

CONCUSSION BASELINE TESTING

Thank you for your interest in concussion baseline testing. Below are instructions which will help make the testing process as efficient as possible. Please plan to spend 15-20 minutes with us. We also request that parents are present for the entire testing, in case there are questions.

DATE OF BASELINE TESTING: Saturday, August 29 (Chesterfield County Public Schools—Career and Technical

Education at 13900 Hull Street Road, Midlothian 23112)

TIME: Please call Sheltering Arms to schedule your testing session at 764-1001. Sessions are

available from 10:00am to 4:00pm.

DOCUMENTS TO COMPLETE: PRIOR to August 29, please complete one of the sets of forms:

-if your child is age 5 to 12 years, please complete <u>BASELINE PACKET A</u>. In this Packet A, please fill out: (1) Consent Form for Baseline Testing, (2) the Background, Section 3 and Section 4 of the Child-SCAT3, and (3) the top section of the King-Devick [name, DOB, etc.]. Please ensure that your child's name is on every page.

-if your child is 13 years or older, please complete <u>BASELINE PACKET B</u>. In this Packet B, please fill out: (1) Consent Form for Baseline Testing, (2) the Background and Section 3 of the SCAT3, and (3) the top section of the King-Devick [name, DOB, etc.]. Please ensure that your child's name is on every page.

PAYMENT: The group rate for baseline testing is \$20. Cash and checks only. Please make checks

payable to Sheltering Arms. No credit cards. Payment accepted on-site only.

WHAT IS A BASELINE TEST? A baseline test is a pre-season screening conducted by a trained healthcare professional

to determine an individual's normal levels of balance and brain functioning prior to

engaging in athletic activity.

Baseline testing provides important information that can be compared with results of similar assessments in the event of a suspected concussion during the season. The comparison of baseline tests results to post-injury results can help in identifying severity of injury and support critical decisions regarding returning safely to play and other daily

activities.

QUESTIONS? For more information about concussion care services, please visit

www.ShelteringArms.com. For questions about this concussion baseline testing event,

please contact Anne Chan at achan@shelteringarms.com.



CONSENT FOR BASELINE TESTING

The undersigned consents to concussion baseline testing (King-Devick™ and Child-SCAT3™ or SCAT3™, depending on age) provided by Sheltering Arms Physical Rehabilitation Centers. The undersigned understands that if he/she has any questions regarding concussion baseline testing and its results, he/she can contact Sheltering Arms by phone (804) 764-5240 or by email (achan@shelteringarms.com).

Athlete's Name (Print)	
Athlete's Date of Birth	
Parent's Name (Print)	
Address	
Addiess	
Phone Number	
Parent's Signature	
Date	
Name of Pediatrician	
May we send your child	I's baseline testing results to his/her pediatrician? Please circle: YES NO
For Internal Use:	Patient Account Number:
	Medical Record Number:













Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only



Name

Date/Time of Injury Date of Assessment Examiner

What is the SCAT3?1

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively. For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool! Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not lamiliar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal"

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

Potential signs of concussion?

If any of the following signs are observed after a direct or indirect blow to the head, the athlete should stop participation, be evaluated by a medical professional and should not be permitted to return to sport the same day if a concussion is suspected

Any loss of consciousness?	Y	N
"If so, how long?"		
Balance or motor incoordination (stumbles, slow/laboured movements, etc.)?	Y	N
Disorientation or confusion (inability to respond appropriately to questions)?	Y	N
Loss of memory	Y	N
"If so, how long?"		
"Before or after the injury?"		
Blank or vacant look	Y	N
Visible facial injury in combination with any of the above:	Y	N

Glasgow coma scale (GCS)	
Best eye response (E)	
No eye opening	1
Eye opening in response to pain	2
Eye opening to speech	3
Eyes opening spontaneously	4
Best verbal response (V)	
No verbal response	1
Incomprehensible sounds	2
Inappropriate words	3
Confused	4
Oriented	5
Best motor response (M)	
No motor response	1
Extension to pain	2
Abnormal flexion to pain	3
Flexion/Withdrawal to pain	4
Localizes to pain	5
Obeys commands	6
Glasgow Coma score (E + V + M)	of 15
GCS should be recorded for all athletes in case of subsequer	nt deterioration

Maddocks Score ³		
"I am going to ask you a few questions, please listen can	efully and give your best	effort."
Modified Maddocks questions (1 point for each correct answ	er)	
What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
Maddocks score	9-20-010	of 5

Notes: Mechanism of Injury ("tell me what hannened"?)

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of Injury.



BACKGROUND

Name Date Examiner: Sport/team/school Date/time of injury Age: Gender M F Years of education completed Dominant hand: right left neither How many concussions do you think you have had in the past? When was the most recent concussion? How long was your recovery from the most recent concussion? Have you ever been hospitalized or had medical imaging done for YNN a head injury? Have you ever been diagnosed with headaches or migraines? Y N Do you have a learning disability, dyslexia, ADD/ADHD? YN Have you ever been diagnosed with depression, anxiety Y N or other psychiatric disorder? Has anyone in your family ever been diagnosed with YN any of these problems? Are you on any medications? If yes, please list: YN

SCAT3 to be done in resting state. Best done 10 or more minutes post excercise.

