



RACE1 Ringside Acute Concussion Examination Card Deck (Edition 4): Supplementary File S7

Supplement to: Standardized Post-Bout Ringside Concussion Screening in Combat Sports: Systematic Evidence Review and Development of the RACE1 Ringside Acute Concussion Examination (<https://doi.org/10.67999/csx.003>)

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Relationship to the article. This document is Supplementary File S7 to Sears CC, Standardized post-bout ringside concussion screening in combat sports (<https://doi.org/10.67999/csx.003>). It reproduces Appendix C of that article, the RACE1 Ringside Acute Concussion Examination card deck (edition 4), as a standalone document with its own DOI so that the cards can be cited, printed and reviewed separately. The card pages are unchanged from Appendix C; only the page footer carries this supplement's DOI and page numbers. Appendix C remains part of the article's version of record, and Figure 10 of the article shows selected cards.

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Instrument. The RACE1 cards are intended to give the ringside clinician structured guidance after the bout. They do not supersede the authority, clinical judgment or decisions of the ringside physician or any other licensed ringside clinician, and they do not replace the rules or medical requirements of the governing body. The deck has not been validated and is not a clearance tool.

Scope and disclaimer. The cards and accompanying text are those of the author and do not represent the Alabama Athletic Commission as a whole.

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RACE1 Ringside Acute Concussion Examination Cards (Edition 4) for Review

Guidance, not authority. The RACE1 cards are intended to give the ringside clinician structured guidance after the bout. They do not supersede the authority, clinical judgment or decisions of the ringside physician or any other licensed ringside clinician, and they do not replace the rules or medical requirements of the governing body. Whether to stop a bout, whether to transport, and whether and when an athlete is cleared remain decisions of the ringside physician.

The 18 standardized cards (20 half-letter pages, including the reverse sides of Cards 5 and 18) are reproduced on the following pages exactly as issued in edition 4 for review and comment. RACE1 is used only after the bout, against a pre-bout baseline where possible; it is never used during a bout, between rounds, or to permit return to participation the same day or in the same competition. A normal result is not a clearance. Items and score bands are provisional and have not been validated in any sport. Reviewers are asked to send comments on the wording, order, scoring and layout of any card to editor@searspublishing.net, citing the card number.

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CARD 1 of 18 Instructions and Exam Sequence**Purpose**

RACE1 is a standardized post-bout screen for suspected concussion, used after the bout has ended (knockout, stoppage, retirement, or final bell). It applies to amateur and professional bouts. Where possible, the same items are recorded at the pre-bout examination as the fighter's baseline.

RACE1 does not diagnose or exclude concussion, and it never clears a fighter. It records standardized findings to assist the ringside physician, who decides clearance after a mandatory multimodal evaluation (for example, SCAT6 or MACE 2). Never use RACE1 during a bout, between rounds, or to permit return to participation the same day or in the same competition. Items and score bands are provisional and unvalidated.

Examiner

Licensed healthcare professional: the ringside physician, or a clinician working under the ringside physician's direction.

Materials

This card deck, pen, penlight, watch or timer, examination gloves, and the fighter's pre-bout baseline (Card 18, Section A).

Rules that apply at every card

- A red flag found at any point ends the exam. Go to Card 3 and follow its action.
- Complete Card 5 (cervical spine, fractures, eyes) before any standing task or eye test.
- Word lists: List A at the pre-bout baseline, List B after the bout, List C for a re-test, in the fighter's preferred language.
- Mark a test U (unreliable) when an injury on Card 5 prevents a valid result. U scores 0.
- Exertion degrades balance: repeat Cards 10 to 14 after a short rest before the final disposition.
- Screen winners as well as losers after a knockout, a stoppage, or suspected concussion.
- When in doubt, do not clear.

