



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) (McCrory, 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 _____

How was the injury identified (check all that apply) if game, call by ATC spotter medical staff self report teammate

coach referee other _____ **Penalty called** Yes No **Other circumstances** _____

Mechanism of injury head to head elbow to head knee to head ground to head blow to body unknown

other mechanism or comments _____

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? _____ **Y** **N**

2) **Confusion?** (any disorientation or inability to respond appropriately to questions) **Y** **N**

3) **Amnesia (retrograde / anterograde)?** If so, how long? _____ **Y** **N**

4) **New and/or persistent symptoms: see checklist?** (e.g. headache, nausea, dizziness) **Y** **N**

5) **Abnormal neurological finding?** (any motor, sensory, cranial nerve, balance issues, seizures) **or** **Y** **N**

6) **Progressive, persistent or worsening symptoms?** If so, consider cervical spine and/or a more serious brain injury (See box below) **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**

SAC / ORIENTATION 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 =** _____