

Sideline Assessment Tool

This tool is to be used as a guideline for the sideline assessment of an athlete that may have signs of concussion injury. Fill this form out during sideline assessment and enter the information at the [XLNTbrain.com](https://www.xlntbrain.com) website.

This tool does not replace medical advice. Seek assistance from a trained medical professional for advice regarding diagnosis and/or management.

NAME:

SPORT:

POSITION:

DATE OF REPORT:

DATE OF INJURY:

INJURY DESCRIPTION (CHECK ONE):

☐ HEAD TO HEAD ☐ HEAD TO BODY PART ☐ HEAD TO GROUND ☐ HEAD TO OBJECT ☐ OBJECT TO HEAD

ADDITIONAL INFORMATION:

Is the athlete unconscious, lethargic, or confused?

If yes, complete the Glasgow Coma Scale below (*optional based on training*). **If not**, skip.

If the athlete is unconscious, always assume a neck injury, do not move the athlete or remove the helmet, and seek emergency medical assistance.

GLASGOW COMA SCALE* (CHECK EACH RESPONSE):

BEST EYE RESPONSE:

- ☐ 1 DOES NOT OPEN EYES AT ALL
- ☐ 2 OPENS EYE TO PAINFUL STIMULUS
- ☐ 3 OPENS EYES ON COMMAND
- ☐ 4 OPENS EYES SPONTANEOUSLY

BEST VERBAL RESPONSE

- ☐ 1 NO VERBAL RESPONSE
- ☐ 2 INCOMPREHENSIBLE WORDS
- ☐ 3 INAPPROPRIATE WORDS
- ☐ 4 CONFUSED
- ☐ 5 ORIENTED AND APPROPRIATE

BEST MOTOR RESPONSE

- ☐ 1 MAKES NO MOVEMENT
- ☐ 2 EXTENSION RESPONSE TO PAINFUL STIMULI
- ☐ 3 ABNORMAL FLEXION RESPONSE TO PAINFUL STIMULI
- ☐ 4 NORMAL FLEXION OR WITHDRAWAL TO PAINFUL STIMULI
- ☐ 5 LOCALIZES PAINFUL STIMULI
- ☐ 6 OBEYS COMMANDS

TOTAL GLASGOW COMA SCALE SCORE (ADD EYE, VERBAL, & MOTOR RESPONSE NUMBERS):

*Teasdale G, Jennett B (1974). "Assessment of coma and impaired consciousness. A practical scale." Lancet 2 (7872): 81–4. DOI:10.1016/S0140-6736(74)91639-0. PMID 4136544.

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WAS THERE LOSS OF CONSCIOUSNESS? (CHECK ONE):

☐ NO
 ☐ LESS THAN A MINUTE
 ☐ MORE THAN A MINUTE

WAS THE ATHLETE LETHARGIC? (CHECK ONE):

☐ NO
 ☐ LESS THAN 30 MINUTES
 ☐ MORE THAN 30 MINUTES

WAS THE ATHLETE DAZED OR CONFUSED? (CHECK ONE):

☐ NO
 ☐ LESS THAN 30 MINUTES
 ☐ MORE THAN 30 MINUTES

OBSERVED SYMPTOMS (CHECK ALL THAT APPLY):

☐ MEMORY PROBLEMS
 ☐ PARALYSIS:
☐ SLURRED SPEECH
 ☐ RIGHT ARM
☐ LOSS OF BALANCE
 ☐ LEFT ARM
☐ RIGHT LEG
☐ LEFT LEG

ATHLETE REPORTED SYMPTOMS (CHECK ALL THAT APPLY):

☐ HEADACHE
 ☐ WEAKNESS:
 ☐ NUMBNESS:
☐ NAUSEA/VOMITING
 ☐ RIGHT ARM
 ☐ RIGHT ARM
☐ BLURRED VISION
 ☐ LEFT ARM
 ☐ LEFT ARM
☐ LOSS OF BALANCE
 ☐ RIGHT LEG
 ☐ RIGHT LEG
☐ NECK PAIN
 ☐ LEFT LEG
 ☐ LEFT LEG
☐ DOUBLE VISION