Sequence

Cards	Content
2 to 5	Incident, red flags, consciousness and memory, confounding injuries
6 to 9	Seated: orientation, immediate memory, pupils, eye tracking
10 to 14	Standing: stand and mouthpiece, guard, resistance, lateral movement, mouthpiece removal
15 to 18	Delayed recall (seated); speech and comprehension (observed throughout); scoring and disposition

CARD 2 of 18 Incident, Bout Details, and Observable Signs

Fighter: _____

Opponent: _____

Event, venue, and date: _____

Round and time of injury: _____

A. Bout details

Contest: ☐ Amateur ☐ Professional Headgear: ☐ None ☐ Worn

Governing rule set: ☐ USA Boxing ☐ World Boxing ☐ Other amateur body
☐ State commission (professional) ☐ Other: _____

Result: ☐ Won ☐ Lost ☐ Draw or no decision Language: _____

Interpreter: ☐

B. Mechanism of injury

Record the event as described by the fighter, referee, corner, or a witness, or as seen on video.

Description (for example, left hook to the chin; head struck the canvas): _____

C. Bout status

- ☐ Knockout
- ☐ Referee stoppage (RSC / TKO); head blows: ☐ Yes ☐ No
- ☐ Standing count
- ☐ Stoppage on physician advice
- ☐ Corner retirement
- ☐ Bout went the distance

D. Observable signs at the time of injury or since

Source: ☐ Examiner ☐ Referee ☐ Corner ☐ Video

- ☐ Loss of consciousness or unresponsiveness (also a red flag: go to Card 3)
- ☐ Seizure or convulsion (also a red flag: go to Card 3)
- ☐ Lying motionless
- ☐ Motor incoordination: stumbling, staggering, or unsteady on the feet
- ☐ No protective action when falling (floppy)
- ☐ Tonic posturing
- ☐ Disorientation or confusion
- ☐ Blank or vacant look
- ☐ Slow to get up (prompts the exam; not a sign on its own)
- ☐ None observed

Any sign rules out "No deficit detected" (Card 18). RSC, TKO, or a standing count triggers this exam; it is not a diagnosis.

CARD 3 of 18 Red Flags: Stop and Activate the Emergency Plan

If ANY red flag is present at ANY point in the exam: stop RACE1, do not clear the fighter, obtain immediate ringside physician evaluation, and activate EMS under the commission's emergency action plan.

- ☐ Glasgow Coma Scale score below 15
 - ☐ Loss of consciousness or unresponsiveness of any duration. Duration: ☐ under 1 minute ☐ 1 minute or longer ☐ unknown
 - ☐ Seizure or convulsion
 - ☐ Deteriorating or fluctuating level of consciousness
 - ☐ Increasing confusion, agitation, or combativeness
 - ☐ Neck pain, midline neck tenderness, or painful or restricted neck movement (Card 5A)
 - ☐ Weakness, numbness, tingling, or paralysis in any limb
 - ☐ New focal neurological deficit (for example, facial droop or loss of eye movement in one direction)
 - ☐ Severe or increasing headache
 - ☐ Vomiting more than once
 - ☐ Persistent double vision
 - ☐ Unequal pupils, or a sluggish or non-reactive pupil, not explained by an eye injury (Card 5C)
 - ☐ Spontaneous or sustained nystagmus
 - ☐ Signs of skull fracture: bruising behind the ear (Battle's sign), bruising around both eyes (raccoon eyes), blood or clear fluid from the ears or nose, or a palpable skull deformity
 - ☐ Ataxia after a knockout, progressive loss of balance, or unable to stand or walk without assistance
-

Unconscious or unresponsive fighter: assume a cervical spine injury. Do not move the head or neck. Protect the airway.

Result

- ☐ No red flags: continue to Card 4
- ☐ Red flag present: STOP. Record the time and go to Card 18 (Emergency).

Time: _____

GCS threshold source: SCAT6 (2023); Association of Ringside Physicians neuroimaging consensus (2022); NICE NG232 (2023). Repeat this red-flag check before the fighter leaves the venue: deterioration can follow a lucid interval.

CARD 4 of 18 Consciousness, Memory, and Symptoms

A. Alteration of consciousness

Did the fighter appear dazed, confused, or slow to respond immediately after the impact ("bell rung")?

☐ Yes ☐ No ☐ Unknown

B. Memory of the event

Ask open, neutral questions. Do not suggest answers.

