FÉDÉRATION INTERNATIONALE DE GYMNASTIQUE

MEDICAL ORGANISATION
OF THE FIG COMPETITIONS AND EVENTS

2027 Edition

PREAMBLE

These rules apply to all FIG Sanctioned Competitions (World Championships, World Cups, World Challenge Cups, Continental Championships, International Tournaments, and other events on the FIG calendar), and Events (such as FIG Gymnastics for All events and FIG Gala, etc.). At FIG Events, the spirit to protect and to secure the athletes is the same but these rules may be adapted to each situation.

Artistic Gymnastics, Trampoline and Tumbling (T&T), Acrobatic, and Parkour events are considered **high-risk** sports and require a higher level of medical support than the **low to moderate risk** events of Aerobic, Gymnastics for All, and Rhythmic Gymnastics.

The responsibility for the medical organisation of an international gymnastics competition is incumbent upon the Federation of the organising country.

The Federation concerned shall propose to the President of the FIG Anti-doping, Medical & Mental Health Commission the name of a doctor to be entrusted with the responsibility for the competition **at least 3 months prior to the competition** in question. The doctor thus designated will be known as the Chief Medical Officer (CMO) of the Organising Committee. The CMO should have training in trauma, orthopaedics, emergency medicine, or sports medicine. He shall submit an emergency medical plan in accordance with the recommendations and the regulations of the FIG as described below.

The FIG Anti-doping, Medical & Mental Health Commission reserves the right to intervene on the occasion of official competitions should these recommendations and regulations not be correctly interpreted or implemented.

These rules must be strictly followed by any Organising Committee under contract with FIG. In addition to these rules the Organising Committee is responsible to follow all applicable local and national regulations regarding emergency and non-emergency care.

The “Medical Organisation of the FIG Competition” rules are following the concept of the IOC Medical Code and FIG Statutes.

The masculine gender is used throughout the whole text to refer to all genders.

1. MEDICAL PREMISES

1.1. Within the framework of the competition and warm-up halls (these being basically in the same place or very close to one another):

- At least one room shall be reserved for **medical care** at the same level of the competition floor and close to the podium, separated by screens for males and females. Most medical assessments and treatments should be easily observable by all, but if it requires privacy, then an adult chaperone is required for safeguarding the athlete at all times.
- Space shall be reserved for the **doping control area**. This space shall include a waiting area with seats, an interview room and a toilet. The toilet shall be large enough to accommodate a Doping Control Officer, a representative and the gymnast who is undertaking the drug test. The equipment provided should be in accordance with the International Standard for Testing and the WADA Sample Collection Guideline.
- There shall be an area reserved for **athlete recovery and rehabilitation** care that is available for delegation medical teams to use for treatment and examination. This area shall contain several treatment tables and chairs, with the numbers appropriate for the number of delegations. This area should be in an area where treatments will be provided in an open and interruptible manner to follow safeguarding principles. The LOC may also choose staff this area with physiotherapists, masseuses, or other providers who will provide care to delegations who do not have their own medical staff.

1.2. Within the framework of the various training halls (if these be distinct and separate from the complex containing the competition hall):

- At least one room in each location shall be reserved only for medical care.
- A separate secure space for doping controls in the competition venue.
- An area for athlete recovery and rehabilitation care in either location.

1.3. These rooms are for medical use exclusively. They are not to be utilised for meetings, relaxation, eating or resting. Only the medical and anti-doping staff on duty is allowed.

1.4. Any area where athletes train or congregate, including transportation gathering areas, should be non-smoking.

1.5. During competition and training, stations with emergency and first-aid medical supplies and equipment shall be available in each training and competition area with a clear view and access to the apparatus or field of play (FOP).

- For high-risk events (Artistic, T&T, Acro, and Parkour), there should be at least 1 station in the training area and 2 stations in the competition area.
- For low to moderate risk events (Aerobic and Rhythmic), there should be at least 1 station in the training area and 1 station in the competition area.

1.6. During artistic gymnastics events, there shall be a privacy tent, or similar, in the competition area (FOP) that is large enough for a small treatment table, the athlete, medical staff member and chaperone.

2. THE EQUIPMENT AND MEDICATION

2.1. Equipment and Supplies

2.1.1. The amount of equipment and supplies necessary should be evaluated in keeping with the number of participating gymnasts, their eventual dispersion and multiplicity in the training and competition halls. It shall be composed of the following minimum equipment:

- Tables for examination and massage (available in each medical room and the athlete recovery and rehabilitation area)
- First aid materials at each medical station

- Blood disinfectant products, with both bacterio-static and viro-static properties, for the gymnasts and apparatus at each medical station, like chlorhexidine
- Ice in a cooler with ice bags in each training and competition area
- A defibrillator in each training and competition building
- Stretchers and spine boards with cervical collars in each training and competition building
- Wheelchair in each training and competition area
- Splints to immobilize injuries (vacuum splints or similar, hip traction splint for high-risk events) available in each training and competition building. CMO should determine the quantity of these required based on the number of athletes and the risk profile of the event.
- Crutches, a supply of braces (knee, ankle, wrist), and walking boots in the medical room. High risk events should have larger numbers of these on the premises. CMO should determine the quantity of these required based on the number of athletes and the risk profile of the event.
- Communication equipment (Telephone - walkie talkies, etc.)

2.1.2. Particularly recommended, and to be set up within close proximity:

- A freezer with ice available at all times in good quantity, along with appropriate containers for carrying ice. This must be located within close proximity of the medical rooms.

2.2. Medications

2.2.1. All LOC Medical staff must be familiar with the WADA prohibited list and the requirement for TUEs if necessary, to be completed.

2.2.2. Emergency medications and general medications, which are not included in the WADA prohibited list, must be provided by the Organising Committee. This should include at least:

- Epinephrine for anaphylaxis (Auvi-Q, Epi-Pen, or similar) (Retroactive TUE will be required if used by an athlete)
- Antihistamines
- Non-narcotic pain medications and anti-inflammatory medications
- Inhalers with appropriate spacers for breathing problems
- Medications for nausea, gastrointestinal, and digestive problems
- Antibiotics
- Medications for upper respiratory infections
- Other essential emergency medications as required by the host country

2.2.3. For other medications, the Chief Medical Officer of the Organising Committee may provide a courtesy prescription if possible and medically appropriate. Medication under this prescription is to be paid for by the gymnast or the respective federation.

3. THE STAFF

3.1. The Chief Medical Officer (CMO) of the Organising Committee, shall be a registered medical doctor in the medical staff section of the FIG database and is responsible for the sports organisation and the competition areas is designated by the Organising Federation.

3.2. The CMO should have training in trauma, orthopaedics, emergency medicine, or sports medicine. For Artistic, T&T, Acrobatic, and Parkour events, the CMO should also have experience with organizing medical support for high-risk sports events.

3.3. His/her nomination must be submitted at least three months before the beginning of the competition to the President of the FIG Anti-doping, Medical & Mental Health Commission for approval.

3.4. The Chief Medical Officer of the Organising Committee must be accredited to all areas.

3.5. The Chief Medical Officer, or his designee (with similar training), must be present during the training and competition at all times when athletes are present.

3.6. During the competition, there will be designated seating for the Chief Medical Officer of the Organising Committee and the President of the Anti-doping, Medical & Mental Health Commission or its representative. These seats are to be located in the competition area near the stairs for ease of access to the competition floor.

3.7. The CMO will provide information to delegations on the event emergency action plan, the mental health emergency action plan, and on health and sanitary conditions in the host country. See template example in Appendix.

3.8. The Chief Medical Officer must prepare a presentation for the LOC and delegation medical staff to discuss the medical organization, emergency action plans, and resources available for all athletes and all medical staff. This presentation will occur near the beginning of the event in conjunction with the Medical Meeting.

3.9. One doctor shall be responsible for the public. This doctor shall be designated by the Chairman of the Organising Committee and shall be under his/her direct orders, without the FIG's approval being required.

3.10. The Chief Medical Officer of the Organising Committee must select a sufficient number of medical personnel (doctors, masseurs, physiotherapists, nurses and first-aid staff, etc.) as will be necessary for the number of participants, considering the eventual dispersion and the number of training and competition halls.

3.11. At high risk events, all medical providers must be trained in emergency skills and care. At low to moderate risk events, at least one medical representative, in addition to the CMO, must be trained in emergency skills and care.

3.12. At least one medical representative will liaise with the Competition Safeguarding Officer to ensure compliance in all medical practices/areas and provide education for all medical staff and volunteers.

