CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults











RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/schivity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
 Severe or increasing headache
- Double vision
- Neck pair or tenseriess
 Double vision

 Weakness or tingling/
 burning in arms or legs

 headache

 Seizure or convulsion

 Seizure or convulsion

 Vomiting

 Increasingly restless,
 agitated or combative

- 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. should be followed.
 Do not remove a halmst or
- Assessment for a spinal cord injury is critical.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- · Slow to get up after a direct or indirect hit to the head
- Disorientation or to questions
- Blank or vacant look
- Disorientation or Balance, gait difficulties, motor incoordination, to respond appropriately to questions stumbling, slow laboured movements
 - · Facial injury after head trauma

© Concussion in Sport Group 2017

STEP 3: SYMPTOMS

- Headache
 Blurred vision
 More emotional
 Difficulty
- Nausea or vomiting

Dizziness

- to noise
 - Fatigue or
- Sadness
- Nervous or
- anxious Drowsiness
 "Don't feel right"
 Neck Pain
- concentrating
- Difficulty
- Feeling slowed
- Feeling like

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) 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?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- · Not drink alcohol.
- · Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

© Concussion in Sport Group 2017