased thinking.</td>
</tr>
<tr>
<td>5. 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>6. Return to play/sport</td>
<td>Normal game play.</td>
<td></td>
</tr>
</tbody>
</table>

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.

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