



Park Hill School District

Building Successful Futures • Each Student • Every Day



Dear Parent/Guardian,

Park Hill School District is currently implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. This non-invasive test is set up in “video-game” type format and takes about 30-45 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. **It, however, is not an IQ test.**

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is used to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-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 Park Hill School District administration, coaching, and athletic training staffs are striving to keep your child’s health and safety at the forefront of the student athletic experience. If you have any further questions regarding this program please feel free to contact the Park Hill Athletic Department at 359-4100 or the Park Hill South Athletic Department at 359-4120.



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ImPACT Information for Parents

What is ImPACT?

ImPACT (Immediate Post-Concussion Assessment and Cognitive Testing) is the first, most-widely used, and most scientifically validated computerized concussion evaluation system. ImPACT was developed IN THE 1990s to provide useful information to assist qualified practitioners in making sound return to play decisions following concussions.

Why use ImPACT?

Given the inherent complexities of concussion management, it is important to manage concussions on an individualized basis and to implement baseline testing and/or post-injury neurocognitive testing whenever possible. Neurocognitive assessment can help to objectively evaluate the concussed athlete's post-injury condition and track recovery for safe return to play, thus preventing the cumulative effects of concussion. In fact, neurocognitive testing has been called the "cornerstone" of proper concussion management by an international panel of sports medicine experts.

Who is currently using ImPACT?

Some of the individuals using ImPACT include all of MLB, NHL, NFL and WWE. Over 6000 high schools, 1,300 colleges and universities, 1,200 clinical centers, 225 professional teams, select military units, Cirque du Soleil, New Zealand and South African rugby teams also use ImPACT.

What does the ImPACT test look like?

To view a demo of the ImPACT test please visit their website at, <http://www.impacttestonline.com/impacttestdemo/>

ImPACT is NOT

ImPACT is not: A diagnostic test, ImPACT is one tool that can be used by medical professionals to help measure an individual's recovery from a concussion

ImPACT is not: A one step solution to concussions

ImPACT is not: A preventative tool, nothing can prevent concussions

ImPACT is not: A substitute for medical treatment or management

ImPACT is not: A replacement for a cat scan, MRI or other medical technology

ImPACT is not: A home-based test, ImPACT should always be administered in the presences of a trained supervisor

Where can I go to learn more about the ImPACT Test?

Please visit ImPACT's website, www.impacttest.com.



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ImPACT™

MSHSAA



All concussions are serious.
If you think you have a

CONCUSSION:

- * Don't hide it.
- * Report it.
- * Take time to recover.



**It's better to miss one game
than the whole season.**

For more information and to order additional materials
free-of-charge, visit: www.cdc.gov/concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



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www.impacttest.com



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Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess the situation | Be alert for signs and symptoms | Contact a health care professional

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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MAY 2010



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DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



*To learn more about concussion and to order materials **FREE-OF-CHARGE**, go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.



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Consent Form

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

We have read the Parent Information Letter. We understand its contents. We have been given an opportunity to ask questions and all questions have been answered to our satisfaction. We agree to participate in the ImPACT Concussion Management Program.

We have also received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

Printed Name of Athlete _____

Sports/Activities _____

Signature of Athlete

Date

Signature of Parent

Date

Optional – Refusal to Consent to ImPACT baseline testing

*I/We understand the Park Hill School District and MSHSAA have identified concussions as a potential long-range health issue for student athletes and activity participants. The primary focus of this program is the safety and protection of our students. I/We wish to **opt-out** my student, _____, from the ImPACT Concussion baseline assessment. Although my student is not participating in the ImPACT baseline assessment, I understand my student will be required to follow the MSHSAA and Park Hill School District concussion return to play guidelines. **Do NOT sign below if participating.***

Signature of Parent

Date



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Baseline Worksheet

I. Demographic and Background Information

School / Organization: _____

Date of Birth: _____ month _____ date _____ year

First Name: _____ Last Name: _____

Height: _____ ft _____ in Weight: _____ Gender: _____ male _____ female

Handedness: _____ right _____ left _____ ambidextrous (both right and left)

Native Country / Region: _____

Native Language: _____

Second Language: _____ (only if fluent in speaking and writing)

Years of education completed excluding kindergarten: _____

(e.g., high school senior is 11 years)

Check any of the following that apply:

_____ Received speech therapy

_____ Attended special education classes

_____ Repeated one or more years of school

_____ Diagnosed attention deficit disorder or hyperactivity

_____ Diagnosed learning disability

While in school, what type of student were / are you?

_____ Below Average

_____ Average

_____ Above Average

Current Sport: _____

Current position / event / class: _____

(e.g., quarterback, forward, 1st base, etc.)

Current level of participation: _____ (e.g., junior high, high school)

Years of experience at this level: _____ (0 - 4)

(e.g., number of years in high school, high school senior = 3)



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I. Demographic and Background Information (cont'd)

Please list your 5 most recent concussions: _____ month _____ year

_____ month _____ year

_____ month _____ year

_____ month _____ year

_____ month _____ year

Concussion History

_____ Number of times diagnosed with a concussion (excluding current injury)

_____ Total number of concussions

_____ Total number of concussions that resulted in confusion

_____ Total number of concussions that resulted in difficulty with memory for events that occurred immediately after injury

_____ Total number of concussions that resulted in difficulty with memory for events that occurred immediately before injury

_____ Total number a games that were missed as a direct result of all concussions combined

Indicate if you have had any of the following:

_____ yes _____ no Treatment for headaches by physician

_____ yes _____ no Treatment for migraine headaches by physician

_____ yes _____ no Treatment for epilepsy / seizures

_____ yes _____ no Treatment for brain surgery

_____ yes _____ no Treatment for meningitis

_____ yes _____ no Treatment for substance abuse / alcohol abuse

_____ yes _____ no Treatment for psychiatric condition (depression, anxiety)

Have you been diagnosed with any of the following?

_____ yes _____ no ADD/ ADHD

_____ yes _____ no Dyslexia

_____ yes _____ no Autism

Have you participated in any strenuous exercise and/or exertion in the last 3 hrs?

_____ yes _____ no

Date of your last concussion: _____ month _____ date _____ year

Number of hours slept last night: _____ (approximate if uncertain)

Please list any **PRESCRIPTION** medication (s) you are currently taking:

