



Head Injury Assessment – Form 3

To be completed after two nights' sleep – including the night of the game

HIA3

| | | | | | | | |
|--|--|-----------------|------------|-------------------------------|--|----------------------|------------|
| Player's name | | Player's age | | Physician's name | | Date of injury | |
| Team | | Opposition | | Competition | | Round | |
| Kick off time | | | | Assessment date & time | | | |
| Position at time of injury? | | Player's number | | Player's height (m) | | Player's weight (kg) | |
| Year commenced professional rugby | | | | Year began playing rugby | | | |
| Number of diagnosed concussions in past 12 months? | | | Don't know | Number of career concussions? | | | Don't know |

REASON FOR HIA3?

| | | | |
|-------------------------------|---|----------------------------------|---------------------------|
| Follow up of HIA1 and/or HIA2 | Player developer symptoms day(s) following game | Requested following video review | Training/Non Rugby Injury |
|-------------------------------|---|----------------------------------|---------------------------|

SECTION 1: SUMMARY OF HIA1 AND HIA2

HIA1 COMPLETED PLAYER REMOVED FROM PLAY

| | |
|--|--------------------------------|
| Criteria 1 sign or symptom confirmed | Off-field HIA1 screen abnormal |
| Clinical suspicion despite normal HIA1 | Recognise and Remove |
| Player removed for another injury | |

HIA1 COMPLETED PLAYER RETURNED TO PLAY

| | |
|---|---|
| Normal HIA1 | Clinical judgement over-ruled abnormal HIA1 |
| Game finished, player would have returned to play | Game finished, player would have been removed |

HIA1 NOT COMPLETED

| | |
|---|--|
| Symptoms appeared after completion of the game | HIA1 not completed despite indication |
| Suspicious event identified by video or direct observation after the game | Player removed with unrecorded criteria 1: |
| Training Injury | Training injury – Criteria 1 |
| Symptoms appeared 24-48 hours after the game | |
| Non-competition game | Non-competition game– Criteria 1 |
| Non rugby injury | Non rugby injury – Criteria 1 |

HIA2 COMPLETED, CLINICAL DIAGNOSIS AT THAT TIME

| | |
|--|--|
| Normal, concussion not confirmed | Normal, but clinical suspicion supports a concussion |
| Abnormal, concussion confirmed | Clinical judgement over-ruled abnormal HIA2 |
| Abnormal due to non-concussive injury or illness | |

HIA2 NOT COMPLETED, CLINICAL DIAGNOSIS AT THAT TIME

| | |
|---|--|
| Symptoms appeared more than 3 hours after injury | HIA2 not completed despite an indication |
| Suspicious event identified by video or direct observation after matchday | Symptoms appeared 24-48 hours after the game |
| Training Injury | Training injury – Criteria 1 |
| Non-competition game injury | Non-competition game injury – Criteria 1 |
| Non Rugby Injury | Non Rugby Injury – Criteria 1 |
| Unable to complete, clinical judgement of no concussion | Unable to complete, clinical suspicion of concussion |



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SECTION 2: INCIDENT DETAILS

| | | | | | | | | |
|--|--------------------------|-----------|--------------------------|-----------|--------------------------|--------------|--------------------------|-----------|
| Was there a specific game or training incident identified that caused the player to enter the HIA Process after the game or training at the time of HIA2 or HIA3 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not Relevant | | |
| If a match injury was responsible in what quarter of the match did this incident occur? | <input type="checkbox"/> | Quarter 1 | <input type="checkbox"/> | Quarter 2 | <input type="checkbox"/> | Quarter 3 | <input type="checkbox"/> | Quarter 4 |

| Game event: | | Collision with: | | Contact: | | Player technique: | |
|--------------------------|----------------------|--------------------------|-----------|--------------------------|--|--------------------------|--------------------------------|
| <input type="checkbox"/> | Tackling | <input type="checkbox"/> | Opponent | <input type="checkbox"/> | Head with head | <input type="checkbox"/> | Correct technique |
| <input type="checkbox"/> | Being tackled | <input type="checkbox"/> | Co-player | <input type="checkbox"/> | Head with shoulder | <input type="checkbox"/> | Incorrect head position |
| <input type="checkbox"/> | Ruck/maul | <input type="checkbox"/> | Ground | <input type="checkbox"/> | Head with upper limb | <input type="checkbox"/> | Other incorrect technique |
| <input type="checkbox"/> | Scrum | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | Head with knee or hip | <input type="checkbox"/> | Unknown |
| <input type="checkbox"/> | Accidental collision | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Head with foot / lower leg | <input type="checkbox"/> | Not applicable |
| <input type="checkbox"/> | Unknown | | | <input type="checkbox"/> | Head with ground | <input type="checkbox"/> | Other: |
| <input type="checkbox"/> | Other: | | | <input type="checkbox"/> | Indirect transmission of force to head | | |
| | | | | <input type="checkbox"/> | Unknown | | Foul Play: |
| | | | | <input type="checkbox"/> | Other: | <input type="checkbox"/> | Sanction given to tackler |
| | | | | | | <input type="checkbox"/> | Sanction given to ball carrier |
| | | | | | | <input type="checkbox"/> | N/A |



