



SIDELINE EVALUATION

Sports Medicine Mild Traumatic Brain Injury (MTBI)
 FLOWING WELLS SCHOOL DISTRICT

LAST NAME: _____ FIRST NAME: _____

DOB: _____

	SYMPTOMS	SEVERITY	DURATION
Date / Time of Injury:	Retrograde Amnesia		
	Anterograde Amnesia		
Date / Time of Evaluation:	Headache	0 1 2 3 4 5 6	
	Confusion/Disorientation	0 1 2 3 4 5 6	
Sport:	Visual Disturbances	0 1 2 3 4 5 6	
	Nausea	0 1 2 3 4 5 6	
Medications:	Vomiting	0 1 2 3 4 5 6	
	Dizziness	0 1 2 3 4 5 6	
Allergies:	Balance Problems	0 1 2 3 4 5 6	
	Fatigue	0 1 2 3 4 5 6	
History of Concussions:	Drowsiness	0 1 2 3 4 5 6	
	Sensitivity to Light/Noise	0 1 2 3 4 5 6	
Wearing a Mouthpiece:	Irritability	0 1 2 3 4 5 6	
Y or N	Sadness	0 1 2 3 4 5 6	
	Ringling or buzzing in ears	0 1 2 3 4 5 6	
Mechanism of Injury	Numbness or tingling	0 1 2 3 4 5 6	
	Feeling "Slowed Down"	0 1 2 3 4 5 6	
	Feeling like "in a fog"	0 1 2 3 4 5 6	
	Difficulty concentrating	0 1 2 3 4 5 6	
LOC: None < 1 min > 1 min	Difficulty with memory	0 1 2 3 4 5 6	

ORIENTATION		Normal	Abnormal	CRANIAL NERVES	Normal	Abnormal
Person				Visual Fields (Scoreboard)		
Venue				PERRLA		
Time of Day; Person / Qtr / Half				Auditory Acuity		
Opponent				Grit teeth / Scrunch Face		
Winning? Losing?				Say "ah" / Gag Reflex		
Opponent & Score this game				Tongue out & move side to side		
Opponent & Score last game				LE strength (hip/knee/ankle)		
COGNITION				UE strength (traps/elbow/wrist)		
List 4 items after 5 min	CAT			Sensation (Dermatomes UE/LE)		
List 4 items after 10 min	PEN			Shoulder shrug		
List 4 items after 15 min	SHOE			Finger to nose		
List 4 items after 20 min	BOOK			Rhomberg		
List 4 items after 30 min	CAR			Tandem gait		
				Pronator Drift		
Months of year backwards				FUNCTIONAL TESTING		
				Running / Cutting		
Serial 7's or 3's				Jumping		
				Sport Specific		

ASSESSMENT

PLAN

ATHLETIC TRAINER: _____ Parent Info: _____