

Concussion Clinical Cheat Sheet

Purpose: A quick-use reference for clinicians during in-consult concussion evaluations.



Immediate Red Flags (Refer Immediately)

- Loss of consciousness > 30 sec
- Vomiting
- Seizure
- Severe balance issues
- Worsening headache
- Slurred speech



Key Clinical Tools

Tool	Purpose / Components
SCAT6 / SCOAT6	Symptom scale, orientation, balance, memory, neuro screen
VOMS	Smooth pursuit, saccades, VOR, convergence, symptom provocation
BESS	Balance (firm/foam) — double leg, single leg, tandem stance



Initial Advice

- 24–48 hrs full rest (physical and cognitive)
- Avoid screen time, alcohol, physical exertion
- Monitor for worsening symptoms or red flags



Follow-Up Protocol

- Repeat SCAT6 every 48–72 hours
- Begin RTP/RTL ladder once asymptomatic
- Refer per symptom domain (see PCS flowchart)

SOAP Note Template – Concussion Assessment

Section	Details
S – Subjective	<ul style="list-style-type: none">- Mechanism of injury:- Date/time of incident:- Initial symptoms:- Current symptoms (SCAT6 checklist used?):- Past concussion history:
O – Objective	<ul style="list-style-type: none">- General observation (gait, balance, affect):- SCAT6 / SCOAT6 result:- VOMS findings:- BESS balance testing:- Cervical MSK screen / CN exam:
A – Assessment	<ul style="list-style-type: none">- Working diagnosis (e.g., uncomplicated concussion / PCS):- Clinical impression:- Red/yellow flag presence:
P – Plan	<ul style="list-style-type: none">- Immediate advice:- RTP/RTL stage:- Review timeframe:- Referral required?:

Vestibular & Ocular Motor Testing Summary Sheet (VOMS + BESS)

Test	Description / Notes
Smooth Pursuits	Horizontal tracking, 2 reps. Note saccadic intrusions.
Saccades	Rapid eye shifts between targets. Assess overshoot, lag.
VOR (Horizontal)	Turn head while fixing on target. Note dizziness or blurring.
Near Point Convergence	Bring object toward nose; measure symptom onset distance.
Visual Motion Sensitivity	Rotate head/torso side-to-side while fixating. Observe symptom change.

BESS (Balance Error Scoring System)

Condition	Surface	Instructions
Double Leg Stance	Firm	Feet together, hands on hips
Single Leg Stance	Firm	Non-dominant foot, eyes closed
Tandem Stance	Firm	Heel-to-toe, eyes closed
<i>(Repeat All Above)</i>	Foam (if available)	Same as above

Scoring: Count errors (max 10 per trial): moving hands, opening eyes, stepping, etc.