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SECTION 3: COGNITIVE ASSESSMENT - Standardised Assessment of Concussion (SAC)

Immediate Memory (ABNORMAL result is a score less than 16 or less than baseline)

Randomly select a list of 10 words and use this same 10-word list, three times to assess Immediate Memory. Identify the number of correct answers with a maximum of 30 possible.

| List | Alternate 10-word lists | | | | | Trial 1 | Trial 2 | Trial 3 |
|------|-------------------------|--------|---------|----------|--------|---------|---------|---------|
| A | Jacket | Arrow | Pepper | Cotton | Movie | | | |
| | Finger | Penny | Blanket | Lemon | Insect | | | |
| B | Baby | Monkey | Perfume | Sunset | Iron | | | |
| | Candle | Paper | Sugar | Sandwich | Wagon | | | |
| C | Dollar | Honey | Mirror | Saddle | Anchor | | | |
| | Carpet | Saddle | Elbow | Bubble | Apple | | | |

Immediate Memory Score: **Out of 30**

| Orientation (1 point for each correct answer) | Incorrect | Correct |
|---|-----------|---------|
| What month is it? | | |
| What is the date today? | | |
| What is the day of the week? | | |
| What year is it? | | |
| What time is it right now? (within 1 hour) | | |

Orientation score: **Out of 5**



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| CONCENTRATION Digits backwards (1 point for each correct digit string) | | Abnormal | Normal |
|--|--|-----------|----------|
| List A | Trial 1: 4-3-9 / 3-8-1-4 / 6-2-9-7-1 / 7-1-8-4-6-2 | | |
| | Trial 2: 6-2-9 / 3-2-7-9 / 1-5-2-8-6 / 5-3-9-1-4-8 | | |
| List B | Trial 1: 3-8-2 / 2-7-9-3 / 4-1-8-6-9 / 6-9-7-3-8-2 | | |
| | Trial 2: 5-1-8 / 2-1-6-9 / 9-4-1-7-5 / 4-2-7-9-3-8 | | |
| CONCENTRATION MONTHS IN REVERSE ORDER (1 point for entire sequence correct) | | Incorrect | Correct |
| Dec-Nov-Oct-Sep-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan | | | |
| Digits + Months reverse score: | | | Out of 5 |

| SECTION 4: AMNESIA | | | | | | |
|---|--------------------------|----|--------------------------|-----|--------------------------|----------|
| Anterograde Amnesia (amnesia after the injury)? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Duration |
| Retrograde Amnesia (amnesia before the injury)? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Duration |

Duration: A* = On the pitch B** = Post-match, same-day C*** = Post-match, days after



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SECTION 5: SYMPTOM ASSESSMENT – Symptom Checklist – HAND TO PLAYER TO READ

To the player: From kick-off time until now:

| HOW MANY? | | HOW MUCH? | | | | | | WHEN? | | | HOW LONG? | | | | | STILL PRESENT? | | | | | | | | | |
|---|-----|--|---|----------|---|--------|---|---|-----|------|---|---------------------|--------------------------------|---|----------------------------------|--|---|---|---|---|---|---|--|--|--|
| Identify any symptom you have experienced since the injury or following the match which is not usually noted with Rugby | | Identify the maximum intensity of each symptom | | | | | | Identify when you started to feel each symptom identified | | | Identify how long each of these symptoms lasted | | | | | Confirm the intensity of any unusual symptom that is still present | | | | | | | | | |
| | | Mild | | Moderate | | Severe | | A* | B** | C*** | 0 -15 minutes | 15 minutes – 1 hour | 1 hour - 1 st night | 1 st night - 2 nd night | Beyond the 2 nd night | Mild Moderate Severe | | | | | | | | | |
| No | Yes | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | |
| Headaches (P) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 'Pressure in head' (P) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neck Pain (P) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nausea or vomiting (P) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatigue / low energy (P) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dizziness (V-O) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blurred vision (V-O) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Balance problems (V-O) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sensitivity to light (V-O) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sensitive to noise (V-O) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feeling slowed down (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feeling like 'in a fog' (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 'Don't feel right' (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Difficult concentrating (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Difficult remembering (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confusion (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drowsiness (C) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trouble falling asleep (Psy) | | | | | | | | | | | | | | | | | | | | | | | | | |
| More emotional (Psy) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Irritability (Psy) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sadness (Psy) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nervous or anxious (Psy) | | | | | | | | | | | | | | | | | | | | | | | | | |

Symptom Groups – P – Physical, V-O – Vestibular-ocular, C – Cognitive, Psy – Psychological



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SECTION 6: Balance and Delayed Recall

| Balance Examination | | Abnormal | Normal |
|--|-----------|----------|--------|
| ABNORMAL score: <ul style="list-style-type: none"> Tandem Stance- 4 errors or more, or more errors than baseline Single Leg Stance- 6 errors or more, or more errors than baseline | | | |
| Tandem Stance – Identify total errors | | | |
| Single Leg Stance – Identify total errors | | | |
| SAC – DELAYED RECALL – must be asked at least 5 minutes after Immediate Memory test | | Abnormal | Normal |
| Delayed Recall Score: | Out of 10 | | |

SECTION 7: COMPUTER COGNITIVE ASSESSMENT RESULT (if used)

| | | | | | | | | |
|--|--------------------------|----------|--------------------------|----------|--------------------------|------------|--------------------------|-------|
| Computer neuro-cognitive system used | <input type="checkbox"/> | CogSport | <input type="checkbox"/> | Impact | <input type="checkbox"/> | Headminder | <input type="checkbox"/> | Other |
| What was the result of this computer neuro-cognitive test? | <input type="checkbox"/> | Normal | <input type="checkbox"/> | Abnormal | <input type="checkbox"/> | Not used | | |

SECTION 8: MODE RESULTS

| | |
|--|------|
| Symptoms present (number 0-22) | /22 |
| Symptoms severity (0-132) | /132 |
| Orientation | /5 |
| Immediate Memory: | /30 |
| Concentration: Digits backwards & Months reverse order | /5 |
| Single leg stance errors recorded | |
| Tandem stance errors recorded | |
| Delayed recall - 10-word list | /10 |

NORMATIVE DATA

Players with baseline SCAT should be assessed against their own baseline. For players where no baseline is available the following results are indicative of a concussion

1. Orientation score of less than 4
2. Immediate memory score less than 16.
3. Concentration score (digits backwards and months reverse order) less than 3
4. Delayed recall result less than 4.
5. Balance testing: tandem stance 4 or more errors, single leg stance 6 or more errors

NOTE:

The presence of any symptom in the symptom list which is not usually experienced following a rugby match or training is a strong indicator of concussion.

SECTION 9: Result of HIA3

| | |
|--------------------------|---|
| <input type="checkbox"/> | Normal |
| <input type="checkbox"/> | Normal but clinical suspicion supports a concussion |
| <input type="checkbox"/> | Abnormal concussion confirmed |
| <input type="checkbox"/> | Clinical judgement over-ruled abnormal HIA3 |
| <input type="checkbox"/> | Abnormal due to non-concussive injury or illness |

SECTION 10: Overall Result

Was a concussion identified at any stage during the HIA process

| | | | | |
|--------------------------|-----|---|--------------------------|---|
| <input type="checkbox"/> | No | Reason: | <input type="checkbox"/> | Player had no evidence of a Criteria 1, a normal HIA2 and a normal HIA3 |
| <input type="checkbox"/> | Yes | Reason: (more than one option can be selected) | <input type="checkbox"/> | Criteria 1 identified |
| <input type="checkbox"/> | | | <input type="checkbox"/> | HIA2 abnormal |
| <input type="checkbox"/> | | | <input type="checkbox"/> | HIA3 abnormal |
| <input type="checkbox"/> | | | <input type="checkbox"/> | Clinical suspicion at any stage despite normal HIA1, HIA2 and HIA3 |

UNABLE TO COMPLETE HIA3

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Player taken to hospital |
| <input type="checkbox"/> | Player not in appropriate condition |
| <input type="checkbox"/> | Player unavailable for other reason |

CURRENT CLINICAL OUTCOME

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Clinical judgement of no concussion |
| <input type="checkbox"/> | Clinical suspicion of concussion |