
Dear Parent/Guardian,

Fort Atkinson High School is continuing our concussion baseline screening program. In order to 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 30-40 minutes to complete when included with a brief demographics section. 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.** Once the attached permission slip has been returned to me, your athlete will be allowed to choose a time on a sign-up sheet in the training room. [There is NO cost for this test.](#)

If an injury of this nature occurs to your child, you will be promptly contacted with all the details. Initial post concussion testing will be done at the school with no charge. If a second post concussion test is needed, the cost of the test will be \$25 when billed to your insurance company or \$20 if you choose to pay cash. All post concussion tests after the initial must be done at the Fort Healthcare Therapy and Sport Clinic. If you choose to attempt to bill your insurance, we recommend you preauthorize these fees if you have questions or concerns.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. The Fort Atkinson High School administration, coaching, and athletic training staffs are striving to keep your child’s health and safety at the forefront of the student athletic experience. Please review the attached information and return the appropriate pages to me to participate in the program. If you have any further questions regarding this program please feel free to contact me at (920) 563-9357 or via email: kimberly.beggs@forthc.com

Sincerely,

Kimberly Beggs, LAT
Licensed Athletic Trainer
Fort HealthCare / Fort Atkinson High School

ImPACT Testing Frequently Asked Questions

- Q. How long does the ImPACT Baseline Test take?**
A. The computerized test, itself takes about 45 minutes from beginning to end. Filling out the ImPACT Testing Demographics Sheet will help decrease the time spent on the test.
- Q. How often does my son/daughter have to establish a new baseline?**
A. It is recommended to retake the baseline test every 2 years. An athlete may have to re-take the test earlier if they reported an invalid baseline test or sustained a concussion in the past calendar year.
- Q. How much does a baseline or post-concussion test cost?**
A. There is no fee to take a baseline test. The only time a fee would incur is when an athlete is diagnosed with a concussion and would need to take the post-concussion test. This fee is \$25 if billed to insurance and is covered by most insurance companies, a \$20 fee is charged if paying with cash. We recommend you pre-authorize these fees with your insurance before taking the test.
- Q. Which sports at Fort Atkinson High School are involved in the ImPACT Concussion Management Program?**
A. At this time, the only sports involved in the program are the ones determined “high risk” by the American Academy of Pediatrics: Boys and Girls Soccer, Football, Boys and Girls Basketball, and Wrestling. Athletes in other sports may be tested on an individual basis by contacting the Athletic Trainer. If your student-athlete had a baseline for one sport, they will NOT need another one for a different sport in that same year.
- Q. What if my athlete decides not to take the baseline test?**
A. If an athlete is not participating in the ImPACT Concussion Management Program, they will be required to follow a conservative return-to-play protocol before being allowed to return to competition. An ImPACT test can provide valuable information to healthcare providers about the mental status of a concussed athlete that is otherwise unavailable through conventional methods. It is recommended that all athletes take part in the ImPACT Concussion Management Program to facilitate their safe and speedy return to play.
- Q. What if my athlete does not have a baseline score, but wishes to take the post-concussion test following a diagnosis?**
A. If no baseline score is available, a post-test can still be administered. ImPACT performance following a concussion can be compared to our large normative database to assist in determination of recovery.
- Q. What if my child has a learning disability? How will their results be affected?**
A. The ImPACT test is NOT a measure of intelligence. The baseline test simply records the “norms” of how an athlete performs on the test. There is no pass or fail. With the baseline information, we can compare pre-concussion and post-concussion data to determine how the injury is healing.
- Q. What is the process of return to play for an athlete who suffers a concussion?**
A. An athlete who has been diagnosed with a concussion will not be allowed to return to play without the written consent of a physician. At that time, the athletic trainer will begin the process of returning an athlete back to competition which includes a post-concussion ImPACT test and gradual exercise progression back to competition.
- Q. Where can I get more information?**
A. You can find information about the ImPACT Concussion Management Program by going to www.impacttest.com, asking your healthcare provider or by contacting your Athletic Trainer, Kimberly Beggs at (920) 563-9357 or via email: kimberly.beggs@forth.com.

Consent Form

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

Printed Name of Athlete _____

Sport _____

Please check one box below:

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.

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 chose **NOT** to participate in the ImPACT Concussion Management Program. I understand other means of concussion management will be necessary before safe return-to-play is allowed.

Signature of Athlete

Date

Signature of Parent

Date

ImPACT Testing Demographics Sheet

The following questions are asked at the beginning of the ImPACT test. Please fill this form out with a parent/guardian for accuracy. Each athlete's completed form will be kept on file in the athletic training room.

Name: _____
 DOB: _____
 Weight: _____
 Height: _____

Additional Sport: _____
 Position/Class: _____
 Additional Sport: _____
 Position/Class: _____

**TOTAL NUMBER OF DIAGNOSED
 CONCUSSIONS:**

Gender: M or F Handed: R or L

Education Yrs. : _____

(Ex. Freshman 8; Sophomore 9; Junior 10; Senior 11)

Please Check All That Apply:

- ____ Received Speech Therapy
- ____ Attended(s) Special Education
- ____ Repeated a Grade
- ____ Diagnosed with Learning Disability
- ____ Diagnosed ADD/ADHD

Please Check One: Type of student:

- ____ Below Average
- ____ Average
- ____ Above Average

Current Sport: _____

Position/Class: _____

Please Check Current Competition Level:

- ____ Collegiate _____ Years
- ____ High School _____ Years
- ____ Middle School _____ Years
- ____ Other: _____ Years

Total number of concussions resulting in:

- ____ Loss of Consciousness
- ____ Confusion
- ____ Difficulty with Memory of Events
 Occurring AFTER Concussion
- ____ Difficulty with Memory of Events
 Occurring BEFORE Concussion

**Total number of games missed as a direct
 result of all concussions:** _____

**Please list five most recent concussions by
 date:**

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____

**Please circle YES or NO for each statement as
 they apply to you:**

- YES NO Treated for headaches by physician
- YES NO Treated for migraine headaches by
 physician
- YES NO Treated for epilepsy or seizures
- YES NO Treated for meningitis
- YES NO Treated for substances or alcohol
- YES NO Treated for psychiatric conditions
 such as anxiety or depression

CURRENT MEDICATIONS: