Child SCAT5
SPORT CONCUSSION ASSESSMENT TOOL
FOR CHILDREN AGES 5 TO 12 YEARS
FOR USE BY MEDICAL PROFESSIONALS ONLY

Patient details
Name: ____________________________
DOB: ____________________________
Address: _________________________
ID number: _______________________
Examiner: _________________________
Date of Injury: ________________ Time: _____________

WHAT IS THE CHILD SCAT5?

The Child SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The Child SCAT5 is to be used for evaluating Children aged 5 to 12 years. For athletes aged 13 years and older, please use the SCAT5.

Preseason Child SCAT5 baseline testing can be useful for interpreting post-injury test scores, but not required for that purpose. Detailed instructions for use of the Child SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

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Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If the child is suspected of having a concussion and medical personnel are not immediately available, the child should be referred to a medical facility for urgent assessment.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The Child SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their Child SCAT5 is “normal”.

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.
IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the “Red Flags” or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The cervical spine exam is a critical step of the immediate assessment, however, it does not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

STEP 2: OBSERVABLE SIGNS

Witnessed □ Observed on Video □

<table>
<thead>
<tr>
<th>Lying motionless on the playing surface</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Disorientation or confusion, or an inability to respond appropriately to questions</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Blank or vacant look</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Facial injury after head trauma</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

STEP 3: EXAMINATION

GLASGOW COMA SCALE (GCS)²

<table>
<thead>
<tr>
<th>Time of assessment</th>
<th>Date of assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best eye response (E)</td>
<td></td>
</tr>
<tr>
<td>No eye opening</td>
<td>1</td>
</tr>
<tr>
<td>Eye opening in response to pain</td>
<td>2</td>
</tr>
<tr>
<td>Eye opening to speech</td>
<td>3</td>
</tr>
<tr>
<td>Eyes opening spontaneously</td>
<td>4</td>
</tr>
<tr>
<td>Best verbal response (V)</td>
<td></td>
</tr>
<tr>
<td>No verbal response</td>
<td>1</td>
</tr>
</tbody>
</table>

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest? Y N

If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement? Y N

Is the limb strength and sensation normal? Y N

OFFICE OR OFF-FIELD ASSESSMENT

STEP 1: ATHLETE BACKGROUND

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

Sport / team / school:

Date / time of injury:

Years of education completed:

Age:

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?:

When was the most recent concussion?:

How long was the recovery (time to being cleared to play) from the most recent concussion?: (days)

Has the athlete ever been:

Hospitalized for a head injury? Yes No

Diagnosed / treated for headache disorder or migraines? Yes No

Diagnosed with a learning disability / dyslexia? Yes No

Diagnosed with ADD / ADHD? Yes No

Diagnosed with depression, anxiety or other psychiatric disorder? Yes No

Current medications? If yes, please list:

Name: __________________________

DOB: __________________________

Address: __________________________

ID number: __________________________

Examiner: __________________________

Date: __________________________

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STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post-injury assessment the athlete should rate their symptoms at this point in time.

To be done in a resting state

Please Check: ☐ Baseline ☐ Post-Injury

---

**Child Report**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all/Never</th>
<th>A little/Rarely</th>
<th>Somewhat/Sometimes</th>
<th>A lot/Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel dizzy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel like the room is spinning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel like I’m going to faint</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Things are blurry when I look at them</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I see double</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I feel sick to my stomach</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>My neck hurts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get tired a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get tired easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have trouble paying attention</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get distracted easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have a hard time concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have problems remembering what people tell me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have problems following directions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I daydream too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I get confused</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I forget things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have problems finishing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I have trouble figuring things out</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It’s hard for me to learn new things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms: 21

Symptom severity score: 63

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with trying to think? Y N

---

**Parent Report**

The child:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all/Never</th>
<th>A little/Rarely</th>
<th>Somewhat/Sometimes</th>
<th>A lot/Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>has headaches</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>feels dizzy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has a feeling that the room is spinning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>feels faint</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has blurred vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has double vision</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>experiences nausea</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has a sore neck</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>gets tired a lot</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>gets tired easily</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has trouble sustaining attention</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>is easily distracted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has difficulty concentrating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has problems remembering what he/she is told</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has difficulty following directions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>tends to daydream</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>gets confused</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>is forgetful</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has difficulty completing tasks</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has poor problem solving skills</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>has problems learning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total number of symptoms: 21

Symptom severity score: 63

Do the symptoms get worse with physical activity? Y N

Do the symptoms get worse with mental activity? Y N

---

**Overall rating for child to answer:**

On a scale of 0 to 10 (where 10 is normal), how do you feel now?