Before the impact: "What is the last thing you remember before you were hit?"

☐ Gap in memory ☐ No gap ☐ Unknown

After the impact: "What is the first thing you remember after you were hit?"

☐ Gap in memory ☐ No gap ☐ Unknown

C. Symptoms reported by the fighter (not scored)

Pre-bout baseline symptoms: ☐ None ☐ Present: _____ ☐ Not recorded

Interpret after the Card 5 eye check. "How do you feel right now? Do you have any of these?"

- ☐ Headache or pressure in the head
- ☐ Dizziness
- ☐ Nausea
- ☐ Blurred vision
- ☐ Sensitivity to light or noise
- ☐ Ringing in the ears
- ☐ Feeling slowed down or foggy
- ☐ "Don't feel right"
- ☐ None reported

Fighters may not recognise or may not report symptoms. Observed findings take priority over self-report.

A Yes or Unknown in A, a gap in B, or any symptom in C means the fighter cannot be classed "No deficit detected" on Card 18.

CARD 5 of 18 Confounding Injuries and Test Reliability

Complete Sections A to C before any standing task (Cards 10 to 14) and before interpreting Cards 4C, 8, and 9.

A. Cervical spine screen

- ☐ Neck pain at rest
- ☐ Midline tenderness on palpation
- ☐ Pain or restriction on active neck rotation (only if no pain at rest and no tenderness)
- ☐ Arm or leg weakness, numbness, or tingling
- ☐ All normal

Any abnormal finding is a red flag (Card 3): immobilize and transport; do not perform standing tasks.

B. Fracture suspicion

- ☐ Skull fracture signs (Card 3 red flag)
- ☐ Facial or jaw fracture (deformity, malocclusion, step-off)
- ☐ Orbital fracture (eye movement restriction, numb cheek, enophthalmos)
- ☐ None

Suspected facial, jaw, or orbital fracture: transfer for CT. Normal radiographs do not exclude orbital fracture.

C. Eye and periocular screen

- ☐ Hyphema, globe injury, or eye swollen shut
- ☐ Sudden loss or reduction of vision, flashes, or floaters
- ☐ Laceration of the eyelid or around the eye
- ☐ None

Any finding: emergent ophthalmology referral (Association of Ringside Physicians eye-conditions statement). After an in-competition eye injury, defer the penlight test briefly; mark Cards 8 and 9 U if the eye cannot be examined validly.

CARD 5 of 18 (reverse) Test Reliability and Context**D. Injuries that make tests unreliable**

Injury present	Tests marked U
☐ Eye injury (Section C, orbital fracture)	Card 8 pupils; Card 9 eye tracking
☐ Ear injury (perforated eardrum, severe ear trauma)	Cards 10, 11, 13 balance items, if hearing or balance is affected
☐ Upper-limb injury (hand, wrist, arm, shoulder)	Card 10 mouthpiece item; Cards 11, 12, 14
☐ Lower-limb injury (hip, knee, ankle, foot)	Card 10 standing item; Card 13
☐ Facial, jaw, or dental injury affecting speech or mouthpiece use	Card 10 mouthpiece item; Card 14; Card 16
☐ Laceration or bleeding obscuring vision	Card 9 eye tracking, if vision is obscured
☐ No confounding injury identified	None

E. Context (record; never used to dismiss a suspected concussion)

Time since end of bout (minutes): _____

- ☐ Exhaustion or recent maximal exertion ☐ Rapid weight loss before the bout ☐ Anticoagulant or antiplatelet use ☐ Alcohol or drugs suspected
☐ Previous concussion ☐ Migraine or headache disorder ☐ ADHD, learning, or mood disorder ☐ Motion sickness

Other injury or history: _____

Rules

- An abnormal pupil is managed as a red flag (Card 3) unless the ringside physician attributes it to a direct eye injury.
- Exhaustion is recorded but is not used to explain an abnormal finding without a physician re-test after rest.
- Any U result means the fighter cannot be classed “No deficit detected” on Card 18.

