

| | | | | | | | | |
|-----------------------|-------------|--------------------------|-------------------------|--------------------------|-------------------|--------------------------|-----------|--------------------------|
| Player's name | | | | Player's number | | | | |
| Date of injury | | | Physician's name | | | | | |
| Team | | | Opposition | | | | | |
| Competition | | | Round | | | | | |
| Kick off time | | | Assessment time | | | | | |
| Time of injury | Quarter 1 | <input type="checkbox"/> | Quarter 2 | <input type="checkbox"/> | Quarter 3 | <input type="checkbox"/> | Quarter 4 | <input type="checkbox"/> |
| Requested by | Team Doctor | <input type="checkbox"/> | Match Day Doctor | <input type="checkbox"/> | Tournament Doctor | <input type="checkbox"/> | Physio | <input type="checkbox"/> |
| Completed by | Team Doctor | <input type="checkbox"/> | Match Day Doctor | <input type="checkbox"/> | Tournament Doctor | <input type="checkbox"/> | Physio | <input type="checkbox"/> |

COMPLETE EITHER SECTION 1 OR SECTION 2.

SECTION 3 MUST BE COMPLETED IN ALL CASES

Section 1 – Identify below the reason for immediate and permanent removal from field

IF A CRITERIA 1 APPLIES, THE OFF-FIELD SCREEN (Section 2) DOES NOT REQUIRE COMPLETION

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Tonic posturing | <input type="checkbox"/> | Convulsion |
| <input type="checkbox"/> | Confirmed loss of consciousness | <input type="checkbox"/> | Suspected loss of consciousness |
| <input type="checkbox"/> | Balance disturbance/ataxia | <input type="checkbox"/> | Player not orientated in time, place or person |
| <input type="checkbox"/> | Clearly dazed | <input type="checkbox"/> | Definite confusion |
| <input type="checkbox"/> | Definite behavioural changes | <input type="checkbox"/> | On field identification of sign or symptom of concussion |
| <input type="checkbox"/> | Oculomotor signs (e.g spontaneous nystagmus) | <input type="checkbox"/> | Recognise and Remove (Under 19) |

SECTION 2 – HIA1 Off-field screen - identify reason(s) for off-field screen below

Before commencing the off-field screen, review the video of the incident with the Team Doctor

| | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Head impact where diagnosis not immediately apparent | <input type="checkbox"/> | Possible behaviour changes |
| <input type="checkbox"/> | Possible Confusion | <input type="checkbox"/> | Injury event witnessed with potential to result in a concussive injury |
| <input type="checkbox"/> | Sub-threshold Criteria 1 sign e.g. possible balance disturbance, possible LOC etc. | <input type="checkbox"/> | iMG Alert |
| <input type="checkbox"/> | Other (identify): | | |

Off-field Screen

If unable to perform a specific test please record reason in the appropriate

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**

Maddock's Questions – Orientation (ABNORMAL any incorrect answer)

Incorrect

Correct

What venue are we at today?

Which half is it now?

Who scored last in this match?

What team did you play last week/game?

Did your team win the last game?

Digits backwards (ABNORMAL is a score less than 2 or less than the baseline)

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

Balance Examination

ABNORMAL score:

- Tandem Stance- 4 errors or more, or more errors than baseline
- Single Leg Stance- 6 errors or more, or more errors than baseline

Abnormal

Normal

Tandem Stance – Identify total errors

Single Leg Stance – Identify total errors

| Symptom checklist – <u>Hand questionnaire to player to read</u> | Yes | No |
|---|----------|--------|
| I have a headache? | | |
| I have dizziness? | | |
| I have ‘pressure in my head’? | | |
| I feel nauseated or like vomiting? | | |
| I have blurred vision? | | |
| The light or noise worries me? | | |
| I feel as though I am are slowing down? | | |
| I feel like I am ‘in a fog’? | | |
| I feel unwell? | | |
| Clinical signs | Yes | No |
| Emotional – sad, anxious, nervous, irritable | | |
| Drowsy / difficulty concentrating / difficulty remembering | | |
| Delayed Recall (ABNORMAL is a score less than 4 or less than the baseline) | Abnormal | Normal |
| Test recall of immediate memory words 5 minutes after initial testing | | |
| Record number of words recalled out of 10 | Score | /10 |

| Section 3 – PLAYER REMOVED? | | | |
|----------------------------------|---|---------------------------------|--|
| PLAYER REMOVED FROM PLAY, REASON | | PLAYER RETURNED TO PLAY, REASON | |
| | Criteria 1 sign or symptom confirmed | | Player returned after completion of the HIA1 screen |
| | Off-field HIA1 screen abnormal | | Clinical judgement over-ruled abnormal off-field HIA1 screen |
| | Clinical suspicion despite normal off-field HIA1 screen | | Game finished – player would have been returned to play |
| | Player removed for another injury | | Game finished – player would have been returned to play |
| | Recognise and Remove | | |
| | Criteria 1 sign or symptom confirmed | | |

Instructions

1. Complete Section 1 if the player is removed immediately and permanently from the field of play.
2. Complete Section 2 if player requires an off-field HIA1 screen
3. If sections of the off-field HIA1 are not fully completed, please identify why in that area.
4. Section 2 of the off-field HIA1 screen is designed to assist Team Doctors assess head injury where the diagnosis is not immediately apparent.
5. The player must not return to play following an off-field HIA1 if any answer in column 1 is selected.
6. A doctor's clinical suspicion should overrule a normal side-line neurological test
7. Return to play decisions remain the responsibility of the doctor.
8. The team doctor should continue to monitor all athletes who have had a normal off-field HIA1, for symptoms and signs of a delayed concussion.

SUSPECTED LOSS OF CONSCIOUSNESS is identified by one of the following:

- Cervical hypotonia
- Player falls to ground without protecting themselves
- Player lies on ground motionless for 5 seconds
- LOC confirmed by team member or referee.

BALANCE DISTURBANCE / ATAXIA is identified when the player is unsteady rising from the ground, unsteady taking initial steps or unable to stand steadily or walk normally or steady without support following a clear and obvious head contact.

OFF-FIELD SCREEN INSTRUCTIONS

IMMEDIATE MEMORY - select one 10-word list from the three options. Test the players recall with these same 10 words, three times. Identify the correct number of words recalled, maximum 30.

Instructions

I am going to test your memory. I will read you 10 words and when I am done, you are to repeat to me as many words as you can remember, in any order'

Repeat the same procedure using the same words three times:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order."

Complete all three trials regardless of score on trial 1 and 2.

Read the words at a rate of one per second.

The maximum score is 30.

DIGITS BACKWARDS - start with either option 1 or option 2 numbers.

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

Begin with first 3-digit string. If correct, go to next string length. If incorrect in a string length, read trial 2 in the same string length. Stop if incorrect with both trials in the same string length. The digits should be read at the rate of one per second.

DELAYED RECALL- re-test same immediate memory words

- MUST BE 5 MINUTES AFTER FIRST TEST

"Tell me as many words from the list of words read to you earlier in any order."

Balance Examination

The following are instructions for balance testing. Inform the player: *“I am now going to test your balance. Please take your boots off. This test will consist of two twenty second tests with different stances.”*

(a) Single leg stance:

“If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”

(c) Tandem stance:

“Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes.”