3.13. The minimum number of medical providers trained in emergency skills and care who must be available to respond to injuries at all times per training and competition area shall be as follows:

- High risk events: 2 per training area at one medical station, and 4 per competition area (plus at least one physician on site) spread out between 2 stations per competition area to ensure all apparatus is visible and quickly accessible
- Low to moderate risk events: 1 per training area and 2 per competition area (plus at least one physician on site) at 1 station per area.
- These are the minimum number required, and it is the responsibility of the CMO to determine if more medical providers are needed based on the number of athlete participants. When reviewing staffing numbers, the CMO should keep in mind that if the medical providers need to leave the medical station for any reason other than an emergency response, there **must be a replacement provider** to maintain the minimum staffing levels.

3.14. The designated medical room and facilities must be staffed at all times from the beginning of training, until the end of competition. It is a safeguarding principle that most athlete medical examinations and treatments should be done in a public area, visible to all. There are occasions where an examination or treatment require privacy or are to be done in a closed exam room but should never be "one on one" with athlete and adult. Therefore, safeguarding principles require that two adults be present at all times. In addition to the examiner, the second adult may be from the athlete's delegation or the LOC medical or volunteer staff.

3.15. During the During the competition, the LOC medical staff should be seated at each of the stations required, located nearby the podium (see art. 1.5 of these rules), with eligible medical equipment. Each member of the medical staff must have a clear view of the podium with easy access to the FOP and medical exit.

3.16. Expectations for LOC medical staff on the floor at training and competitions:

- Arrive at least 30 minutes prior to any practice start time for T&T or Artistic events to have sufficient time to practice on the equipment/surfaces.
  - For T&T events, all LOC medical staff must watch this video on Trampoline extraction prior to practice: https://youtu.be/dKSsiqu3HuA
- Must be present in designated location any time athletes are practicing or competing. If a break is required, another medical provider must be substituted.
- Location: Must be able to clearly see all parts of the field of play where athletes are training orcompeting—if your view is being blocked by athletes/coaches, either relocate to an area where you can see all apparatus or kindly ask them to step out of the way.
- Have ice/ice bags available at all medical stations.
- Maintain alertness—minimize use of phone to only what is absolutely necessary. Continuously scan the field of play.
- Respond with urgency if an athlete falls onto their head/face/neck with the neck hyperflexed or hyperextended, if the athlete is either not willing to stand within about 5-10 seconds or if the athlete initially stands and then sits back down, or if the injury appears to be severe.
- Bring wheelchair and splint bag initially to any response and remove the athlete from the competition floor as quickly as possible, while maintaining athlete safety.
- Do not complete more medical assessment or stabilization on the FOP than is necessary to safely move the athlete to the medical room. Most medical assessment should be completed in the medical room.

3.17. The case management on site must very quickly assess the emergency of the situation and the evacuation procedure which must occur without undue delay. A more accurate diagnostic assessment shall take place later in an appropriate medical environment

3.18. It is recommended that a mental health specialist is on site or on call at any FIG sanctioned events.

4. EMERGENCY MEASURES

4.1. An ambulance with advanced life support and 2 emergency medical technicians must be on site at all locations where athletes are training or competing. For high-risk events, if the ambulance team onsite will stabilize the athlete and hand-off to a new ambulance team who is called in, then one ambulance is sufficient. If the medical team onsite will transport the athlete to the hospital, then a replacement ambulance and team should be onsite as a backup to guarantee that there is always one ambulance present. If there are multiple physical locations (not in the same building) for training and competition, then an ambulance must be present at each physical location during all training or competition. The Organising Committee is directly responsible to organise the best optimum condition for the fastest and safe transport, including easy access to the venue.

4.2 The Chief Medical Officer of the Organising Committee must make arrangements for accommodating injuries at a specialised medical centre. In the event of the need for outside medical care, the organizing committee is responsible to arrange for a hospital and medical doctors that can provide emergency treatment for medical or orthopedic evaluation, radiological examination and treatment with minimal delay. Each of the providers must be on alert for the days of training and competition.

4.3 The CMO should inform the designated medical center of the insurance provided by the FIG and should ensure that the hospital will communicate quickly with the insurance company for payment for any medically necessary medical care and equipment provided to athletes, judges, or FIG personnel.

4.4 If the hospital is not able to provide a translator, the organizing committee will arrange for a translator or companion person for the injured athlete while they are requiring outside medical care.

4.5 It is recommended that the chief medical officer of the Organising committee arrange for practice of emergency procedures for injury stabilization, concussion assessment and extraction techniques of an injured athlete, at least before the start of the competition. For high-risk events, practice of these emergency procedures is **required** and should be conducted daily if there are any LOC medical providers who have not already completed practice. This practice must take place prior to the start of training each day to ensure that medical providers are at their designated stations prior to the start of training or competition. Delegation medical providers should be invited to participate in these sessions.

4.6 Athletes who sustain an injury or who are suspected of sustaining a concussion must be evaluated by medical staff (either delegation medical staff or LOC medical staff) prior to returning to training or competition. Refusal to undergo medical assessment will result in an athlete being withdrawn from training or competition until a medical assessment is completed. The athlete must demonstrate through symptom assessment, physical examination, and through functional testing that he/she can return to competition/training without significant risk for increased injury. Medical staff will work together with the athlete, coach, and minor athlete's parent(s) or guardian(s), when available, to determine whether it is safe return to competition. In the event that a consensus cannot be reached, the medical staff will have the ultimate decision-making authority.

4.7 If the LOC medical staff, FIG Anti-Doping, Medical & Mental Health commission representative, or chair of the judges' panel have a high degree of suspicion of head or neck injury, especially concussion, then the LOC medical doctor must perform a quick assessment of the athlete on the FOP (approximatively 3 minutes or less using a tool e.g. Podium Concussion Assessment—see Appendix) to determine ability to continue or need for additional assessment or treatment.

5. MEDICAL TEAMS OF THE PARTICIPATING COUNTRIES

5.1. The FIG Rules for Accreditation foresees within each delegation the official accreditation of certified medical personnel. These accreditations cannot be used by non-medical personnel. These persons may make use of the on-site medical facilities and the equipment provided by the Chief Medical Officer of the Organising Committee with the prior agreement of the latter. It is nonetheless recommended that these individuals provide their own medical supplies and medicinal products. The number of medical personnel to be accredited will be determined by the format of the competition (see FIG Technical Regulations and Rules for Accreditation). Regarding FIG Anti-doping, Medical & Mental Health Commission members they must choose accreditation with either FIG or their National Federation but not both and respect the limits of that accreditation.

5.2. **During the competitions**, the medical doctors and paramedical staff members of the participating teams must remain seated in the places provided for that function within the competition area. If an athlete is injured during the competition, the delegation's medical staff may respond along with the LOC medical providers to their athlete. (see FIG Rules for Accreditation, regarding the authorized area).

5.3. Medical staff from delegations must provide an injury report to the CMO if an athlete from their delegation is injured and the injury results in withdrawal from competition even if the LOC medical providers do not examine the athlete.

5.4. National delegations having no medical staff of their own may request assistance from the medical team of the Organising Committee. When possible, the LOC may provide physiotherapists or similar medical professionals to care for athletes from delegations who have no medical staff of their own.

5.5. Except in exceptional circumstances, it is recommended that medical doctors or paramedical staff do not treat gymnasts from other nations, unless by mutual agreement and responsibility (due to ethical and technical insurance reasons).

5.6. The Professional Medical Indemnity Insurance of the delegation medical staff is his exclusive responsibility or that of his own Federation.

6. HYDRATION/FUELING/NUTRITION

6.1. Bottled water or a sealed purified water delivery system must be made available in the practice hall to ensure safe drinking water is available to all athletes.

6.2. Performance Fuelling: Fluids and high carbohydrate foods/fluids must be available to the athletes during practices. Good choices would be juices, sport drinks, hot drinks (tea, coffee, oolong tea, green tea, hot chocolate), chocolate milk, dried and fresh fruits, honey, sports gels, nuts and nut butters, low fat cheeses, bagels, crackers, rice cakes, granola/protein style bars. Allergy-friendly choices should be available for athletes with common allergies like nuts, soy, and gluten.

7. ROLE OF THE FIG ANTI-DOPING, MEDICAL & MENTAL HEALTH COMMISSION

Regarding the Medical Organisation of the FIG competitions the President of the FIG Anti-doping, Medical & Mental Health Commission or his representative, or a member of the FIG Anti-doping, Medical & Mental Health Commission, or a person delegated by such a member:

7.1. Shall ensure that the recommendations and obligations concerning the organisation of FIG gymnastics competitions be correctly applied. If necessary, he may communicate his observations to the CMO of the Organising Committee so that the latter may take the necessary measures. He may provide advice to the CMO regarding the optimal competition safety and medical procedures for the event.