CARD 6 of 18 Orientation (Seated)

Seat the fighter. Ask each question as written. Do not offer choices. Score 1 for each correct answer.

Question	Correct (1)	Incorrect (0)
1. "About what time of day is it?" (morning, afternoon, evening, or night is correct)	☐	☐
2. "Where are we right now?" (venue name or city is correct)	☐	☐
3. "Who did you fight tonight?" (opponent's name)	☐	☐
4. "What was the last round you fought?"	☐	☐

Not scored: "How did the bout end?" ☐ Correct ☐ Incorrect ☐ Not known to examiner

ORIENTATION SCORE: _____ / 4

Bout-specific questions follow USA Boxing Medical Handbook 5.4.2 and World Boxing Medical Handbook 5.3.

CARD 7 of 18 Immediate Memory (Seated)

Use List A at the pre-bout baseline, List B for the post-bout exam, and List C for a re-test. Give the words in the fighter's preferred language, using an adapted list (not a literal translation) where one is available.

List A	List B	List C
Window	Anchor	Rocket
Tiger	Pillow	Blanket
Bottle	Carrot	Lemon

List used: ☐ A ☐ B ☐ C Language: _____

Script

"I am going to say three words. Repeat them back to me when I finish. Try to remember them, because I will ask for them again later."

Procedure

- Say the three words at about one word per second.
- Score Trial 1: 1 point for each word repeated correctly, in any order.
- If any word is missed, repeat all three words until the fighter repeats all three (maximum 3 trials). This makes sure the words were registered before the delayed recall test.

Trials needed to register all three words (1, 2, 3, or not registered): _____

Time words given (needed for Card 15): _____

IMMEDIATE MEMORY SCORE (Trial 1): _____ / 3

A three-word list is brief and many fighters will score full marks (ceiling effect); a full score does not exclude concussion.

CARD 8 of 18 Pupil Response (Seated)

Check Card 5C first. After an in-competition eye injury, wait briefly before the penlight test.

Pre-bout baseline (from the pre-bout examination): ☐ Equal ☐ Unequal
(record): _____ ☐ Not recorded

Shade the eyes if the venue lighting is bright. Shine the penlight into each eye in turn.

Normal

- ☐ Pupils equal in size (or unchanged from the pre-bout baseline)
- ☐ Both pupils constrict briskly to light

Abnormal

- ☐ Unequal pupils, new since the pre-bout baseline
- ☐ Sluggish or non-reactive pupil

An abnormal pupil is a red flag: stop and go to Card 3, unless the ringside physician attributes it to a direct eye injury (Card 5C).

PUPIL SCORE: 1 (normal) / 0 (abnormal) / U (Card 5): _____

CARD 9 of 18 Eye Tracking (Seated)

Check Card 5C first. Hold a finger at arm's length. Ask the fighter to keep the head still and follow the finger with the eyes only. Move it slowly left, right, up, and down (H pattern). Ask about double vision at each end position.

Normal

- ☐ Eyes follow the target smoothly in all directions
- ☐ No double vision
- ☐ Eyes focused, not glassy

Abnormal

- ☐ Jerky or broken tracking
- ☐ Nystagmus away from the far ends of gaze (a few beats at the far end of gaze can be normal)
- ☐ Glassy or unfocused gaze

Persistent double vision, spontaneous or sustained nystagmus, or loss of eye movement in one direction is a red flag: stop and go to Card 3, and check Card 5C for an eye or orbital injury.

EYE TRACKING SCORE: 1 (normal) / 0 (abnormal) / U (Card 5):

CARD 10 of 18 Stand Up and Insert Mouthpiece

Only after Card 5A is normal. Command: "Stand up and put your mouthpiece in." The examiner wears gloves when handling the mouthpiece.

Surface: ☐ Ring canvas ☐ Floor Footwear: ☐ Boxing shoes ☐ Other

Stance: feet shoulder-width apart

Item 1: Standing (1 point)

- ☐ Normal: stands up steadily without losing balance
- ☐ Abnormal: sways, stumbles, or needs a corrective step or support

Item 2: Mouthpiece (1 point)

- ☐ Normal: inserts the mouthpiece correctly on the first attempt without fumbling
- ☐ Abnormal: fumbles, drops it, inserts it reversed or upside down, or asks for the instruction again

If no mouthpiece is available, mark Item 2 as U.

