San Jose State University Sports Medicine
Concussion Management Protocol
2019-20
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7/9/2019
San Jose State University Sports Medicine Concussion Management Policies & Procedures

Pre-Season Education

- SJSU will provide the NCAA concussion fact sheet annually to all student-athletes, coaches, team physicians, athletic trainers, and athletic administrators. Each party will review and sign acknowledgement of the concussion materials.
- SJSU requires all student-athletes to sign a statement in which the signee accepts the responsibility for reporting their injuries and illnesses to the sports medicine staff, including signs and symptoms of concussions.

Pre-Participation Assessment

- SJSU requires each student-athlete receive a pre-participation baseline concussion assessment that addresses:
  - Brain injury and concussion history
  - Symptom evaluation
  - Cognitive assessment (i.e. SCAT5, ImPACT)
  - Balance evaluation (i.e. BESS)
- The team physician will determine pre-participation clearance or need for additional consulting and testing.

Recognition and Diagnosis of Concussion

- A certified athletic trainer (ATC) and/or team physicians will be present on site at all competitions for the sports of men’s basketball, women’s basketball, women’s gymnastics, men’s water polo, women’s water polo, football, women’s soccer and men’s soccer, baseball, softball and pole vaulting. To be present on site means to be at the campus or arena of the competition.
- An ATC or team physician will be available for all intercollegiate home site practices. To be available means that, at a minimum, medical personnel can be contacted at any time during the practice via telephone, messaging, email, or other immediate communication means. Further, the case can be discussed through such communication and immediate arrangements can be made for the athlete to be evaluated.
- Any student-athlete with signs/symptoms consistent with concussion must be removed from practice or competition. The student-athlete must be evaluated by an ATC or team physician.
- Any student-athlete diagnosed with a concussion will be removed from practice/play for the calendar day.
- If removed by a coaching staff member, the coach will refer the student-athlete to the sports medicine staff.
- Visiting sports team members evaluated by SJSU sports medicine staff will be managed in the same manner as a SJSU student-athlete.
Initial Suspected Concussion Evaluation

- Assessment of concussion will be conducted by a SJSU ATC or team physician.
- The initial concussion evaluation includes:
  o Symptom Assessment
  o Physical and Neurological examination
  o Cognitive examination (SCAT5)
  o Balance examination (BESS)
  o Vestibular/Ocular-Motor Screening (VOMS)
  o Clinical assessment for cervical spine injury, skull fracture, and intracranial bleed.
- The student-athlete will receive serial monitoring for deterioration. Student-athletes will be provided with written home care instructions.
- Student-athletes diagnosed with a concussion will be withheld from competition or practice and not permitted to return to activity for the remainder of the calendar day.

Post-Concussion Management

- Student-athletes will be referred to a team physician for evaluation within 24 hours of injury if possible, if not emergent. If emergent, student-athletes should be transported to the hospital or the Emergency Action Plan is activated.
- SJSU will activate the Emergency Action Plan for head injuries, including transportation for the following:
  o Glasgow Coma Scale <13
  o Prolonged loss of consciousness (LOC)
  o Focal neurological deficit
  o Repetitive emesis
  o Persistent and diminishing mental status or neurological signs/symptoms
  o Spine injury
- Oral and written care is provided to both the student-athlete and a responsible adult charged with home monitor of the injured student-athlete.
- SJSU sports medicine staff will monitor the student-athlete daily for recurrence of symptoms from both physical and mental exertion until completely asymptomatic.
- The sports medicine staff member responsible for the medical care of the student-athlete will notify the academic advisor for any academic restrictions or modifications.
- In cases of prolonged recovery (>4 weeks), evaluation by a team physician is conducted to consider additional diagnosis or alternative management options.

Return to Academics

- The Sports Medicine team will notify Academic Support team of a student-athlete’s concussion, with permission for release of information from the student-athlete.
- The Academic Advisor will notify the student-athlete’s professors/instructors of:
  o The concussion injury.
  o Appropriate academic accommodations, with guidance from the medical staff, to
help the student-athlete strike an optimum balance between rest and continued academic progress during recovery.

- Tentative academic plan for classroom/lecture participation and course work.

San Jose State University Academic Support team will utilize a return-to-learn management strategy that specifies:

- The Sports Medicine staff, in conjunction with the Athletics Academic Support team, will coordinate return-to-learn with the student-athlete.
- A multi-faceted team, including, but not limited to the: Team Physician, Athletic Trainer, psychologist/counselor, neuropsychologist specialist, physical therapist, faculty athletic representative, academic counselor, course instructors, college administrators, office of disability services, and coaches will navigate the complex cases of prolonged return-to-learn.
- Academic accommodations will be in line with the American Disabilities Act Amendments Act (ADAAA).
- Student-athletes will NOT participate in classroom activity on the same day as the concussion occurred.
- Student-athletes will be re-evaluated by the team physician if concussion Symptoms worsen with academic challenges.
- Each student-athlete will receive an individualized plan based on their clinic presentation, including:
  - Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity.
  - Gradual return to the classroom/studying as tolerated.
- Modifications of schedule/academic accommodations may be made for student-athletes for up to 2 weeks, as indicated, with help from specific Academic Support team, under the direction of the Senior Associate Academic Director.
- Student-athletes will be re-evaluated by the team physician and members of the multi-disciplinary team if symptoms persist longer than 2 weeks.
- Campus resources such as the Acceptable Education Center (AEC) will be utilized for cases that cannot be managed through schedule modifications/academic accommodations.

Return to Play

- Final determination of return-to-play is made by the team physician.
- Each student-athlete diagnosed with a concussion must undergo a supervised step-by-step progression with the SJSU medical staff.
- Student-athletes will review and sign the Concussion Return to Athletic Activity Acknowledgement prior to return to play.
Reducing Exposure to Head Trauma

- Athletic staff, student-athletes, and officials will continue to emphasize that purposeful or flagrant head or neck contact in any sport is not permitted.
- All coaches receive first aid/CPR training which includes review of concussion and safety in sport.
- Emphasize ways to minimize head trauma exposure:
  - Adherence to Inter-Association Consensus: Year-Round Football Practice Contact Guidelines
  - Adherence to Inter-Association Consensus: Independent Medical Care Guidelines
  - Taking a 'safety first' approach to sport
  - Taking the head out of contact
  - Coaching and student-athlete education regarding safe play and proper technique

Administrative

- SJSU sports medicine will submit an institutional concussion management plan to the NCAA Concussion Safety Protocol Committee with a signed certificate by the director of athletics.
- SJSU sports medicine staff and all other healthcare providers will practice within their standards established for their professional practice.

