


ThinkAskLearn
Health Professional Education

Assessing the concussion head injury

David Corkill
Emergency Nurse Educator
MEmergN, MAdvPrac (Hth Prof Edu), BN, Dip App Sc

www.thinkasklearn.com.au




1



2

Head Trauma


- Common in multi system trauma
- 50% of trauma deaths related to head injury
- Major drain on health resources
 - Initially, rehab and long term care
- Improving outcomes over the last 20-30 years
- Significant impact on youth of society
- Very little serious head injury comes from contact sport



3


Classification of Primary Injury

- Skull fracture
- Concussion
- Contusion
- Intracranial Haematoma
- Diffuse Axonal Injury
- Penetrating Injury




4

Base of Skull Fracture



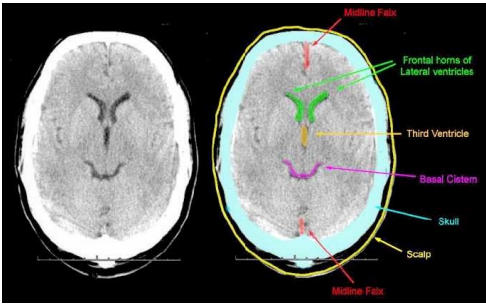

Raccoon Eyes

Battle's sign



5

We Love CT – but does it harm?

6

Chalice Guidelines for CT in Kids

- Witnessed unconsciousness >5 minutes
- Amnesia >5 minutes
- Abnormal drowsiness
- Three or more discrete episodes of vomiting
- Clinical suspicion of nonaccidental injury
- Post-traumatic seizure in the absence of history of epilepsy
- GCS score <14 in a child, GCS score <15 in infants in the hospital emergency department setting
- Suspicion of open/depressed skull fracture or tense fontanelle
- Clinical evidence of base of skull fracture
- Focal neurological deficit
- Bruise, swelling or laceration >5 cm in infants
- High impact head trauma

Dunning et al 2006



7

Concussion

- 3000 hospital admission per year
- Only 20% of concussion are reported
- Even less seek medical care (1 in 4- only if symptoms persist)
- Estimated 10 times number reported
- AFL 7-8 concussions per team per season
- NRL 7% concussion rate
- Increased awareness –esp US Football
 - Australia lot less head impact sports
- Australia leading research and implementation

Rushworth 2012 Brain Injury Australia



8

You have just got concussion

- No real medical intervention – Just rest
- Growing awareness of long term damage
- 3 or more concussions result in long term damage
- Kids with concussion more at risk than adults
 - Evidence limited



9

You have just got concussion

- Repeated damage with less force
- Increased risk
 - Depression and other mental health illnesses
 - Cognitive impairment/Headache/Memory loss
 - Chronic Traumatic Encephalopathy (CTE)
 - Dementia – controversial evidence



10

To Headgear or not to Headgear



11

Headgear

- No evidence that reduces rates of concussion***



12

How could we forget!!!!

Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell

BMJ VOLUME 327 20-27 DECEMBER 2003 bmj.com



13

Headgear

- No evidence that reduces rates of concussion***
- Worry that kids change their playing style and therefore have more impacts
 - Evidence is poor and has been challenged
- Can prevent more serious injuries or other minor injuries – lacerations, cauliflower ears
- Pretty rare event serious HI
 - 9 events in 33 years - AFL Finch & McIntosh(2012)
- AFL/NRL has a no head gear policy for concussion



14

Rules Rules and More Rules



- AFL clubs can be fined \$50K for playing an unfit player
- Needs medical clearance to play - coaches have no role



15

Serious Head Injury

- Rare from contact sports
- Airway with C-spine precautions
- Breathing
- Circulation
- Disability
- Limited movement of patient
- Get Help – Call Ambulance



16

Concussion Assessment

CRT6™
Concussion Recognition Tool
To Help Identify Concussion in Children, Adolescents and Adults



- Anyone can use

SCAT6™

- Health Professionals Only – Adult assessment

Child SCAT6™
Sport Concussion Assessment Tool
For Children Ages 8 to 12 Years

- Health Professionals Only – Kids 8-12 years assessment



17

CRT6™
Concussion Recognition Tool
To Help Identify Concussion in Children, Adolescents and Adults



18

Concussion Assessment

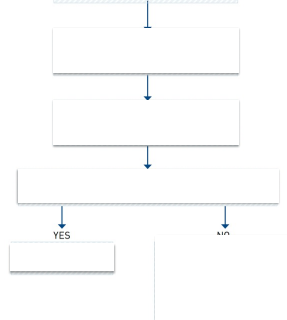
- Recognize & Remove
- Be Conservative
- Assess off the field
- Ignore the game, parents, coach
- Advocate for the patient



19

Management guidelines for Suspected Concussion

Presence of any concussion symptoms or signs (e.g. stunned, confusion, memory problems, balance problems, headache, dizziness, not feeling right)



20

Step 1 - Visible Clues

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground / Slow to get up
Unsteady on feet / Balance problems or falling over / Incoordination
Grabbing / Clutching of head
Dazed, blank or vacant look
Confused / Not aware of plays or events



21

Step 2 – Clinical Signs

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

- | | | |
|-------------------------|--------------------------|----------------------------|
| • Loss of consciousness | • Headache | • Seizure or convulsion |
| • Dizziness | • Balance problems | • Confusion |
| • Nausea or vomiting | • Feeling slowed down | • Drowsiness |
| • "Pressure in head" | • More emotional | • Blurred vision |
| • Irritability | • Sensitivity to light | • Sadness |
| • Amnesia | • Fatigue or low energy | • Feeling like "in a fog" |
| • Nervous or anxious | • Neck Pain | • "Don't feel right" |
| • Sensitivity to noise | • Difficulty remembering | • Difficulty concentrating |



22

Step 3 - Memory Function

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"What venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"



23

Remove Player

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

- If continues to play, then more likely to suffer second injury
- More likely to suffer life threatening head injury
- Recommend to see medical professional for assessment and return to play guidance
 - Some centres mandated sign off RTP



24

For health professionals only

SCAT6™

Child SCAT6™
Sport Concussion Assessment Tool
For Children Ages 8 to 12 Years



shortcutting



25

Potential Signs of Concussion

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:
 "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



26

Glasgow Coma Scale

1 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 subsequent deterioration.



