

CONCUSSION SYMPTOM SCORE

Athlete's Name: _____ Sport _____ Date of Injury: _____

How do you feel? The athlete should score themselves on the following symptoms, based on how they feel at the time. (0 = not present, 1 = mild, 3 = moderate, 6 = severe)

Date	Headache/head pressure	0 1 2 3 4 5 6	Feeling slowed down	0 1 2 3 4 5 6
	Nausea/vomiting	0 1 2 3 4 5 6	Sensitivity to noise	0 1 2 3 4 5 6
____/____/____	Neck Pain	0 1 2 3 4 5 6	Sensitivity to light	0 1 2 3 4 5 6
	Drowsiness	0 1 2 3 4 5 6	Visual problems/blurred vision	0 1 2 3 4 5 6
RTP Stage	Balance problems	0 1 2 3 4 5 6	Sleeping more than usual	0 1 2 3 4 5 6
	Dizziness	0 1 2 3 4 5 6	Sleeping less than usual	0 1 2 3 4 5 6
_____	Fatigue/low energy	0 1 2 3 4 5 6	Trouble falling asleep	0 1 2 3 4 5 6
	Confusion	0 1 2 3 4 5 6	Sadness	0 1 2 3 4 5 6
_____	"Don't feel right"	0 1 2 3 4 5 6	Nervous or anxious	0 1 2 3 4 5 6
	Feeling "in a fog"	0 1 2 3 4 5 6	Feeling more emotional	0 1 2 3 4 5 6
_____	Difficulty remembering	0 1 2 3 4 5 6	Irritability	0 1 2 3 4 5 6
	Difficulty concentrating	0 1 2 3 4 5 6	Numbness or tingling	0 1 2 3 4 5 6

Total # Symptoms: of 24 _____ **Symptom Severity Score (max 24 symptoms x max 6 rating) of 144** _____

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CONCUSSION MANAGEMENT



MidMichigan Medical Offices-Campus Ridge 1
4401 Campus Ridge Drive, Ste. C2000
Midland, Michigan 48640
Phone (989) 837-9350
www.midmichigan.org/wellsport

Athlete's Name: _____

Sport: _____

Follow-Up Appt: YES / NO Date: _____

Physician Name: _____ Appt. Date: _____

Date to initiate RTP Strategy as outlined below: ____ / ____ / ____

Graduated Return to Play Strategy (RTP)		
Stage	Activities	Objective
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping <10% maximum predicted heart rate	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g. passing drills in football and ice hockey	Exercise, coordination and cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Guidelines for Stage Progression: Each stage is 24 hours in duration. If symptoms return during a stage activity, stop all activity and rest for the entire day. The following day, return to the last stage above where symptoms did not occur and progress accordingly. Each stage should be performed symptom free before progression to the next stage.

This athlete has successfully completed the RTP protocol as outlined above.

Date: ____ / ____ / ____ Signature: _____

DANGER SIGNS = IMMEDIATE MEDICAL ATTENTION:

- Symptoms Get Worse
- Decreasing Consciousness
- Increasing Sleepiness
- Seizure
- Vomiting
- Trouble Recognizing People or Places
- Neck Pain
- Weakness in Arms or Legs
- Slurred Speech

With proper recognition & management YOU can prevent permanent brain injury & death