



Concussion Evaluation Form

Athlete Name: _____ DOB: _____ Date: _____ Group: _____ Sport/Team: _____

Parent/Guardian Name: _____ Phone: _____ Administered By: _____ Time: _____

<p>1 Glasgow Coma Scale</p> <p>Eyes</p> <p>No Eye Opening 1</p> <p>Eyes Open To Pain 2</p> <p>Eyes Open To Speech 3</p> <p>Eyes Open Spontaneously 4</p> <p>Verbal</p> <p>No verbal response 1</p> <p>Incomprehensible Sounds 2</p> <p>Inappropriate words 3</p> <p>Confused 4</p> <p>Oriented 5</p> <p>Motor</p> <p>No Motor Response 1</p> <p>Extension To Pain 2</p> <p>Abnormal Flexion To Pain 3</p> <p>Flexion/Withdrawal To Pain 4</p> <p>Localizes Pain 5</p> <p>Obeys commands 6</p> <p style="text-align: right;">Total:</p>	<p>3 Symptoms</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Mild</th> <th>Moderate</th> <th>Severe</th> </tr> </thead> <tbody> <tr><td>Headache</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>"Pressure in head"</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Neck pain</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Nausea or vomiting</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Dizziness</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Blurred vision</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Balance problems</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Sensitivity to light</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Sensitivity to noise</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Feeling slowed down</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Feeling "In a fog"</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Don't feel right</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Difficulty concentrating</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Difficulty remembering</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Fatigue or low energy</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Confusion</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Drowsiness</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Trouble falling asleep</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>More emotional</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Irritability</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Sadness</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> <tr><td>Nervous or anxious</td><td>☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6</td></tr> </tbody> </table> <p>Total Symptoms: Symptoms Severity Score:</p> <p>5 Modified BESS Hands on hips, eyes closed, :20ea</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Dbl Leg Stance Errors:</td> <td>Tandem Stance Errors:</td> </tr> <tr> <td>Sgl Leg Stance Errors:</td> <td>Total (Max of 30):</td> </tr> </table>		Mild	Moderate	Severe	Headache	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	"Pressure in head"	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Neck pain	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Nausea or vomiting	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Dizziness	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Blurred vision	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Balance problems	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Sensitivity to light	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Sensitivity to noise	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Feeling slowed down	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Feeling "In a fog"	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Don't feel right	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Difficulty concentrating	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Difficulty remembering	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Fatigue or low energy	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Confusion	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Drowsiness	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Trouble falling asleep	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	More emotional	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Irritability	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Sadness	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Nervous or anxious	☺ 0 1 ☹ 2 3 ☹ 4 5 ☹ 6	Dbl Leg Stance Errors:	Tandem Stance Errors:	Sgl Leg Stance Errors:	Total (Max of 30):	<p>4 Cognitive Assessment</p> <p>Orientation:</p> <p>What Month is it? 0 1</p> <p>What is the date today? 0 1</p> <p>What is the day of the week? 0 1</p> <p>What year is it? 0 1</p> <p>What time is it right now? (within 1 hr) 0 1</p> <p style="text-align: right;">Total:</p> <p style="text-align: center;">Immediate Memory:</p> <p style="text-align: center;">Trial</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>Alternate words</th> </tr> </thead> <tbody> <tr><td>Baby</td><td>0 1</td><td>0 1</td><td>0 1</td><td>Finger</td></tr> <tr><td>Monkey</td><td>0 1</td><td>0 1</td><td>0 1</td><td>Penny</td></tr> <tr><td>Perfume</td><td>0 1</td><td>0 1</td><td>0 1</td><td>Blanket</td></tr> <tr><td>Sunset</td><td>0 1</td><td>0 1</td><td>0 1</td><td>Lemon</td></tr> <tr><td>Iron</td><td>0 1</td><td>0 1</td><td>0 1</td><td>Insect</td></tr> </tbody> </table> <p>Total:</p> <p>Concentration: Digits/Months/Days in reverse</p> <p>6-2 0 1 5-2 (12 & under)</p> <p>4-9-3 0 1 3-1-9</p> <p>1-7-4-9 0 1 5-2-9-7</p> <p>2-6-8-1-7 0 1 8-7-3-5-1</p> <p>9-3-1-6-5-2 0 1 3-6-2-1-8-7</p> <p>Months/Days 0 1 (Days for 12 & Under)</p> <p>Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan</p> <p>Sat-Fri-Thurs-Wed-Tue-Mon-Sun</p> <p style="text-align: right;">Total (Out of 5/6 (youth)):</p>		1	2	3	Alternate words	Baby	0 1	0 1	0 1	Finger	Monkey	0 1	0 1	0 1	Penny	Perfume	0 1	0 1	0 1	Blanket	Sunset	0 1	0 1	0 1	Lemon	Iron	0 1	0 1	0 1	Insect	<p>Notes:</p>																											
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ATC Name: _____ Date: _____ ATC Signature: _____ Phone: _____

St Luke's Sports Medicine Concussion Assessment Instruction Sheet (Adapted from SCAT3)

1. Glasgow Coma Scale

Glasgow Coma Scale should be recorded for all athletes in case of subsequent deterioration. Record total score out of 15.

