

Concussion Summary
From the Options menu, select Report to set the Report Heading

Potash, Robert 3839

Sport/Group	Injury
Sport Boxing	Date: 6/22/2006
Group SportsWare College	Body Part Brain
	Injury Concussion
	Side

	Baseline	Post Injury	Post Game	Day 1	Day 2	Day 3	Day 5	Day 7	Day 90
	8/15/05	6/22/06	6/22/06	6/23/06					

Summary

Orientation	5	3	5	5
Immediate Memory	15	5	13	15
Concentration	5	0	4	5
Delayed Recall	5	0	4	5
Total (of 30):	30	8	26	30

Post Concussion Symptom Scale

Headache	0	5	1	1
Nausea	0	1	1	1
Vomiting	0	3	2	1
Balance Problems/Dizziness	0	4	4	1
Fatigue	0	5	6	1
Trouble Falling Asleep	0	6	2	0
Sleeping More Than Usual	0	2	3	1
Drowsiness	0	4	1	0
Sensitivity to Light/Noise	0	1	1	1
Sadness	0	6	1	1
Nervousness	0	5	1	1
Numbness/Tingling	0	3	2	1
Feeling Slowed Down	0	2	1	0
Feeling Like In a Fog	0	5	3	0
Difficulty Concentrating	0	4	1	0
Difficulty Remembering	0	2	1	1
Other	0	1	0	0
Total:	0	59	31	11

Balance Evaluation Scale

Double Leg - Firm	0	2	0	0
Double Leg - Foam	0	4	1	0
Single Leg - Firm	0	3	1	0
Single Leg - Foam	0	5	2	1
Tandem Stance - Firm	0	2	2	1
Tandem Stance - Foam	0	4	3	2
Total:	0	20	9	4

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Neurologic Testing

Loss of Conciousness	No	No	No	No
Post-Traumatic Amnesia	No	Yes	No	No
Retrogade Amnesia	No	No	No	No
Right Upper Extremity	Normal	Normal	Normal	Normal
Left Upper Extremity	Normal	Normal	Normal	Normal
Right Lower Extremity	Normal	Normal	Normal	Normal
Left Lower Extremity	Normal	Abnormal	Normal	Normal
Sensation	Normal	Abnormal	Normal	Normal
Coordination	Normal	Abnormal	Abnormal	Normal