STAND UP SCORE: Item 1 _____ + Item 2 _____ = _____ / 2

CARD 11 of 18 Hands Up: Guard Position (Standing)

Command: "Put your hands up." (the fighter's normal defensive guard)

Normal

- ☐ Raises both hands promptly into a proper guard covering the face and chin
- ☐ Holds the stance steadily

Abnormal

- ☐ Hands low or uneven
- ☐ Unsteady while raising the arms
- ☐ Delayed response, or needs the command repeated

Keep the fighter in guard for Card 12.

GUARD SCORE: 1 (normal) / 0 (abnormal) / U (Card 5): _____

CARD 12 of 18 Resistance Test (Standing, in Guard)

Script: "I am going to press down on your arms. Keep your hands up and resist me."

Apply moderate downward pressure on both forearms at the same time for about 2 seconds.

Normal

- ☐ Both arms hold strongly and equally
- ☐ Keeps stance and footing
- ☐ Understands and performs the task

Abnormal

- ☐ One or both arms give way, or strength is unequal
- ☐ Loses footing, stumbles, or takes a large corrective step
- ☐ Does not resist, drops the hands, or misunderstands the task

New weakness in one limb is a red flag: go to Card 3.

RESISTANCE SCORE: 1 (normal) / 0 (abnormal) / U (Card 5): _____

CARD 13 of 18 Lateral Movement and Return (Standing)

Step 1: "Take two steps to your right."

Step 2: "Now come back to me."

Normal

- ☐ Moves promptly to the correct side
- ☐ Takes two smooth steps and returns steadily
- ☐ Keeps balance while moving and turning

Abnormal

- ☐ Stumbles, shuffles, drags a foot, or crosses the feet awkwardly
- ☐ Goes the wrong way or takes the wrong number of steps
- ☐ Sways or nearly trips

Stand close enough to steady the fighter. Ataxia after a knockout or progressive loss of balance is a red flag: go to Card 3.

LATERAL MOVEMENT SCORE: 1 (normal) / 0 (abnormal) / U (Card 5):

**CARD 14 of 18 Remove and Hand Over Mouthpiece
(Standing)**

Command, given once: "Take out your mouthpiece and hand it to me."

Normal

- ☐ Removes the mouthpiece promptly and smoothly
- ☐ Hands it to the examiner (completes both parts of the command)

Abnormal

- ☐ Fumbles, shakes, or drops the mouthpiece
- ☐ Completes only the first part (for example, removes it but does not hand it over)
- ☐ Hesitates or needs a prompt

If Card 10 Item 2 was U, mark this card U.

MOUTHPIECE REMOVAL SCORE: 1 (normal) / 0 (abnormal) / U (Card 5): _____

Repeat Cards 10 to 14 after a short rest (record the time on Card 18) before the final disposition: exertion and fatigue can degrade balance for about 20 minutes.

CARD 15 of 18 Delayed Recall (Seated)

Seat the fighter. At least 5 minutes must have passed since the words were given on Card 7. If fewer than 5 minutes have passed, wait.

Time of recall: _____

Script: "What were the three words I asked you to remember?" Do not give hints. Score 1 for each word recalled, in any order.

Word (from the list used on Card 7)	Recalled (1)	Not recalled (0)
Word 1: _____	☐	☐
Word 2: _____	☐	☐
Word 3: _____	☐	☐

DELAYED RECALL SCORE: _____ / 3

CARD 16 of 18 Speech Fluency (Observed Throughout)

Score from the fighter's speech during Cards 4 to 15, in the fighter's preferred language (Card 2).

Normal

- ☐ Clear, fluent speech; answers and acknowledgements are appropriate

Abnormal

- ☐ Slurred or incoherent speech
- ☐ Slow, altered, or repetitive speech
- ☐ Difficulty finding words
- ☐ Silent or does not respond when spoken to

Mark U if a facial, jaw, or dental injury (Card 5) or a language barrier prevents a valid judgement.

