

Assessment of Concussion - SAC Form B

Name: _____

Team: _____ Examiner: _____

Date of Exam: _____ Time: _____

Exam (Circle One): **Bline** Injury Post-Game

Follow-Up Day: _____

Introduction:

I am going to ask you some questions.
Please listen carefully and give your best effort.

Orientation

What Month is it?	0	1
What's the Date today?	0	1
What's the Day of Week?	0	1
What Year is it?	0	1
What Time is it right now? (within 1 hour)	0	1

Award 1 point for each correct answer.

Orientation Total Score	
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Immediate Memory

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order.

List	Trial 1	Trial 2	Trial 3
Lamp	0 1	0 1	0 1
Snowball	0 1	0 1	0 1
Potato	0 1	0 1	0 1
Gumball	0 1	0 1	0 1
Pumpkin	0 1	0 1	0 1
Total			

Trials 2 & 3 I am going to repeat that list again. Repeat back as many words as you can remember in any order, even if you said the word before.

Complete all 3 trails regardless of score on trial 1 & 2. 1 point for each correct response. Total Score equals sum across all 3 trials.

Do not inform subject that delayed recall will be tested.

Immediate Memory Total Score	
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Exertional Maneuvers

If subject is not displaying or reporting symptoms, conduct the following maneuvers to create conditions under which symptoms likely to be elicited and detected. These measures need not be conducted if a subject is already displaying or reporting any symptoms. If no conducted, allow 2 minuets to keep time delay constant before testing Delayed Recall. These methods should be administered for baseline testing of normal subjects.

Exertional Maneuvers	
5 Jumping Jacks	5 Push-Ups
5 Sit-ups	5 Knee Bends

Neurologic Screening

Loss of Consciousness/ Witnessed Unresponsiveness	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Post-Traumatic Amnesia? Poor Recall of events after injury	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Retrograde Amnesia? Poor recall of events before injury	<input type="checkbox"/> No	<input type="checkbox"/> Yes

	Normal	Abnormal
Strength	<input type="checkbox"/>	<input type="checkbox"/>
Right Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Left Upper Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Right Lower Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Left Lower Extremity	<input type="checkbox"/>	<input type="checkbox"/>
Sensation - examples: Finger-to-Nose/Romberg	<input type="checkbox"/>	<input type="checkbox"/>
Coordination - examples: Tandem Walk/Finger-Nose-Finger	<input type="checkbox"/>	<input type="checkbox"/>

Concentration

Digits Backward: 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.

If correct, go to next string length. If incorrect, read trial 2. 1 pt. possible for each string length. Stop after incorrect on both trails.

5-2-6	4-1-5	0 1
1-7-9-5	4-9-6-8	0 1
4-8-5-2-7	6-1-8-4-3	0 1
8-3-1-9-6-4	7-2-4-8-5-6	0 1

Months in Reverse Order: Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November...Go ahead. 1 pt. for entire sequence correct.

Dec-Nov-Oct-Sept-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	0 1
Concentration Total Score	

Delayed Recall

Do you remember the list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order. Circle each word correctly recalled. Total score equals number of words recalled.

Lamp Snowball Potato Gumball Pumpkin

Delayed Recall Total Score	
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SAC Scoring Summary

Exertional Maneuvers & Neurologic Screening are important for examination, but not incorporated into SAC Total Score.

Orientation	/ 5
Immediate Memory	/15
Concentration	/ 5
Delayed Recall	/ 5
SAC TOTAL SCORE	/30