

# IRB PSCA Tool

Player's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Completed by: \_\_\_\_\_ Team Doctor / Match Day Doctor (Please Circle)

PSCA ordered by (Please circle): Team Doctor / MDD / Referee

Reason for PSCA (Please circle): Confirmed LOC / Tonic posturing / Traumatic Convulsion  
Suspected LOC / Ataxia / Disorientated / Dazed / Inappropriate behaviour / Other

**One COLUMN 1 answer confirms a positive PSCA and the player must NOT return to play.  
ALL QUESTIONS AND TESTS MUST BE COMPLETED**

CONCUSSION CHECK LIST			
	1	2	3
<b>Confirmed Concussion - Identified on the Pitch</b>	Yes	No	N/A
Confirmed Loss of Consciousness <i>(see definition below)</i>			
Tonic posturing			
Convulsions			
<b>Pitch Side Assessment 1 - Maddocks Score</b>	Incorrect	Correct	N/A
At what venue are we today?			
Which half is it now?			
Who scored last in this match?			
What team did you play last game?			
Did your team win the last game?			
<b>Pitch Side Assessment 2 - Tandem Balance test</b>	Yes	No	N/A
Does the player present more than 4 "errors" <i>(equilibrium ruptures)</i> ?			
<b>Pitch Side Assessment 3 - To the player:</b>	Yes	No	N/A
Do you have a headache?			
Do you have any "pressure in your head"?			
Do you feel nauseated or do you feel like vomiting?			
Do you have any blurred vision?			
Does the light or noise worry you?			
Do you feel as though you are slowing down?			
Do you feel like you are "in a fog"?			
Do you feel unwell?			
<b>Pitch Side Assessment 4 - Team Doctor only: Player appears more:</b>	Yes	No	N/A
Emotional - sad, anxious, nervous			
Irritable			
Drowsy			
To be having difficulty concentrating			

Player Removed from Game: Yes / No

Date: \_\_\_/\_\_\_/\_\_\_

Time of Injury: \_\_\_\_\_

POST MATCH SCAT 2 SCORE: \_\_\_\_\_ Time: \_\_\_\_\_ BASELINE SCAT 2 SCORE: \_\_\_\_\_