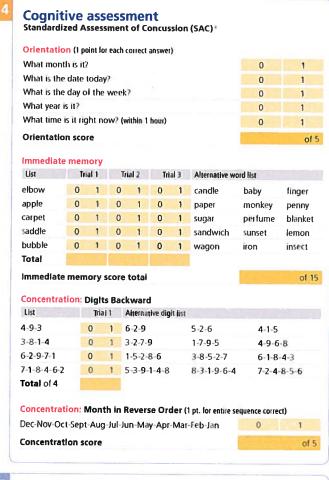
SYMPTOM EVALUATION



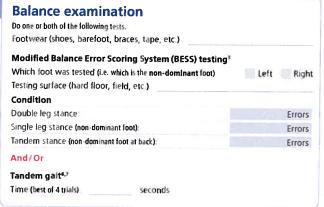
	none	r	nild	mod	derate	56	vere
Headache	0	1	2	3	4	5	
"Pressure in head"	0	1	2	3	4	5	
Neck Pain	0	1	2	3	4	5	
Nausea or vomiting	0	1	2	3	4	5	
Dizziness	0	1	2	3	4	5	
Blurred vision	0	1	2	3	4	5	
Balance problems	0	1	2	3	4	5	
Sensitivity to light	0	1	2	3	4	5	
Sensitivity to noise	0	1	2	3	4	5	-
Feeling slowed down	0	1	2	3	4	5	(
Feeling like "in a fog"	0	1	2	3	4	5	-
"Don't feel right"	0	1	2	3	4	5	
Difficulty concentrating	0	1.	2	3	4	5	(
Difficulty remembering	0	1	2	3	4	5	(
Fatigue or low energy	0	1	2	3	4	5	(
Confusion	0	1	2	3	4	5	- 6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep	0	-1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Total number of symptom Symptom severity score (N Do the symptoms get worse	laximum pos with physic	sible 13 cal acti	2) vity?			Y	
Do the symptoms get worse	with ment	al activ	ity?			Y	
self rated				clinicia: parent	n monit	ored	

Scoring on the SCAT3 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. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

COGNITIVE & PHYSICAL EVALUATION



5	Neck Exami	nation:	
	Range of motion Findings:	Tenderness	Upper and lower limb sensation & strength
Į.	· mangs.		



7	Coordination examination Upper limb coordination			
	Which arm was tested	Left	Right	
	Coordination score	PAGE DAY	of 1	

8	SAC Delayed Recall ⁴	
	Delayed recall score	of 5



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King-Devick Concussion Screening Test Score Sheet - Version 1

Subject Name/ID Number:	Date of Birth:
Subject's Baseline Time:	Baseline Date:
Team/Sport:	Glasses/Contacts:

Scoring King-Devick Test

When testing, start the timer when the subject reads the first number on the test card and stop the timer when the subject reads the last number on the test card. Continue timing when the subject reads the first number on the second test card and stop the timer when the subject reads the last number on the test card. Repeat for third test card. Do not include the time between completing individual test cards. Total Time is the total testing time for all three test cards combined.

Answer Key	Answer Key	Answer Key
Test Card I	Test Card II	Test Card III
2-5-8-0-7	3-7-5-9-0	5-4-1-8-0
3-7-9-4-6	2-5-7-4-6	4-6-3-5-9
5-3-1-6-4	1-4-7-6-3	7-5-4-2-7
7-9-7-3-5	7-9-3-9-0	3-2-6-9-4
1-5-4-9-2	4-5-2-1-7	1-4-5-1-3
6-5-5-7-3	5-3-7-4-8	9-3-4-8-5
3-1-8-6-4	7-4-6-5-2	5-1-6-3-1
5-3-7-5-2	9-0-2-3-6	4-3-5-2-7

Establishing A King-Devick Test Baseline

When establishing a Subject's initial Baseline Time, administer the King-Devick Test twice using the scoring instructions above. Use the fastest Baseline Total Time without errors of the two attempts below.*

Baseline Attempt Time #1	Baseline Attempt Time #2	*Subject's Baseline Time
Total Time: Total Errors: Tester Initials:	Total Time: Total Errors: Tester Initials:	Total Time: Total Errors: Tester Initials:

Testing After A Suspected Head Trauma

When testing after a suspected head trauma, the test should be administered once.

If the subject performs **SLOWER** than his/her baseline or has **INCREASED** errors, the subject should be *removed-from-play* and referred to a health care professional for additional evaluation. If the subject performs **FASTER** than his/her baseline **WITHOUT** errors, the Total Time will become the subject's new Baseline Time.

Date: Total Time: Total Errors: Tester Initials: Comments:	Date: Total Time: Total Errors: Tester Initials: Comments:	Date: Total Time: Total Errors: Tester Initials: Comments:
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