



ON-PITCH ASSESSMENT OF POSSIBLE HEAD INJURIES

UEFA Guidelines





The aim of these guidelines is to reduce the rates of head injuries that are missed during match play and facilitate the best care for athletes as soon as possible.

The **step-by-step procedure** facilitates the identification and removal of players with potential traumatic brain injuries (TBI), most specifically concussions.*

The intention is not to diagnose TBI but to guide the screening process. TBI in sport is a highly dynamic field of research and other approaches may also be suitable. These UEFA guidelines represent minimum requirements for adoption by national associations for on-pitch assessments. UEFA, and specifically its head injury expert group, considers it is important to provide practical guidance to ensure consistent care across European football.

If any of the steps described below produce positive findings, substitutions and appropriate emergency care must be initiated immediately.

*This guide and the associated pocket cards do not represent a tool to diagnose traumatic brain injury and do not replace appropriate clinical exams. They provide guidance when evaluating a player for a potential traumatic brain injury.

Step-by-Step Procedure (1/2)



Step 1: Review of 'red flags' & observable signs of TBI.

While approaching the player, assess the **red flags** and **observable signs**, in communication with the bench if possible, as different team members may have different angles and can review video footage immediately after the impact (**mandatory if a medical video review system (MVRS) is available**).

Step 2: Assessment of consciousness & responsiveness

Consciousness and responsiveness to verbal and painful stimuli should be **assessed using the AVPU system** (alert-verbal-pain-unresponsive). **Anything less than 'Alert'** requires the player to be **removed for the rest of the match**, even if they become fully alert again later.

Step 3: Cervical spine assessment

Proper cervical spine assessment **includes** an assessment of neck pain at rest, tenderness on palpation, full range of active pain-free movement and normal limb strength and sensation. **The player should be removed for the rest of the match** if there is posterior midline cervical spine tenderness, inability to achieve 45-degree lateral neck rotation in both directions, concern over the mechanism of injury or distracting injuries.

Step-by-Step Procedure (2/2)



Step 4: Coordination & oculomotor screening

Includes finger-to-nose tests (both hands separately, eyes open and closed) as well as looking side-to-side and up-and-down. **Specific attention should be paid** to the presence of nystagmus or double vision and **any amplification** or induction of symptoms. These tests may be performed **on the pitch** or **on the sideline**. While performing oculomotor tests, check for subjective dizziness, fogginess or discomfort.



Step 5: Memory & cognitive assessment

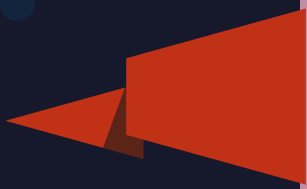
Performed by using the **Maddocks questions** and **engaging the player** in conversation. Assessment of recall (for example five to ten words) is encouraged. As the player stands, **check for any sign of instability** and ask them about symptoms of dizziness and light-headedness.



Note: Even if the on-field assessment appears normal, **a player should be removed from the field of play for the remainder of the match** if a healthcare professional has any suspicions that they might have sustained a TBI based on their assessment or knowledge of the player's baseline condition or history of previous concussions or if the video review suggests a mechanism of injury consistent with a potential TBI.

A more conservative approach should be taken with players who are under 18 or have a history of concussion, especially within the last year. Any player who is allowed to continue to play after screening for a possible TBI should be observed closely for the rest of the match and removed if in any doubt about their condition arises.

Appendix (1/2)



Red flags



Suspected loss of consciousness

Seizure or convulsion

Neck pain or midline tenderness

Weakness, tingling or burning in limbs

Double vision

Severe or worsening headache

Deteriorating conscious state

Increasing agitation, restlessness or combativeness

Vomiting

Unstable on feet

AVPU system:



A
Alert

Alert and conscious



V
Verbal

Responds to verbal stimulus



P
Pain

Responds to painful stimulus



U
Unresponsive

Unresponsive to any form of stimulus

Appendix (2/2)

Finger-to-nose test:

"I'm going to check your coordination now. Please stand still and stretch one arm straight out in front of you, index finger extended. When I say 'go,' touch the tip of your nose with your finger and return to the starting position five times, as quickly and accurately as you can."



Maddocks questions:



"I am going to ask you a few questions. Please **listen carefully and try your best**. First, tell me what happened?"



Further questions:

What venue are we at today?

Which half is it now?

Who scored last in this match?

What team did you play last week?

Did your team win the last game?