

Increasing awareness and promoting proper management of sports related concussions.



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PRE-SEASON CONCUSSION-ASSESSMENT BASELINE TEST

This guide is not intended to be a substitute for clinical judgment and does not constitute a standard of medical care. It is based on the SCAT2.

Athlete: _____ Athlete's Initials: _____

Date of Baseline Test: _____

RISK FACTORS: [ATC / MD / DO Completes]

Concussion History

Previous concussion? **Y** **N**

 If yes, number of previous concussions **0** **1** **2** **3+**

Have you ever been hospitalized for a head injury? **Y** **N**

Date of most recent concussion? _____

Additional Risk Factors: Personal History

Have you ever been diagnosed with:

 ____ Headache or migraines

 ____ Learning disability / dyslexia

 ____ ADD / ADHD

 ____ Psychological disorder

 ____ Seizure disorder

Family History

Has anyone in your family been diagnosed with:

 ____ Headache or migraines

 ____ Learning disability / dyslexia

 ____ ADD / ADHD

 ____ Psychological disorder

 ____ Seizure disorder

Are you on any medications? If yes, please list _____

How do you feel at this time? Check only if noting these symptoms [Athlete completes]

 ____ Headache

 ____ Unsteady

 ____ Dizzy

 ____ Foggy

 ____ Confused

 ____ Difficulty concentrating

 ____ Light-headed

 ____ Sensitive to noise

 ____ Sensitive to light

 ____ Don't feel right

 ____ Low energy

 ____ Blurred vision

 ____ Change in vision

 ____ Ringing in the ears

 ____ Balance problems

 ____ Slowed down

 ____ Irritable

 ____ Feeling more emotional

 ____ Difficulty sleeping

 ____ Numbness or tingling

 ____ Neck pain

Total # Symptoms: of 21 = _____

Athlete should initial in upper right hand corner that information provided above is accurate to the best of their knowledge
BELOW IS FOR ATC / MD / DO / OTHER PROVIDER USE ONLY

Select Physical Signs or Symptoms: Screen for Cervical Spine and/or More Serious Brain Trauma

Any reported neck pain, tenderness, or decreased range of motion? **Y** **N**

Pupil reaction abnormal or pupils unequal? **Y** **N**

Eye movements abnormal and/or cause double vision? **Y** **N**

Abnormalities on screening motor or sensory exam? **Y** **N**

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THE BASELINE TEST: ASSESSMENT OF ORIENTATION, MEMORY, CONCENTRATION, BALANCE, AND SYMPTOMS
For Comparison to Post-injury Test on Sideline or in Locker Room

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

SAC / Word Recall: Read list of words 1 second at a time and ask to repeat list in any order. Repeat same list for trials 2 and 3 and to repeat back in any order. **Do not tell athlete that there will be delayed recall.**

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 = _____**

SAC / Concentration: Read string of numbers, ask athlete to repeat backwards. If correct, go to next string length; if incorrect, go to next string, same length.

Digits Backward:		Alternative digit lists	
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: Three 20-second test, eyes closed, hands on waist. This is calculated by adding 1 error point for each error during the three 20-second tests. The maximum total of errors for any single condition is 10. **The higher the score, the worse the player's balance.**

Balance testing — types of errors

- Hands lifted off waist
- Opening eyes
- Step, stumble or fall
- Moving hip into > 30 degrees abduction
- Lifting forefoot or heel
- 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] = _____

SCORING:

All SAC Scores [summed orange boxes] = _____ of 30

BALANCE Score [summed BESS errors] = _____

RECOMMEND BASELINE COMPUTER BASED NEUROCOGNITIVE TESTING

ADDITIONAL COMMENTS: _____

For questions or assistance, call a sports medicine physician at:
Indiana Sports Concussion Network
317.571.8233