

## VHSL On-Mat Concussion Evaluation Protocol

This condensed assessment evaluates Orientation, Immediate Memory, Delayed Recall, Concentration, Neurological, Exertional Maneuvers. At anytime you confirm the athlete exhibits a sign or symptom of concussion, the athlete should be withdrawn from the match. The 3-minute concussion assessment may only be performed by an appropriate licensed health care provider, ALHCP (VA Law).

- **Balance – Instruct athlete to stand w/feet together, arms down at side, eyes open, remain in this position for 30 seconds while continuing assessment.**
- **Immediate Recall - Athlete repeats three words, three times**
  - **Baby, Monkey, Perfume**
- **Orientation - What is the time?**
- **What did you weigh in at?**
- **What was the result of your last match?**
- **When was the last time you bumped your head and felt foggy, dizzy or got a headache?**
- **What is your first name? Please spell it. (continue to last name if first name is under 4 letters)**
- **Now, Spell your name backwards (choose the name or use both for minimum of 5 letters)**
- **Check pupils for reaction to light, pursuits**
- **If you had a headache at the beginning of the match, how bad was it (0-6, 6 being worst)**
- **How bad is your headache now 0-6?**
- **How dizzy do you feel now 0-6?**
- **3-4 Squat jumps**
- **Stand with feet together, arms down at sides**
- **How bad is your headache now 0-6?**
- **How dizzy are you now 0-6?**
- **Request recall of 3 words**
  - **Baby, Monkey, Perfume**

The ALHCP must use their professional judgment in allowing an athlete to continue a wrestling match if suspicion of concussion is evident during a match. The athlete must be available to continue immediately upon the expiration of the 3-minute assessment time if they are to continue the match. If they continue, no further injury or concussion time will be permitted. A more detailed and comprehensive evaluation shall be completed upon the completion of the match.

Complete follow-up survey [www.vhls.org/sportsmed](http://www.vhls.org/sportsmed)

Date: \_\_\_\_\_ Team: \_\_\_\_\_ Wt Class: \_\_\_\_\_

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