



Head Injury Assessment – Form 3

To be completed after two nights' sleep – including the night of the game

HIA3

Player's name		Player's age		Physician's name		Date of injury	
Team		Opposition		Competition		Round	
Kick off time				Assessment date & time			
Position at time of injury?		Player's number		Player's height (m)		Player's weight (kg)	
Year commenced professional rugby				Year began playing rugby			
Number of diagnosed concussions in past 12 months?			Don't know	Number of career concussions?			Don't know

REASON FOR HIA3?

Follow up of HIA1 and/or HIA2	Player developer symptoms day(s) following game	Requested following video review	Training/Non Rugby Injury
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SECTION 1: SUMMARY OF HIA1 AND HIA2

HIA1 COMPLETED PLAYER REMOVED FROM PLAY

Criteria 1 sign or symptom confirmed	Off-field HIA1 screen abnormal
Clinical suspicion despite normal HIA1	Recognise and Remove
Player removed for another injury	

HIA1 COMPLETED PLAYER RETURNED TO PLAY

Normal HIA1	Clinical judgement over-ruled abnormal HIA1
Game finished, player would have returned to play	Game finished, player would have been removed

HIA1 NOT COMPLETED

Symptoms appeared after completion of the game	HIA1 not completed despite indication
Suspicious event identified by video or direct observation after the game	Player removed with unrecorded criteria 1:
Training Injury	Training injury – Criteria 1
Symptoms appeared 24-48 hours after the game	
Non-competition game	Non-competition game– Criteria 1
Non rugby injury	Non rugby injury – Criteria 1

HIA2 COMPLETED, CLINICAL DIAGNOSIS AT THAT TIME

Normal, concussion not confirmed	Normal, but clinical suspicion supports a concussion
Abnormal, concussion confirmed	Clinical judgement over-ruled abnormal HIA2
Abnormal due to non-concussive injury or illness	

HIA2 NOT COMPLETED, CLINICAL DIAGNOSIS AT THAT TIME

Symptoms appeared more than 3 hours after injury	HIA2 not completed despite an indication
Suspicious event identified by video or direct observation after matchday	Symptoms appeared 24-48 hours after the game
Training Injury	Training injury – Criteria 1
Non-competition game injury	Non-competition game injury – Criteria 1
Non Rugby Injury	Non Rugby Injury – Criteria 1
Unable to complete, clinical judgement of no concussion	Unable to complete, clinical suspicion of concussion



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SECTION 2: INCIDENT DETAILS

Was there a specific game or training incident identified that caused the player to enter the HIA Process after the game or training at the time of HIA2 or HIA3	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Relevant		
If a match injury was responsible in what quarter of the match did this incident occur?	<input type="checkbox"/>	Quarter 1	<input type="checkbox"/>	Quarter 2	<input type="checkbox"/>	Quarter 3	<input type="checkbox"/>	Quarter 4

Game event:		Collision with:		Contact:		Player technique:	
<input type="checkbox"/>	Tackling	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	Head with head	<input type="checkbox"/>	Correct technique
<input type="checkbox"/>	Being tackled	<input type="checkbox"/>	Co-player	<input type="checkbox"/>	Head with shoulder	<input type="checkbox"/>	Incorrect head position
<input type="checkbox"/>	Ruck/maul	<input type="checkbox"/>	Ground	<input type="checkbox"/>	Head with upper limb	<input type="checkbox"/>	Other incorrect technique
<input type="checkbox"/>	Scrum	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Head with knee or hip	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Accidental collision	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Head with foot / lower leg	<input type="checkbox"/>	Not applicable
<input type="checkbox"/>	Unknown			<input type="checkbox"/>	Head with ground	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:			<input type="checkbox"/>	Indirect transmission of force to head		
				<input type="checkbox"/>	Unknown		Foul Play:
				<input type="checkbox"/>	Other:	<input type="checkbox"/>	Sanction given to tackler
						<input type="checkbox"/>	Sanction given to ball carrier
						<input type="checkbox"/>	N/A



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SECTION 3: COGNITIVE ASSESSMENT - Standardised Assessment of Concussion (SAC)

Immediate Memory (ABNORMAL result is a score less than 16 or less than baseline)

Randomly select a list of 10 words and use this same 10-word list, three times to assess Immediate Memory. Identify the number of correct answers with a maximum of 30 possible.

List	Alternate 10-word lists					Trial 1	Trial 2	Trial 3
A	Jacket	Arrow	Pepper	Cotton	Movie			
	Finger	Penny	Blanket	Lemon	Insect			
B	Baby	Monkey	Perfume	Sunset	Iron			
	Candle	Paper	Sugar	Sandwich	Wagon			
C	Dollar	Honey	Mirror	Saddle	Anchor			
	Carpet	Saddle	Elbow	Bubble	Apple			

Immediate Memory Score: **Out of 30**

Orientation (1 point for each correct answer)	Incorrect	Correct
What month is it?		
What is the date today?		
What is the day of the week?		
What year is it?		
What time is it right now? (within 1 hour)		

Orientation score: **Out of 5**



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CONCENTRATION Digits backwards (1 point for each correct digit string)		Abnormal	Normal
List A	Trial 1: 4-3-9 / 3-8-1-4 / 6-2-9-7-1 / 7-1-8-4-6-2		
	Trial 2: 6-2-9 / 3-2-7-9 / 1-5-2-8-6 / 5-3-9-1-4-8		
List B	Trial 1: 3-8-2 / 2-7-9-3 / 4-1-8-6-9 / 6-9-7-3-8-2		
	Trial 2: 5-1-8 / 2-1-6-9 / 9-4-1-7-5 / 4-2-7-9-3-8		
CONCENTRATION MONTHS IN REVERSE ORDER (1 point for entire sequence correct)		Incorrect	Correct
Dec-Nov-Oct-Sep-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan			
Digits + Months reverse score:			Out of 5

