CONCUSSION RECOGNITION TOOL 5 ©

# To help identify concussion in children, adolescents and adults



Supported by

**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 • Severe or increasing**
* **Double vision**
* **Weakness or tingling/**

**headache**

* **Seizure or convulsion**

**burning in arms or legs • Loss of consciousness**

* **Deteriorating conscious state**
* **Vomiting**
* **Increasingly restless, agitated or combative**

**Remember:** • In all cases, the basic principles

of first aid (danger, response,

airway, breathing, circulation) should be followed.

* Assessment for a spinal cord injury is critical.
* Do not attempt to move the player (other than required for airway support) unless trained to so do.
* Do not remove a helmet or any other equipment 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
* Disorientation or confusion, or an inability to respond appropriately to questions
* Blank or vacant look

© Concussion in Sport Group 2017

* Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
* Facial injury after head trauma

# STEP 3: SYMPTOMS

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

# STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

**Failure to answer any of these questions (modified appropriately for each sport) 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?”

# 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.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**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**

© Concussion in Sport Group 2017