

## **CONCUSSION in SPORT**

**Education Package** 



## KING-DEVICK GUIDE











The King–Devick Test was developed in 1976 by Alan King and Steve Devick, as an indicator of saccadic performance as it relates to reading ability. For more than 30 years, the King–Devick Test has been a proven indicator of oculomotor inefficiencies regarding eye movements during reading.



## **King Devick Test**

FOR IMMEDIATE RELEASE



MEDIA CONTACT: Jim McVeigh, Mayo Clinic Public Affairs, 480-301-4222, mcveigh.jim@mayo.edu

Mayo Clinic researchers validate rapid sideline concussion test for youth athletes

Eye movement test detects concussions and possible 'silent' concussions

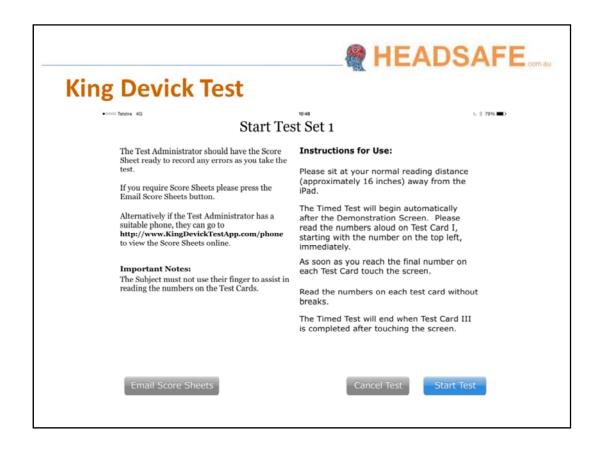
PHOENIX - A rapid, easy-to-administer eye movement test is showing great promise as a sideline concussion test for youth sports, a Mayo Clinic study finds.

In the study, Mayo Clinic researchers assessed high school hockey players using the King-Devick test. The test requires an athlete to read single-digit numbers displayed on cards. After suspected head trauma, the athlete is given the test, which takes about two minutes, and the results are compared to a baseline test administered previously. If the time needed to complete the test takes longer than the baseline test time, the athlete should be removed from play until evaluated by a medical professional.

The test is an accurate and reliable method for identifying players with head trauma and can help to objectively determine whether players should be removed from games and when they have returned to their pre-injury test status they can deemed safe to return to sport or practice (provided they have no symptoms and are not taking medication). The K-D Test has been extensively validated for use as a concussion screening tool and is deployed in association with the Mayo Clinic



The King Devick iPad version allows a history of the subject's tests to be seen, together with recommendations on whether they should be further examined by a doctor



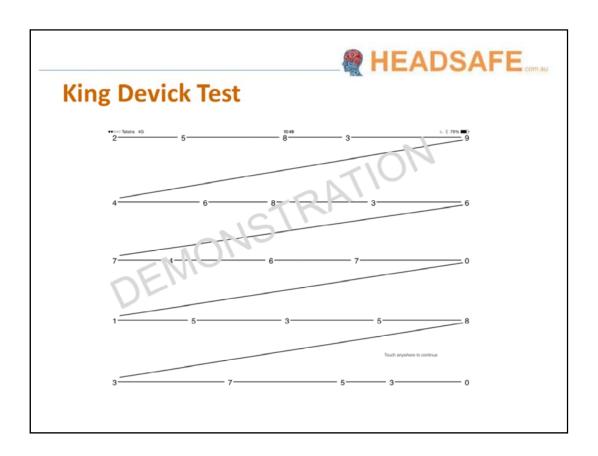
It should be emphasized by the tester to the subject that he/she should read the numbers as fast as he/she can without making any errors.

The tester should tell the subject:

not to use his/her hands or fingers on the iPad to help him/her follow the number pattern

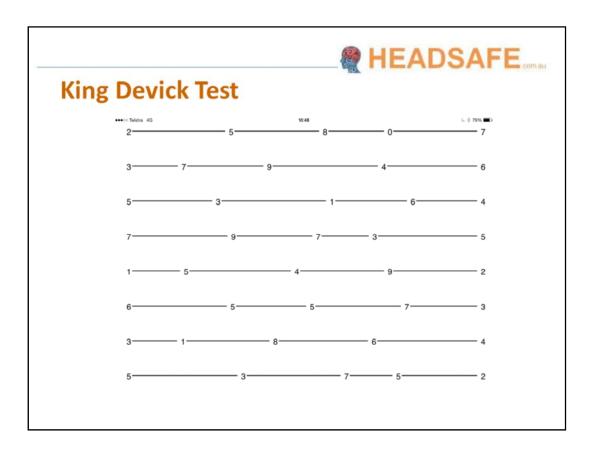
that they can rest and breathe during the TEST CARD COMPLETED screen tap the screen when all the numbers have been read and to go onto next screen

The subject should be told that the test will be administered at least twice and that his/her baseline score will be recorded as his/her fastest time without errors.

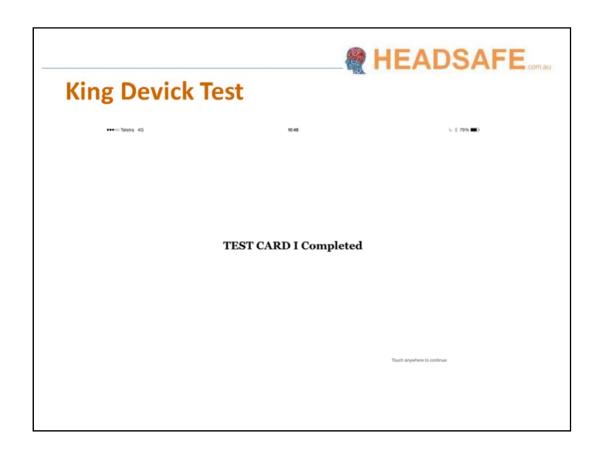


When the tester is ready, hand the iPad over and tell the subject to begin reading the numbers.