7.2. Must be accredited to all areas.

7.3. Verifies the organisation and carrying out of anti-doping tests.

7.4. Must provide educational opportunities at Events regarding Anti-doping, Medical and Scientific issues. This meeting may be recorded and distributed to delegations after the meeting.

7.5. May provide his aid, medical advice or assistance to the LOC medical or delegations who request it.

7.6. Will liaise with delegation medical teams and solicit feedback on the competition organization and attempt to resolve delegation medical concerns with the LOC.

7.7. The President of the FIG Anti-doping, Medical & Mental Health Commission or his representative may report at every moment any deficiency or non-compliance with the Medical Rules to the President or the Secretary General of the FIG for them to take immediate or later appropriate measures.

8. MEDICAL RESEARCH

In cases where medical research is proposed by or through the Organising Federation within the framework of the competition, the Chief Medical Officer of the Organising Committee shall inform and request approval of the FIG Anti-doping, Medical & Mental Health Commission of this circumstance a minimum of three months in advance of the competition, and at least before the workplan is published, to allow for an examination of such a proposal and integration into the workplan.

It is imperative that any research must comply with the following criteria:

- Authorisation of the FIG Anti-doping, Medical & Mental Health Commission;
- Being useful for the development of knowledge of gymnastics and in connection with the current medical research programme of FIG;

- Information about this approved research published in the FIG workplan sent to all FIG National Federations.
- The results of the medical research must be provided to the FIG Anti-doping, Medical & Mental Health Commission within 6 months.
- If there is a conflict with a proposed medical research program, priority will be given to the FIG medical research program

Upon approval by FIG, researchers must:

- Get the authorisation of the National Federation of the gymnasts concerned;
- Limit a time period of the tests, use non-invasive procedures, ensure tact and discretion, respect the athlete privacy and avoid disturbing preparation for the competition;
- Accept that individual approval will be voluntary and used as anonymous;
- Imperatively make the results of these investigations available to the FIG Medical and Scientific Commissions in a pre-publication format before publication.

Within these clearly defined conditions the FIG Anti-doping, Medical & Mental Health Commission can only encourage this type of initiative and is ready to provide assistance. Assistance from the Organising Committee would be highly appreciated.

Any contact with media (tv, radio, newspaper, internet, social networks, etc.) is **STRICTLY PROHIBITED** about the health, welfare, injury, treatment, doping control or research on gymnasts without the express permission of the Anti-doping, Medical & Mental Health Commission President, FIG Secretary General or their designee.

9. INJURY/ILLNESS REPORTS

9.1. The Organizing Committees and Chief Medical Officer must complete the injury and illness report summary and an injury/illness report form on every injured or ill athlete. The injury and illness report summary must be submitted even if there are no injuries or illnesses. The information needs to be completely filled out and legible in English or French.

9.2. Medical staff from delegations must provide an injury report to the CMO if an athlete from their delegation is injured and the injury results in withdrawal from competition.

9.3. All information will be strictly confidential and used to help FIG Anti-doping, Medical & Mental Health Commission to better understand how to evaluate and prevent future injuries.

9.4. This information must be sent by the Chief Medical Officer of the Organising Committee, under confidential mail, to FIG Offices immediately at the end of the competition. If these requests are not followed in the next days after the Event the organizing committee will be sanction by the FIG.

10. DOPING CONTROL

10.1. See FIG Anti-Doping Rules, The WADA Code, the International Standards and all related rules and regulations.

10.2. **Injections (Needle Policy)**

See FIG Anti-Doping Rules.

During FIG competition and event (from 11:59pm on the day before the start of the first practice through the end of competition / event), any injection to any site of an athlete's body of any substance:

- must be medically justified. Justification includes physical examination by a certified medical doctor (M.D.), diagnosis, medication, route of administration and appropriate documentation;
- must respect the approved indication of the medication = no off-label;
- must be administered by a certified medical professional unless authorized by the FIG Doctor or official local organizing committee Doctor.
- must be reported immediately and in writing not later than 24 hours afterwards to the FIG Doctor or official local organizing committee Doctor (except athletes with a valid TUE for this competition). The report must include the diagnosis, medication and route of administration.

The disposal of used needles, syringes and other biomedical material which may affect the security and safety of others, including blood sampling (e.g. lactates…) and other diagnostic equipment shall conform to recognized safety standards.

11. PREVENTION OF VIRAL DISEASES (AIDS, VIRAL HEPATITIS, ETC…)

11.1. **During the competition:**

11.1.1. Cleaning of the gymnast:

11.1.2. If blood is on the body or attire of the gymnast, it is the responsibility of the head of the Jury at the closest table-station to request correction. The head of the Jury will ensure that the gymnast is protected and the blood is removed.

11.1.3. This task has to be performed by one person of the medical staff of the delegation. If not present, it shall be done by the medical staff of the competition area.

11.1.4. Cleaning of the apparatus:

If blood is on an apparatus or common equipment, it is the responsibility of the head of the Jury at the closest table-station to request correction. The head of the Jury will ensure that other gymnasts are protected and the blood is removed. The medical staff of the competition area will clean the apparatus and shall use an appropriate cleaning product (see art. 2.1.1).

- To clean blood off of artistic gymnastics apparatus, wet the gauze, not the apparatus, with the blood removal product and dab the blood to remove it. The goal is to minimize the amount of chalk that is removed from the apparatus.

11.2. **During the training sessions**:

11.2.1. Cleaning of the gymnast:

If blood is on the body or attire of the gymnast, it will be up to the national federation medical staff or, if not present, to the medical staff responsible for the hall to ensure that the gymnast is protected and the blood is removed.

11.2.2. Cleaning of the apparatus:

If blood is on an apparatus or common equipment, it is the responsibility of the medical staff of the hall to clean the apparatus or common equipment, using an appropriate cleaning product (see art. 2.1.1).

- To clean blood off of artistic gymnastics apparatus, wet the gauze, not the apparatus, with the blood removal product and dab the blood to remove it. The goal is to minimize the amount of chalk that is removed from the apparatus.

The gymnast and/or his coach are hereby equally responsible for making known all sores, wounds and traces of blood to the Organising Committee medical staff.

12. ENVIRONMENTAL CONDITIONS

12.1. Sounds level

- The sound level (music and announcements) must be lower than 80 dB at a frequency of 1.000 Hertz (Hz) measured on isosonic curves.
- The verification / control will be carried out by the Organising Committee Technicians and by the FIG Anti-doping, Medical & Mental Health Commission or its representative, if deemed necessary.
- The sound level check will be done by a sonometer placed near the judges.
- It will be the duty of the technician responsible for sound to ensure that the sound level is kept within the above-mentioned limit. He is to deny any intervention or entreaty except from FIG.

12.2. Humidity and Temperature: Heat index score recommendation

- The FIG recommends a calculated heat index score (Temperature vs humidity) equal to or less than 39 score. Please see appendix 3. *(Source: Canadian Center for Occupational Health and Safety)*

- The verification / control will be carried out by the Organising Committee Technicians and by the FIG Anti-doping, Medical & Mental Health Commission or its representative, if deemed necessary.
  - If the heat index score exceeds 39°C, the LOC must be prepared to alter schedules to provide frequent training and competition breaks (at least 15 minutes per hour in shaded areas) and must provide ice cold water and sports drinks in addition to ice towels, misting fans, or bagged ice to help athletes maintain a safe body temperature.
  - During periods of high heat index, athletes should be monitored closely by medical providers for signs of heat exhaustion (dizziness, headache, nausea) or heat stroke (confusion, lack of sweating, core temp >104° F/40° C with a rectal thermometer)

13. JEWELRY – OBJECTS – ATTIRE – HAIR

For safety reasons in training and competition, the gymnast ensures that his attire, jewelry, hair, etc, cannot provoke accidents and are in conformity with the FIG Technical Regulations.

14. INSURANCE – ACCIDENTS – MEDICAL COSTS

The FIG Technical Regulations state that all National Federations participating in competitions out of their home countries are obliged to cover the expense of insurance for members of their delegations (illness, accident and repatriation). Intended for competitions, this rule is valid by extension for all gymnastics events and training sessions.

Organisers are requested to verify the validity of the National Federations insurance and medical assistance contracts at the accreditation time, along with their coverage. In the case of inadequacies or doubt, the organiser may suggest that a federation or delegation member take out a temporary policy upon arrival. In any case, the federation has to ensure its insurance coverage. In addition to the athletes own insurance, the FIG provides insurance linked to the FIG license. It is the responsibility of the athlete and Federation to read the limitations and restrictions of this policy.