SECTION 4: AMNESIA

Anterograde Amnesia (amnesia after the injury)?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Duration
Retrograde Amnesia (amnesia before the injury)?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Duration

Duration: **A*** = On the pitch **B**** = Post-match, same-day **C***** = Post-match, days after

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SECTION 5: SYMPTOM ASSESSMENT – Symptom Checklist – HAND TO PLAYER TO READ

To the player: From kick-off time until now:

HOW MANY?		HOW MUCH?						WHEN?			HOW LONG?					STILL PRESENT?						
Identify any symptom you have experienced since the injury or following the match which is not usually noted with Rugby		Identify the maximum intensity of each symptom						Identify when you started to feel each symptom identified			Identify how long each of these symptoms lasted					Confirm the intensity of any unusual symptom that is still present						
		Mild		Moderate		Severe		A*	B**	C***	0 -15 minutes	15 minutes – 1 hour	1 hour - 1 st night	1 st night - 2 nd night	Beyond the 2 nd night	Mild		Moderate		Severe		
No	Yes	1	2	3	4	5	6									0	1	2	3	4	5	6
Headaches (P)																						
'Pressure in head' (P)																						
Neck Pain (P)																						
Nausea or vomiting (P)																						
Fatigue / low energy (P)																						
Dizziness (V-O)																						
Blurred vision (V-O)																						
Balance problems (V-O)																						
Sensitivity to light (V-O)																						
Sensitive to noise (V-O)																						
Feeling slowed down (C)																						
Feeling like 'in a fog' (C)																						
'Don't feel right' (C)																						
Difficult concentrating (C)																						
Difficult remembering (C)																						
Confusion (C)																						
Drowsiness (C)																						
Trouble falling asleep (Psy)																						
More emotional (Psy)																						
Irritability (Psy)																						
Sadness (Psy)																						
Nervous or anxious (Psy)																						

Symptom Groups – P – Physical, V-O – Vestibular-ocular, C – Cognitive, Psy – Psychological



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SECTION 6: Balance and Delayed Recall

Balance Examination		Abnormal	Normal
ABNORMAL score: <ul style="list-style-type: none"> Tandem Stance- 4 errors or more, or more errors than baseline Single Leg Stance- 6 errors or more, or more errors than baseline 			
Tandem Stance – Identify total errors			
Single Leg Stance – Identify total errors			
SAC – DELAYED RECALL – must be asked at least 5 minutes after Immediate Memory test		Abnormal	Normal
Delayed Recall Score:	Out of 10		

SECTION 7: COMPUTER COGNITIVE ASSESSMENT RESULT (if used)

Computer neuro-cognitive system used	<input type="checkbox"/>	CogSport	<input type="checkbox"/>	Impact	<input type="checkbox"/>	Headminder	<input type="checkbox"/>	Other
What was the result of this computer neuro-cognitive test?	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Abnormal	<input type="checkbox"/>	Not used		

SECTION 8: MODE RESULTS

Symptoms present (number 0-22)	/22
Symptoms severity (0-132)	/132
Orientation	/5
Immediate Memory:	/30
Concentration: Digits backwards & Months reverse order	/5
Single leg stance errors recorded	
Tandem stance errors recorded	
Delayed recall - 10-word list	/10

NORMATIVE DATA

Players with baseline SCAT should be assessed against their own baseline. For players where no baseline is available the following results are indicative of a concussion

1. Orientation score of less than 4
2. Immediate memory score less than 16.
3. Concentration score (digits backwards and months reverse order) less than 3
4. Delayed recall result less than 4.
5. Balance testing: tandem stance 4 or more errors, single leg stance 6 or more errors

NOTE:

The presence of any symptom in the symptom list which is not usually experienced following a rugby match or training is a strong indicator of concussion.

SECTION 9: Result of HIA3

<input type="checkbox"/>	Normal
<input type="checkbox"/>	Normal but clinical suspicion supports a concussion
<input type="checkbox"/>	Abnormal concussion confirmed
<input type="checkbox"/>	Clinical judgement over-ruled abnormal HIA3
<input type="checkbox"/>	Abnormal due to non-concussive injury or illness

SECTION 10: Overall Result

Was a concussion identified at any stage during the HIA process

<input type="checkbox"/>	No	Reason:	<input type="checkbox"/>	Player had no evidence of a Criteria 1, a normal HIA2 and a normal HIA3
<input type="checkbox"/>	Yes	Reason: (more than one option can be selected)	<input type="checkbox"/>	Criteria 1 identified
			<input type="checkbox"/>	HIA2 abnormal
			<input type="checkbox"/>	HIA3 abnormal
			<input type="checkbox"/>	Clinical suspicion at any stage despite normal HIA1, HIA2 and HIA3

UNABLE TO COMPLETE HIA3

<input type="checkbox"/>	Player taken to hospital
<input type="checkbox"/>	Player not in appropriate condition
<input type="checkbox"/>	Player unavailable for other reason

CURRENT CLINICAL OUTCOME

<input type="checkbox"/>	Clinical judgement of no concussion
<input type="checkbox"/>	Clinical suspicion of concussion



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