

Injury and Concussion Assessment Tool for Equestrians

Equestrian's Name: _____

Examiner: _____

Date: _____ Time: _____ Location: _____

Was the equestrian wearing a helmet at the time of the injury: Yes No

Initial Assessment:

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| 1. Any signs of confusion, slurred speech, drowsiness or difficult to awaken? | YES | NO |
| 2. Potential of neck or spinal cord injury (odd feelings, numbness or tingling)? | YES | NO |
| 3. Any loss of consciousness? | YES | NO |
| 4. Headache severe in nature? | YES | NO |
| 5. Visible head, face injury or extensive helmet damage? | YES | NO |
| 6. Dizziness, blurred vision, nausea or vomiting? | YES | NO |
| 7. Abdominal pain? | YES | NO |
| 8. Severe pain in any part of the body? | YES | NO |
| 9. Difficulty breathing after a recovery period? | YES | NO |
| 10. Bleeding other than superficial wound? | YES | NO |

If YES to any of the above questions call 911 for professional medical assessment and care.

CONCUSSION ASSESSMENT

If a concussion is suspected at all, remove the equestrian from all activities to seek medical care. If you are unsure review the following with the equestrian:

Have the equestrian describe the event/impact:

Was there any impact to the head or a whiplash- type of injury?

Did the rider fall hard (even if they didn't land on their head)?

Is there visible damage to the helmet?

Are there any of following symptoms?

Headache

Sensitivity To Noise

Head Pressure

Brain Fog

Nausea/Vomiting

Drowsy

Dizziness

Irritable

Sensitivity To Light

Anxious

Is the equestrian able to answer questions with clarity?