



This tool does not constitute, and is not intended to constitute, a standard of medical care. It is a guide derived from the Standardized Concussion Assessment Tool 2 (SCAT2) (McCorry, et al, BJSM '09) and represents a standardized method of evaluating NFL players for concussion consistent with the reasonable, objective practice of the healthcare profession. This guide is not intended to be a substitute for the clinical judgment of the treating healthcare professional and should be interpreted based on the individual needs of the patient and the specific facts and circumstances presented.

**NFL Sideline Concussion Assessment Tool: Completed by healthcare professional. Athlete completes symptoms at bottom.**

Athlete \_\_\_\_\_ Position \_\_\_\_\_ Team \_\_\_\_\_ Evaluator \_\_\_\_\_ ATC / MD / DO  
 Evaluation date \_\_\_\_ time \_\_\_\_ am / pm Injury date \_\_\_\_ time \_\_\_\_ am / pm during  Game  Practice  Other \_\_\_\_\_  
 Mechanism of injury  head to head  elbow to head  knee to head  ground to head  blow to body  
 other mechanism \_\_\_\_\_  unknown mechanism \_\_\_\_\_  
 Penalty called  Yes  No Other circumstances \_\_\_\_\_

This concussion assessment tool contains an assessment of orientation, memory, concentration, balance & symptoms. This tool is intended to be used in conjunction with your clinical judgment. If **ANY** significant abnormality is found, a conservative, "safety first" approach should be adopted. An athlete suspected of sustaining a concussion is a "No Go" and does not return to play in the same game or practice.

**ANY OF THE FOLLOWING ARE OBVIOUS SIGNS OF DISQUALIFICATION (i.e. "No Go"):**

1) LOC or unresponsiveness? (for any period of time) If so, how long? _____	<input type="checkbox"/>	Y	N
2) Confusion? (any disorientation or inability to respond appropriately to questions)	<input type="checkbox"/>	Y	N
3) Amnesia (retrograde / anterograde)? If so, how long? _____	<input type="checkbox"/>	Y	N
4) New and/or persistent symptoms: see checklist? (e.g. headache, nausea, dizziness)	<input type="checkbox"/>	Y	N
5) Abnormal neurological finding? (any motor, sensory, cranial nerve, balance issues, seizures) or	<input type="checkbox"/>	Y	N
6) Progressive, persistent or worsening symptoms? If so, consider cervical spine and/or a more serious brain injury (See box below)	<input type="checkbox"/>	Y	N

Other \_\_\_\_\_ Total Physical Signs Score: (total above  Yes scores) of 6 = \_\_\_\_\_

**Neurological Screen for Cervical Spine and/or More Serious Brain Trauma**

Deteriorating mental status?	Y	N
Any reported neck pain, cervical spine tenderness or decreased range of motion?	Y	N
Pupil reaction abnormal or pupils unequal?	Y	N
Extra-ocular movements abnormal and/or cause double vision? (difficulty tracking and/or reading)	Y	N
Asymmetry or abnormalities on screening motor or sensory exam?	Y	N

**ORIENTATION / SAC of 5 = \_\_\_\_\_**

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within an hour)	0	1

**ORIENTATION / Maddock's Questions of 5 = \_\_\_\_\_**

Where are we?	0	1
What quarter is it right now?	0	1
Who scored last in the practice / game?	0	1
Who did we play last game?	0	1
Did we win the last game?	0	1

**SAC / Word Recall:** Read list of 5 words 1 per second, ask athlete to repeat list, in any order. (Use of specific lists below optional). For Trial 2 & 3, read the same list of words again and have athlete repeat them back, in any order. One point for each word remembered. You must conduct all 3 trials regardless of their success on trial 1. **Do not tell athlete that delayed recall will be tested**

List 1	Immediate Recall Trials			Alternative Lists		Delayed recall (perform at end of all sideline testing, at least > 5 minutes)
	#1	#2	#3			
elbow	_____	_____	_____	candle	baby	_____
apple	_____	_____	_____	paper	monkey	_____
carpet	_____	_____	_____	sugar	perfume	_____
saddle	_____	_____	_____	sandwich	sunset	_____
bubble	_____	_____	_____	wagon	iron	_____

**Total of all three immediate word recalls: out of 15 = \_\_\_\_\_**      **Total delayed recall: out of 5 = \_\_\_\_\_**



### NFL Sideline Concussion Assessment Tool (continued)

**Overall Rating;** If you know the athlete well p/t the injury, how different is the athlete acting compared to his usual self?