The insurance policy must cover at least the following, keeping in mind the costs of care, medical and surgical treatment in the respective country:

- Treatments, examinations, medical and surgical operations;
- Hospitalisation costs;
- Repatriation of a delegation member with respect to the medical needs of the patient (this may include making a medical escort available);
- In the case of a serious accident, roundtrip transportation and accommodation costs for a parent to the competition site.

Organisers must take out their own civil liability insurance.

Organisers must provide at the minimum the following:

- Local transportation, possibly in a specialised medical vehicle, to examination locations and the cost of emergency transportation or related to an emergency;
- Basic medical treatment given by the competition's official medical team, such as medical consultations, basic care, massage, electro-physical therapy, etc.;
- Medication, supplies, necessary bandaging for basic care administered directly by the local Organising Committee's medical team for a limited time and quantity;
- It must also facilitate delivery of medical supplies and prescriptions.

If an athlete is sent to an outside clinic or hospital, the National Federation must provide health insurance information, pertinent medical information and the athlete passport.

Each person (or legal guardian) at a FIG competition should understand the limitations of the FIG medical accident insurance and will also be prepared to pay for anything not covered by this insurance. They may also have to pay for outside medical care at the time of service and be reimbursed later for expenses covered by the FIG Insurance. They are encouraged to establish contact with the FIG medical accident insurance carrier, even before transport to the medical facility or clinic, but at least within the first 24-48 hours.

15. SAFETY AND MEDICAL CONDITIONS INFORMATION

National Federations wishing to check upon their arrival on site if all safety and medical conditions are met by the organizer can do so upon written request to FIG before the start of the competition. Complaints for modifications or deficiencies should be addressed by the Head of Delegation to the FIG (FIG office set up on the competition site) and not to the Organizing Committee.

16. SPECIAL EVENTS - Medical Service, Sanitary and Health conditions

16.1. Gymnastics for All Event - Medical Service, Sanitary and Health conditions

This must be in effect from the official arrival day of the delegations until the end of the official departure day, during and outside the training and performance periods, on and off site of the training and performances.

- The Local Organising Committee must:
- Nominate a Chief Medical Officer and inform the FIG about the nomination
- Organise a Central Medical Post under the leadership of the Chief Medical Officer. The medical services include, in particular, emergency vehicles for urgent cases, medical staff trained in emergency response and pre-organised connections with hospital surgical facilities
- Provide all official World Gymnaestrada and World Gym For Life Challenge areas with a designated and clearly marked First Aid area. The First Aid staff must be able to communicate, without any delay, with the Central Medical Post.
- Organise a centralised round-the-clock medical service with attendants and phone connection. This phone number must be on all Participant cards.
- Inform all delegations before arrival what medical services are provided and where the Central Medical Post is located.
- Guarantee the global sanitary and Health conditions of all facilities officially used, accommodation, food and other aspects of daily life.

17. SAFEGUARDING AND MEDICAL PARTICIPANTS

The Local Organizing Committee must:

- Develop policies and procedures for recruiting medical staff and medical volunteers working with children and adult athletes.
- Insist that all medical staff/volunteers have an athlete-centered approach, creating a safe environment where all can participate without harassment or abuse.
- Designate a medical staff member to be the lead safeguarding advocate for the medical team and the liaison for medical with the Competition Safeguarding Officer.
- Coordinate an education program for all medical staff/ volunteers on safeguarding athletes and all participants.
- Teach the medical staff/volunteers how to raise concerns about unacceptable or questionable behavior by anyone (coaches, officials, staff, volunteers, other athletes).
- Educate the medical staff/volunteers about the safeguarding plan and guidance around transport, housing, changing areas, training, FOP, and medical treatment.
- Enlist all medical staff/volunteers to be safeguarding advocates in all training, competition, and medical treatment areas.
- Require all medical staff/ volunteers to be mandatory reporters of suspected abuse or violations of the safeguarding rules or principles.
- Know the mechanism that athletes use to raise concerns about safeguarding.

18. CONCLUDING PROVISIONS

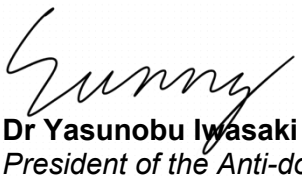
18.1. Cases not covered by these regulations shall be submitted to the FIG Anti-doping, Medical & Mental Health Commission.

19. These regulations were approved by the FIG Executive Committee at their meeting on May 2026. They enter into effect 01.01.2027

FÉDÉRATION INTERNATIONALE DE GYMNASTIQUE

Morinari Watanabe
President

Nicolas Buompane
Secretary General



Dr Yasunobu Iwasaki
President of the Anti-doping, Medical & Mental Health Commission

Annex:

1. **Injury report summary and injury Report Form**
2. **Humidity and Temperature: Heat index score recommendation**
3. **SCAT 6**
4. **Concussion Podium Assessment for Artistic Gymnastics**

FÉDÉRATION INTERNATIONALE DE GYMNASTIQUE

ANTI-DOPING, MEDICAL & MENTAL HEALTH COMMISSION

Injury report summary 2026

Name of the Organising Committee: .....

Name and place of the Event: .....

Date: .....

Injuries: Yes ☐ or No ☐

If yes, please insert the number of FIG injury report forms that will be sent to the FIG: .....

FIG Injury Report Summary and the FIG Injury Report forms 2026 are used to take an inventory of any injury that could occur at a competition. At the end of the competition, These forms must be sent under medical confidentiality to the FIG headquarter at the attention of Loïc Vidmer (lvidmer@fig-gymnastics.org) **within 3 days after the event. Failure to do so after the first reminder will result in a deposit being lost in full and FIG reserves the right for further sanctions.** (Art. 15 ART, TRA, / art. 16 RG / art. 14 AER, ACRO of the World Cup Rules 2025-2028 & art. 13 ART / art. 15 RG of the World Challenge Cup Rules 2025-2028). FIG reserves the right for further sanctions. Please note that a Medical Injury Report Form has to be filled in for any injury. Please also inform us by sending back the FIG Injury Report Summary in case no injury is declared at the time of the event.

Date: ..... Signature: .....

FÉDÉRATION INTERNATIONALE DE GYMNASTIQUE

ANTI-DOPING, MEDICAL & MENTAL HEALTH COMMISSION

Please report any injury that requires active treatment or alters gymnastics training or competition.
This document must be filled in by the official medical staff of the competition and under strict confidentiality.
The eventual use of information for statistics must be strictly anonymous.

Injury / illness Report Form - 2026

Competition: ..... Country: .....

Date (DD/MM/YYYY): ...../...../.....

Name of the gymnast (First name / Last name): .....

Date of birth (DD/MM/YYYY): ...../...../..... Gender: M ☐ F ☐

National Federation:.....

1. DISCIPLINE

MAG ☐ WAG ☐ TRA ☐ TUM ☐ DMT ☐ GFA ☐
RGI ☐ RGG ☐ AER ☐ ACRO ☐ PK ☐

2. APPARATUS

Beam ☐ Uneven Bars ☐ Floor Exercise ☐ Pommel Horse ☐ Rings ☐
Vault ☐ Horizontal Bar ☐ Parallel Bars ☐
Clubs ☐ Hoop ☐ Ball ☐ Rope ☐ Ribbon ☐
Trampoline ☐ Tumbling ☐ Double Mini-trampoline ☐

Other ☐ *Specify:* .....

3. MECHANISM AND CIRCUMSTANCES OF THE ACCIDENT / ILLNESS

Describe the mechanism of the accident/illness: Short landing ☐ Fall from apparatus ☐ Over rotation ☐
Fall on the apparatus ☐ Illness ☐ ....Overuse Injury ☐
Other ☐ *Specify:* .....

4. PERIOD OF THE ACCIDENT

No relation with sports practice ☐ Training ☐ Competition: Qualification ☐
Warm-up ☐ Final ☐

5. DIAGNOSIS / TYPE OF INJURY(IES)

Area(s) of the body affected:

Hand/Finger ☐ Head ☐ Cervical Spine ☐ Hip/Pelvis ☐
Wrist ☐ Nose/Eye/Ear ☐ Thoracic Spine ☐ Thigh ☐
Forearm ☐ Teeth/Mouth ☐ Lumbar Spine ☐ Knee ☐
Elbow ☐ Chest ☐ Lower Leg ☐
Upper Arm ☐ Abdomen ☐ Ankle ☐
Shoulder ☐ Foot ☐
Heel ☐
Toe ☐

Other ☐ *Specify:* .....
Mental Health ☐ *Specify:*
Anxiety ☐ Depression ☐ Mental Block ☐ Disordered eating ☐ Other ☐

LEFT ☐ **RIGHT** ☐

6. TYPE OF INJURY / ILLNESS

Fracture ☐ Strain ☐ Sprain ☐ Contusion/Hematoma ☐
Dislocation ☐ Tear ☐ Open Wound ☐ Soft Tissue Injury ☐
Concussion ☐ Bone stress Injury ☐ Nerve Injury ☐ Tendinopathy ☐

Other ☐ Specify: .....