Approved by: _____________________________ Medical Director Date:
  Michael Henehan, D.O.

Approved by: _____________________________ Director of Athletics Date: ______________
  Marie Tuite

Approved by: _____________________________ Dir. Sports Medicine Date:
  Scott Shaw

7/9/2019
San Jose State University Sports Medicine
Concussion Return to Learn Protocol

- The Sports Medicine team will notify Academic Support team of a student-athlete's concussion, with permission for release of information from the student-athlete.

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  - The concussion injury.
  - Appropriate academic accommodations, with guidance from the medical staff, to help the student-athlete strike an optimum balance between rest and continued academic progress during recovery.
  - Tentative academic plan for classroom/lecture participation and course work.

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  - A multi-faceted team, including, but not limited to the Team Physician, Athletic Trainer, psychologist/counselor, neuropsychologist specialist, physical therapist, faculty athletic representative, academic counselor, course instructors, college administrators, office of disability services, and coaches will navigate the complex cases of prolonged return-to-learn.
  - Academic accommodations will be in line with the American Disabilities Act Amendments Act (ADAAA).
  - Student-athletes will NOT participate in classroom activity on the same day as the concussion occurred.
  - Student-athletes will be re-evaluated by the team physician if concussion symptoms worsen with academic challenges.
  - Each student-athlete will receive an individualized plan based on their clinic presentation, including:
    - Remaining at home/dorm if student-athlete cannot tolerate light cognitive activity.
    - Gradual return to the classroom/studying as tolerated.
  - Modifications of schedule/academic accommodations may be made for student-athletes for up to 2 weeks, as indicated, with help from specific Academic Support team, under the direction of the Senior Associate Academic Director.
  - Student-athletes will be re-evaluated by the team physician and members of the multi-disciplinary team if symptoms persist longer than 2 weeks.
Campus resources such as the Acceptable Education Center (AEC) will be utilized for cases that cannot be managed through schedule modifications/academic accommodations.
San Jose State University Sports Medicine
Concussion Return to Athletic Activity Acknowledgement

0 I, ________________________________, acknowledge that I have sustained a concussion. I understand that a concussion is a brain injury that is caused by a blow to the head or body. A concussion can change the way your brain normally works. Symptoms can range from mild to severe and presents differently in each individual. A concussion can occur even without losing consciousness.

0 I acknowledge that I experienced signs and symptoms of a concussion following my injury; however, ALL of my symptoms are completely resolved.

0 I acknowledge that I have recovered from my concussion. I understand that my brain needs time to heal following injury. I was held from athletic activity until I completely recovered. I understand that exercise or activities that involve a lot of concentration, such as studying, working on the computer, playing video games, or on my smart phone can cause concussion symptoms to reappear or get worse.

0 I understand that while my brain is still healing, I am much more likely to have a repeat concussion. In rare cases, repeat concussions can cause permanent brain damage, and even death.

0 I acknowledge that I have been evaluated by a physician, undergone concussion testing, performed exertion tests, and am medically cleared for return to athletic activity.

0 I acknowledge that if I experience any concussion signs and symptoms, I will immediately report to a healthcare provider.

I acknowledge that I fully understand the concussion information above, that the acknowledgements above are true and correct to the best of my knowledge, and that I will notify a healthcare provider and my coach immediately with any changes in my signs and symptoms.

<table>
<thead>
<tr>
<th>Student-Athlete Name (Print)</th>
<th>Student-Athlete Signature</th>
<th>SJSU Student ID</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Witness Name (Print)</th>
<th>Witness Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
DATE

To Whom It May Concern:

NAME is a student-athlete under my care at San Jose State University. On DATE, NAME sustained a concussion. NAME was evaluated by the medical staff and will be re-evaluated by our team physician.

NAME currently continues to exhibit concussive symptoms. He/She is currently being withheld from all athletic activity while symptomatic. When Name’s symptoms completely clear, follow-up concussion testing will be performed to determine return to activity.

Any mental or physical activity, including class lectures, studying, reading etc, can exasperate symptoms and delay optimal healing. Name may require some academic accommodations during the recovery time. This may include excused absences from class, rest periods during the day, deadline extensions, postponements or extensions of assignments, or excuse from physical exertion activities. NAME understands that should symptoms occur during class, he/she is instructed to rest. NAME will still be responsible for all class material under your discretion.

Presently, NAME is permitted to:

0 Be excused from class.
0 Attend class with discretion to leave if symptoms worsen.
0 Request assignment or examination extensions or modifications.

If there are any questions, please do not hesitate to contact me directly. Thank you.

Sincerely,

NAME OF ATHLETIC TRAINER
What is a concussion?
A concussion is a type of traumatic brain injury. It follows a force to the head or body and leads to a change in brain function. It is not typically accompanied by loss of consciousness.

How can I keep myself safe?

1. Know the symptoms.
   You may experience ...
   - Headache or head pressure
   - Nausea
   - Balance problems or dizziness
   - Double or blurry vision
   - Sensitivity to light or noise
   - Feeling sluggish, hazy or foggy
   - Confusion, concentration or memory problems

2. Speak up.
   - If you think you have a concussion, stop playing and talk to your coach, athletic trainer or team physician immediately.

3. Take time to recover.
   - Follow your team physician and athletic trainer’s directions during concussion recovery. If left unmanaged, there may be serious consequences.
   - Once you’ve recovered from a concussion, talk with your physician about the risks and benefits of continuing to participate in your sport.

How can I be a good teammate?

1. Know the symptoms.
   You may notice that a teammate ...
   - Appears dazed or stunned
   - Forgets an instruction
   - Is confused about an assignment or position
   - Is unsure of the game, score or opponent
   - Appears less coordinated
   - Answers questions slowly
   - Loses consciousness

2. Encourage teammates to be safe.
   - If you think one of your teammates has a concussion, tell your coach, athletic trainer or team physician immediately.
   - Help create a culture of safety by encouraging your teammates to report any concussion symptoms.

   - If one of your teammates has a concussion, let him or her know you and the team support playing it safe and following medical advice during recovery.
   - Being unable to practice or join team activities can be isolating. Make sure your teammates know they’re not alone.

