

CONCUSSION RECOGNITION TOOL 6[©]

To help identify concussion in children, adolescents and adults



Supported by



RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 6 (CRT6) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the skier/snowboarder should be safely and immediately removed from the course/slope/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms of legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

- Remember:**
- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
 - Assessment for a spinal cord injury is critical.
 - Do not attempt to move the skier/ snowboarder (other than required for airway support) unless trained to do so.
 - Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or a inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

STEP 3: SYMPTOMS

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- “Don’t feel right”
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like “in a fog”

STEP 4: MEMORY ASSESSMENT

(FOR ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:**
- What competition/training venue are we today?
 - In which discipline do you participate today?
 - Where did your latest competition/training take place?
 - What was your personal result at your last competition?
 - In which part of the slope/course did you fall?
 - What is the name of your current accommodation here?
 - What is the name of your ski company?
 - In case of two runs, in which run did you fall?

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a health professional.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM TRAINING/COMPETITION OR ACTIVITY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE