# CONCUSSION EVALUATION (CE) 13yo<

BASELINE AT GAME RETURN TO PLAY (Circle one)

Players Name_____ Date____/___/_____ Time_____

Completed By_____ Team Medical provider/Primary medical provider/ATC

SCHOOL:_____ Reaction time scores:____,____,____,____,____=____/5=_____

One column 1 answer confirms a positive CE and the player MUST NOT be returned to play.

| **CONFIRMED ON FIELD** | 1(Y) | 2(N) | 3NA |
|---|---|---|---|
| LOSS OF CONSCIOUSNESS | | | |
| TONIC POSITIONING OR CONVULSIONS | | | |
| **SIDELINE ASSESSMENT 1 -MODIFIED MADDOCKS SCORE** | I | C | |
| Where are we playing today? | | | |
| Which half is it now? | | | |
| What grade are you in? | | | |
| Which school do you go to? | | | |
| **SIDELINE ASSESSMENT 2 – TANDEM BALANCE TEST (see below)** | Y | N | N/A |
| DOES THE PLAYER HAVE MORE THEN 4 'errors' (equilibrium ruptures)? | | | |
| **SIDELINE ASSESSMENT 3 – TO THE PLAYER** | | | |
| Do you have a headache or feel pressure in your head? | | | |
| Did you see bright lights or "stars" when you were hit? | | | |
| Do you have blurry vision? | | | |
| Do you feel nauseated? | | | |
| Do you feel like you are in a "fog"? | | | |
| **SIDELINE ASSESSMENT 4 –TEAM DOCTOR ONLY: PLAYER APPEARS-** | | | |
| Emotional-Sad, anxious, nervous, combative | | | |
| Drowsy | | | |
| Having difficulty concentrating? | | | |

Player removed from game: Yes / No

CE ordered by (please circle): Team doctor / Official / Athletic Trainer / Parent

Reason for evaluation: Confirmed LOC / Posturing / Convulsion / Disoriented / Dazed

Erratic or inappropriate behavior / Other

Baseline reaction time score:_____ / Sideline reaction time score:_____

Team doctor signature:_____

Coach/ Athletic trainer signature:_____

Sideline assessment section 2- Tandem assessment: Have the athlete place dominant foot heel/toe in front of non-dominant foot and balance with hands on hips for 20 sec. "Errors" are loss of balance.