**Appendix 3.2**

**Concussion Recognition Tool 5**

---

**Table of Contents**

<table>
<thead>
<tr>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

**Guidelines for Concussion/mTBI and Persistent Symptoms: 3rd Ed.**

---

**Concussion Recognition Tool – 5th Edition**

**To help identify concussion in children, adolescents and adults**

**RECOGNISE & REMOVE**

**Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool (CRT5) 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 player should be safely and immediately removed from play/game/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 or 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 player (other than required for airway support) unless trained to so do.
- Do not remove a helmet or any other equipment unless trained to do so safely.

**STEP 2: OBSERVABLE SIGNS**

Visual clues that suggest possible concussion include:

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Dizziness
- Difficulty concentrating
- Difficulty remembering information
- Feeling slowed down
- Feeling like "in a fog"
- Don’t feel right
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck pain
- Difficulty concentrating
- Difficulty remembering information
- Feeling slowed down
- Feeling like "in a fog"
- Less attention to detail
- Less self-confidence
- More distractible
- More fatigued
- More confused
- More forgetful

**STEP 3: SYMPTOMS**

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Dizziness
- Difficulty concentrating
- Difficulty remembering information
- Feeling slowed down
- Feeling like "in a fog"
- Less attention to detail
- Less self-confidence
- More distractible
- More fatigued
- More confused
- More forgetful

**STEP 4: MEMORY ASSESSMENT**

**IN ATHLETES OLDER THAN 12 YEARS**

Failure to answer any of these questions (modified appropriately for each sport category by an expert in the field) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

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 healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision or any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

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