#### Ask the athlete to repeat the three words from earlier: Girl, Dog, Green

#### Word List Memory

Ask the athlete to do the following:
Repeat the days of the week backwards (starting with Today)
Repeat the months of the year backward (starting with December)
Repeat these numbers backward 63 (36), 419 (914), 6294 (4926)

#### Concentration

Ask the athlete the hollowing:

Do you remember the hit?

What happened in the play prior to the hit?

What happened in the quarter/period prior to the hit?

What was the score of the game prior to the hit?

#### Retrograde Amnesia

Ask the athlete to repeat the following words: Girl, Dog, Green

## Anterograde Amnesia

What period/quarter/half are we in?
What stadium/field is this?
Who is the opposing team?
Who is the opposing team?
Who scored last?
Who scored last?

#### Orientation

(This mental status assessment is recommended for high school-age athletes and older. Any inability of the athlete to respond correctly to the questions below should be considered abnormal.)

### On-Field Mental Status Evaluation

#### No Return to Play

Any athlete who exhibits signs and symptoms of concussion should be removed from play and should not participate in games or practices until they have been evaluated and given permission by an appropriate health care provider. Research indicates that high school athletes with less than 15 minutes of on-field symptoms exhibited deficits on formal neuropsychological testing and re-emergence of active symptoms, lasting up to one week post-injury.<sup>2</sup>

#### **Exertion**

Symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. If the athlete is symptom-free, provoking with exertion is recommended (e.g. 5 push-ups, 5 sit ups, 5 knee bends, 40 yard sprint).

Return to play should occur gradually. Individuals should be monitored by an appropriate health care provider for symptoms and cognitive function carefully during each stage of increased exertion.

#### Repeated Evaluation

On-field, follow-up evaluation (e.g. every 5 minutes) is important, as signs and symptoms of concussion may evolve over time.

#### **Off-Field Management**

The physician should provide information to parents/caregivers regarding the athlete's condition. For example, the athlete:

- Should not operate a motor vehicle or participate in activities such as sports, PE class, riding a bicycle, riding carnival rides, etc.
- May experience cognitive/behavioral difficulties at home, making it necessary to reduce physical
  and cognitive exertion (e.g., running, lifting weights, intensive studying) until fully recovered.
- Should receive follow-up medical and neuropsychological evaluation, both for managing injury and determining return to sports.

(Brief loss of consciousness (under 30 seconds) should be taken seriously and the patient should be carefully monitored.)

- Any loss of consciousness greater than 30 seconds or longer.
  - Significant irritability
  - Unusual behavior change
    - Neck bain
  - Weakness or numbness in arms or legs
    - Increasing confusion or irritability
    - Can't recognize people or places
      - Slurred speech
      - Repeated vomiting
  - Looks very drowsy or can't be awakened
    - Focal neurologic signs
      - Seizures
    - Headaches that worsen

sidus and/or symptoms are present:

An athlete should be taken to the emergency department it any of the following

## Signs of Deteriorating Meurological Function



# **Concussion in Sports**

This palm card provides information and tools to help medical staff with the on-field recognition and management of concussion.

## Concussion Signs and Symptoms<sup>1</sup>

## Signs Observed by Medical Staff

Appears dazed or stunned

Is confused about assignment

Forgets sports plays

Is unsure of game, score, opponent

Moves clumsily

Answers questions slowly

Loses consciousness (even briefly)

Shows behavior or personality changes

Can't recall events prior to hit or fall

(retrograde amnesia)

Can't recall events after hit or fall (anterograde amnesia)

#### **Symptoms Reported by Athlete**

Headache or "pressure" in head

Nausea

Balance problems or dizziness

Double or fuzzy vision

Sensitivity to light

Sensitivity to noise

Feeling sluggish or slowed down

Feeling foggy or groggy

Does not "feel right"

This palm card is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC). For more information, visit: www.cdc.gov/injury.

<sup>&</sup>lt;sup>1</sup>Adapted from: Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. The American Journal of Sports Medicine 2004;32(1):47-54.

<sup>&</sup>lt;sup>2</sup>Lovell MR, Collins MW, Bradley J. Return to play following sports-related concussion. Clinics in Sports Medicine 2004;23(3):421-41.