Check one;  No different  Very different  Unsure

**SAC / Concentration:** Read string of numbers, ask athlete to repeat backwards. (Use of specific numbers below optional). If correct go to the next string length. If incorrect, read second string (same length) 1 point for each string length correct. Stop after incorrect on both trials. Read digits at rate of 1 digit /sec

<b>Digits Backward:</b>	<b>Alternative digit lists</b>
4-9-3            0 1	6-2-9            5-2-6
3-8-1-4        0 1	3-2-7-9        1-7-9-5
6-2-9-7-1     0 1	1-5-2-8-6     3-8-5-2-7
7-1-8-4-6-2   0 1	5-3-9-1-4-8   8-3-1-9-6-4

**SAC / Concentration cont. Months in reverse order**  
Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan

1 point for months in reverse correctly (<30 sec) = \_\_\_\_\_

1 point for each sequence correct of 4 = \_\_\_\_\_

Total of SAC Concentration of 5 = \_\_\_\_\_

**Modified BESS:** This is calculated by adding 1 error point for each error during the three 20-sec tests. The maximum total # of errors for any single condition is 10. **The higher the score, the worse is the player's balance.**

**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

**Which foot tested (non-dominant foot)**       L     R

Double leg stance (feet together)            # errors \_\_\_\_\_

Single leg stance (non dominant foot)        # errors \_\_\_\_\_

Tandem stance (non dominant foot at back) # errors \_\_\_\_\_

**BALANCE SCORE: (summed # of errors) = \_\_\_\_\_**

**Signs and symptoms of concussion may be delayed, and therefore it may be prudent to remove an athlete from play, not leave them alone, and serially monitor them over a period of time. WHEN IN DOUBT, TAKE A "TIME OUT"**

**SCORING**

All Physical Signs Score: (total #  Yes) = \_\_\_ of 6

Maddock's score: = \_\_\_ of 5

All SAC scores: (summed orange boxes) = \_\_\_ of 30

Balance Score: (summed BESS Errors) = \_\_\_\_\_

Symptom Score: (# symptoms reported) = \_\_\_ of 24

**ALL SCORES SHOULD BE COMPARED WITH BASELINE VALUES FOR THE INDIVIDUAL ATHLETE**

**The following symptom checklist should be completed by the athlete**

**How do you feel?** The athlete should score themselves on the following symptoms, as applicable, based on how they feel at the time. (i.e. 0 = not present, 1 = mild, 3 = moderate, 6 = severe)

Headache / head pressure	0 1 2 3 4 5 6	Feeling slowed down	0 1 2 3 4 5 6
Nausea / vomiting	0 1 2 3 4 5 6	Sensitivity to noise	0 1 2 3 4 5 6
Neck pain	0 1 2 3 4 5 6	Sensitivity to light	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6	Visual problems/ blurred vision	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6	Sleeping more than usual	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6	Sleeping less than usual	0 1 2 3 4 5 6
Fatigue / low energy	0 1 2 3 4 5 6	Trouble falling asleep	0 1 2 3 4 5 6
Confusion	0 1 2 3 4 5 6	Sadness	0 1 2 3 4 5 6
"Don't feel right"	0 1 2 3 4 5 6	Nervous or anxious	0 1 2 3 4 5 6
Feeling "in a fog"	0 1 2 3 4 5 6	Feeling more emotional	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6	Irritability	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6	Numbness or tingling	0 1 2 3 4 5 6

Do symptoms worsen with physical activity?    Y    N      **Total # symptoms** = \_\_\_\_\_ of 24

Do symptoms worsen with mental activity?    Y    N      **Symptom Severity (max 24 X max 6)** = \_\_\_\_\_ of 144