CONCUSSION RECOGNITION TOOL 5°

To help identify concussion in children, adolescents and adults

Supported by











RECOGNISE & REMOVE

 $Head impacts \ can be associated \ with serious \ and \ potentially \ fatal \ brain injuries. \ The \ Concussion \ Recognition \ Tool \ Annual \ Foundation \ F$ 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

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

Remember:

- · In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- · Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to so do.
- · Do not remove a helmet or any other equipment unless trained to do so safely

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- · Lying motionless on the playing surface
- · Slow to get up after a direct or indirect hit to the head
- · Disorientation or confusion, or an inability to respond appropriately to questions
- · Blank or vacant look
- · Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- · Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- · Blurred vision
- · More emotional

Sadness

· Nervous or

anxious

· Neck Pain

More Irritable

- "Pressure in head"
 Sensitivity to light
 - Balance problems •
- Nausea or vomiting
- · Drowsiness Dizziness
- Sensitivity to noise
- · Fatigue or low energy
- "Don't feel right"

- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- · "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- · "What team did you play last week/game?"
- · "Did your team win the last game?"

Athletes with suspected concussion should:

- · Not be left alone initially (at least for the first 1-2 hours).
- · Not drink alcohol.
- · Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- · Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY. EVEN IF THE SYMPTOMS RESOLVE

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