

Player's name				Player's number	
Date of injury			Physician's name		
Team			Opposition		
Competition			Round		
Kick off time			Assessment time (24-hour clock)		
Time of injury	<input type="checkbox"/> Quarter 1	<input type="checkbox"/> Quarter 2	<input type="checkbox"/> Quarter 3	<input type="checkbox"/> Quarter 4	

COMPLETE EITHER SECTION 1 OR SECTION 2. SECTION 3 MUST BE COMPLETED IN ALL CASES

SECTION 1 – Identify below the reason for immediate and permanent removal from field IF A CRITERIA 1 APPLIES, THE OFF-FIELD SCREEN (Section 2) DOES NOT REQUIRE COMPLETION

	Tonic posturing		Convulsion
	Confirmed loss of consciousness		Suspected loss of consciousness
	Balance disturbance/ ataxia		Player not orientated in time, place or person
	Clearly dazed		Definite confusion
	Definite behavioural changes		On field identification of sign or symptom of concussion
	Oculomotor signs (e.g. spontaneous nystagmus)		Under 19 - Recognise and Remove

SECTION 2 – HIA1 Off-field screen - identify reason(s) for off-field screen below

Before commencing the off-field screen, review the video of the incident with the Team Doctor

	Head impact where diagnosis not immediately apparent		Possible behaviour changes
	Possible Confusion		Injury event witnessed with potential to result in a concussive injury
	Sub-threshold Criteria 1 sign e.g. possible balance disturbance, possible LOC etc.		Other (identify):

Off-field Screen

(If unable to perform a specific test please record reason in the appropriate section)

Immediate memory (ABNORMAL result is a score less than 16 or less than baseline)

Randomly select a list of 10 words and use this same 10-word list, three times to assess Immediate Memory. Identify the number of correct answers with a maximum of 30 possible.

List	Alternate 10-word lists					Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
	Dollar	Honey	Mirror	Saddle	Anchor			
B	Baby	Monkey	Perfume	Sunset	Iron			
	Candle	Paper	Sugar	Sandwich	Wagon			
C	Jacket	Arrow	Pepper	Cotton	Movie			
	Carpet	Saddle	Elbow	Bubble	Apple			

Immediate memory score: out of 30

SECTION 2 – Off-field Screen - continued

ANSWER ALL QUESTIONS

Maddock's Questions – Orientation	Incorrect	Correct
What venue are we at today?		
Which half is it now?		
Who scored last in this match?		
What team did you play last week/game?		
Did your team win the last game?		
Digits backwards (ABNORMAL is a score less than 2 or less than the baseline)	Abnormal	Normal
Trail 1 numbers: 4-3-9 / 3-8-1-4 / 6-2-9-7-1 / 7-1-8-4-6-2		
Trail 2 numbers (if needed): 6-2-9 / 3-2-7-9 / 1-5-2-8-6 / 5-3-9-1-4-8		
Balance Examination		
ABNORMAL score:		
<ul style="list-style-type: none"> Tandem Stance- 4 errors or more, or more errors than baseline Single Leg Stance- 6 errors or more, or more errors than baseline 		
Tandem Stance – Identify total errors <input type="text"/>		
Single Leg Stance – Identify total errors <input type="text"/>		
Symptom checklist – Hand questionnaire to player to read and answer aloud	Abnormal	Normal
Do you have a headache?		
Do you have any dizziness?		
Do you have any 'pressure in your head'?		
Do you feel nauseated or do you feel like vomiting?		
Do you have any blurred vision?		
Does the light or noise worry you?		
Do you feel as though you are slowing down?		
Do you feel like you are 'in a fog'?		
Do you feel unwell?		

