

# Concussion in Sports



This palm card provides information and tools to help medical staff with the on-field recognition and management of concussion.

Concussion Signs and Symptoms	
<b>Signs Observed by Medical Staff</b>	<b>Symptoms Reported by Athlete</b>
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment	Nausea
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, opponent	Double or fuzzy vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish or slowed down
Shows behavior or personality changes	Feeling foggy or groggy
Can't recall events prior to hit or fall	Does not "feel right"
Can't recall events after hit or fall	
( <i>retrograde amnesia</i> )	
( <i>anterograde amnesia</i> )	

## Signs of Deteriorating Neurological Function

An athlete should be taken to the emergency department if any of the following signs and/or symptoms are present:

- Headaches that worsen
- Seizures
- Focal neurologic signs
- Looks very drowsy or can't be awakened
- Repeated vomiting
- Slurred speech
- Can't recognize people or places
- Increasing confusion or irritability
- Weakness or numbness in arms or legs
- Neck pain
- Unusual behavior change
- Significant irritability
- Any loss of consciousness greater than 30 seconds or longer. (*Brief loss of consciousness (under 30 seconds) should be taken seriously and the patient should be carefully monitored.*)

Physical Exam and BESS test

## On-Field Mental Status Evaluation

(This mental status assessment is recommended for high school-age athletes and older. Any inability of the athlete to respond correctly to the questions below should be considered abnormal.)

<p><b>Orientation</b></p> <p>What period/quarter/half are we in?            What stadium/field is this?            What city is this?            Who is the opposing team?            Who scored last?            What team did we play last?</p>
<p><b>Anterograde Amnesia</b></p> <p>Ask the athlete to repeat the following words: <i>Girl, Dog, Green</i></p>
<p><b>Retrograde Amnesia</b></p> <p>Ask the athlete the following:            Do you remember the hit?            What happened in the play prior to the hit?            What happened in the quarter/period prior to the hit?            What was the score of the game prior to the hit?</p>
<p><b>Concentration</b></p> <p>Ask the athlete to do the following:            Repeat the days of the week backwards (starting with today)            Repeat the months of the year backward (starting with December)            Repeat these numbers backward 63 (36), 419 (914), 6294 (4926)</p>
<p><b>Word List Memory</b></p> <p>Ask the athlete to repeat the three words from earlier: <i>Girl, Dog, Green</i></p>

**Exertion**  
 Symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. If the athlete is symptom-free, provoking with exertion is recommended (e.g. 5 push-ups, 5 sit ups, 5 knee bends, 40 yard sprint).

**Repeated Evaluation**  
 On-field, follow-up evaluation (e.g. every 5 minutes) is important, as signs and symptoms of concussion may evolve over time.

**Off-Field Management**  
 The physician should provide information to parents/caregivers regarding the athlete's condition. For example, the athlete:  
 • Should not operate a motor vehicle or participate in activities such as sports, PE class, riding a bicycle, riding carnival rides, etc.  
 • May experience cognitive/behavioral difficulties at home, making it necessary to reduce physical and cognitive exertion (e.g., running, lifting weights, intensive studying) until fully recovered.  
 • Should receive follow-up medical and neuropsychological evaluation, both for managing injury and determining return to sports.

Adapted from: Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP, Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004;32(1):47-54.  
 Lovell MR, Collins MW, Bradley J. Return to play following sports-related concussion. *Clinics in Sports Medicine* 2004;23(3):421-41.

This palm card is part of the "Heads Up: Brain Injury in Your Practice" tool kit developed by the Centers for Disease Control and Prevention (CDC). For more information, visit: [www.cdc.gov/injury](http://www.cdc.gov/injury).