Quick Start Guide

Optimized to help support consensus statements or guidelines on concussions in sport.



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



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♦ Baseline → ♦ Sideline → ♦ SCAT 3 Graduated Return to Play Protocol ———————————————————————————————————							•
Pre-Participation or Pre-Season Exam & Activity	Immediate Concussion Assessment	No Activity; Recovery	Light Aerobic Activity; Increase HR	Sport Specific Exercise; Add Movement	Non-Contact Training Drills; Exercise, Coordination & Cognitive Load	Full-Contact Play; Restore Confidence & Assess Functional Skills By Coaching Staff	Return-to-Play
Baseline Testing	Sideline Testing	Post-Injury Stage 1	Post-Injury Stage 2	Post-Injury Stage 3	Post-Injury Stage 4	Post-Injury Stage 5	Post-Injury Stage 6
 Athlete Education Neurocognitive Testing Concussion Symptom Scale Athlete Info & History Balance Testing e.g. BESS, et.al. 	 Sideline Assessment Tool - iPad Droid, SCAT 3 Sideline Form Child SCAT 3 Sideline Form 	 Concussion Symptom Scale Symptom limited physical and cognitive rest 	 Concussion Symptom Scale Walking, swimming or stationary cycling keeping intensity 70% maximum permitted heart rate No resistance training 	 Concussion Symptom Scale Skating drills in ice hockey, running drills in soccer. No head impact activities 	 Concussion Symptom Scale Progression to more complex training drills, eg, passing drills in football and ice hockey May start progressive resistance training 	 Neurocognitive Testing Concussion Symptom Scale Balance Testing e.g. BESS, et.al. Update Athlete History Following medical clearance participate in normal training activities Restore confidence and assess functional skills by coaching staff 	

Athletes should not be returned to play the same day of injury. When returning athletes to play, they should be medically cleared and then follow a stepwise supervised program, with stages of progression. There should be at least 24 hours (or longer) for each stage and if symptoms recur the athlete should rest until they resolve once again and then resume the program at the previous asymptomatic stage. Resistance training should only be added in the later stages. If the athlete is symptomatic for more than 10 days, then consultation by a medical practitioner who is expert in the management of concussion, is recommended. Medical clearance should be given before return to play.*

SCAT3* Symptoms & Signs to Watch For

Any athlete suspected of having a concussion should be removed from play, and then 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:

- -- Have a headache that gets worse
- -- Are very drowsy or can't be awakened
- -- Can't recognize people or places
- -- Have repeated vomiting
- -- Behave unusually or seem confused; are very irritable
- -- Have seizures (arms and legs jerk uncontrollably)
- -- Have weak or numb arms or legs
- -- Are unsteady on their feet; have slurred speech

SCAT3* Concussion Injury Advice

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 behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please contact your doctor or the nearest hospital emergency department immediately.

Other important points: Rest (physically and mentally), including training or playing sports until symptoms resolve and you are medically cleared; No alcohol; No prescription or non-prescription drugs without medical supervision, Specifically: No sleeping tablets, Do not use aspirin, anti-inflammatory medication or sedating pain killers; Do not drive until medically cleared; Do not train or play sport until medically cleared.

Remember, it is better to be safe. Consult your doctor after a suspected concussion.