No two concussions are the same. New symptoms can appear hours or days after the initial impact.
If you are unsure if you have a concussion, talk to your athletic trainer or team physician immediately.
**What happens if I get a concussion and keep practicing or competing?**

- Due to brain vulnerability after a concussion, an athlete may be more likely to suffer another concussion while symptomatic from the first one.
- In rare cases, repeat head trauma can result in brain swelling, permanent brain damage or even death.
- Continuing to play after a concussion increases the chance of sustaining other injuries too, not just concussion.
- Athletes with concussion have reduced concentration and slowed reaction time. This means that you won’t be performing at your best.
- Athletes who delay reporting concussion take longer to recover fully.

**What are the long-term effects of a concussion?**

- We don’t fully understand the long-term effects of a concussion, but ongoing studies raise concerns.
- Athletes who have had multiple concussions may have an increased risk of degenerative brain disease and cognitive and emotional difficulties later in life.

**What do I need to know about repetitive head impacts?**

- Repetitive head impacts mean that an individual has been exposed to repeated impact forces to the head. These forces may or may not meet the threshold of a concussion.
- Research is ongoing but emerging data suggest that repetitive head impact also may be harmful and place a student-athlete at an increased risk of neurological complications later in life.

**Did you know?**

- NCAA rules require that team physicians and athletic trainers manage your concussion and injury recovery independent of coaching staff, or other non-medical, influence.
- We’re learning more about concussion every day. To find out more about the largest concussion study ever conducted, which is being led by the NCAA and U.S. Department of Defense, visit [ncaa.org/concussion](http://ncaa.org/concussion).

---

**CONCUSSION TIMELINE**

- **Baseline Testing**
  Balance, cognitive and neurological tests that help medical staff manage and diagnose a concussion.

- **Concussion**
  If you show signs of a concussion, NCAA rules require that you be removed from play and medically evaluated.

- **Recovery**
  Your school has a concussion management plan, and team physicians and athletic trainers are required to follow that plan during your recovery.

- **Return to Learn**
  Return to school should be done in a step-by-step progression in which adjustments are made as needed to manage your symptoms.

- **Return to Play**
  Return to play only happens after you have returned to your preconcussion baseline and you’ve gone through a step-by-step progression of increasing activity.

For more information, visit [ncaa.org/concussion](http://ncaa.org/concussion).

NCAA is a trademark of the National Collegiate Athletic Association.
I understand that it is my responsibility to report all injuries and illnesses to my athletic trainer and/or team physician.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

A concussion is a brain injury, which I am responsible for reporting to my team physician or athletic trainer.

A concussion can affect my ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

If I suspect a teammate has a concussion, I am responsible for reporting the injury to my team physician or athletic trainer.

I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion-related symptoms.

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

In rare cases, repeat concussions can cause permanent brain damage, and even death.

Signature of Student-Athlete

Date

Sport

Printed Name of Student-Athlete

SJSU ID #
I have read and understand the SJSU Concussion Management Protocol.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

A concussion is a brain injury, which athletes must report the team physician or athletic trainer.

A concussion can affect an athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. Other symptoms can show up hours or days after the injury.

I will enforce with the coaching staff to not knowingly allow an athlete to return to play in a game or practice if they have received a blow to the head or body that results in concussion related symptoms.

Student-Athletes will not return to play in a game or practice if they have received a blow to the head or body that results in concussion-related symptoms.

I will enforce with coaches that if they suspect one of their athletes has a concussion, it is their responsibilities to have that athlete see the medical staff.

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

I am aware that every first-year student athlete must have a baseline test prior to participation in sport.

I am aware that athletes diagnosed with a concussion will be assessed by the medical staff. Once symptoms resolve, the athlete will begin a graduated return to play.

Signature of Administrator ___________________________ Date ___________________________ Title ___________________________

Printed Name of Administrator ___________________________ SJSU ID# ___________________________
Coaches Concussion Statement

I have heard and understand the SJSU Concussion Management Protocol.

[Initial]

I have read and understand the NCAA Concussion Fact Sheet.

[Initial]

After reading the NCAA Concussion fact sheet, I am aware of the following information:

A concussion is a brain injury, which athletes must report the team physician or athletic trainer.

[Initial]

A concussion can affect an athlete’s ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance. Other symptoms can show up hours or days after the injury.

[Initial]

I will not knowingly allow an athlete to return to play in a game or practice if he/she has received a blow to the head or body that results in concussion related symptoms.

[Initial]

Student-Athletes will not return to play in a game or practice if they have received a blow to the head or body that results in concussion-related symptoms.

[Initial]

If I suspect one of my athletes has a concussion; it is my responsibility to have that athlete see the medical staff.

[Initial]

I will encourage my athletes to report any suspected injuries and illness to the medical staff, including signs and symptoms of concussions.

[Initial]

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

[Initial]

I am aware that every first-year student athlete must have a baseline test prior to participation in sport.

[Initial]

I am aware that athletes diagnosed with a concussion will be assessed by the medical staff. Once symptoms resolve, the athlete will begin a graduated return to play protocol.

_____________________________  ___________________________  ______________________________
Signature of Coach               Date                           Sport

_____________________________
Printed name of Coach             SJSU ID#
Medical Provider Concussion Statement

I have read and understand the SJSU Concussion Management Protocol.

I have read and understand the NCAA Concussion Fact Sheet.

After reading the NCAA Concussion fact sheet, I am aware of the following information:

A concussion is a brain injury, which should be reported to the team physician or athletic trainer.

A concussion can affect the athlete's ability to perform everyday activities, and affect reaction time, balance, sleep, and classroom performance.

You cannot see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up hours or days after the injury.

If I suspect a concussion, I am responsible for refer that athlete to the appropriate medical staff.

I will encourage my athletes to report any suspected injuries and illness to the medical staff, including signs and symptoms of concussions.

I will not knowingly allow that athlete to return to play in a game or practice if they have received a blow to the head or body that results in concussion-related symptoms.

Following concussion the brain needs time to heal. You are much more likely to have a repeat concussion if you return to play before your symptoms resolve.

In rare cases, repeat concussions can cause permanent brain damage, and even death.

I am aware that every first-year student athlete must have a baseline test prior to participation in sport.