SIDELINE PERFORMANCE TESTING

DOES THE ATHLETE KNOW WHAT THE DATE IS TODAY? ☐ YES ☐ NO

DOES THE ATHLETE REMEMBER THE PLAY RESULTING IN INJURY? ☐ YES ☐ NO

DOES THE ATHLETE REMEMBER WHERE HE/SHE IS OR WHAT THE EVENT IS? ☐ YES ☐ NO

GIVE THE ATHLETE 5 WORDS TO REMEMBER: FLAG, AIRPLANE, APPLE, BLUE, ANKLE

CAN HE REPEAT ALL 5 WORDS IMMEDIATELY WITHOUT ASSISTANCE? ☐ YES ☐ NO

CAN THE ATHLETE RECITE THE NAMES OF THE DAYS OF THE WEEK BACKWARDS WITHOUT ERROR? ☐ YES ☐ NO

CAN THE ATHLETE RECALL THE 5 WORDS AFTER ONE MINUTE? ☐ YES ☐ NO

CAN THE ATHLETE RECALL THE 5 WORDS AFTER 3 MINUTES? ☐ YES ☐ NO

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CRANIAL NERVE ASSESSMENT (OPTIONAL BASED ON TRAINING. CHECK ALL THAT APPLY.)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> LOSS OF SMELL | <input type="checkbox"/> NUMBNESS OF THE FACE | <input type="checkbox"/> LOSS OF HEARING | <input type="checkbox"/> WEAKNESS OF SHOULDER SHRUG |
| <input type="checkbox"/> LOSS OF VISION | <input type="checkbox"/> <i>RIGHT SIDE</i> | <input type="checkbox"/> <i>RIGHT EAR</i> | <input type="checkbox"/> <i>RIGHT SIDE</i> |
| <input type="checkbox"/> <i>RIGHT EYE</i> | <input type="checkbox"/> <i>LEFT SIDE</i> | <input type="checkbox"/> <i>LEFT EAR</i> | <input type="checkbox"/> <i>LEFT SIDE</i> |
| <input type="checkbox"/> <i>LEFT EYE</i> | <input type="checkbox"/> FACIAL DROOP | <input type="checkbox"/> TONGUE DEVIATION | |
| <input type="checkbox"/> LOSS OF ALIGNMENT OF THE EYES | <input type="checkbox"/> <i>RIGHT SIDE</i> | <input type="checkbox"/> <i>RIGHT SIDE</i> | |
| | <input type="checkbox"/> <i>LEFT SIDE</i> | <input type="checkbox"/> <i>LEFT SIDE</i> | |

BALANCE TESTING (OPTIONAL BASED ON TRAINING.)

BESS SCORE:

mCTSIB SCORE:

NOTES AND OTHER ABNORMALITIES OF THE ASSESSMENT HERE:

RED FLAGS (CHECK ONE):

- ☐ LOSS OF CONSCIOUSNESS > 1 MINUTE
- ☐ SEVERE (INCAPACITATING) HEADACHE
- ☐ HEADACHE WITH NAUSEA OR VOMITING
- ☐ PERSISTENT LETHARGY
- ☐ DISTURBANCE OF VISION
- ☐ CONFUSION/AGITATION
- ☐ CRANIAL NERVE ABNORMALITY
- ☐ WORSENING SYMPTOMS
- ☐ "SOMETHING IS JUST NOT RIGHT"

DISPOSITION (CHECK ONE):

- ☐ RETURNED TO GAME (NO SIGNS OF CONCUSSION)
- ☐ DID NOT RETURN TO GAME, SIDELINE REST
- ☐ SENT TO ER
- ☐ SENT HOME WITH CONCUSSION SHEET