Very bad | Very good

0 1 2 3 4 5 6 7 8 9 10

If not 10, in what way do you feel different?

---

**Overall rating for parent/teacher/coach/carer to answer**

On a scale of 0 to 100% (where 100% is normal), how would you rate the child now?

Very bad | Very good

0 1 2 3 4 5 6 7 8 9 10

If not 100%, in what way does the child seem different?
**STEP 3: COGNITIVE SCREENING**

Standardized Assessment of Concussion - Child Version (SAC-C)*

**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 words before.

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate 5 word lists</th>
<th>Score (of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Finger Penny Blanket Lemon Insect</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Candle Paper Sugar Sandwich Wagon</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Baby Monkey Perfume Sunset Iron</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Elbow Apple Carpet Saddle Bubble</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>Jacket Arrow Pepper Cotton Movie</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Dollar Honey Mirror Saddle Anchor</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score of 15

Time that last trial was completed

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate 10 word lists</th>
<th>Score (of 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Finger Penny Blanket Lemon Insect</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Candle Paper Sugar Sandwich Wagon</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Baby Monkey Perfume Sunset Iron</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Elbow Apple Carpet Saddle Bubble</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Jacket Arrow Pepper Cotton Movie</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Dollar Honey Mirror Saddle Anchor</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score of 30

Time that last trial was completed

**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.

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate Digit Lists</th>
<th>Score (of 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5-2 4-1 4-9</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>4-1 9-4 6-2</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>4-9-3 5-2-6 1-4-2</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>6-2-9 4-1-5 6-5-8</td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>3-8-1-4 1-7-9-5 6-8-3-1</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>3-2-7-9 4-9-6-8 3-4-8-1</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score of 15

Time that last trial was completed

<table>
<thead>
<tr>
<th>List</th>
<th>Alternate Digit Lists</th>
<th>Score (of 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>2-7 9-2 7-8</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>5-9 6-1 5-1</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>7-8-2 3-8-2 2-7-1</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>9-2-6 5-1-8 4-7-9</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>4-1-8-3 2-7-9-3 1-6-8-3</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>9-7-2-3 2-1-6-9 3-9-2-4</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>1-7-9-2-6 4-1-8-6-9 2-4-7-5-8</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>4-1-7-5-2 9-4-1-7-5 8-3-9-6-4</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>2-6-4-8-1-7 6-9-7-3-8-2 5-8-6-2-4-9</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>8-4-1-9-3-5 4-2-7-3-9-8 3-1-7-8-2-6</td>
<td></td>
</tr>
</tbody>
</table>

Immediate Memory Score of 30

Time that last trial was completed

**DAYS IN REVERSE ORDER**

Now tell me the days of the week in reverse order. Start with the last day and go backward. So you'll say Sunday, Saturday. Go ahead.

<table>
<thead>
<tr>
<th>Days</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DAYS IN REVERSE ORDER Score: of 5

**Concentration Total Score (Digits + Days)** of 6
**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**

**BALANCE EXAMINATION**

Modified Balance Error Scoring System (BESS) testing

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Double leg stance</td>
<td>of 10</td>
</tr>
<tr>
<td>Single leg stance (non-dominant foot, 10-12 y/o only)</td>
<td>of 10</td>
</tr>
<tr>
<td>Tandem stance (non-dominant foot at back)</td>
<td>of 10</td>
</tr>
<tr>
<td>Total Errors</td>
<td></td>
</tr>
</tbody>
</table>

Total Errors:

- 5-9 y/o: of 20
- 10-12 y/o: of 30

**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.

<table>
<thead>
<tr>
<th>Time Started</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

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

**STEP 6: DECISION**

Date and time of injury: ____________________________

If the athlete is known to you prior to their injury, are they different from their usual self?  
☐ Yes  ☐ No  ☐ Unsure  ☐ Not Applicable

(If different, describe why in the clinical notes section)

Concussion Diagnosed?  
☐ Yes  ☐ No  ☐ Unsure  ☐ Not Applicable

If re-testing, has the athlete improved?  
☐ Yes  ☐ No  ☐ Unsure  ☐ Not Applicable

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this Child SCAT5.

Signature: ____________________________

Date: ____________________________

**SCORING ON THE CHILD SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE’S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.**
For the Neurological Screen (page 5), if the child cannot read, ask him/her to describe what they see in this picture.

CLINICAL NOTES:

Name: ____________________________
DOB: ____________________________
Address: _______________________
ID number: ______________________
Examiner: ________________________
Date: ____________________________

Concussion injury advice for the child and parents/carergivers

(To be given to the person monitoring the concussed child)

This child has had an injury to the head and needs to be carefully watched for the next 24 hours by a responsible adult.