As the subject reads the second page (after the DEMONSTRATION CARD SCREEN), timing begins.



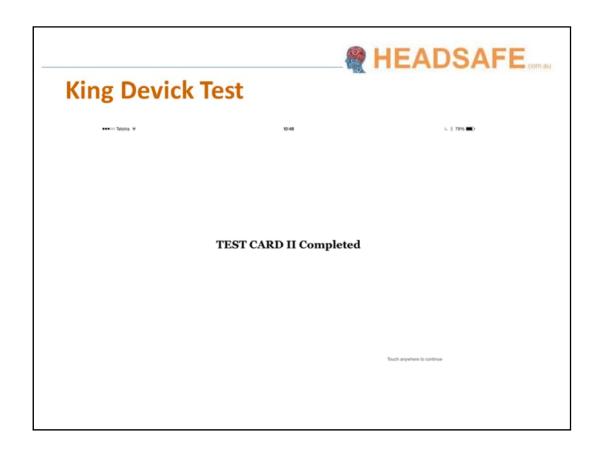
The subject reads the numbers out loud whist the tester watches for errors



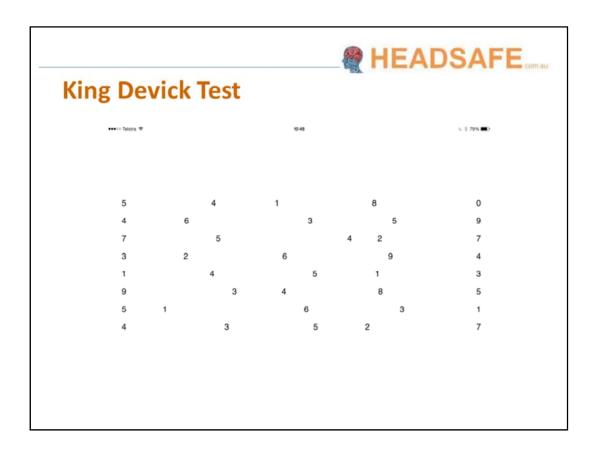
Timing stops at the TEST CARD COMPLETED screen and the subject can take a deep breath

								<b>HEADSAFE</b> com au			
King Devick Test											
	•••• oo Teistra 4G	7	7		10:48 5		9		C \$ 79% (C)		
	2	5		7			4		6		
	1	4			7			6	3		
	7		9				3	9	0		
	4	5			2			1	7		
	5		3			7	4		8		
	7	4			6			5	2		
	9		0			2	3		6		

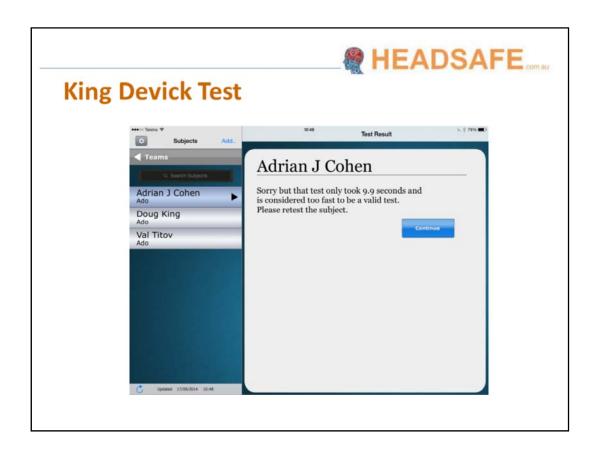
The subject reads the second card numbers out loud whist the tester watches for errors



Timing stops at the TEST CARD COMPLETED screen and the subject can take a deep breath



The subject reads the tcard numbers out loud whist the tester watches for errors



If the test is completed too rapidly, an INVALID test message is received

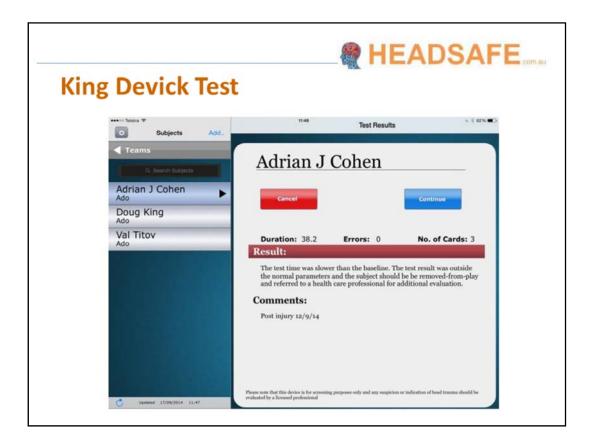


Session agenda



The tester should monitor and record any errors when the iPad test is completed, and add their initials and any comments.

A subject's baseline is the fastest time for which the subject has completed the test without errors.



When the subject is retested post suspected head trauma, the test should be administered once in the manner described above.

That score should be recorded with both time and any errors noted.

For post-injury or post high impact score testing, note the g force and rads2 recorded on impact testing and also whether the subject is Asymptomatic or what symptoms they report.

If the subject has a time which is any slower than his/her best baseline score or has increased errors, he/she should be removed from play and referred to a health care professional for additional evaluation.

For training purposes, the subject should commence the 6 step Return to Play process with 24 hours rest then light aerobic exercise

Ideally they should be retested prior to recommencing contact or game play (provided they are symptom-free) and have a time no slower than their current baseline with no errors





Session agenda