

Dear Parent/Guardian,

_____ is currently implementing an innovative program for its athletes. This program will assist team coaches and trainers in identifying and encouraging proper management of head injuries (e.g., concussion). To better manage concussions sustained by our athletes, Think Head First of Coalville Health Center has acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and are certified in the use of this tool. ImPACT (impacttest.com) is a computerized neurocognitive exam utilized in many professional (NFL, NHL, MLB, USSA), collegiate, and high school sports programs across the country and internationally to improve diagnosis and management of concussion. If an athlete is believed to have suffered a head injury during sport participation, ImPACT is used to help determine the severity of head injury and when it has healed.

The computerized exam is recommended to athletes before beginning contact sport practice or competition, "Baseline Testing" for individual cognitive level annually. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, ImPACT is a preseason physical of brain function. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test. The Baseline Test is \$30.00/athlete in a group setting, 45.00 on individual basis.

If a concussion is suspected, the athlete will be recommended, in addition to medical evaluation, to re-take the ImPACT test for assessment of the cognitive function of the brain. Recent research supported guidelines for management of concussion stated neurocognitive testing to be cornerstone in proper post-injury evaluation and return to sport (RTS) decision making (Vienna CISG 2001. *Clinical Journal of Sports Medicine*, 2002). Both the preseason and post-injury test data is evaluated by Melinda Roalstad, MS, PAC or Wain Allen, MD at Think Head First, Coalville Health Center to interpret and evaluate the injury. The athlete's RTS will be determined from; medical evaluation, resolution of all symptoms and an ImPACT test that is within reliable change from his/her baseline. The information from ImPACT testing can also be shared with your family doctor for RTS decisions. The test data will enable these health professionals to determine when return-to-sport is appropriate and safe for the injured athlete and this information will be communicated to you as well as the Coaching Staff. If an injury of this nature occurs to your child, you will be promptly contacted with details for obtaining ImPACT testing. The expense of the post injury testing is generally covered by medical insurance.

The information gathered from the ImPACT program may also be utilized in studies currently being conducted UPMC. In order to ensure and guarantee your child's anonymity, we have set-up an anonymous data submission system. This data may anonymously be submitted to UPMC for their research purposes.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The _____ administration and coaching staffs are striving to keep your child's health and safety at the forefront of the athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact Melinda Roalstad at the Coalville Health Center; **435 336-4403**.

Think Head First

Melinda Roalstad, MS, PAC / Wain Allen, MD

Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions and all questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport _____

School or Sport Club _____

Signature of Athlete

Date

Signature of Parent

Date

Email Address (Parent)

Phone