If you notice any change in behavior, vomiting, dizziness, worsening headache, double vision or excessive drowsiness, please call an ambulance to take the child to hospital immediately.

Other important points:

Following concussion, the child should rest for at least 24 hours.

• The child should not use a computer, internet or play video games if these activities make symptoms worse.
• The child should not be given any medications, including pain killers, unless prescribed by a medical doctor.
• The child should not go back to school until symptoms are improving.
• The child should not go back to sport or play until a doctor gives permission.

Clinic phone number: ____________________________
Patient’s name: ____________________________
Date / time of injury: ____________________________
Date / time of medical review: ____________________________
Healthcare Provider: ____________________________

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INSTRUCTIONS

Words in Italics throughout the Child SCAT5 are the instructions given to the athlete by the clinician

**Symptom Scale**

In situations where the symptom scale is being completed after exercise, it should still be done in a resting state, at least 10 minutes post exercise.

<table>
<thead>
<tr>
<th>At Baseline</th>
<th>On the day of injury</th>
<th>On all subsequent days</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The child is to complete the Child Report,</td>
<td>• The child is to complete the Child Report,</td>
<td>• The child is to complete the Child Report,</td>
</tr>
<tr>
<td>according to how he/she feels today, and</td>
<td>according to how he/she feels now.</td>
<td>according to how he/she feels today, and</td>
</tr>
<tr>
<td>• The parent/carer is to complete the Parent</td>
<td>if the parent is present, and has had time to assess the</td>
<td>The parent/carer is to complete the Parent</td>
</tr>
<tr>
<td>Report according to how the child has been</td>
<td>assess the child on the day of injury, the parent</td>
<td>Report according to how the child has been over</td>
</tr>
<tr>
<td>over the previous week.</td>
<td>completes the Parent Report according to how the child</td>
<td>the previous 24 hours.</td>
</tr>
<tr>
<td></td>
<td>appears now.</td>
<td></td>
</tr>
</tbody>
</table>

For Total number of symptoms, maximum possible is 21

For Symptom severity score, add all scores in table, maximum possible is 21 x 3 = 63

**Standardized Assessment of Concussion Child Version (SACC)**

**Immediate Memory**

Choose one of the 5-word lists. Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

“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.” The words must be read at a rate of one word per second.

OPTION: The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. (In younger children, use the 5-word list). In settings where this ceiling is prominent the examiner may wish to make the task more difficult by incorporating two 5-word groups for a total of 10 words per trial. In this case the maximum score per trial is 10 with a total trial maximum of 30.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

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 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

**Concentration**

**Digits backward**

Choose one column only, from List A, B, C, D, E or F, and administer those digits as follows:

“I am going to read you some numbers and when I am done, you say them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1, you would say 1-7.”

If correct, circle “Y” for correct and go to next string length. If incorrect, circle “N” for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N’s) in a string length. The digits should be read at the rate of one per second.

**Days of the week in reverse order**

“Now tell me the days of the week in reverse order. Start with Sunday and go backward. So you’ll say Sunday, Saturday... Go ahead” 1 pt. for entire sequence correct

**Delayed Recall**

The delayed recall should be performed after at least 5 minutes have elapsed since the end of the Immediate Recall section.

“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.”

Circle each word correctly recalled. Total score equals number of words recalled.

**Neurological Screen**

**Reading**

The child is asked to read a paragraph of test from the instructions in the Child SCAT5. For children who can not read, they are asked to describe what they see in a photograph or picture, such as that on page 6 of the Child SCAT5.

**Modified Balance Error Scoring System (mBEss)**

These instructions are to be read by the person administering the Child SCAT5, and each balance task should be demonstrated to the child. The child should then be asked to copy what the examiner demonstrated.

Each of 20-second trial/stance is scored by counting the number of errors. The This balance testing is based on a modified version of the Balance Error Scoring System (BEss).

A stopwatch or watch with a second hand is required for this testing.

“I am now going to test your balance. Please take your shoes off, roll up your pants above your ankle (if applicable), and remove any ankle tapeing (if applicable). This test will consist of two different parts.”

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

(a) Double leg stance: The first stance is standing with the feet together with hands on hips and with eyes closed. The child should try to maintain stability in that position for 20 seconds. You should inform the child that you will be counting the number of times the child moves out of this position. You should start timing when the child is set and the eyes are closed.

(b) Tandem stance: Instruct or show the child how to stand heel-to-toe with the non-dominant foot in the back. Weight should be evenly distributed across both feet. Again, the child should try to maintain stability for 20 seconds with hands on hips and eyes closed. You should inform the child that you will be counting the number of times the child moves out of this position. If the child stumbles out of this position, instruct him/her to open the eyes and return to the start position and continue balancing. You should start timing when the child is set and the eyes are closed.

