

Name \_\_\_\_\_  M  F Birthdate \_\_\_\_\_ Date of Injury \_\_\_\_\_  
 Sport/Team/School \_\_\_\_\_ Initial Examiner \_\_\_\_\_

Prior Concussions: How many? \_\_\_\_\_ Most Recent: Date \_\_\_\_\_ Length of Recovery \_\_\_\_\_

- |   |   |
|---|---|
| Yes No  | Yes No  |
| <input type="checkbox"/> <input type="checkbox"/> Ever been hospitalized or had MRI for a head injury?                                  | <input type="checkbox"/> <input type="checkbox"/> Has any family member had a history of depression, migraines or psychiatric disorder? |
| <input type="checkbox"/> <input type="checkbox"/> Ever been diagnosed with headaches or migraines?                                      | <input type="checkbox"/> <input type="checkbox"/> Do you suffer from neck pain?   |
| <input type="checkbox"/> <input type="checkbox"/> Ever experience motion sickness?  | Range of Motion _____   |
| <input type="checkbox"/> <input type="checkbox"/> Do you have a learning disability or dyslexia?  | Tenderness _____  |
| <input type="checkbox"/> <input type="checkbox"/> Ever been diagnosed with ADD/ADHD, depression, anxiety or other psychiatric disorder? | Upper & Lower Limb sensation/strength _____   |
| <input type="checkbox"/> <input type="checkbox"/> Are you taking prescription medication for any of these?                              |   |

**Medical Assessment**  
**SCORE Card 2**

**KSCOP**  
 Kansas Sports Concussion Partnership  
[www.KansasConcussion.org](http://www.KansasConcussion.org)  
 A project sponsored by Kansas Medical Society

Exam Date: \_\_\_\_\_  
 By: \_\_\_\_\_

**Cognition/Balance Assessment**

**❖ ORIENTATION** Read these questions and check box if answered correctly:  What month is it?  What is today's date?  
 What day of the week is it?  What year is it?  What time is it now (within 1 hour)?  
 Score 1 point for each correct response (checked box). 5 points possible. **Orientation Score**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	/5	/5	/5	/5	/5

**❖ IMMEDIATE MEMORY** Read a list of five words and have athlete repeat back as many words as can be remembered, in any order. Repeat the same list again for the second and third trials. Have athlete repeat back as many words as can be remembered in any order, even if they said the word before. Complete all 3 trials regardless of score on trials 1 & 2. Read the words at a rate of one per second.

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	
	Elbow	Candle	Baby	Finger	Basket	
	Apple	Paper	Monkey	Penny	Hammer	
	Carpet	Sugar	Perfume	Blanket	Orange	
	Saddle	Sandwich	Sunset	Lemon	Stick	
	Bubble	Wagon	Iron	Insect	Plant	
<b>Trial I</b>	/5	/5	/5	/5	/5	/5
<b>Trial II</b>	/5	/5	/5	/5	/5	/5
<b>Trial III</b>	/5	/5	/5	/5	/5	/5
<b>Immediate Memory Score</b>	/15	/15	/15	/15	/15	/15

Score 1 point for each correct response. 5 points possible for each trial.  
 Total equals sum of all 3 trials. (15 pts. possible)

**❖ CONCENTRATION**

**A.** Read a string of digits at a rate of one per second. Have athlete repeat back the list of numbers in reverse order. If correct, score one point and go to next trial with one additional digit. If incorrect, score zero for that trial and subsequent trials.

	Exam 1	Exam 2	Exam 3	Exam 4	Exam 5	
	4-9-3	6-2-9	5-2-6	4-1-5	1-7-3	
	3-8-1-4	3-2-7-9	1-7-9-5	4-9-6-8	6-2-9-5	
	6-2-9-7-1	1-5-2-8-6	3-8-5-2-7	6-1-8-4-3	4-7-2-6-1	
	7-1-8-4-6-2	5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6	6-1-3-7-2-9	
<b>Trial I</b>	/1	/1	/1	/1	/1	/1
<b>Trial II</b>	/1	/1	/1	/1	/1	/1
<b>Trial III</b>	/1	/1	/1	/1	/1	/1
<b>Trial IV</b>	/1	/1	/1	/1	/1	/1
<b>Digits Backward Total</b>	/4	/4	/4	/4	/4	/4
<b>Months in Reverse Order</b>	/1	/1	/1	/1	/1	/1
<b>Total Concentration Score</b>	/5	/5	/5	/5	/5	/5

**B.** Have athlete recite months of year in reverse order: Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-April-Mar-Feb-Jan

**A. Score 1 pt. if entire sequence per trial is correct. (4 pts. possible)**  
**B. Score 1 pt. if entire sequence is correct. (1 pt. possible)**

**BALANCE ERRORS** Remove shoes, roll up your pant legs above the ankle (removing ankle taping). This test will consist of three, 20-second timed tests from different stances.

**I. Double Leg Stance:** Stand feet together, with hands on hips and eyes closed. Maintain stability for 20 seconds. Count number of times that person moves out of that position.

**II. Single Leg Stance:** Stand holding dominant leg off the floor a few inches and maintain stability for 20 seconds with hands on hips and eyes closed. Count number of times athlete moves out of that position. If they stumble, have them open eyes and return to the start position and continue balancing. Start timing when they are set and have their eyes closed.

**III. Tandem Stance:** Stand heel-to-toe with non-dominant foot in back. Weight is evenly distributed across both feet. Maintain stability for 20 seconds with hands on hip and eyes closed. Count number of times athlete moves out of that position. If they stumble out of this position, have them open eyes and return to the start position and continue balancing. Start time when they are set and eyes are closed.

*Begin counting errors only after the athlete has assumed the proper start position. Score each stance test individually by counting the number of accumulated errors with a maximum of 10 errors per stance. If athlete commits multiple errors simultaneously, only one error is recorded but they must quickly return to the testing position, and counting resumes once they are set. If unable to maintain the stance for a minimum of 5 seconds, assign 10 errors.*

**Dominant Foot:**  Left  Right  
**Testing Surface:** \_\_\_\_\_

**Types of Balance Errors:**

- Hands lifted off iliac crest
- Opening eyes
- Step, stumble, or fall
- Moving hip into > 30° abduction
- Lifting forefoot or heel
- Remaining out of test position longer than 5 seconds

<b>Stance I: # of Errors (10 max.)</b>					
<b>Stance II: # of Errors (10 max.)</b>					
<b>Stance III: # of Errors (10 max.)</b>					
<b>Total # Balance Errors (30 max.)</b>					

**Transfer total to athlete's SCORE Card 1.**

**FINGER-TO-NOSE COORDINATION TASK** With athlete seated and either arm outstretched and index finger pointed out, have athlete touch finger to tip of nose and return to starting position. Perform five successive repetitions as quickly and accurately as possible. Score 1 pt. with 5 correct repetitions in < 4 seconds

**Transfer total to athlete's SCORE Card 1. Total F-to-N Coordination Task (1 max.)**

	/1	/1	/1	/1	/1
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**❖ DELAYED RECALL** Repeat back as many words as can be remembered from the group of 5 words from the Immediate Memory question above. Score one point for each word remembered (5 points possible). **Delayed Recall Score**

	/5	/5	/5	/5	/5
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**❖ TOTAL COGNITION SCORE** Add individual (❖) scores and transfer total to SCORE Card 1. (30 pts. possible) **TOTAL**

	/30	/30	/30	/30	/30
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