I am aware that athletes diagnosed with a concussion will be assessed by the medical staff. Once symptoms resolve, the athlete will begin a graduated return to play.
WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose. Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is “normal”.

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.
IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the “Red Flags” or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

• Neck pain or tenderness
• Seizure or convulsion
• Double vision
• Loss of consciousness
• Weakness or tingling/burning in arms or legs
• Deteriorating conscious state
• Severe or increasing headache
• Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed □ Observed on Video □

Lying motionless on the playing surface

Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements

Disorientation or confusion, or an inability to respond appropriately to questions

Blank or vacant look

Facial injury after head trauma

STEP 3: MEMORY ASSESSMENT

MADDOCKS QUESTIONS 2

I am going to ask you a few questions, please listen carefully and give your best effort. First, let me know what happened?

Mark Y for correct answer / N for incorrect

What venue are we at today?

Which half is it now?

Who scored last in this match?

What team did you play last week / game?

Did your team win the last game?

Note: Appropriate sport-specific questions may be substituted.

STEP 4: EXAMINATION

GLASGOW COMA SCALE (GCS) 3

Time of assessment

Date of assessment

Best eye response (E)

No eye opening

Eyes opening in response to pain

Eyes opening to speech

Eyes opening spontaneously

Best verbal response (V)

No verbal response

Incomprehensible sounds

Inappropriate words

Confused

Oriented

Best motor response (M)

No motor response

Extensive to pain

Abnormal flexion to pain

Flexion / Withdrawal to pain

Localizes to pain

Obey commands

Glasgow Coma score (E + V + M)

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?

If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?

Is the limb strength and sensation normal?

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

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OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a
distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport/team/school: ________________________________

Date/time of injury: ________________________________

Years of education completed: __________________________

Age: ________________________________

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: ________________________________

When was the most recent concussion?: ________________________________

How long was the recovery (time to being cleared to play) from the most recent concussion?: ________________________________ (days)

Has the athlete ever been:

Hospitalized for a head injury? Yes No

Diagnosed / treated for headache disorder or migraines? Yes No

Diagnosed with a learning disability / dyslexia? Yes No

Diagnosed with ADD / ADHD? Yes No

Diagnosed with depression, anxiety or other psychiatric disorder? Yes No

Current medications? If yes, please list:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read the instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: □ Baseline □ Post-Injury

Please hand the form to the athlete

<table>
<thead>
<tr>
<th>Symptom</th>
<th>none</th>
<th>mild</th>
<th>moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Pressure in head”</td>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling like “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Don’t feel right”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep (if applicable)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms: ________________________________ of 22

Symptom severity score: ________________________________ of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Please hand form back to examiner

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STEP 3: COGNITIVE SCREENING
Standardised Assessment of Concussion (SAC)*

ORIENTATION

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 1 hour) 0 1

Orientation score: 0 1 1 1 0

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the
traditional 5-word per trial list or optionally using 10-words per trial
to minimise any ceiling effect. All 3 trials must be administered irre-
spective of the number correct on the first trial. Administer at the rate
of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen
for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many
words as you can remember. In any order. For Trials 2 & 3, I am going to repeat
the same list again. Repeat back as many words as you can remember in any order, even
if you said the word before.

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate 5 word list</th>
<th>Score (of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Finger Penny Blanket Lemon Insect</td>
<td>Trial 1 Trial 2 Trial 3</td>
</tr>
<tr>
<td>B</td>
<td>Candle Paper Sugar Sandwich Wagon</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Baby Monkey Perfume Sunset Iron</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Elbow Apple Carpet Saddle Bubble</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Jacket Arrow Pepper Cotton Movie</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Dollar Honey Mirror Saddle Anchor</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score: 0
Time that last trial was completed:

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate 10 word list</th>
<th>Score (of 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Finger Penny Blanket Lemon Insect</td>
<td>Trial 1 Trial 2 Trial 3</td>
</tr>
<tr>
<td>H</td>
<td>Candle Paper Sugar Sandwich Wagon</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Baby Monkey Perfume Sunset Iron</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Elbow Apple Carpet Saddle Bubble</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Jacket Arrow Pepper Cotton Movie</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Dollar Honey Mirror Saddle Anchor</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score: 0
Time that last trial was completed:

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the
rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me
in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

<table>
<thead>
<tr>
<th>Concentration Number List (circle one)</th>
<th>List A</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4 9 3</td>
<td>5 2 6</td>
<td>1 4 2</td>
</tr>
<tr>
<td>B</td>
<td>6 2 9</td>
<td>4 1 5</td>
<td>6 5 8</td>
</tr>
<tr>
<td>C</td>
<td>3 8 1 4</td>
<td>1 7 9 5</td>
<td>6 8 3 1</td>
</tr>
<tr>
<td>D</td>
<td>3 2 7 9</td>
<td>4 9 6 8</td>
<td>3 4 8 1</td>
</tr>
<tr>
<td>E</td>
<td>6 2 9 7 1</td>
<td>4 8 5 7 2</td>
<td>4 9 1 5 3</td>
</tr>
<tr>
<td>F</td>
<td>1 5 2 8 6</td>
<td>6 1 8 4 3</td>
<td>6 8 2 5 1</td>
</tr>
<tr>
<td>G</td>
<td>7 1 8 4 6 2</td>
<td>8 3 1 9 6 4</td>
<td>3 7 6 5 1 9</td>
</tr>
<tr>
<td>H</td>
<td>5 3 9 1 4 8</td>
<td>7 2 4 8 5 6</td>
<td>9 2 6 5 1 4</td>
</tr>
</tbody>
</table>

Immediate Memory Score: 0
Time that last trial was completed:

<table>
<thead>
<tr>
<th>List D</th>
<th>List E</th>
<th>List F</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 8 2</td>
<td>3 8 2</td>
<td>2 7 1</td>
</tr>
<tr>
<td>9 2 6</td>
<td>5 1 0</td>
<td>4 7 9</td>
</tr>
<tr>
<td>4 1 8 3</td>
<td>2 7 9 3</td>
<td>1 4 8 3</td>
</tr>
<tr>
<td>9 7 2 3</td>
<td>2 1 6 9</td>
<td>3 5 2 4</td>
</tr>
<tr>
<td>1 7 9 2 6</td>
<td>4 1 8 6 9</td>
<td>2 4 7 5 8</td>
</tr>
<tr>
<td>4 1 7 5 2</td>
<td>9 4 1 7 5</td>
<td>0 3 9 6 4</td>
</tr>
<tr>
<td>2 4 4 8 1 7</td>
<td>6 9 7 3 8 2</td>
<td>5 8 4 2 4 9</td>
</tr>
<tr>
<td>8 4 1 3 5</td>
<td>4 2 7 9 3 8</td>
<td>3 1 7 8 2 6</td>
</tr>
</tbody>
</table>

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward.
So you'd say December, November... Go ahead.