(c) Single leg stance (10-12 year olds only): “If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your other foot. You should bend your other leg and hold it up (show the child). Again, try to stay in that position for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you move out of this position, open your eyes and return to the start position and keep balancing. I will start timing when you are set and have closed your eyes.”

**Balance testing – types of errors**

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

Each of the 20-second trials is scored by counting the errors, or deviations from the proper stance, accumulated by the child. The examiner will begin counting errors only after the child has assumed the proper start position. The modified BEss is calculated by adding one error point for each error during the 20-second tests. The maximum total number of errors for any single condition is 10. If a child commits multiple errors simultaneously, only one error is recorded but the child should quickly return to the testing position, and counting should resume once subject is set. Children who are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

**Tandem Gait**

Instruction for the examiner - Demonstrate the following to the child: The child is instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Children fail the test if they step off the line, have separation between their heel and toe, or if they touch or grab the examiner or an object.

**Finger to Nose**

The tester should demonstrate it to the child. “I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended). When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose as quickly and as accurately as possible.”

Scoring: 5 correct repetitions in < 4 seconds = 1

Note for testers: Children fail the test if they do not touch their nose, do not fully extend their elbow or do not perform five repetitions.

**References**


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CONCUSSION INFORMATION

If you think you or a teammate has a concussion, tell your coach/trainer/parent right away so that you can be taken out of the game. You or your teammate should be seen by a doctor as soon as possible. YOU OR YOUR TEAMMATE SHOULD NOT GO BACK TO PLAY/SPORT THAT DAY.

Signs to watch for

Problems can happen over the first 24-48 hours. You or your teammate should not be left alone and must go to a hospital right away if any of the following happens:

• New headache, or headache gets worse
• Neck pain that gets worse
• Becomes sleepy/drowsy or can’t be woken up
• Cannot recognise people or places
• Cannot remember parts of the game
• Feeling sick to your stomach or vomiting
• Has weakness, numbness or tingling (arms, legs or face)
• Is unsteady walking or standing
• Talking is slurred
• Cannot understand what someone is saying or directions

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe than to regret it later.

Graduated Return to Sport Strategy

After a concussion, the child should rest physically and mentally for a few days to allow symptoms to get better. In most cases, after a few days of rest, they can gradually increase their daily activity level as long as symptoms don’t get worse. Once they are able to do their usual daily activities without symptoms, the child should gradually increase exercise in steps, guided by the healthcare professional (see below).

The athlete should not return to play/sport the day of injury.

NOTE: An initial period of a few days of both cognitive (“thinking”) and physical rest is recommended before beginning the Return to Sport progression.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The child may need to miss a few days of school after a concussion, but the child’s doctor should help them get back to school after a few days. When going back to school, some children may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms don’t get a lot worse. If a particular activity makes symptoms a lot worse, then the child should stop that activity and rest until symptoms get better.

To make sure that the child can get back to school without problems, it is important that the health care provider, parents/caregivers and teachers talk to each other so that everyone knows what the plan is for the child to go back to school.

Note: If mental activity does not cause any symptoms, the child may be able to return to school part-time without doing school activities at home first.

<table>
<thead>
<tr>
<th>Mental Activity</th>
<th>Activity at each step</th>
<th>Goal of each step</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily activities that do not give the child symptoms</td>
<td>Typical activities that the child does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.</td>
<td>Gradual return to typical activities.</td>
</tr>
<tr>
<td>2. School activities</td>
<td>Homework, reading or other cognitive activities outside of the classroom.</td>
<td>Increase tolerance to cognitive work.</td>
</tr>
<tr>
<td>3. Return to school part-time</td>
<td>Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day.</td>
<td>Increase academic activities.</td>
</tr>
<tr>
<td>4. Return to school full-time</td>
<td>Gradually progress school activities until a full day can be tolerated.</td>
<td>Return to full academic activities and catch up on missed work.</td>
</tr>
</tbody>
</table>

If the child continues to have symptoms with mental activity, some other things that can be done to help with return to school may include:

• Starting school later, only going for half days, or going only to certain classes
• Taking lots of breaks during class, homework, tests
• More time to finish assignments/tests
• No more than one exam/day
• Shorter assignments
• Quiet room to finish assignments/tests
• Repetition/memory cues
• Use of a student helper/tutor
• Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
• Reassurance from teachers that the child will be supported while getting better

The child should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

There should be at least 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest). The athlete should not return to sport until the concussion symptoms have gone, they have successfully returned to full school/learning activities, and the healthcare professional has given the child written permission to return to sport.

If the child has symptoms for more than a month, they should ask to be referred to a healthcare professional who is an expert in the management of concussion.