Clinical signs - Hand the form back to the Doctor for completion of this segment	Yes	No
Emotional – sad, anxious, nervous, irritable		
Drowsy / difficulty concentrating / difficulty remembering		
Doctor performing HIA suspects concussion despite above tests being normal		
Delayed Recall (ABNORMAL is a score less than 4 or less than the baseline)	Abnormal	Normal
Test recall of immediate memory words <u>5 minutes</u> after the initial testing of the 10 immediate memory words		

ANY ABNORMAL OR INCORRECT ANSWER = NO RETURN TO PLAY

SECTION 3

Requested by	<input type="checkbox"/> Team Doctor <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Match Day Doctor <input type="checkbox"/> Tournament Doctor
Completed by	<input type="checkbox"/> Team Doctor <input type="checkbox"/> Match Day Doctor <input type="checkbox"/> Tournament Doctor <input type="checkbox"/> Assistant Team Doctor

Player removed?	Yes	Reason:	<input type="checkbox"/> Criteria 1 sign or symptom confirmed <input type="checkbox"/> Off-field HIA screen abnormal <input type="checkbox"/> Clinical suspicion despite normal off-field HIA screen <input type="checkbox"/> Player removed for another injury <input type="checkbox"/> Under 19 Recognise and Remove
	No	Reason:	<input type="checkbox"/> Player returned after completion of the off-field screen <input type="checkbox"/> Clinical judgement over-ruled abnormal off-field screen <input type="checkbox"/> Game finished – player would have been returned to play <input type="checkbox"/> Game finished – player would have been removed

Identify the role of video in this HIA 1 off-field screen

<input type="checkbox"/> Video not used	
Head injury identified by:	<input type="checkbox"/> Video only <input type="checkbox"/> Video and side-line <input type="checkbox"/> Side-line/On-field only
Criteria 1 confirmed by:	<input type="checkbox"/> Video only <input type="checkbox"/> Video and side-line <input type="checkbox"/> Side-line/On-field only
Decision regarding return to play supported by:	<input type="checkbox"/> Video contributed <input type="checkbox"/> Video did not contribute

Instructions

1. Complete Section 1 if the player is removed immediately and permanently from the field of play.
2. Complete Section 2 if player requires an off-field HIA1 screen
3. If sections of the off-field HIA1 are not fully completed, please identify why in that area.
4. Section 2 of the off-field HIA screen is designed to assist Team Doctors assess head injury where the diagnosis is not immediately apparent.
5. The player must not return to play following an off-field HIA1 if any answer in column 1 is selected.
6. A doctor's clinical suspicion should overrule a normal side-line neurological test
7. Return to play decisions remain the responsibility of the doctor.
8. The team doctor should continue to monitor all athletes who have had a normal off-field HIA1, for symptoms and signs of a delayed concussion.

Criteria 1 sign definitions'

SUSPECTED LOSS OF CONSCIOUSNESS is identified by one of the following:

- Cervical hypotonia
- Player falls to ground without protecting themselves
- Player lies on ground motionless for 5 seconds
- LOC confirmed by team member or referee.

BALANCE DISTURBANCE / ATAXIA is identified when the player is unsteady rising from the ground, unsteady taking initial steps or unable to stand steadily or walk normally or steady without support following a clear an obvious head contact.

OFF-FIELD SCREEN INSTRUCTIONS

IMMEDIATE MEMORY - select one 10-word list from the three options. Test the players recall with these same 10 words, three times. Identify the correct number of words recalled, maximum 30.

Instructions

I am going to test your memory. I will read you 10 words and when I am done, you are to repeat to me as many words as you can remember, in any order'

Repeat the same procedure using the same words three times:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order."

Complete all three trials regardless of score on trial 1 and 2.

Read the words at a rate of one per second.

The maximum score is 30.

DIGITS BACKWARDS - start with either option 1 or option 2 numbers.

"I am going to read you a string of numbers and when I am done, you repeat them back to me backwards, in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."

Begin with first 3-digit string. If correct, go to next string length. If incorrect in a string length, read trial 2 in the same string length. Stop if incorrect with both trials in the same string length. The digits should be read at the rate of one per second.

DELAYED RECALL - re-test same immediate memory words - MUST BE 5 MINUTES AFTER FIRST TEST

"Tell me as many words from the list of words read to you earlier in any order."

Balance Examination

The following are instructions for balance testing. Inform the player: *"I am now going to test your balance. Please take your boots off. This test will consist of two twenty second tests with different stances."*

(a) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."