<table>
<thead>
<tr>
<th>Months Score</th>
<th>0 1</th>
</tr>
</thead>
</table>

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**STEP 4: NEUROLOGICAL SCREEN**

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the patient read aloud (e.g. symptom checklist) and follow instructions without difficulty?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Does the patient have a full range of pain-free PASSIVE cervical spine movement?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Can the patient perform the finger nose coordination test normally?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Can the patient perform tandem gait normally?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**BALANCE EXAMINATION**

Modified Balance Error Scoring System (mBESS) testing

<table>
<thead>
<tr>
<th>Condition</th>
<th>Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double leg stance</td>
<td>of 10</td>
</tr>
<tr>
<td>Single leg stance (non-dominant foot)</td>
<td>of 10</td>
</tr>
<tr>
<td>Tandem stance (non-dominant foot at the back)</td>
<td>of 10</td>
</tr>
<tr>
<td>Total Errors</td>
<td>of 30</td>
</tr>
</tbody>
</table>

**STEP 5: DELAYED RECALL:**

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

**Time Started**

Please record each word correctly recalled. Total score equals number of words recalled.

| Total number of words recalled accurately | of 5 or | of 10 |

**STEP 6: DECISION**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Date &amp; time of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom number (of 12)</td>
<td></td>
</tr>
<tr>
<td>Symptom severity score (of 13)</td>
<td></td>
</tr>
<tr>
<td>Orientation (of 5)</td>
<td></td>
</tr>
<tr>
<td>Immediate memory</td>
<td>of 15 of 15 of 15</td>
</tr>
<tr>
<td>of 30 of 30 of 30</td>
<td></td>
</tr>
<tr>
<td>Concentration (of 5)</td>
<td></td>
</tr>
<tr>
<td>Neuro exam</td>
<td>Normal Abnormal Normal Abnormal Normal Abnormal</td>
</tr>
<tr>
<td>Balance errors (of 30)</td>
<td>of 5 of 5 of 5</td>
</tr>
<tr>
<td>of 10 of 10 of 10</td>
<td></td>
</tr>
</tbody>
</table>

Date and time of injury: ____________________________

If the athlete is known to you prior to their injury, are they different from their usual self?

- Yes □ No □ Unsure □ Not Applicable

If different, describe why in the clinical notes section:

Concussion Diagnosed?

- Yes □ No □ Unsure □ Not Applicable

If re-testing, has the athlete improved?

- Yes □ No □ Unsure □ Not Applicable

I am a physician or licensed healthcare professional and have personally administered or supervised the administration of this SCAT5.

**Signature:** ____________________________

**Name:** ____________________________

**Title:** ____________________________

**Registration number (if applicable):** ____________________________

**Date:** ____________________________

**SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE’S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.**

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CONCUSSION INJURY ADVICE
(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

1) Avoid alcohol

2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:
   a) Avoid sleeping tablets
   b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics

3) Do not drive until cleared by a healthcare professional.

4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: ____________________________
Patient's name: ____________________________
Date/time of injury: ____________________________
Date/time of medical review: ____________________________
Healthcare Provider: ____________________________

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INSTRUCTIONS
Words in *italics* throughout the SCAT5 are the instructions given to the athlete by the clinician

**Symptom Scale**
The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if sleep is omitted, which then creates a maximum of 21 x 6 = 126.

**Immediate Memory**
The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

- "I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. The words must be read at a rate of one word per second.
- Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.
- Trials 2 & 3: "I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

**Concentration**
Digits backward
Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

Say: "I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 Ns) in a string length. The digits should be read at the rate of one per second.

**Months in reverse order**
"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you’ll say December, November... Go ahead”

1 pt. for entire sequence correct

**Delayed Recall**
The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

**Modified Balance Error Scoring System (mBESS)**
This balance testing is based on a modified version of the Balance Error Scoring System (BESS)®. A timing device is required for this testing.

Each of 20-second trialistance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

**OPTION:** For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

**Balance testing - types of errors**

1. Hands lifted off floor 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

"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

**Tandem Gait**
Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or any object.

**Finger to Nose**
"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

**References**


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CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, medically managed exercise progression, with increasing amounts of exercise. For example:

Graduated Return to Sport Strategy

<table>
<thead>
<tr>
<th>Exercise step</th>
<th>Functional exercise at each step</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Symptom-limited activity</td>
<td>Daily activities that do not provoke symptoms.</td>
<td>Gradual reintroduction of work/school activities.</td>
</tr>
<tr>
<td>2. Light aerobic exercise</td>
<td>Walking or stationary cycling at slow to medium pace. No resistance training.</td>
<td>Increase heart rate.</td>
</tr>
<tr>
<td>4. Non-contact training drills</td>
<td>Harder training drills, e.g. passing drills. May start progressive resistance training.</td>
<td>Exercise, coordination, and increased thinking.</td>
</tr>
<tr>
<td>5. Full contact practice</td>
<td>Following medical clearance, participate in normal training activities.</td>
<td>Restore confidence and assess functional skills by coaching staff.</td>
</tr>
<tr>
<td>6. Return to play/sport</td>
<td>Normal game play.</td>
<td></td>
</tr>
</tbody>
</table>

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

<table>
<thead>
<tr>
<th>Mental Activity</th>
<th>Activity at each step</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily activities that do not give the athlete symptoms</td>
<td>Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.</td>
<td>Gradual return to typical activities.</td>
</tr>
<tr>
<td>2. School activities</td>
<td>Homework, reading or other cognitive activities outside of the classroom.</td>
<td>Increase tolerance to cognitive work.</td>
</tr>
<tr>
<td>3. Return to school part-time</td>
<td>Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.</td>
<td>Increase academic activities.</td>
</tr>
<tr>
<td>4. Return to school full-time</td>
<td>Gradually progress school activities until a full day can be tolerated.</td>
<td>Return to full academic activities and catch up on missed work.</td>
</tr>
</tbody>
</table>

