

## What is a concussion?

The definition of a concussion is a violent shaking or jarring action of the brain resulting in immediate or delayed and/or temporary impairment of neurological and motor functions. A concussion can be sustained following an acceleration or a deceleration force. An example of an acceleration force is the force generated by getting hit in the head by a ball, object, or opponents' body. A deceleration force is the force received when an athlete's head strikes the ground or another immovable object. Symptoms associated with a concussion include: headache, dizziness, lack of awareness of surroundings, nausea, vomiting, headache, and a number of other motor and neurological deficits. Though some of these symptoms may be very evident, many can go undetected without proper testing.

If a concussion is left untreated and an athlete sustains a subsequent head injury while recovering from the first, the consequences could be much more severe and potentially life threatening.

## What is Impact Testing?

Impact Concussion Testing is a concussion management program that begins with a 25 minute computerized test. This test evaluates multiple brain functions including: impulse control, sustained attention, working memory, reaction time, visual-motor processing speed, visual and verbal memory, and response variability.

If at any point during the season an athlete sustains a concussion, he/she will be asked to repeat this computerized test to compare these scores to their baseline test scores. This information can then be used in order to determine if it is safe for the athlete to return to play.

## Why Impact Testing?

It is very common for an athlete to intentionally and/or unintentionally withhold information regarding concussion signs and symptoms, therefore it becomes very hard to diagnose and manage the condition. Without the proper information return to play decisions can become very difficult. Impact concussion testing provides medical professionals objective data in order to make proper decisions regarding your child's health and return to play status.

I hereby give my son/daughter permission to participate in the Impact Concussion Testing program. This includes baseline computerized testing and any subsequent tests. I understand that I will be contacted in the event that my son/daughter suffers a possible head injury and will be advised of any necessary medical intervention.

Student-Athlete's name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_