27

Issues with GCS

- Subjective
- Preverbal kids
- Inconsistent
- Difficult to remember
- Done on the run
- Needs to be done in series
- Complicated

Glasgow Coma Scale

Eye Opening	Points
Eyes open spontaneously	4
Eyes open to verbal command	3
Eyes open only with painful stimuli	2
No eye opening	1

Verbal Response	Points
Oriented and converses	5
Disoriented and converses	4
Inappropriate words	3
Incomprehensible sounds	2
No verbal response	1

Motor Response	Points
Obeys verbal commands	6
Responds to painful stimuli (UE)	5
Localizes pain	4
Withdraws from pain	3
Flexor posturing	2
Extensor posturing	1
No motor response	1

Total score = eye opening + verbal + motor

GCS < 5: 80% die or remain vegetative

GCS > 11: 90% complete recovery

From Teasdale G, Jennett B: Acta Neurochirurg 34:45, 1976.



28

Maddocks Score

2 Maddocks Score³

"I am going to ask you a few questions, please listen carefully and give your best effort."

Modified Maddocks questions (1 point for each correct answer)

At 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 _____ of 5

Maddocks score is validated for sideline diagnosis of concussion only and is not used for serial testing.

Notes: Mechanism of injury ("tell me what happened?"):



29

Collect Pt History

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 a head injury? ☐ Y ☐ N
 Have you ever been diagnosed with headaches or migraines? ☐ Y ☐ N
 Do you have a learning disability, dyslexia, ADD/ADHD? ☐ Y ☐ N
 Have you ever been diagnosed with depression, anxiety or other psychiatric disorder? ☐ Y ☐ N
 Has anyone in your family ever been diagnosed with any of these problems? ☐ Y ☐ N
 Are you on any medications? If yes, please list: _____

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



30

Clinical Assessment

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read the instructions carefully and to complete the form to the best of their ability. The following questions are designed to help you identify the problem and to help you to plan the appropriate intervention.

Please Check: ☐ Baseline ☐ Post-Injury

Please hand the form to the athlete

Symptom	None	Mild	Moderate	Severe
Headache	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Nausea or vomit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Black/Pink	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Balance or walking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Discomfort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mental confusion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Balance or posture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sensitivity to light	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sensitivity to noise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Feeling slowed down	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Feeling "in a fog"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
"Drooping" eye?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Difficulty remembering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fatigue or low energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Coordination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Disorientation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mind overwhelmed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Unsteady	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vertigo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Nausea or vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Feeling being pushed off of platform	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Total number of symptoms: **of 16**

Symptoms severity score: **of 64**

Are your symptoms or problem with difficulty at least?

☐ **Y** ☐ **N**


Are your symptoms or concern with minor injury?

☐ **Y** ☐ **N**

What do you think the problem is? (write in your own words)

Please hand form back to examiner

Clinical Assessment



31

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)⁴

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score	of 5	

32

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

						Score (of 5)		
List	Alternate 5 word lists					Trial 1	Trial 2	Trial 3
	A	Finger	Penny	Blanket	Lemon			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
Immediate Memory Score						of 15		
Time that last trial was completed								

33

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

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

Concentration Number Lists (circle one)						
List A	List B	List C				
4-9-3	5-2-6	1-4-2	Y	N		0
6-2-9	4-1-5	6-5-8	Y	N		1
3-8-1-4	1-7-9-5	6-9-3-1	Y	N		0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N		1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N		0
1-5-2-8-6	6-1-8-4-3	8-6-2-5-1	Y	N		1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N		0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N		

34

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December. November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0 1
Months Score	of 1
Concentration Total Score (Digits + Months)	of 5

35

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom checklist) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

36

Neck Assessment SCAT3

5

Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings: _____

*** Canadian C-Spine Rule or Nexus Rule



37

Balance Examination 20 secs

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

Which foot was tested
(i.e. which is the non-dominant foot)☐ Left
☐ Right

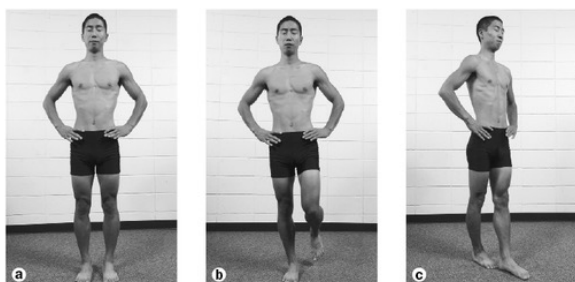
Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at the back)	of 10
Total Errors	of 30



38



39

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec



40

Balance Examination

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing⁵

Which foot was tested
(i.e. which is the non-dominant foot)☐ Left
☐ Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at the back)	of 10
Total Errors	of 30



41

Can you remember the list of words?

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started

Please record each word correctly recalled. Total score equals number of words recalled.

Total number of words recalled accurately: _____ of 5 or _____ of 10



42



SCAT 6 documents

