SCAT3™











Sport Concussion Assessment Tool – 3rd Edition

For use by medical professionals only

Name	Date/Time of Injury:	Examiner:
	Date of Assessment:	

What is the SCAT3?1

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes aged from 13 years and older. It supersedes the original SCAT and the SCAT2 published in 2005 and 2009, respectively². For younger persons, ages 12 and under, please use the Child SCAT3. The SCAT3 is designed for use by medical professionals. If you are not qualified, please use the Sport Concussion Recognition Tool¹. Preseason baseline testing with the SCAT3 can be helpful for interpreting post-injury test scores.

Specific instructions for use of the SCAT3 are provided on page 3. If you are not familiar with the SCAT3, please read through these instructions carefully. This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group.

NOTE: The diagnosis of a concussion is a clinical judgment, ideally made by a medical professional. The SCAT3 should not be used solely to make, or exclude, the diagnosis of concussion in the absence of clinical judgement. An athlete may have a concussion even if their SCAT3 is "normal".

What is a concussion?

A concussion is a disturbance in brain function caused by a direct or indirect force to the head. It results in a variety of non-specific signs and/or symptoms (some examples listed below) and most often does not involve loss of consciousness. Concussion should be suspected in the presence of any one or more of the following:

- Symptoms (e.g., headache), or
- Physical signs (e.g., unsteadiness), or
- Impaired brain function (e.g. confusion) or
- Abnormal behaviour (e.g., change in personality).

SIDELINE ASSESSMENT

Indications for Emergency Management

NOTE: A hit to the head can sometimes be associated with a more serious brain injury. Any of the following warrants consideration of activating emergency procedures and urgent transportation to the nearest hospital:

- Glasgow Coma score less than 15
- Deteriorating mental status
- Potential spinal injury
- Progressive, worsening symptoms or new neurologic signs

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:	Y	N
"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

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

Maddocks Score ³ "I am going to ask you a few questions, please listen carefu	ılly and give you	r hest e	ffort "
Modified Maddocks questions (1 point for each correct answer)	my and give your	Desire	mort.
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

Any athlete with a suspected concussion should be REMOVED FROM PLAY, medically assessed, monitored for deterioration (i.e., should not be left alone) and should not drive a motor vehicle until cleared to do so by a medical professional. No athlete diagnosed with concussion should be returned to sports participation on the day of Injury.

BACKGROUND

Examiner: Sport/team/school: Date/time of injury Gender: M F Age: Years of education completed: right left neither Dominant hand: 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 Y N a head injury? 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 Y N or other psychiatric disorder? Has anyone in your family ever been diagnosed with Y N any of these problems? Are you on any medications? If yes, please list: Y N

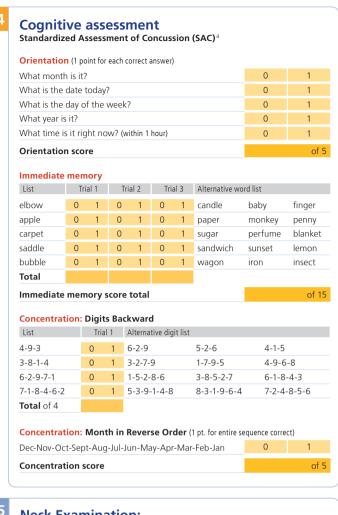
SCAT3 to be done in resting state. Best done 10 or more minutes post excercise.

SYMPTOM EVALUATION

How do vou feel? "You should score yourself on the following symptoms, based on how you feel now". none mild moderate Headache "Pressure in head" Neck Pain Nausea or vomiting 0 Dizziness 0 Blurred vision 0 3 4 0 Balance problems 4 Sensitivity to light 0 4 Sensitivity to noise 0 Feeling slowed down 0 3 4 Feeling like "in a fog" 3 4 "Don't feel right" 3 4 Difficulty concentrating 3 4 5 Difficulty remembering 3 4 Fatigue or low energy 0 3 4 5 Confusion 3 4 5 0 3 4 Drowsiness 5 Trouble falling asleep 0 3 4 5 0 3 4 5 More emotional 1 2 3 4 5 6 Irritability 0 1 2 3 4 5 6 Sadness 0 1 2 3 4 5 Nervous or Anxious Total number of symptoms (Maximum possible 22) Symptom severity score (Maximum possible 132) N Y Do the symptoms get worse with physical activity? N Do the symptoms get worse with mental activity? self rated self rated and clinician monitored clinician interview self rated with parent input Overall rating: If you know the athlete well prior to the injury, how different is the athlete acting compared to his/her usual self? no different very different

Scoring on the SCAT3 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. Since signs and symptoms may evolve over time, it is important to consider repeat evaluation in the acute assessment of concussion.

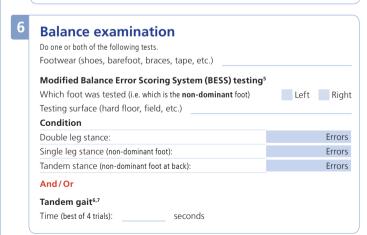
COGNITIVE & PHYSICAL EVALUATION



Neck Examination:

Range of motion Tenderness Upper and lower limb sensation & strength

Findings:



Coordination examination
Upper limb coordination
Which arm was tested:
Coordination score

Left Right
of 1

8	SAC Delayed Recall ⁴	
	Delayed recall score	of 5