Illness ☐ Specify: .....
Allergic reaction ☐ Asthma ☐ Infection ☐ Gastro intestinal ☐
Other ☐

Detail the diagnosis:

Acute / New Injury ☐ Recurrence of a former injury ☐ Exacerbation of a chronic pathology ☐

Details: .....

7. TREATMENT ON SITE

Seen on site by:

Emergency staff ☐ Doctor ☐ Physiotherapist ☐ Athletic Trainer ☐

Treated on site and discharged ☐ Transferred to Clinic / Hospital ☐ *(if yes, complete section 9)*

8. COMPETITION OUTCOME

Retirement of the competition: YES ☐ NO ☐
Continue the competition with a reduced level of practice: YES ☐ NO ☐
Continue the competition with a normal level of practice: YES ☐ NO ☐

General Observations / Remarks: .....

.....

9. CLINIC / HOSPITAL RESULT

Medical examination: XR ☐ MRI ☐ Echography ☐ Other ☐ *Specify:* .....

Comments of results: .....

Hospitalization ☐ Emergency / Resuscitation care ☐ Length of the stay: .....

Treatment:

Comment and details:

.....

Decision to treat at home ☐

Name of the medical officer writing out this document: .....

Email of the medical officer: .....

Title: .....

Date (DD/MM/YYYY): ..... Signature: .....

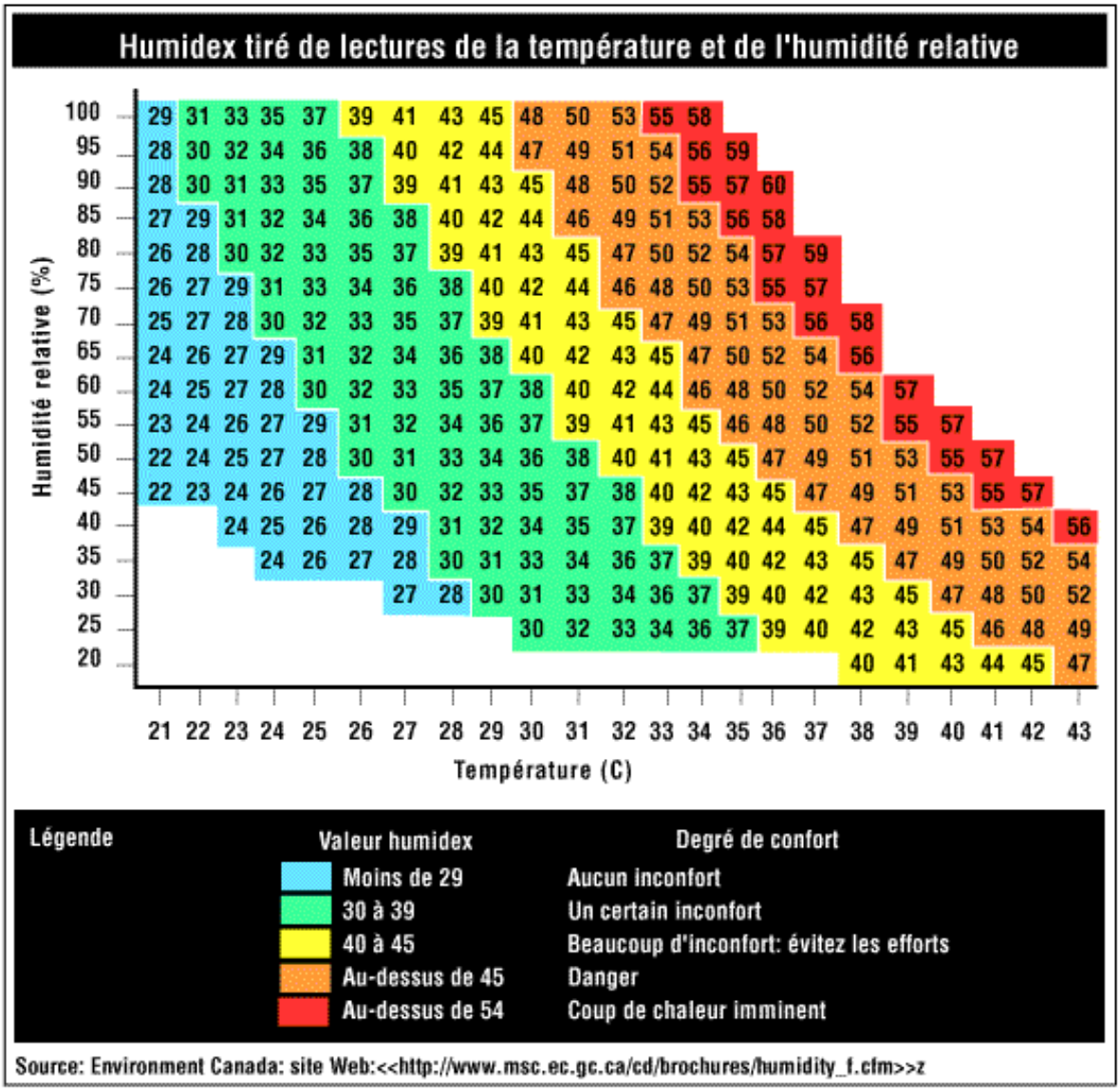
Please send this form to FIG IMMEDIATELY after the end of the competition under strict medical confidentiality to FIG at the attention of:

FIG Anti-doping and Medical Manager: lvidmer@fig-gymnastics.org

In case of the gymnast or the National Federation refuses the examination and treatment by the medical staff of the organisation, please write however the information that you can obtain and take the legal precaution

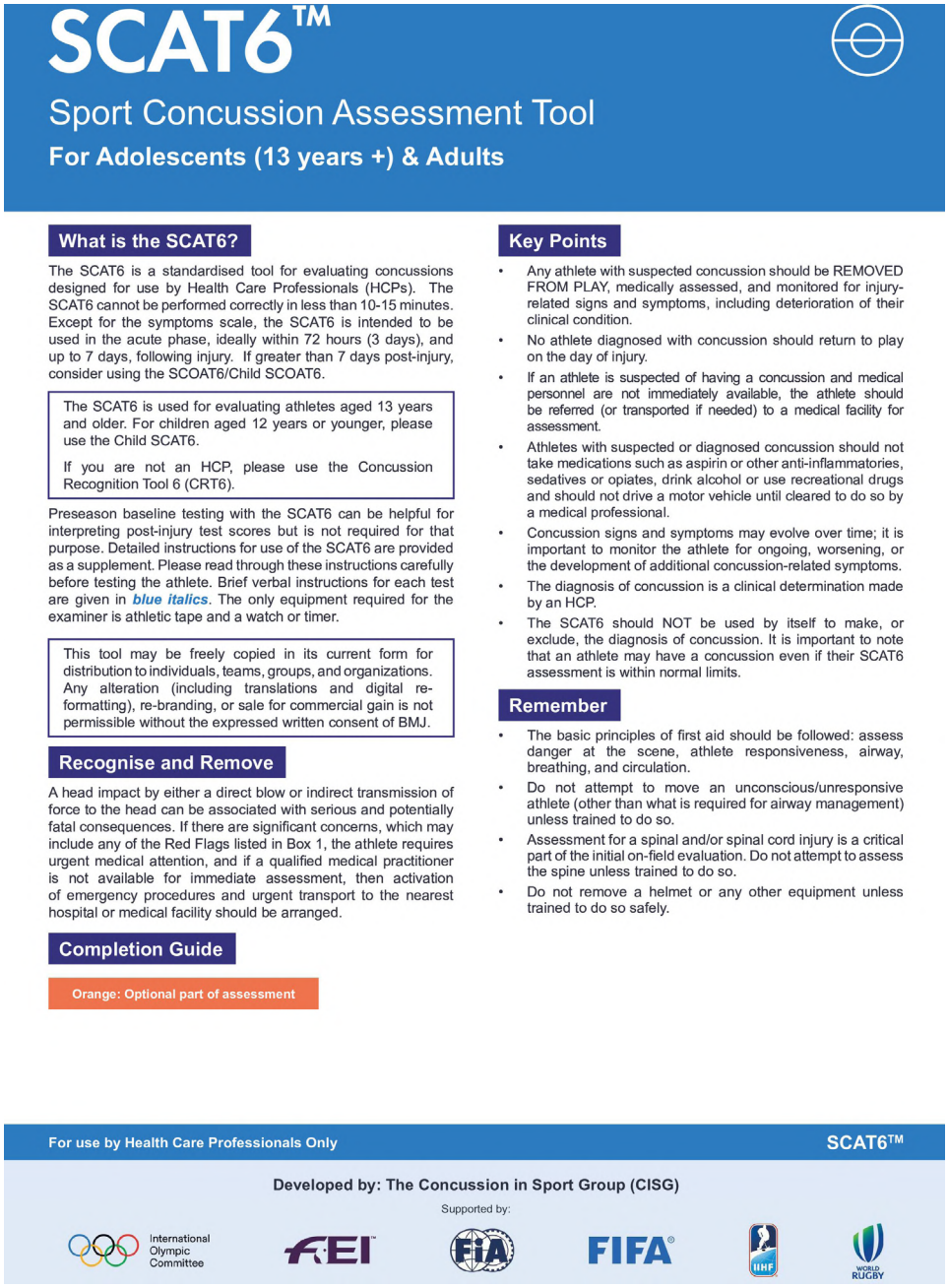
FÉDÉRATION INTERNATIONALE DE GYMNASTIQUE

FONDÉE EN 1881



Sport Concussion Assessment Tool™ – 6 (SCAT6)

