MÉDECINE DU SPORT & PHYSIOTHÉRAPIE
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ByWard

300-100 Marie Curie PVT
Ottawa, Ontario K1N 6N5

SPORTS MEDICINE & PHYSIOTHERAPY
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Concussion Assessment

Patient:

Occupation: _____
Is this a sports injury? ☐ Yes ☐ No
List sports you do: _____

Level of participation: ☐ Recreational ☐ Varsity ☐ Provincial ☐ National ☐ Elite
You are: ☐ Right-handed ☐ Left-handed

History of problem: ☐ New ☐ Old (Chronic)

Describe the pain: _____

How did the injury occur? _____

Previous related injuries? _____
What makes it worse? _____

Medications prescribed for this problem (List and check 'Yes' if effective, 'No' if not)

_____	☐ Yes ☐ No	_____	☐ Yes ☐ No
_____	☐ Yes ☐ No	_____	☐ Yes ☐ No
Anti-inflammatory: _____	☐ Yes ☐ No	Anti-inflammatory: _____	☐ Yes ☐ No
Anti-inflammatory: _____	☐ Yes ☐ No	Anti-inflammatory: _____	☐ Yes ☐ No

Other Treatments (List and check 'Yes' if effective, 'No' if not)

Ice: ☐ Yes ☐ No Heat: ☐ Yes ☐ No Brace: _____ ☐ Yes ☐ No Orthotic: _____ ☐ Yes ☐ No

Massage Therapy: _____ ☐ Yes ☐ No Chiropractor _____ ☐ Yes ☐ No

Other Therapy: _____ ☐ Yes ☐ No

Results of Investigations

X-Rays: _____	☐ Yes ☐ No	Ultra Sound: _____	☐ Yes ☐ No
Bone Scan: _____	☐ Yes ☐ No	CT Scan: _____	☐ Yes ☐ No
MRI: _____	☐ Yes ☐ No	Other _____	☐ Yes ☐ No

Medical Profile

Family History: _____
Previous Surgeries: _____
Other Medical Problems: _____
Medications, supplements, vitamins used to treat Medical Problems listed above:

_____

Allergies to Medications: _____
Do you have stomach problems? ☐ Yes ☐ No _____

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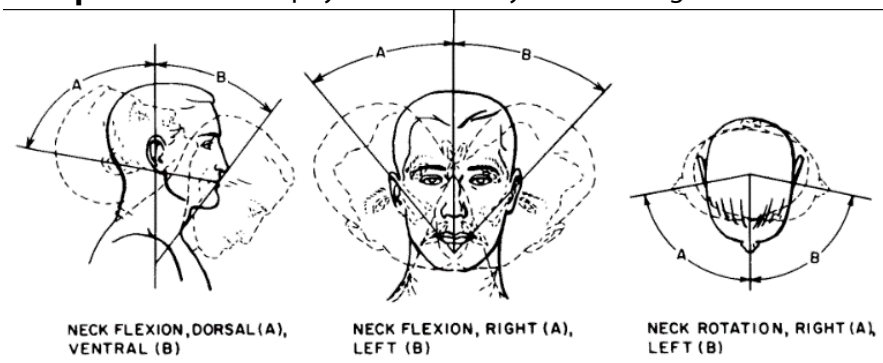
Concussion Assessment - Physical Examination

Observation:

Posture: ☐ Normal Head Forward Shoulders Forward

Effusion: None 1+ 2+ 3+

Tenderness on Palpation: Atrophy Deformity Bruising Abrasion



NECK FLEXION, DORSAL (A), VENTRAL (B)

NECK FLEXION, RIGHT (A), LEFT (B)

NECK ROTATION, RIGHT (A), LEFT (B)

NECK MOVEMENT

Neck Exam: Spurling's Test: R L Neural Tension Sign: R L Thoracic Outlet Sign: R L

ROM N FF _____ Ext _____ R Twist _____ L Twist _____

Cranial Nerves:

Gross Sensory and Motor Exam: Upper extremities _____ ☐ Normal
Lower extremities _____ ☐ Normal

SCAT 3:

X-Ray:

Assessment & Plan: