



Head Injury Assessment – Form 3

HIA3

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

Player's name:				Player's age:	
Playing position at time of injury:		If 15-a-side, playing number (1-23):		Year commenced professional rugby:	
Player's height: (metres)		Player's weight: (kgs)		Year began playing rugby:	
Number diagnosed concussions in past 12 months?	Don't know <input type="checkbox"/>		Number of career concussions?	Don't know <input type="checkbox"/>	

Physician's name			Assessment date (dd/mm/yy)		Assessment time (24-hour clock)	
Reason for HIA3?	Follow up of HIA1 and/or HIA2	Player developed symptoms day(s) following game	Requested following video review			

SECTION 1: SUMMARY OF HIA1 AND HIA2

Was an HIA1 form completed, if yes, what was the result? (Select one option)		Was an HIA2 form completed, and if yes, what was the clinical diagnosis at that time? (Select one option)	
Yes	PLAYER REMOVED <ul style="list-style-type: none"> <input type="checkbox"/> Criteria 1 sign or symptom confirmed <input type="checkbox"/> Off-field HIA1 screen abnormal <input type="checkbox"/> Clinical suspicion despite normal off-field HIA1 screen <input type="checkbox"/> Player removed for another injury <input type="checkbox"/> Under 19 Recognise and Remove 	Yes	<ul style="list-style-type: none"> <input type="checkbox"/> HIA2 – Normal, concussion not confirmed <input type="checkbox"/> HIA2 – Normal, but clinical suspicion supports a concussion <input type="checkbox"/> HIA2 – Abnormal, concussion confirmed <input type="checkbox"/> HIA2 – No concussion, doctor's clinical judgement over-ruled abnormal HIA2 <input type="checkbox"/> HIA2 – Abnormal due to non-concussive injury or illness
	PLAYER NOT REMOVED <ul style="list-style-type: none"> <input type="checkbox"/> Player returned after completion of normal off-field HIA1 screen <input type="checkbox"/> Clinical judgement over-ruled abnormal off-field HIA1 screen <input type="checkbox"/> Game finished; player would have returned to play <input type="checkbox"/> Game finished; player would have been removed 		<ul style="list-style-type: none"> <input type="checkbox"/> Symptoms appeared more than 3 hours after injury <input type="checkbox"/> HIA2 screen not completed despite an indication <input type="checkbox"/> Suspicious event identified by video or direct observation after matchday
No	<ul style="list-style-type: none"> <input type="checkbox"/> Symptoms appeared after completion of the game <input type="checkbox"/> Off-field HIA1 screen not completed despite an indication <input type="checkbox"/> Suspicious event identified by video or direct observation after the game <input type="checkbox"/> Criteria 1 sign or symptom identified, and player removed but off-field HIA1 screen not completed. Please confirm Criteria 1 indicator: _____ 	No	

Section 2 continues overleaf

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 Yes No Not Relevant

If a match injury was responsible in what quarter of the match did this incident occur? Quarter 1 Quarter 2 Quarter 3 Quarter 4

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

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

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	

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

IMMEDIATE MEMORY

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

Immediate memory score: out of 30

Time that last trial was completed:

CONCENTRATION: DIGITS BACKWARDS (1 point for each correct digit string)

List	Trial 1		Trial 2		Alternative digit lists		
	Incorrect	Correct	Incorrect	Correct			
4-9-3					6-2-9	5-2-6	4-1-5
3-8-1-4					3-2-7-9	1-7-9-5	4-9-6-8
6-2-9-7-1					1-5-2-8-6	3-8-5-2-7	6-1-8-4-3
7-1-8-4-6-2					5-3-9-1-4-8	8-3-1-9-6-4	7-2-4-8-5-6

CONCENTRATION: MONTHS IN REVERSE ORDER (1 point for entire sequence correct)

Dec-Nov-Oct-Sep-Aug-Jul-Jun-May-Apr-Mar-Feb-Jan	Incorrect	Correct

Concentration score: out of 5

SECTION 4: 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							
		No	Yes	Mild		Moderate		Severe		A*	B**	C***	0-15 minutes	15 minutes – 1 hour	1 hour – 1st night	1st night – 2nd night	Beyond the 2nd night	0	Mild		Moderate		Severe	
				1	2	3	4	5	6										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

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

ANTEROGRADE AMNESIA (amnesia after the injury)?

No Yes, duration:

RETROGRADE AMNESIA (amnesia before the injury)?

No Yes, duration:

SECTION 5: BALANCE, COORDINATION AND GAIT ASSESSMENT

BALANCE EXAMINATION

	No. of errors
Double leg stance	
Single leg stance	
Tandem stance	
Diagnostic abnormal result: More errors than baseline OR if no baseline a score in double leg stance 1 or more errors, tandem stance 4 or more errors, single leg stance 6 or more errors.	

NEUROLOGICAL SCREEN	Yes	No
Can the patient read aloud (e.g. symptom checklist) and follow instructions without difficulty?		
Does the patient have a full range of pain-free PASSIVE cervical spine movement?		
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?		
Can the patient perform the finger nose coordination test normally?		
Can the patient perform tandem gait normally?		

SAC - DELAYED RECALL – Must be asked at least 5 minutes after Immediate Memory test

Number of words from Immediate memory test remembered (10-word list)?	out of 10
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SECTION 6 – MODE RESULTS

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

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

NORMATIVE DATA

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: double leg stance 1 or more errors, 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 7: COMPUTER COGNITIVE ASSESSMENT RESULT (if used)

Computer neuro-cognitive system used CogSport Headminder Impact Other

What was the result of this computer neuro-cognitive test? Normal Abnormal Not used

SECTION 8: RESULT OF HIA3

HIA3 Result:

- HIA3 – Normal
- HIA3 – Normal but clinical suspicion supports a concussion
- HIA3 – Abnormal, concussion confirmed
- HIA3 – No concussion, doctor’s clinical judgement over-ruled abnormal HIA3
- HIA3 – Abnormal due to non-concussive injury or illness

An ABNORMAL HIA3 is identified by abnormal symptoms, abnormal cognitive assessment (SAC), abnormal computer neuro-cognitive assessment, an abnormal balance assessment OR an abnormal neurological screen

SECTION 9: OVERALL RESULT

Was a concussion identified at any stage during the HIA Process?

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