2. Maddocks Score

Tell the athlete, "I am going to ask you a few questions, please listen carefully and give your best effort." Record total score out of 5.

3. Symptoms

Score the athlete on their symptoms, imogi faces are for youth athletes 12 and under and should be scored as follows for severity:

☺=0, 😊=1, 😐=2, ☹=3. Record total symptom score out of 22 and total symptom severity score of 132.

4. Cognitive Assessment

Orientation: 1 point for each correct answer, record total score out of 5.

Immediate memory: Tell the athlete, "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: Digits backwards, tell the athlete, "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 7-1-9, you would say 9-1-7." Youth 12 and under start with two digits. Athlete receives 1 point for each correct answer, record total score out of 4/5(youth).

Months/days (12 and under) in reverse. Tell the athlete, "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." Athlete receives 1 point for the entire correct sequence, record total cognitive score out of 5/6(youth).

5. Modified BESS

A stopwatch or watch with a second hand is required for this testing. Tell the athlete, "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 three twenty second tests with different stances"

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" Record the number of errors, max of 10.

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" Record the number of errors, max of 10.

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. Record the number of errors, max of 10.

Errors: Hands lifted off iliac crest, Opening eyes, Step, stumble or fall, Moving hip into > 30 degrees abduction, Lifting forefoot or heel, 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 an 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. Record total score out of 30.

6. Delayed recall

Ask the athlete, "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 out of 5.

7. VOMS

Total time to administer is 5 minutes 1. Baseline Symptoms assessed via a post concussion symptom scale. 2. Patient rates changes in symptoms on 0 – 10 scale for symptom provocation during any of the following: Smooth Pursuit, Saccades Horizontal, Saccades Vertical, Convergence, VOR Horizontal, VOR Vertical and Visual Motion Sensitivity

SMOOTH PURSUIT

Patient to follow a moving target while the patient and the examiner are seated. Examiner holds a target at a distance of 3 ft from the patient. The patient is instructed to maintain focus on the target as the examiner moves the target smoothly in the horizontal direction 1.5 ft to the right and 1.5ft to the left of midline. One repetition is complete when target moves back and forth to the starting position and 2 repetitions are performed. Horizontal: Target is moved at a rate of 2 seconds for each direction (right to left and left to right). Vertical: Repeat at the same rate (2 seconds) moving the target vertically 1.5 ft above and 1.5ft below midline for 2 complete repetitions up and down. Record: Symptom provocation for Headache, Dizziness, Nausea, Fogginess on a 0-10 scale.

SACCADES

Horizontal and Vertical Patient to follow a target between two points as quickly as possible. Patient and the examiner are seated. Horizontal: Examiner holds two single points (fingertips/ targets) Horizontally at a distance of 3 ft from patient and 1.5 ft to the right and 1.5 ft to the left of midline so that the patient must gaze 30 degrees to the left and 30 degrees to the right. Once repetition is complete when the eyes move back and forth to the starting position. 10 repetitions are to be completed. Vertical: Repeat the test with 2 points held vertically at a distance of 3 ft from the patient and 1.5 ft above and 1.5 ft below midline so that the patient must gaze 30 degrees upward and 30 degrees downward. Record for each direction: Headache, Dizziness, Nausea, Fogginess ratings after each test.

NEAR POINT OF CONVERGENCE

Measure the ability to view a near target without double vision. The patient is seated and wearing corrective lenses (if needed). Examiner sits in front of the patient and observes their eye movement during this test. Patient focuses on a small target (approximately 14 font size) at arm's length and slowly brings it toward the tip of their nose. The patient is instructed to stop moving the target when they see two distinct images or when the examiner observes an outward deviation of one eye. The distance in cm between the target and the tip of the nose is measured and recorded (ABNORMAL \geq to 6cm) Repeat 3 times and record measures each time along with the symptom ratings for Headache, Dizziness, Nausea and Fogginess.

VESTIBULO-OCULAR REFLEX (VOR)

Horizontal and Vertical Assess the ability to stabilize vision as the head moves. The patient and the examiner is seated. The examiner holds a target of approximately 14 point font size in front of the patient in midline at a distance of 3 ft. Use a metronome to help with speed at about 180 beats/min. Horizontal VOR: Patient rotates head horizontally and maintains focus on the target. *Amplitude of movement is 20 degrees to each side. *Perform 10 revolutions. Vertical VOR: Repeated with the patient moving their head vertically. *Perform 10 revolutions. Record after each test (Horizontal and Vertical VOR): Headache, Dizziness, Nausea and Fogginess ratings. This test had the highest symptom provocation of 61%.

VISUAL MOTION SENSITIVITY

Test visual motion sensitivity and the ability to inhibit vestibular –induced eye movements using vision. Patient stands with feet shoulder width apart, facing a busy area of the clinic/field/court (guard patient appropriately). Patient holds arm outstretched and focuses on their thumb. Maintaining focus on their thumb, the patient rotates together as a unit, their head, eyes and trunk at an amplitude of 80 degrees to the left and 80 degrees to the right. Use a metronome to ensure the speed of rotation is maintained at 50 beats/min (one beat in each direction). 5 revolutions: One revolution is from right to left to the starting position is one revolution. Record: Headache, Dizziness, Nausea and Fogginess ratings.

PAIN ASSESSMENT TOOL