If the athlete continues to have symptoms with mental activity, some other accommodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

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SAN JOSE STATE SPORTS MEDICINE
Sport Concussion Assessment Tool (SCAT 5)
OFFICE OR OFF-FIELD ASSESSMENT

Name: ___________________________  Sport: ___________________________
Examiner: ________________________  Date: ___________________________
Baseline / Post-Injury

**STEP 1: ATHLETE BACKGROUND**

- Age: _______  Gender: M  F  Other
- How many concussions have you been diagnosed with in the past? ______
- When was the most recent concussion? _________________
- How long was your recovery from the most recent concussion? _________________

**HAS THE ATHLETE EVER BEEN:**

<table>
<thead>
<tr>
<th>Hospitalized for a head injury?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed with headaches/migraines?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diagnosed with a learning disability, dyslexia?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diagnosed with ADD or ADHD?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Diagnosed with depression, anxiety or other psychiatric disorder?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Are you on any medications?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

If yes, please list: __________________________________________________________________

**STEP 2: SYMPTOM EVALUATION**

Please circle: Baseline  Post-injury

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;pressure in head&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nausea or vomiting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to Noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed Down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;in a fog&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>&quot;don’t feel right&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

- Number of Symptoms: ______/22  Severity score: ______/132
- Do your symptoms worsen with physical activity? Yes  No
- Do your symptoms worsen with mental activity? Yes  No
- If 100% is feeling perfectly normal, what percent of normal do you feel right now? ______  %

**STEP 3: COGNITIVE SCREENING**

**Orientation:**

| 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 1 hour) | 0 | 1 |

Orientation total score: ______ /5

**Immediate Memory:**

<table>
<thead>
<tr>
<th>List</th>
<th>Five (5) word lists (Each trial score out of 5)</th>
<th>Trial 1</th>
<th>Trial 2</th>
<th>Trial 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Finger  Penny  Blanket  Lemon  Insect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Candle  Paper  Sugar  Sandwich  Wagon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Baby  Monkey  Perfume  Sunset  Iron</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Jacket  Arrow  Pepper  Cotton  Movie</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Dollar  Honey  Mirror  Saddle  Anchor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Elbow  Apple  Carpet  Saddle  Bubble</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Total Score: ______ /15

** Immediate Memory Total Score:** ______ /30
Concentration:

DIGITS BACKWARDS

**Scoring:** Must correctly read back at least one set of each sequence size to score a point for that sequence size. Ex: One sequence of 3 numbers correct = one point.

**If first set of sequence is incorrect, move on to second set of same size. If that sequence is also incorrect, the score is 0.

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>List C</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-8-6</td>
<td>Y</td>
<td>5-2-6</td>
<td>1-4-2</td>
</tr>
<tr>
<td>6-2-9</td>
<td>Y</td>
<td>4-1-5</td>
<td>6-5-8</td>
</tr>
<tr>
<td>5-8-3</td>
<td>Y</td>
<td>1-7-9</td>
<td>6-8-3-1</td>
</tr>
<tr>
<td>3-2-7</td>
<td>Y</td>
<td>4-9-6</td>
<td>3-4-0-1</td>
</tr>
<tr>
<td>6-2-9</td>
<td>Y</td>
<td>4-8-5-2</td>
<td>4-9-5-3</td>
</tr>
<tr>
<td>1-5-2</td>
<td>Y</td>
<td>5-1-8-4</td>
<td>6-8-2-5-1</td>
</tr>
<tr>
<td>7-1-8</td>
<td>Y</td>
<td>8-3-1-9</td>
<td>3-7-6-5-1-9</td>
</tr>
<tr>
<td>5-3-9</td>
<td>Y</td>
<td>7-2-4-8-5</td>
<td>9-2-6-5-1-4</td>
</tr>
</tbody>
</table>

Digits Score: ________/4

List Used (circle): A B C

MONTHS IN REVERSE ORDER

**Scoring:** entire sequence correct for 1 point.


Months Score: ________/1

Concentration Total Score (Digits + Months): ________/5

STEP 4: NEUROLOGICAL SCREENING

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty? Y N

Does the patient have full range of pain-free PASSIVE cervical spine movement? Y N

Without moving the head or neck, can the patient look side-to-side and up-and-down without double vision? Y N

Can the patient perform the finger nose coordination test normally? (Seated, 5 reps for speed and accuracy) Y N

Can the patient perform tandem gait normally? (3 meters down and back) Y N

BALANCE EXAMINATION (Modified Balance Error Scoring System)

Which foot was tested? (i.e. non-dominant foot) LEFT RIGHT

Testing Surface (floor, field etc.): ___________________________

Footwear (shoes, braces, tape, barefoot, etc.): ___________________________

Position (hold each for 20 seconds, max 10 errors per test) Errors

<table>
<thead>
<tr>
<th>Position</th>
<th>Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double Leg Stance</td>
<td>of 10</td>
</tr>
<tr>
<td>Single Leg Stance (non-dominant foot)</td>
<td>of 10</td>
</tr>
<tr>
<td>Tandem Stance (non-dominant foot in back)</td>
<td>of 10</td>
</tr>
</tbody>
</table>

TOTAL ERRORS: ________/30

Types of Errors:
- Hands lifted of iliac crest
- Lifting forefoot or heel
- Opening Eyes
- Moving hip into > 30° ABD
- Out of test position >5 sec - Step, stumble, or fall

STEP 5: DELAYED RECALL

Should be performed about 5 minutes after the Immediate Recall section. Score is 1 point for each correctly identified word.

Record each word recalled: ___________________________

NUMBER OF WORDS RECALLED: ________/5 or ________/10

STEP 6: SCORING AND DECISION

<table>
<thead>
<tr>
<th>Domain</th>
<th>Baseline (for ref.)</th>
<th>Post-Inj.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Symptoms</td>
<td>______/22</td>
<td>______/22</td>
</tr>
<tr>
<td>Symptoms Severity Score</td>
<td>______/132</td>
<td>______/132</td>
</tr>
<tr>
<td>Orientation</td>
<td>______/5</td>
<td>______/5</td>
</tr>
<tr>
<td>Immediate Memory</td>
<td>______/30</td>
<td>______/30</td>
</tr>
<tr>
<td>Concentration (______/5)</td>
<td>______/5</td>
<td>______/5</td>
</tr>
<tr>
<td>Neurological Exam</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Balance Errors (______/30)</td>
<td>______/30</td>
<td>______/30</td>
</tr>
<tr>
<td>Delayed Recall</td>
<td>______/5</td>
<td>______/5</td>
</tr>
</tbody>
</table>

If the athlete is known to you prior to this injury, are they different from their usual self?

