To help identify concussion in children, adolescents and adults.

**RECOGNISE & REMOVE**

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

**STEP 1: RED FLAGS — CALL AN AMBULANCE**

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative
- Severe or increasing nausea
- Increasingly restless, agitated or combative
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

**STEP 2: OBSERVABLE SIGNS**

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Facial injury after head trauma
- Balance, gait difficulties, motor incoordination, stumbling, slow, laboured movements
- Balance, gait difficulties, motor incoordination, stumbling, slow, laboured movements
- Dizziness

**STEP 3: SYMPTOMS**

- Headache
- “Pressure in head”
- Balance problems
- Nausea or vomiting
- Drowsiness
- More emotional
- Dizziness
- More Irritable
- Blurred vision
- Sensitivity to light
- Fatigue or low energy
- “Don’t feel right”
- Sensitivity to noise
- Nervous or anxious
- Neck Pain

**STEP 4: MEMORY ASSESSMENT**

(Athletes older than 12 years)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- “What venue are we at today?”
- “Which half is it now?”
- “Who scored last in this game?”
- “What team did you play last week/game?”
- “Did you team win the last game?”

**Athletes with suspected concussion should:**

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE
Concussion recognition tool 5©

*Br J Sports Med* published online April 26, 2017

Updated information and services can be found at: [http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097508CRTS.citation](http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097508CRTS.citation)

**Email alerting service**

These include:

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

**Notes**

To request permissions go to: [http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to: [http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to: [http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)