Ruben J Echemendia ,[1,2] Benjamin L Brett ,[3] Steven Broglio ,[4] Gavin A Davis ,[5,6] Christopher C Giza,[7,8] Kevin M Guskiewicz,[9] Kimberly G Harmon ,[10] Stanley Herring,[11] David R Howell,[12] Christina Master,[13] Michael McCrea ,[14] Dhiren Naidu,[15] Jon S Patricios ,[16] Margot Putukian ,[17,18] Samuel R Walton,[19] Kathryn J Schneider ,[20] Joel S Burma ,[21] Jared M Bruce [22]



SCAT6™

Sport Concussion Assessment Tool

For Adolescents (13 years +) & Adults

What is the SCAT6?

The SCAT6 is a standardised tool for evaluating concussions designed for use by Health Care Professionals (HCPs). The SCAT6 cannot be performed correctly in less than 10-15 minutes. Except for the symptoms scale, the SCAT6 is intended to be used in the acute phase, ideally within 72 hours (3 days), and up to 7 days, following injury. If greater than 7 days post-injury, consider using the SCOAT6/Child SCOAT6.

The SCAT6 is used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT6.

If you are not an HCP, please use the Concussion Recognition Tool 6 (CRT6).

Preseason baseline testing with the SCAT6 can be helpful for interpreting post-injury test scores but is not required for that purpose. Detailed instructions for use of the SCAT6 are provided as a supplement. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in ***blue italics***. The only equipment required for the examiner is athletic tape and a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force to the head can be associated with serious and potentially fatal consequences. If there are significant concerns, which may include any of the Red Flags listed in Box 1, the athlete requires urgent medical attention, and if a qualified medical practitioner is not available for immediate assessment, then activation of emergency procedures and urgent transport to the nearest hospital or medical facility should be arranged.

Completion Guide

Orange: Optional part of assessment

Key Points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed, and monitored for injury-related signs and symptoms, including deterioration of their clinical condition.
- No athlete diagnosed with concussion should return to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred (or transported if needed) to a medical facility for assessment.
- Athletes with suspected or diagnosed concussion should not take medications such as aspirin or other anti-inflammatories, sedatives or opiates, drink alcohol or use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms may evolve over time; it is important to monitor the athlete for ongoing, worsening, or the development of additional concussion-related symptoms.
- The diagnosis of concussion is a clinical determination made by an HCP.
- The SCAT6 should NOT be used by itself to make, or exclude, the diagnosis of concussion. It is important to note that an athlete may have a concussion even if their SCAT6 assessment is within normal limits.

Remember

- The basic principles of first aid should be followed: assess danger at the scene, athlete responsiveness, airway, breathing, and circulation.
- Do not attempt to move an unconscious/unresponsive athlete (other than what is required for airway management) unless trained to do so.
- Assessment for a spinal and/or spinal cord injury is a critical part of the initial on-field evaluation. Do not attempt to assess the spine unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

For use by Health Care Professionals Only SCAT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee FEI FIA FIFA IIHF WORLD RUGBY

Correspondence to Dr Ruben J Echemendia, Psychology, University of Missouri Kansas City, Kansas City, Missouri, USA; rechemendia@comcast.net

Sport Concussion Assessment Tool 6 - SCAT6™

SCAT6™ Sport Concussion Assessment Tool

For Adolescents (13 years +) & Adults

Athlete Name:				ID Number:	
Date of Birth:		Date of Examination:		Date of Injury:	
Time of Injury:		Sex: Male ☐	Female ☐	Prefer Not To Say ☐	Other
Dominant Hand: Left ☐	Right ☐	Ambidextrous ☐		Sport/Team/School:	
Current Year in School (if applicable):				Years of Education Completed (Total):	
First Language:				Preferred Language:	
Examiner:					

Concussion History

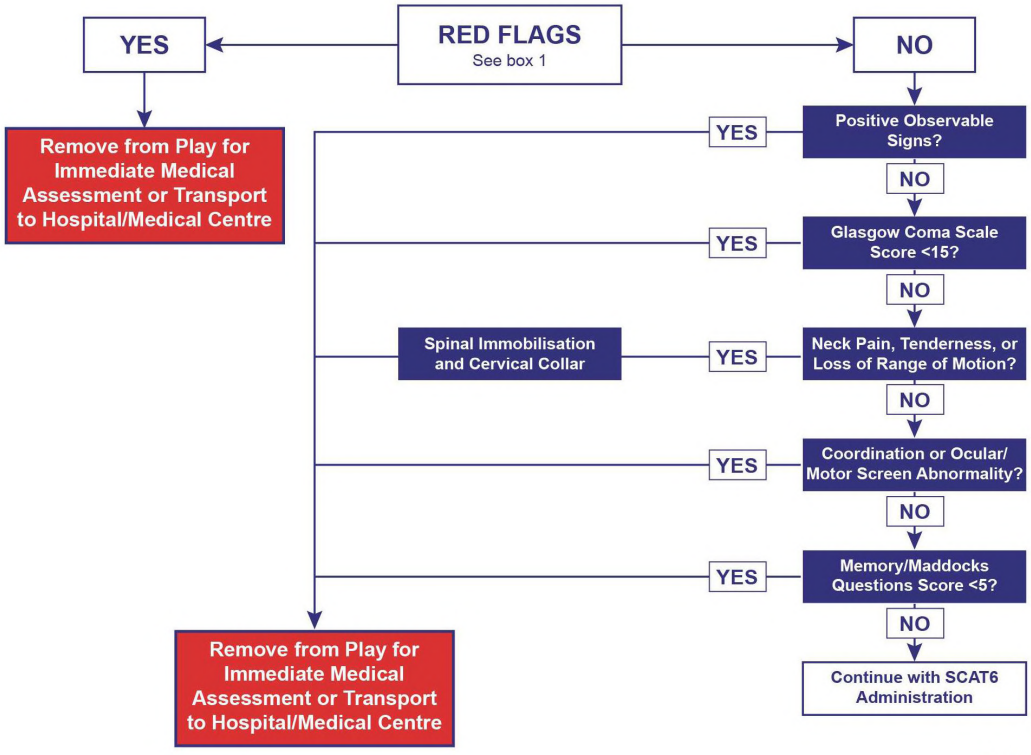
How many diagnosed concussions has the athlete had in the past?:	
When was the most recent concussion?:	
Primary Symptoms:	
How long was the recovery (time to being cleared to play) from the most recent concussion?:	(Days)

Immediate Assessment/Neuro Screen (Not Required at Baseline)

The following elements should be used in the evaluation of all athletes who are suspected of having a concussion prior to proceeding to the cognitive assessment, and ideally should be completed "on-field" after the first aid/emergency care priorities are completed.

If any of the observable signs of concussion are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by an HCP.

The Glasgow Coma Scale is important as a standard measure for all patients and can be repeated over time to monitor deterioration of consciousness. The Maddocks questions and cervical spine exam are also critical steps of the immediate assessment.



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Sport Concussion Assessment Tool 6 - SCAT6™

Step 1: Observable Signs

Witnessed ☐ Observed on Video ☐

Lying motionless on playing surface	Y	N
Falling unprotected to the surface	Y	N
Balance/gait difficulties, motor incoordination, ataxia: stumbling, slow/laboured movements	Y	N
Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N
Impact seizure	Y	N
High-risk mechanism of injury (sport-dependent)	Y	N

Step 2: Glasgow Coma Scale

Typically, GCS is assessed once. Additional scoring columns are provided for monitoring over time, if needed.

