



MOUNTAIN BIKE TRACKSIDE CONCUSSION DETECTION

(XC, DH, EDR)

STEP 1: TRACKSIDE ASSESSMENT ☹ ~2min (A, B & C)

A. Observable signs

- Loss of consciousness
- Seizure or convulsion
- Vomiting

↳ If at least 1 symptom: **immediate withdrawal**

B. Look for symptoms

- Headache and/or neck pain?
- Nausea or vertigo?

C. Ask adapted Maddocks questions:

- What venue are we at today?
- How many fingers?

↳ If at least 1 symptom or 1 wrong answer:
immediate transport to the main medical unit

**IN THE CASE OF SPATIAL DISORIENTATION, CONTACT
THE RACE DOCTOR IMMEDIATELY.**



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STEP 2: ON TRACK MONITORING

Observation

- If made aware of a fall, check the behaviour of the rider when passing through the feeding/technical zones
- ↳ **If alterations: contact the medical team for further examinations (e. g.: SCAT-5 after the race)**

**IN ALL CASES OF SUSPICION,
especially if the helmet is broken or cracked**

↳ STEP 3: SCAT-5

Full SCAT-5 performed at the medical unit by a trained physician in a distraction-free environment. If this is not immediately possible, delay the SCAT-5 until the end of the competition day under the responsibility of the Chief Medical Officer. It is highly recommended to repeat the SCAT-5 the next day.

Any medically confirmed case of concussion must be officially reported within 24h to the UCI Medical Director. More information on uci.org.