

**Sport Concussion Assessment Tool 2 (SCAT 2)** Name \_\_\_\_\_ Date \_\_\_\_\_

This tool represents a standardized method of evaluating injured athletes for concussion and can be used in athletes aged from 10 and older. SCAT2 is designed for the use of medical and health professionals for sideline assessment, preseason baseline testing and can be helpful in interpreting post-injury test scores.

**SYMPTOM EVALUATION** *How do you feel now? Score yourself on the following symptoms.*

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe						
Headache	0	1	2	3	4	5	6	Don't feel right	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6	Difficulty Concentrating	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6	Difficulty remembering	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6	Fatigue or low energy	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6	Confusion	0	1	2	3	4	5	6
Blurred Vision	0	1	2	3	4	5	6	Drowsiness	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6	Trouble falling asleep	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6	More emotional	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6	Irritability	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6	Sadness	0	1	2	3	4	5	6
								Nervous or anxious	0	1	2	3	4	5	6

\*Add all scores in table, maximum possible: 22 X 6 = 132 \_\_\_\_\_ / 132

\* **22 - Total number of symptoms =** \_\_\_\_\_ / 22

**PHYSICAL SIGNS SCORE**

Was there loss of consciousness or unresponsiveness? Yes No *If yes, how long?* \_\_\_\_\_  
 Was there a balance problem / unsteadiness? Yes No

\*Physical signs score (1 point for each negative response) \_\_\_\_\_ / 2

**GLASCOW COMA SCALE (GCS)**

<u>Best Eye Response (E)</u>		<u>Best Verbal Response (V)</u>		<u>Best Motor Response (M)</u>	
No eye opening	1	No verbal response	1	No motor response	1
Eye opening in response to pain	2	Incomprehensible sounds	2	Extension to pain	2
Eye opening to speech	3	Inappropriate words	3	Abnormal flexion pain	3
Eye opening spontaneously	4	Confused	4	Flexion /Withdrawal to pain	4
		Oriented	5	Localizes to pain	5
				Obeys commands	6

\*Glasgow Coma Score (E + V + M) \_\_\_\_\_ / 15

**COORDINATION EXAMINATION**

Upper limb coordination / Finger to Nose (FTN) task. Athlete sits with outstretched arm (shoulder 90 flexion and elbows and fingers extended) with eyes open. Instruct athlete to perform five successive finger to nose repetitions using their index finger to touch the tip of their nose quickly and accurately.

Which arm was test: Left \_\_\_\_\_ Right \_\_\_\_\_ \*Scoring: 5 correct repetitions in <4 seconds = 1 \_\_\_\_\_ / 1

\*Athletes fail the test if they do not touch their nose, fully extend elbow or perform five repetitions. Failure=0

**COGNITIVE ASSESSMENT** (*Standardized Assessment of Concussion - SAC*)

Orientation (1 point for each correct answer)

What month is it?	0	1	
What is the date today?	0	1	
What is the day of the week?	0	1	
What year is it?	0	1	
What time is it right now? (within 1 hour)	0	1	<b>*Orientation Score: _____ / 5</b>

Immediate Memory: I will read a list of words, repeat back to me as many words as you can remember. Complete all 3 trials regardless of score on trial 1 & 2. Read words at a rate of one per second.

<u>List</u>	<u>Trial 1</u>	<u>Trial 2</u>	<u>Trial 3</u>	<u>Alternative Word List</u>		
Elbow	0 1	0 1	0 1	Candle	Baby	Finger
Apple	0 1	0 1	0 1	Paper	Monkey	Penny
Carpet	0 1	0 1	0 1	Sugar	Perfume	Blanket
Saddle	0 1	0 1	0 1	Sandwich	Sunset	Lemon
Bubble	0 1	0 1	0 1	Wagon	Iron	Insect

**\*Immediate Memory Score: \_\_\_\_\_ 15**

Concentration: Repeat back to me backwards in reverse order a string of numbers (ie. 7-1-9 / you say 9-1-7) If correct, go to next string length. If incorrect, read trial 2. One point possible for each of the four-separate string lengths. Stop after incorrect on both trials. The digits should be read at the rate of one per second.

4-9-3	0 1	6-2-9	3-8-1-4	0 1	3-2-7-9
6-2-9-7-1	0 1	1-5-2-8-6	7-1-8-4-6-2	0 1	5-3-9-1-4-8

Months in Reverse Order: Tell me the months of the year in reverse order. (1 pt for entire correct sequence).  
 DEC-NOV-OCT-SEPT-AUG-JULY-JUNE-MAY-APRIL-MARCH-FEBRUARY- JANUARY                      0 1

**\*Concentration Score: \_\_\_\_\_ / 5**

**BALANCE EXAMINATION:** Shoes off, eyes closed, perform the following balance stances for 20 seconds.

Add one point for each error during the three 20-sec tests. The max total number of errors is 10 for each.

Which foot was tested (use non-dominant for single / tandem stance): Left \_\_\_\_\_ Right \_\_\_\_\_

Double Leg Stance (feet together) errors \_\_\_\_\_/10

Single Leg Stance (non-dominant) errors \_\_\_\_\_/10

Tandem Stance (non-dominant in back) errors \_\_\_\_\_/10

**\*Balance Score: \_\_\_\_\_ / 30**

**COGNITIVE ASSESSMENT:** Tell me as many words from the previous word list that you can remember.

<u>List</u> (circle each word recalled)	<u>Alternative Word List</u>		
Elbow	Candle	Baby	Finger
Apple	Paper	Monkey	Penny
Carpet	Sugar	Perfume	Blanket
Saddle	Sandwich	Sunset	Lemon
Bubble	Wagon	Iron	Insect

**\*Delayed Recall Score: \_\_\_\_/5**

**SCAT2 TOTAL SCORE \_\_\_\_\_ / 100** (add up each 9 individual scores (\*) for total SCAT2 score)