CONCUSSION RECOGNITION TOOL 5°

To help identify concussion in children, adolescents and adults

6		Supported by	(۵)	
IIHF	FIFA ®	<u> </u>	WORLD RUGBY.	FEI

RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 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 Double vision Weakness or tingling/ burning in arms or legs 		Severe or increasing headache Seizure or convulsion Loss of consciousness		Deteriorating conscious state Vomiting Increasingly restless, agitated or combative
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Remember:		In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.	•	Do not attempt to move the (other than required for airw support) unless trained to s Do not remove a helmet or
	•	Assessment for a spinal cord injury is critical.		any other equipment unless trained to do so safely.

ment 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

confusion, or an inability to respond appropriately to auestions

· Disorientation or

Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements

to move the player ired for airway

trained to so do

 Blank or vacant look · Facial injury after head trauma

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STEP 3: SYMPTOMS

Headache	Blurred vision	More emotional	 Difficulty concentrating
"Pressure in head"	Sensitivity to light	More Irritable	J
Balance problems	 Sensitivity to noise 	• Sadness	 Difficulty remembering
 Nausea or vomiting 	Fatigue or low energy	 Nervous or anxious 	 Feeling slowed down
Drowsiness	 "Don't feel right" 	Neck Pain	 Feeling like "in a fog"

Dizziness

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of "What venue are these questions (modified we at today?" appropriately for each "Which half is it now?" sport) correctly may suggest a concussion: "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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<u>Appendix 3</u>

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Concussion in Sport Group 2017