

The Standardized Assessment of Concussion

Obtain Pre-Season Baseline Score; Compare with Post-Concussion Score

NAME OF ATHLETE:		
Age:	Sex:	Examiner:
Nature of Injury:		
Date of Exam:	Time:	

I. ORIENTATION			
Month	0	1	
Date	0	1	
Day of Week	0	1	
Year	0	1	
Time	0	1	
Orientation Total Score:			/5

III. NEUROLOGICAL SCREENING	
Recollection of injury (pre- or post-traumatic amnesia):	
Strength:	
Sensation:	
Coordination:	

IV. CONCENTRATION			
Digits Backwards: If correct, go to the next string length. If incorrect, read second trail. Stop after incorrect on both trails.			
4-9-3	6-2-9	0	1
3-8-1-4	3-2-7-9	0	1
6-2-9-7-1	1-5-2-8-6	0	1
7-1-8-4-6-2	5-3-9-1-4-8	0	1
Months of the Year in Reverse Order: Athlete must recite entire reverse sequence correct.			
Dec-Nov-Oct-Sep-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	0	1	
Total Concentration Score:			/5

V. EXERTIONAL MANEUVERS			
5	5	5	5
Jumping Jacks	Sit-ups	Push-ups	Knee- bends

II. IMMEDIATE MEMORY						
All 3 trials are completed regardless of score on trial 1 & 2; score equals sum across all 3 trials.						
List	Trial 1		Trial 2		Trial 3	
Elbow	0	1	0	1	0	1
Apple	0	1	0	1	0	1
Carpet	0	1	0	1	0	1
Saddle	0	1	0	1	0	1
Bubble	0	1	0	1	0	1
Total Immediate Memory Recall:					/15	
<i>Note: Do not inform the subject that delayed recall will be tested.</i>						

VI. DELAYED MEMORY RECALL						
List	Trial 1		Trial 2		Trial 3	
Elbow	0	1	0	1	0	1
Apple	0	1	0	1	0	1
Carpet	0	1	0	1	0	1
Saddle	0	1	0	1	0	1
Bubble	0	1	0	1	0	1
Total Delayed Memory Recall:					/15	

SUMMARY OF TOTAL SCORES	
Orientation	/5
Immediate Memory	/15
Concentration	/5
Delayed Memory Recall	/15
Overall Total Score	/40
<i>If score is below baseline, DO NOT return to play.</i>	