*Adapted from: http://bjsm.bmj.com/content/47/5/250.full

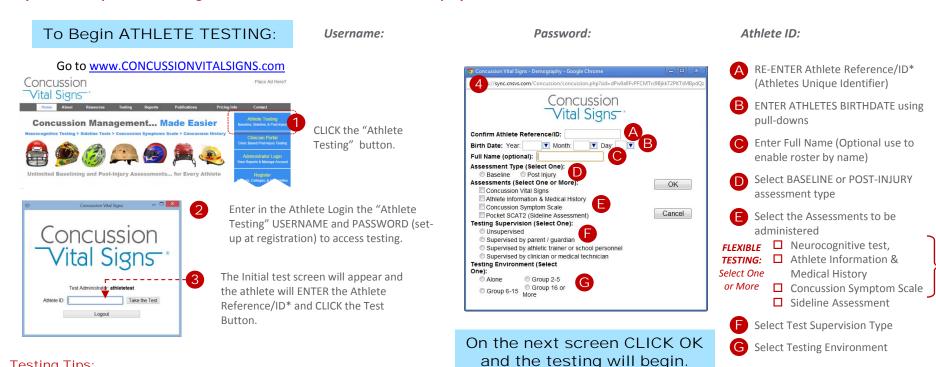
Testing an Athlete



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Concussion Vital Signs provides a flexible set of concussion tools enabling a more efficient approach to the management of concussions. The toolset includes a standardized quantitative view of neurocognitive function, sideline assessment tool, athlete-reported history, and a concussion symptom rating scale. Research has shown that an athlete's balance and/or cognitive functioning are often depressed following a concussion – even in the absence of self-reported symptoms. Baselining and assessing an athlete's cognitive state, tracking symptom resolution, and documenting past concussions are key components in assessing an athlete's concussion status. Concussion Vital Signs was developed with input from concussion experts to meet the needs of a variety of clients while supporting the most current and forward looking concussion guidelines.

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Testing Tips:

Concussion Vital Signs is user-friendly and easily administered.

- Testing environment should be free from distraction e.g., quiet room (ear plugs, headphones) closed door, minimize window distractions, etc.
- Ask the athlete(s)to take a seat and make themselves comfortable while taking the test – Check arm health and hand positions (hand should be palm down and index finger available to respond to the keyboard), recent restroom visit, etc. Check for any challenges that might impede testing.
- Check that the athlete(s) can read the computer screen e.g., do they wear glasses, are they wearing them?
- · Turn off all cell phones, Tablets, etc.

Testing Tips:

Reinforce that each athlete should carefully read the test instructions that precede each test. They should be encouraged not to take a break during testing. If they do so during one of the instruction pages, the browser may time-out depending on the browser settings. *IMPORTANT: The Athlete Reference/ID is generally assigned based on school/clinic policy and should be a unique identifier used throughout the athlete's career. The baseline testing and post-concussion testing is produced into a longitudinal report by the accurate recording of the Athlete Reference/ID.

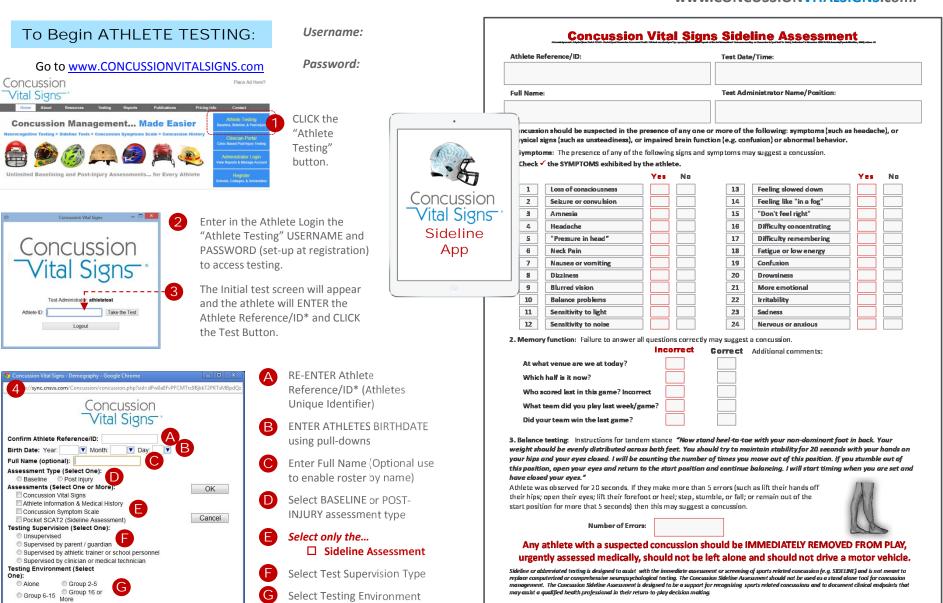
Remember it is important for the athlete to give their BEST EFFORT!

Sideline Assessment



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On the next screen CLICK OK and the testing will begin.

Sideline or abbreviated testing is designed to assist with the immediate assessment or screening of sports related concussion (e.g. SIDELINE) and is not meant to replace computerized or comprehensive neuropsychological testing. The Concussion Sideline Assessment should not be used as a stand alone tool for concussion management. The Concussion Sideline Assessment is designed to be a support for recognizing sports related concussions and to document clinical endpoints that may assist a qualified health professional in their return-to-play decision making.