SPEECH SCORE: 1 (normal) / 0 (abnormal) / U (Card 5): _____

CARD 17 of 18 Comprehension and Processing (Observed Throughout)

Score from how the fighter followed instructions during Cards 6 to 15. Give instructions in the fighter's preferred language.

Normal

- ☐ Follows commands promptly; normal facial expression and response time

Abnormal

- ☐ Slowed processing: asks for instructions again or seems unsure what to do
- ☐ Blank or vacant stare
- ☐ Misunderstands instructions, cannot respond appropriately to questions, or does something inappropriate

COMPREHENSION SCORE: 1 (normal) / 0 (abnormal): _____

CARD 18 of 18 Scoring, Disposition, and Signatures**A. Score summary**

Domain and card	Max	Pre-bout baseline	Post-bout exam	Re-test
Orientation (Card 6)	4			
Immediate memory (Card 7)	3			
Delayed recall (Card 15)	3			
Cognition subtotal	10			
Pupils (Card 8)	1			
Eye tracking (Card 9)	1			
Oculomotor subtotal	2			
Stand up and mouthpiece (Card 10)	2			
Guard (Card 11)	1			
Resistance (Card 12)	1			
Lateral movement (Card 13)	1			
Mouthpiece removal (Card 14)	1			
Motor and balance subtotal	6			
Speech (Card 16)	1			
Comprehension (Card 17)	1			
Speech and comprehension subtotal	2			
TOTAL	20			

Pre-bout baseline items not recordable before the bout (opponent, last round) are left blank. A finding absent at baseline and present after the bout is new.

Tests marked U: _____ Word list: Baseline ____ Post-bout ____
 Re-test ____ Motor re-test time: _____

Loss of consciousness: ☐ None ☐ Under 1 minute ☐ 1 minute or longer
☐ Unknown

Signatures

Examiner name and credential: _____

Signature: _____

Ringside physician: _____

Signature: _____

Exam start and finish times: _____

Re-test times: _____

CARD 18 of 18 (reverse) Disposition, Restriction, and Signatures**B. Disposition (apply the first category that fits)**

Category	Criteria	Action
EMERGENCY	Any red flag (Card 3) at any time, including GCS below 15	Activate EMS. Transport to the pre-identified trauma centre (CT, neurosurgery). Cervical precautions when indicated.
NOT CLEARED	Total below 20; or any observable sign (Card 2); or altered consciousness, memory gap, or symptom (Card 4); or any test marked U	No return to participation. Mandatory multimodal physician evaluation (e.g., SCAT6, MACE 2). Re-test every 15 to 30 min with a new word list; if worse, EMERGENCY. Apply Section C.
NO DEFICIT DETECTED	Total 20, with none of the findings above	Not a clearance and no same-day return: no clearance until the physician completes a mandatory multimodal evaluation; mandated restrictions still apply. Repeat Cards 3 and 4C before the fighter leaves. Signs can appear later.

The score bands are provisional and have not been validated against clinical diagnosis. A total of 20 does not exclude concussion.

C. Restriction (governing body minimum; physician may extend)

Rule set (Card 2): _____ Minimum restriction under that rule set: _____ days

Where the governing body's documents conflict, apply the stricter value.

Physician extension: ☐ None ☐ Extended to _____ days ☐ Indefinite suspension pending further evaluation

Reason for extension: _____

D. Written instructions given to the fighter and a responsible adult

- ☐ Do not stay alone tonight; do not drink alcohol; do not drive
- ☐ Seek emergency care for worsening headache, neck stiffness, vomiting, confusion, drowsiness, weakness, seizure, or any new symptom in the following days
- ☐ Written medical clearance is required before any return to training or competition

E. Final disposition

☐ Emergency transport ☐ Not cleared ☐ No deficit detected

Physician decision after multimodal evaluation: ☐ Released from venue with instructions and restriction ☐ Transport