Time of Assessment:

Date of Assessment:

Best Eye Response (E)			
No eye opening	1	1	1
Eye opening to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best Verbal Response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best Motor Response (V)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion/withdrawal to pain	4	4	4
Localized to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma Score (E + V + M)			

Box 1: Red Flags

- Neck pain or tenderness
- Seizure or convulsion
- Double vision
- Loss of consciousness
- Weakness or tingling/burning in more than 1 arm or in the legs
- Deteriorating conscious state
- Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- GCS <15
- Visible deformity of the skull

Step 3: Cervical Spine Assessment

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed and spinal precautions taken.

Does the athlete report neck pain at rest?	Y	N
Is there tenderness to palpation?	Y	N
If NO neck pain and NO tenderness, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Are limb strength and sensation normal?	Y	N

Step 4: Coordination & Ocular/Motor Screen

Coordination: Is finger-to-nose normal for both hands with eyes open and closed?	Y	N
Ocular/Motor: Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Are observed extraocular eye movements normal? If not, describe:	Y	N

Step 5: Memory Assessment Maddocks Questions[1]

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

Modified Maddocks questions (Modified appropriately for each sport; 1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
Maddocks Score		/5

Note: Appropriate sport-specific questions may be substituted

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Sport Concussion Assessment Tool 6 - SCAT6™

Off-Field Assessment

Please note that the cognitive assessment should be done in a distraction-free environment with the athlete in a resting state **after** completion of the Immediate Assessment/Neuro Screen.

Step 1: Athlete Background

Has the athlete ever been:

Hospitalised for head injury? (If yes, describe below)	Y	N	Diagnosed with attention deficit hyperactivity disorder (ADHD)?	Y	N
Diagnosed/treated for headache disorder or migraine?	Y	N	Diagnosed with depression, anxiety, or other psychological disorder?	Y	N
Diagnosed with a learning disability/dyslexia?	Y	N			

Notes:

Current medications? If yes, please list:

Step 2: Symptom Evaluation

Baseline: ☐ **Suspected/Post-injury:** ☐ **Time elapsed since suspected injury:** _____ mins/hours/days

The athlete will complete the symptom scale (below) after you provide instructions. Please note that the instructions are different for baseline versus suspected/post-injury evaluations.

Baseline: Say ***"Please rate your symptoms below based on how you typically feel with "1" representing a very mild symptom and "6" representing a severe symptom."***

Suspected/Post-injury: Say ***"Please rate your symptoms below based on how you feel now with "1" representing a very mild symptom and "6" representing a severe symptom."***

PLEASE HAND THE FORM TO THE ATHLETE

Symptom	Rating
Headaches	0 1 2 3 4 5 6
Pressure in head	0 1 2 3 4 5 6
Neck pain	0 1 2 3 4 5 6
Nausea or vomiting	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6
Blurred vision	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6
Sensitivity to light	0 1 2 3 4 5 6
Sensitivity to noise	0 1 2 3 4 5 6
Feeling slowed down	0 1 2 3 4 5 6
Feeling like "in a fog"	0 1 2 3 4 5 6
"Don't feel right"	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6
Fatigue or low energy	0 1 2 3 4 5 6
Confusion	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6
More emotional	0 1 2 3 4 5 6
Irritability	0 1 2 3 4 5 6
Sadness	0 1 2 3 4 5 6
Nervous or anxious	0 1 2 3 4 5 6
Trouble falling asleep (if applicable)	0 1 2 3 4 5 6

Do your symptoms get worse with physical activity?	Y	N
Do your symptoms get worse with mental activity?	Y	N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

PLEASE HAND THE FORM BACK TO THE EXAMINER

Once the athlete has completed answering all symptom items, it may be useful for the clinician to revisit items that were endorsed positively to gather more detail about each symptom.

Total number of symptoms: _____ **of 22** **Symptom severity score:** _____ **of 132**

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Step 3: Cognitive Screening (Based on Standardized Assessment of Concussion; SAC)[2]

Orientation

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation Score		of 5

Immediate Memory

All 3 trials must be administered irrespective of the number correct on Trial 1. Administer at the rate of one word per second.

Trial 1: Say *"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."*

Trials 2 and 3: Say *"I am going to repeat the same list. Repeat back as many words as you can remember in any order, even if you said the word before in a previous trial."*

Word list used: A ☐ B ☐ C ☐

				Alternate Lists	
List A	Trial 1	Trial 2	Trial 3	List B	List C
Jacket	0 1	0 1	0 1	Finger	Baby
Arrow	0 1	0 1	0 1	Penny	Monkey
Pepper	0 1	0 1	0 1	Blanket	Perfume
Cotton	0 1	0 1	0 1	Lemon	Sunset
Movie	0 1	0 1	0 1	Insect	Iron
Dollar	0 1	0 1	0 1	Candle	Elbow
Honey	0 1	0 1	0 1	Paper	Apple
Mirror	0 1	0 1	0 1	Sugar	Carpet
Saddle	0 1	0 1	0 1	Sandwich	Saddle
Anchor	0 1	0 1	0 1	Wagon	Bubble
Trial Total					

Immediate Memory Score of 30 **Time Last Trial Completed:**

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Step 3: Cognitive Screening (Continued)

Concentration

Digits Backward:

Administer at the rate of one digit per second reading DOWN the selected column. If a string is completed correctly, move on to the string with next higher number of digits; if the string is completed incorrectly, use the alternate string with the same number of digits; if this is failed again, end the test.

Say ***"I'm going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7. So, if I said 9-6-8 you would say? (8-6-9)"***

Digit list used: A ☐ B ☐ C ☐

List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0 1
6-2-9	4-1-5	6-5-8	Y	N	
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0 1
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0 1
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0 1
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	
			Digits Score		of 4

Months in Reverse Order:

Say ***"Now tell me the months of the year in reverse order as QUICKLY and as accurately as possible. Start with the last month and go backward. So, you'll say December, November… go ahead"***

Start stopwatch and CIRCLE each correct response:

December November October September August July June May April March February January

Time Taken to Complete (secs): **Number of Errors:**

1 point if no errors and completion under 30 seconds

Months Score: **of 1**

Concentration Score (Digits + Months) **of 5**

Step 4: Coordination and Balance Examination

Modified Balance Error Scoring System (mBESS)[3] testing

(see detailed administration instructions)

Foot Tested: Left ☐ **Right** ☐ (i.e. test the **non-dominant** foot)

Testing Surface (hard floor, field, etc.):

Footwear (shoes, barefoot, braces, tape etc.):

OPTIONAL (depending on clinical presentation and setting resources): For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm) with the same instructions and scoring.

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Sport Concussion Assessment Tool 6 - SCAT6™

Step 4: Coordination and Balance Examination (Continued)

Modified BESS (20 seconds each)

Double Leg Stance:		of 10
Tandem Stance:		of 10
Single Leg Stance:		of 10
Total Errors:		of 30

On Foam (Optional)

Double Leg Stance:		of 10
Tandem Stance:		of 10
Single Leg Stance:		of 10
Total Errors:		of 30

Note: If the **mBESS** yields normal findings then proceed to the **Tandem Gait/Dual Task Tandem Gait**.

If the **mBESS** reveals abnormal findings or clinically significant difficulties, **Tandem Gait** is not necessary at this time.

Both the **Tandem Gait** and optional **Dual Task** component may be administered later in the office setting as needed (see SCOAT6).

Timed Tandem Gait

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed. Please complete all 3 trials.

Say ***"Please walk heel-to-toe quickly to the end of the tape, turn around and come back as fast as you can without separating your feet or stepping off the line."***

Single Task:

Time to Complete Tandem Gait Walking (seconds)				
Trial 1	Trial 2	Trial 3	Average 3 Trials	Fastest Trial

Dual Task Gait (Optional. Timed Tandem Gait must be completed first)

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed.

Say ***"Now, while you are walking heel-to-toe, I will ask you to count backwards out loud by 7s. For example, if we started at 100, you would say 100, 93, 86, 79. Let's practise counting. Starting with 93, count backward by sevens until I say "stop"."*** Note that this practice only involves counting backwards.

Dual Task Practice: Circle correct responses; record number of subtraction counting errors.

Task									Errors	Time
Practice	93	86	72	65	58	51	44	37		

Say ***"Good. Now I will ask you to walk heel-to-toe and count backwards out loud at the same time. Are you ready? The number to start with is 88. Go!"***

Dual Task Cognitive Performance: Circle correct responses; record number of subtraction counting errors.