Yes No Unsure Not-Applicable

Concussion Diagnosed?

Yes No Unsure Not-Applicable

If yes, physician name: ___________________________

If retesting, has the athlete improved?

Yes No Unsure Not-Applicable
# SJSU Sports Medicine

## Post-Concussion Symptom Checklist

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>“Pressure in head”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Neck Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
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<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Dizziness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Blurred Vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Balance Problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling slowed down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling “in a fog”</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Don’t feel right</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Difficulty remembering</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fatigue or low energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>More emotional</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sadness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nervous or Anxious</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Trouble falling asleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms: ____________/22

Symptom severity score: ____________/132

Pre-Exertional Score | Post-Exertional Score | Not-Applicable
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage of Exertional Protocol: None</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

I hereby attest that I have honestly and independently reported my concussion symptoms on this document.

(Student-Athlete Signature)
You have sustained a mild traumatic brain injury, also known as a concussion, and should be monitored closely for the next 24-48 hours. You may experience one or more of the following common symptoms:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Feeling Mentally Foggy</th>
<th>Drowsiness</th>
<th>Sleeping more than usual</th>
<th>Feeling Slowed Down</th>
<th>Sleeping less than usual</th>
<th>Difficulty Remembering</th>
<th>Trouble Falling Asleep</th>
<th>Nervousness</th>
<th>Difficulty Concentrating</th>
<th>More Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>Fatigue/Feeling Tired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>Numbness/Tingling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Sensitivity to Light or Noise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Problems</td>
<td>Irritability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is okay to:
- Use Tylenol (acetaminophen) for headache
- Use an ice pack to the head/neck for comfort
- Eat a light meal
- Go to sleep, get plenty of rest

There is no need to:
- Be woken up every hour

DO NOT:
- Participate in sport or exercise of any kind
- Drink Alcohol
- Use Aspirin, Ibuprofen, Aleve, Advil or other anti-inflammatory
- Drive while you have symptoms

Avoid:
- Loud places, large crowds
- Bright lights
- Playing video games or other activities that require intense focus
- Eating spicy foods

WATCH FOR ANY OF THE FOLLOWING WARNING SIGNS:
- Worsening Headache
- Stumbling/Loss of Balance
- Repeated Vomiting
- Weakness in one arm/leg
- Decreased Level of Consciousness
- Blurred or Tunnel Vision
- Dilated, Unreactive or Unequal Pupils
- Increased Irritability
- Increased Confusion

IF ANY OF THESE PROBLEMS DEVELOP, CALL YOUR ATHLETIC TRAINER IMMEDIATELY and GO TO ER

Athletic Trainer: ____________________________ Phone: ____________________________

You need to be seen for a follow-up examination on: __________at: __________at: __________

date time location

Special Recommendations:

By signing below I acknowledge that the information presented on this form has been reviewed with me:

Athlete Signature: ____________________________ Date: ____________________________
# SJSU Concussion Exertional Rehab Protocol

<table>
<thead>
<tr>
<th>STAGE</th>
<th>REHAB LIMITATIONS</th>
<th>FUNCTIONAL EXERCISES</th>
<th>OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAGE 1</td>
<td>TARGET HR: &lt;100bpm</td>
<td>• Stationary bike, elliptical, light lap swim, row machine (10-15 mins)</td>
<td>• Slight increase in HR with light aerobic conditioning</td>
</tr>
<tr>
<td></td>
<td><strong>Recommendations:</strong></td>
<td>• Air squats, lunges, SLR, push-ups, planks, sit ups, glute bridges, calf raises.</td>
<td>• Light strengthening</td>
</tr>
<tr>
<td></td>
<td>• Introduce light aerobic exercise</td>
<td>• Static stretching</td>
<td>• Flexibility/ROM</td>
</tr>
<tr>
<td></td>
<td>• No impact activities</td>
<td>• Balancing (double/single/tandem stance, eyes open/closed)</td>
<td>• Introduce balance training</td>
</tr>
<tr>
<td></td>
<td>• Body weight strength movements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>at low intensity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Stretching/balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Duration: 20-30 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAGE 2</td>
<td>TARGET HR: 100-130bpm</td>
<td>• Treadmill (light run), stationary bike, elliptical, lap swim, row machine (20-25min)</td>
<td>• Moderate increase in HR aerobically</td>
</tr>
<tr>
<td></td>
<td><strong>Recommendations:</strong></td>
<td>• Band &amp; Machine strength accessory (UE/LE)</td>
<td>• Introduce impact activities</td>
</tr>
<tr>
<td></td>
<td>• Light to moderate aerobic</td>
<td>• Full body strength movements &lt;50% of 1RM i.e. squat, bench, press, deadlift</td>
<td>• Light resistance strengthening under minimal fatigue</td>
</tr>
<tr>
<td></td>
<td>exercises</td>
<td>• Dynamic stretching/warm up passes (knee to chest, lateral lunge, lunge with twist, quad stretch, leg swings, marching etc)</td>
<td>• Dynamic stretching accommodation</td>
</tr>
<tr>
<td></td>
<td>• Light impact activities</td>
<td>• Balance on unstable, progress to add head movement or ball toss.</td>
<td>• More aggressive balance &amp; proprioceptive training</td>
</tr>
<tr>
<td></td>
<td>• Light resistance activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&lt;50% of 1RM</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>• Moderate dynamic stretching</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advanced balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Duration: 30-45 mins</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STAGE 3</td>
<td>TARGET HR: 130-160bpm</td>
<td>• Interval aerobic exercise treadmill jog, elliptical/stationary bike with resistance (30s on/30s off), interval rowing/swimming (hard/easy) (20-25 mins)</td>
<td>• Begin to elevate HR to a level associated with training/sport</td>
</tr>
<tr>
<td></td>
<td><strong>Recommendations:</strong></td>
<td>• Run progression drills (march, high knee, A-skip, A-march)</td>
<td>• Moderate strengthening under some fatigue</td>
</tr>
<tr>
<td></td>
<td>• Moderate to aggressive aerobic</td>
<td>• Swim technique drills</td>
<td>• Introduce greater percentages of resistance training</td>
</tr>
<tr>
<td></td>
<td>exercise</td>
<td>• Full body strength movements, free weights, and machines at 50-75% of 1RM</td>
<td>• Introduce/train functional activities, specific to sport/play</td>
</tr>
<tr>
<td></td>
<td>• Impact activities OK.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Moderate strength training 50-75% of 1RM</td>
<td></td>
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<tr>
<td></td>
<td>• Integrate controlled sport specific activities and run progression</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Duration: 45mins-1hour</td>
<td></td>
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</tr>
</tbody>
</table>
# SJSU Concussion Exertional Rehab Protocol

