Sport Concussion Assessment Tool (SCAT)

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The SCAT Card			stron
(Sport Concussion Assessment Tool) Medical Evaluation			conta the b
		1	is a s
Name:		Date	not n
			injury
Sport/Team:		Mouth guard? Y N	athle up a
1) SIGNSWas there loss of consciousness or unresponsiveness?YWas there seizure or convulsive activity?YNWas there a balance problem / unsteadiness?YN			
2) MEMORY Modified Maddocks questions (check correct)			Y (ye
At what venue are we	2 · Which half is it?	· Who scored last?	make
At what venue are we?; Which half is it?; Who scored last?			
What team did we play last?; Did we win last game?? 3) SYMPTOM SCORE			Cog
3) STMPTOM SCORE Total number of positive symptoms (from reverse side of the card) =			choo
			whic
4) COGNITIVE ASSESSMENT			The
5 word recall	Immodi	ato Dolavod	testir
	(Examples)	ate Delayed (after concentration tasks)	mon
Word 1	cat	· · · · ·	word the s
Word 2	pen		uie s
Word 3 Word 4	snoe book		in re
Word 5			not s
			mon
Months in reverse order: Jun-May-Apr-Mar-Feb-Jan-Dec-Nov-Oct-Sep-Aug-Jul (circle incorrect) or			string
Digits backwards (chec			
	-9-1		
	-3-7-1		Neu
	-1-8-4-6-8		Trair
			docte
As	k delayed 5-word recall	now	Spee
5) NEUROLOGIC SC	DEENING		slurri
5) NEUROLUGIC SC		Fail	of the both
Speech			both by as
Eye Motion and Pupils	s — -		them
Pronator Drift	·		pron
Gait Assessment			from walk
Any neurologic screening abnormality necessitates formal neurologic or hospital assessment			
	0		Retu
6) RETURN TO PLAN		come day of interes	A str
	be returned to play the es to play, they should for		deve
When returning athletes to play, they should follow a stepwise symptom-limited program, with stages of progression. For example:			and train
1. rest until asymptomatic (physical and mental rest)			clear
2. light aerobic exercise (e.g. stationary cycle)			Fina
 sport-specific exercise non-contact training drills (start light resistance training) 			shou
5. full contact training after medical clearance			
 return to competition (game play) 			For
These little	and the other states of the st		Agre
There should be approximately 24 hours (or longer) for each stage			Sym
and the athlete should return to stage 1 if symptoms recur. Resistance training should only be added in the later stages.			Clini
	hould be given before i		59) a
	.		©200

uctions:

side of the card is for the use of medical doctors, iotherapists or athletic therapists. In order to mize the information gathered from the card, it is gly suggested that all athletes participating in act sports complete a baseline evaluation prior to eginning of their competitive season. This card suggested guide only for sports concussion and is neant to assess more severe forms of brain . Please give a COPY of this card to the te for their information and to guide followssessment.

s:

ss for each of these items and circle s) or N (no).

ory: If needed, questions can be modified to e them specific to the sport (e.g. "period" versus "half")

nitive Assessment:

Select any 5 words (an example is given). Avoid sing related words such as "dark" and "moon' n can be recalled by means of word association. each word at a rate of one word per second. athlete should not be informed of the delayed ng of memory (to be done after the reverse hs and/or digits). Choose a different set of s each time you perform a follow-up exam with ame candidate.

Ask the athlete to recite the months of the year verse order, starting with a random month. Do tart with December or January. Circle any the not recited in the correct sequence.

For digits backwards, if correct, go to the next g length. If incorrect, read trial 2. Stop after rect on both trials.

ologic Screening:

ed medical personnel must administer this nination. These individuals might include medical ors, physiotherapists or athletic therapists. ch should be assessed for fluency and lack of ng. Eye motion should reveal no diplopia in any e 4 planes of movement (vertical, horizontal and diagonal planes). The pronator drift is performed king the patient to hold both arms in front of , palms up, with eyes closed. A positive test is ating the forearm, dropping the arm, or drift away midline. For gait assessment, ask the patient to away from you, turn and walk back.

rn to Play:

uctured, graded exertion protocol should be loped; individualized on the basis of sport, age the concussion history of the athlete. Exercise or ng should be commenced only after the athlete is ly asymptomatic with physical and cognitive rest. decision for clearance to return to competition ld ideally be made by a medical doctor.

nore information see the "Summary and ement Statement of the Second International posium on Concussion in Sport" in the April, 2005 cal Journal of Sport Medicine (vol 15), British nal of Sports Medicine (vol 39), Neurosurgery (vol and the Physician and Sportsmedicine (vol 33). 05 Concussion in Sport Group

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