Task													Errors	Time (circle fastest)
Trial 1	88	81	74	67	60	53	46	39	32	25	18	11	4		
Trial 2	90	83	76	69	62	55	48	41	34	27	20	13	6		
Trial 3	98	91	84	77	70	63	56	49	42	35	28	21	14		

Alternate double number starting integers may be used and recorded below.

Starting Integer: **Errors:** **Time:**

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Sport Concussion Assessment Tool 6 - SCAT6™

Step 4: Coordination and Balance Examination (Continued)

Were any single- or dual-task, timed tandem gait trials not completed due to walking errors or other reasons?

Yes ☐ **No** ☐

If yes, please explain why:

Step 5: Delayed Recall

The Delayed Recall should be performed after **at least 5 minutes** have elapsed since the end of the Immediate Memory section: **Score 1 point for each correct response.**

Say ***"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."***

Time started:

Word list used: **A** ☐ **B** ☐ **C** ☐

		Alternate Lists	
List A	**Score**	**List B**	**List C**
Jacket	0 1	Finger	Baby
Arrow	0 1	Penny	Monkey
Pepper	0 1	Blanket	Perfume
Cotton	0 1	Lemon	Sunset
Movie	0 1	Insect	Iron
Dollar	0 1	Candle	Elbow
Honey	0 1	Paper	Apple
Mirror	0 1	Sugar	Carpet
Saddle	0 1	Sandwich	Saddle
Anchor	0 1	Wagon	Bubble
Delayed Recall Score	of 10		

Total Cognitive Score

Orientation:		**of 5**
Immediate Memory:		**of 30**
Concentration:		**of 5**
Delayed Recall:		**of 10**
Total:		**of 50**

If the athlete was known to you prior to their injury, are they different from their usual self?

Yes ☐ **No** ☐ **Not applicable** ☐ (If different, describe why In the clinical notes section)

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Sport Concussion Assessment Tool 6 - SCAT6™

Step 6: Decision

Domain	Date:	Date:	Date:
Neurological Exam (Acute Injury evaluation only)	Normal/Abnormal	Normal/Abnormal	Normal/Abnormal
Symptom number (of 22)			
Symptom Severity (of 132)			
Orientation (of 5)			
Immediate Memory (of 30)			
Concentration (of 5)			
Delayed Recall (of 10)			
Cognitive Total Score (of 50)			
mBESS Total Errors (of 30)			
Tandem Gait fastest time			
Dual Task fastest time			

Disposition

Concussion diagnosed?

Yes ☐ **No** ☐ **Deferred** ☐

Health Care Professional Attestation

I am an HCP and I have personally administered or supervised the administration of this SCAT6.

Name:

Signature: **Title/Speciality:**

Registration/License number (if applicable): **Date:**

Additional Clinical Notes

Note: Scoring on the SCAT6 should not be used as a stand-alone method to diagnose concussion, measure recovery, or make decisions about an athlete's readiness to return to sport after concussion. Remember: An athlete can score within normal limits on the SCAT6 and still have a concussion.

For use by Health Care Professionals only

[1]Psychology, University of Missouri Kansas City, Kansas City, Missouri, USA
[2]Psychological and Neurobehavioral Associates, Inc, State College, Pennsylvania, USA
[3]Neurosurgery/ Neurology, Medical College of Wisconsin, Milwaukee, Wisconsin, USA
[4]Michigan Concussion Center, University of Michigan, Ann Arbor, Michigan, USA
[5]Murdoch Children's Research Institute, Parkville, Victoria, Australia
[6]Cabrini Health, Malvern, Victoria, Australia
[7]Neurosurgery, UCLA Steve Tisch BrainSPORT Program, Los Angeles, California, USA
[8]Pediatrics/Pediatric Neurology, Mattel Children's Hospital UCLA, Los Angeles, California, USA
[9]Matthew Gfeller Center, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA
[10]Family Medicine, University of Washington, Seattle, Washington, USA
[11]Rehabilitation Medicine, University of Washington, Seattle, Washington, USA
[12]Orthopedics, Sports Medicine Center, Children's Hospital Colorado, University of Colorado, Aurora, Colorado, USA
[13]Departments of Pediatrics and Surgery, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA
[14]Neurosurgery, Medical College of Wisconsin, Milwaukee, Wisconsin, USA
[15]Medicine, University of Alberta, Edmonton, Alberta, Canada
[16]Wits Sport and Health (WiSH), School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
[17]Chief Medical Officer, Major League Soccer, New York, New York, USA
[18]Princeton, New Jersey, USA
[19]Department of Physical Medicine and Rehabilitation, Virginia Commonwealth University School of Medicine, Richmond, Virginia, USA
[20]Sport Injury Prevention Research Centre, Faculty of Kinesiology, University of Calgary, Calgary, Alberta, Canada
[21]Faculty of Kinesiology, University of Calgary, Calgary, Alberta, Canada
[22]Biomedical and Health Informatics, University of Missouri - Kansas City, Kansas City, Missouri, USA

Twitter Benjamin L Brett @BenjaminBrett1, Christopher C Giza @griz1, Kimberly G Harmon @DrKimHarmon, David R Howell @HowellDR, Jon S Patricios @jonpatricios, Margot Putukian @Mputukian, Samuel R Walton @SammoWalton and Kathryn J Schneider @Kat_Schneider7

Contributors RJE served as the primary author and responsible for all aspects of the project, including initial preparation, coordination, review, editing and final preparation of the manuscript and SCAT6 tool. All co-authors contributed to the development and critical review of the manuscript and SCAT6 tool, and approved the final version of the manuscript and tool.

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He is on the and is/was on the editorial boards (all unpaid) for Journal of Athletic Training (2015 to present), Concussion (2014 to present), Athletic Training & Sports Health Care (2008 to present), British Journal of Sports Medicine (2008 to 2019) JMB reports being a part-time employee of the NHL. JMB's institution has received funding from Genzyme, and EyeGuide supporting his work, and he has served as a paid consultant to Med-IQ and Sporting KC. JSB reports receiving methods author funding for this review and Alexander Graham Bell Canada Graduate Scholarships-Doctoral Program. GAD reports grant from Murdoch Children's Research Institute and travel support for professional conferences. He is a member of the Scientific Committee of the 6th International Consensus Conference on Concussion in Sport; an honorary member of the AFL Concussion Scientific Committee, and a board member of CISG. RJE is a paid consultant for the National Hockey League and co-chair of the National Hockey League /National Hockey League Players Association Concussion Subcommittee, Major League Soccer's Concussion Committee and the US Soccer Federation, provides testimony in matters related to mTBI and reports a grant from Boston Children's Hospital (sub-award from the National Football League) and travel support for the CIS conference and other professional conferences, an unpaid board member of CISG and leadership roles (unpaid) in professional organizations. GG Reports grant funding from CDC TEAM and OnTRACK grants, NIMH APNA grant, royalties from PAR, consulting fees from NFL Baltimore Ravens, Zogenix International, and Global Pharma Consultancy, and travel support for professional meetings. He is a member of USA Football Medical Advisory Panel. 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ORCID iDs
Ruben J Echemendia http://orcid.org/0000-0001-6116-8462
Benjamin L Brett http://orcid.org/0000-0003-2849-4658
Steven Broglio http://orcid.org/0000-0002-2282-9325
Gavin A Davis http://orcid.org/0000-0001-8293-4496
Kimberly G Harmon http://orcid.org/0000-0002-3670-6609
Michael McCrea http://orcid.org/0000-0001-9791-9475
Jon S Patricios http://orcid.org/0000-0002-6829-4098
Margot Putukian http://orcid.org/0000-0002-1478-8068
Kathryn J Schneider http://orcid.org/0000-0002-5951-5899
Joel S Burma http://orcid.org/0000-0001-9756-5793
Jared M Bruce http://orcid.org/0000-0001-9115-5048

Appendix 4: Concussion Podium Assessment for Artistic Gymnastics (Maddocks questions may be adapted for other gymnastics disciplines)

- Assess Absolute Signs:
  - LOC
  - Ataxia
  - Posturing
  - Seizure Activity
  - Post Traumatic Amnesia
- Glasgow Coma Scale score:
  - Eye Response (0-4)
  - Verbal Response (0-5)
  - Motor Response (0-6)
- Orientation (Maddocks Questions for Artistic Gymnastics)
  - Where are you doing gymnastics today?
  - What skill were you attempting when you fell?
  - What was the last event you participated on?
  - Who was on the event before you?
  - How many events do you have left?
- Review Symptoms Checklist:

Headache/Pressure	Dizzy
Nausea	Blurred Vision
Sensitivity to Light	Sensitivity to Noise
“Don’t Feel Right”	More Emotional
More Irritable	Difficulty Concentrating
Difficulty Remembering	Feel Slowed Down
Feel like in a Fog	Neck Pain