

# UPMC Sports Medicine

## *Sports Concussion Program*

### **Concussion Signs and Symptoms Evaluation**

#### **Signs observed by staff**

- appears to be dazed or stunned
- is confused about assignment
- forgets plays
- is unsure of game, score, or opponent
- moves clumsily
- answers questions slowly
- loses consciousness (*even temporarily*)
- shows behavior or personality change
- forgets events prior to hit (*retrograde*)
- forgets events after hit (*anterograde*)

#### **Symptoms reported by athlete**

- headache
- nausea
- balance problems or dizziness
- double or fuzzy vision
- sensitive to light or noise
- feeling sluggish
- feeling "foggy"
- change in sleep pattern
- concentration or memory problems

**Symptoms may worsen with exertion. Athlete should not return to play until symptom-free.**

**To schedule an appointment call 412-432-3681.**

For information on ImPACT testing, visit [www.impacttest.com](http://www.impacttest.com)

# On-field Cognitive Testing

## Orientation

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*Ask the athlete the following questions.*

What stadium is this?

What month is it?

What city is this?

What day is it?

Who is the opposing team?

## Anterograde amnesia

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*Ask the athlete to repeat the following words.*

Girl, dog, green

## Retrograde amnesia

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*Ask the athlete the following questions.*

What happened in the prior quarter/period?

What do you remember just prior to the hit?

What was the score of the game prior to the hit?

Do you remember the hit?

## Concentration

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*Ask the athlete to do the following.*

Repeat the days of the week backward (starting with today).

Repeat these numbers backward:

63 (36 is correct)

419 (914 is correct)

## Word list memory

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*Ask the athlete to repeat the three words from earlier.  
(girl, dog, green)*

**Any failure should be considered abnormal.  
Consult a physician following a suspected concussion.**