<table>
<thead>
<tr>
<th>STAGE</th>
<th>REHAB LIMITATIONS</th>
<th>FUNCTIONAL EXERCISES</th>
<th>OBJECTIVES</th>
</tr>
</thead>
</table>
| STAGE 4 | TARGET HR: < MAXIMUM EXERTION | • Resume usual team conditioning/ training  
• Practice limited to non-contact drills only  
• If non-contact sport, limit to 75% volume of full practice.  
• Additional sport specific drills and plyometrics OK. | • Incorporate non-contact team training  
• Aggressive strength/conditioning training  
• Sport specific performance training |
|   | **Recommendations:**  
• Resume aggressive/usual training in all areas (aerobic and strength)  
• Introduce team oriented sport specific training  
• Avoid contact with other athletes  
• Activities are overseen  
• Duration: > 1 hour | |
| STAGE 5 | TARGET HR: FULL EXERTION | • Practice and game intensity training  
• Return to team practice and conditioning  
• Incorporate contact with team  
• Continue strength and conditioning training with no limitations. | • Resume normal team training/ practice/competition including contact activities. |
|   | **Recommendations:**  
• Initiate contact appropriate to sport  
• No limitations specific to sport play | | |
San José State University Sports Medicine Concussion Protocol

STUDENT-ATHLETE NAME: ___________________________ STUDENT I.D. #: __________________

SPORT: ___________________________ DATE OF CONCUSSION: __________________

The following steps must be taken in order for the Student-Athlete to return to competition:

**Evaluation:**
- Primary Evaluation
  - Physician/ATC: __________________
  - Date: __________________
- Secondary Evaluation (if needed)
  - Physician/ATC: __________________
  - Date: __________________
- SCAT 5: □
- Symptom Score: □
  - Number of 5s: __________
  - Severity: __________
- Home Instruction Sheet: □
- Contact Person: __________________
  - Phone: __________________
- Notified Academic Advisor: □
  - Academic Letter Sent: □
  - Date: __________
- Daily Monitoring of Symptom Score: *see following pages*

**Exertional Protocol:**
- Stage 1:
  - Day 1 Date: __________________
  - Pre-Symptom Score
    - #: __________ Severity: __________
  - Post-Symptom Score
    - #: __________ Severity: __________
  - Date of completion: __________________
- Stage 2:
  - Day 1 Date: __________________
  - Pre-Symptom Score
    - #: __________ Severity: __________
  - Post-Symptom Score
    - #: __________ Severity: __________
  - Date of completion: __________________
- Stage 3:
  - Day 1 Date: __________________
  - Pre-Symptom Score
    - #: __________ Severity: __________
  - Post-Symptom Score
    - #: __________ Severity: __________
  - Date of completion: __________________
- Stage 4:
  - Day 1 Date: __________________
  - Pre-Symptom Score
    - #: __________ Severity: __________
  - Post-Symptom Score
    - #: __________ Severity: __________
  - Date of completion: __________________
  - IMPACT test: □
  - SCAT 5: □
  - Physician clearance date: __________________
  - Physician Name: Dr. __________________
- Stage 5:
  - Day 1 Date: __________________
  - Pre-Symptom Score
    - #: __________ Severity: __________
  - Post-Symptom Score
    - #: __________ Severity: __________
  - Return to FULL PARTICIPATION: __________________

**Conclusion of Injury:**
ATC Initial: __________________
Date: __________________

**Return to Learn:**
- Cleared for 30 min meetings/lecture
  - Date: __________________
  - Electronic devices: Y □ N □
- Cleared for 1 hour meetings/lecture
  - Date: __________________
  - Electronic devices: Y □ N □
- Cleared 2+ sequential classes
  - Date: __________________
  - Electronic devices: Y □ N □
- Cleared for screen work: (if not already)
  - Date: __________________
- Cleared for Full Class Attendance
  - Date: __________________

*May skip steps above this if symptoms are not exacerbated by class/school work.*

**Notes:**
San Jose State University Sports Medicine

Concussion Protocol

SJSU Concussion Clinic Notes

Initial visit ____  Follow-up ____

Name:  
SJSU ID #:  
Date:  
Sport:  
Dr.  
Athletic Trainer:  
Current Meds:  

SUBJECTIVE

Reason for visit:  
Date of concussion:  

Previous Concussions:

Date of most recent:  
Return to baseline:  

SCAT5  
IMPACT  

Return to baseline:  

Asymptomatic:  
If YES, date:  
If NO, see checklists.

Current stage of exertion:  
Return to learn status: 

OBJECTIVE

Neuro:  A+Ox3  
CN II-XII Intact  
2/4 DTRs  
5/5 MS  
N1 Cerebellar Function  

Abnormal Findings:

Other Findings:

VOMS

Smooth Pursuits (Horizontal & Vertical)  
Saccades (Horizontal & Vertical)  
Convergence  
Visual Motion Sensitivity  
Vestibulo-Ocular Reflex (Horizontal & Vertical)  

Normal  Abnormal
Normal  Abnormal
Normal  Abnormal
Normal  Abnormal
Normal  Abnormal

Comments:

ASSESSMENT

(Circle one):  
Acute Concussion  
Persistent Concussion  
Concussion Resolved  

Comments:

PLAN

Imaging Referral:  
CT Scan  Ultrasound  X-Ray  MRI

Home Instructions:

Specialist Referral:  
Meds Oral:

Status:  
Clear  Not Clear

Progress return to learn:  
YES  NO

Follow-up:  ____ days  ____ weeks  ____ PRN  

Progress exertional protocol:  
YES  NO

Notes:

Physician Signature:  
