

Health Care Providers Assessment and Information

**Refer to Slopeside Recognition for Concussion (on reverse)
after “Exertion” and Functional Tests**

Exertional Provocative Test: 5 squats

Functional Tests: Coordination of agility; touch finger to nose, standing with eyes closed

Grades of Concussion	Return to Activity Guidelines for Health Care Professionals Only	
Grade 1 1. Transient confusion (inattention, inability to maintain a coherent stream of thought and carry out goal-directed movements). 2. No loss of consciousness. 3. Concussion symptoms or mental status abnormalities on examination resolve in less than 15 minutes.	<i>Grade of Concussion:</i>	<i>After Being Asymptomatic with Normal Neurologic Assessment at Rest and with Exercise and Evaluation by Qualified Health Care Professional:</i>
	Grade 1 Concussion	15 minutes or less
Grade 2 1. Transient confusion. 2. No loss of consciousness. 3. Concussion symptoms or mental status abnormalities (including amnesia) on examination last more than 15 minutes.	-Multiple Grade 1 Concussions	1 week
	Grade 2 Concussion	1 week
	-Multiple Grade 2 Concussions	2 weeks
	Grade 3 – Brief Loss of Consciousness (seconds)	1 week
	Grade 3 – Prolonged Loss of Consciousness (minutes)	2 weeks
Grade 3 1. Any loss of consciousness. a). Brief (seconds). b). Prolonged (minutes).	-Multiple Grade 3 Concussions	1 month or longer, based on decision of evaluating physician.
	Note: History of recent concussion should be considered equivalent to multiple concussions and merits consideration for additional evaluation and monitoring.	

Recognizing Concussion in Winter Sports

OBSERVE for any of the following:

1. Vacant stare (befuddled facial expression)
2. Delayed verbal and motor responses (slow to answer questions or follow instructions).
3. Confusion and inability to focus attention (easily distracted and unable to follow through with normal activities).
4. Disorientation (walking in the wrong direction; unaware of time, date and place).
5. Slurred or incoherent speech (making disjointed or incomprehensible statements).
6. Incoordination (stumbling, inability to walk tandem/straight line).
7. Emotions inappropriate to circumstances (distracted, crying for no apparent reason, inappropriate laughter).
8. Memory deficits (exhibited by the athlete repeatedly asking the same question that has already been answered, or inability to memorize and recall 3 of 3 words or 3 of 3 objects in 5 minutes).
9. Any period of loss of consciousness (paralytic coma, unresponsive to arousal).
10. Perseveration

Slopeside Recognition of Concussion

ASK the following questions. "Do you have?"

Headaches
Nausea
Sensitivity to Light
**Neck Pain*

Dizziness
Unsteadiness
Blurred or Double Vision
Ringing in Ears

Any of the above neurological symptoms is abnormal.
**Possible C-Spine injury associated with head injury*

TEST for:

Orientation:

- Time, place, person, and situation (circumstances of injury).
- Can you remember what happened; what slope are you on; what year is this; what month; what town are we in? .

Memory:

- Recall of 3 words and 3 objects at 0 and at 5 minutes. "Remember these 3 words (book, train, chimney) and these 3 objects (watch, pen, whistle)"
- Recent newsworthy events.
- Details of activity (name of mountain slope, difficulty of ski run, etc.)

Concentration:

- Digits backward (i.e., 3-1-5, 4-7-8-2, 5-4-0-7-2).

For information about the Winter Sports Brain Injury Program, please contact the International Brain Injury Association via email:
wsbip@internationalbrain.org.



**National Ski
Areas Association**

Adopted with permission from the Quality Standards Subcommittee of American Academy of Neurology. The Management of Concussion in Sports [practice parameter].