

Madison High School Baseline Concussion Testing



Madison Bobcat Athletes are required to participate in Baseline cognitive Testing as part of the school's concussion management program. Baseline testing will be done using the ImPACT application program. This is the same test used by most professional and collegiate sports teams. This year we are having the athletes complete the testing at home. We appreciate your help in this process. If you have any questions please call or text Brandon Archibald, ATC at 801-669-7583.

What is the ImPACT test? The ImPACT assessment process starts with a pre-season baseline test. This is done on a computer and is kind of like playing a brain game. The test measures things like visual and verbal memory and processing speeds as well as any symptoms or medical problems that may be helpful if a concussion is suspected during the season. If your athlete is suspected of sustaining a concussion later in the season, the test is repeated. The results are then compared to the baseline test to determine return to play status.

Who needs to take the test? All **FRESHMAN** and **JUNIOR** athletes as well as anyone who has not participated in a sport at Madison High School need to take the baseline test. This must be completed before the student participates in any games.

How long does it take? The test takes between 20-40 minutes.

What are the computer requirements? Any desktop or laptop computer will work. Google Chrome is the browser that works best but others will work as well. Try to use a mouse instead of the touchpad on a laptop. The mouse will be easier to use and will have more accurate results. All repeated test should be done on the same computer as the baseline test if at all possible.

Steps for taking the test?

1. Find a quiet place where you can take the test with no distractions. Turn off your cell phone for the duration of the test. Do not listen to music or have the tv on while you are taking the test. Follow the test instruction very closely. Read all of the instructions. Parents may help with the information section at the beginning of the test, but the student must complete the test by themselves. **FOCUS and DO YOUR BEST.**
2. Go to impacttestonline.com/testing
3. You will be asked to enter a "Customer Code". The code is: **71ed8ba536**
4. Enter the code and validate. Then click "Launch Baseline Test".
5. Follow the instructions through the athlete information and background and then take the test. **Please focus on the screen and the test with no distractions.**
6. The last page of the test asks the athlete to enter an email to send a passcode. Enter the desired email and confirm the email. Then you are finished.

Note: There is no pass or fail. Focus and do your best. You can use the pass code to look up your test results. The concussion management team will be able to use this data in case of a suspected concussion.

Thank you!



Consent to Treat Form

This form is designed to ensure that your student-athletes are properly taken care of throughout their sport season. Our goal as a sports medicine clinic is to provide your athletes with access to an athletic trainer at all practices and games. It is not always possible, as sports sometimes overlap, but we will try our best.

For those who are unfamiliar with what Athletic Trainers are, NATA.org explains, "Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions."

If you have any questions regarding information on this form please contact Brandon Archibald, LAT, ATC by phone (801)669-7583 or email brandonarchibald24@gmail.com

Student: _____ Date of Birth: _____ Sex: ___ Grade: _____

Allergies: _____

Current Medications (i.e. inhalers, epi-pen, etc.): _____

Medical History (i.e. surgeries, adhd, heart condition, diabetes, epilepsy): _____

Has the Athlete ever been diagnosed with a concussion? _____ How many? _____

Date of most recent concussion (MM/YY): _____ Recovery Length: _____

Parent/Guardian: _____ Phone: _____

Email: _____ Phone(alt): _____

Relationship to Student: _____

*Parent/Guardian will be used as the student-athlete's emergency contact

I am the parent/legal guardian of the student listed above who is a minor and student-athlete at Madison Memorial High School who is participating in _____
Name of Sport

I understand that Madison Memorial Sports Medicine (MMSM) is contracted by the school to provide sports medicine services for the school's athletes. I hereby give consent for a Certified Athletic Trainer and/or other MMSM clinical staff to provide sports medicine services for the above minor. Sports medicine services include but are not limited to administering first aid for any athletic injuries, assessing athletic injuries at the request of the athlete, the athlete's coach, or the athlete's parent/guardian, and providing treatment and management of athletic injuries. The Athletic Trainer and/or sports medicine clinical staff will perform only those procedures that are within their training, credential limitations, and scope of professional practice to prevent, care for, and rehabilitate athletic injuries.

I hereby authorize the Athletic Trainer and/or sports medicine clinical staff to perform treatments including but not limited to the application of Therapeutic Modalities (electrical stimulation, tens, ultrasound, heat, ice, etc.), Manual Therapies (Instrument Assisted Soft Tissue Mobilization, Positional Release Therapy, Therapeutic Massage, Muscle Energy Techniques, Myofascial Release, Joint Mobilizations, etc.), and Rehabilitative exercises on the student listed above. I authorize the Athletic Trainer and/or sports medicine clinical staff to provide over-the-counter drugs including but not limited to Ibuprofen (Advil), Acetaminophen (Tylenol, Midol), Antacids (Tums), Pepto-Bismol, and Antihistamines during their sport season.

I understand that a written report of any athletic injury assessment and a record of treatments performed will be confidentially maintained by the Athletic Trainer and/or sports medicine clinical staff. I hereby authorize the Athletic Trainer and/or other MMSM clinical staff who provide services to the above-named athlete to disclose information about the athlete's injury assessments and post-injury status. I understand such disclosures will be done, as needed, with the involved coaching staff, Athletic Director, any treating healthcare provider, and/or consulting concussion management specialist.

I understand that there is no charge to me for the above listed athletic training services. If the athlete needs further treatment, he/she will be referred to a physician or rehabilitation specialist by the Athletic Trainer, however, they may see the physician or provider of his/her choice.

I understand that the all student-athletes are required to complete a pre-evaluation concussion test through imPACT, and they will not be allowed to participate in any game until they have finished the imPACT test. The imPACT test must be completed by all student-athletes in grades 9 and 11, as well as any student-athlete in grades 10 or 12 that have not previously completed an imPACT test prior to participating in Madison High School Athletics. Information on how to complete an imPACT test has been provided to me and the student-athlete.

Injured athletes that have been evaluated and/or treated by a physician must submit written clearance from that physician to the Athletic Trainer prior to the athlete being permitted to resume activity. In circumstances where an athlete has been removed from play because of a suspected head injury or concussion, the athlete will not be permitted to return to play until the athlete is evaluated by a healthcare provider, receives medical clearance and written authorization from that provider, and has passed a concussion protocol issued by the athletic trainer.

This Authorization shall remain in effect for the duration of the season for the sport listed above beginning with the date below and ending on the final day.

Signature of Parent/Guardian (or student if older than 18)

Date

Print Name of Parent/Guardian (or student if older than 18)