

A Department of Douglas County Hospital

Sports Medicine

Dear Parents,

Heartland Orthopedic Specialists Sports Medicine is proud to be the leader in sports medicine in West Central Minnesota. Our Certified Athletic Trainers have been on the forefront of concussion management for over 19 years! Last year we implemented ImPACT concussion testing for area athletes and we are pleased that over 700 area athletes were ImPACT baseline tested!

As you know, recognizing a concussion is essential to safe management but can be exceptionally difficult to diagnose and requires involvement from all parties in the academic and athletic community. It is important for everyone to understand that symptoms may occur immediately following trauma to the head or body or may occur hours or even days later. If you notice that your son/daughter has any signs or symptoms of a concussion, please let their coach or the certified athletic trainer at the school know immediately.

ImPACT is a computerized concussion evaluation system used to assist with concussion management. In the event the student-athlete suffers a concussion, the student -athlete will retake the ImPACT test when symptoms are resolved and prior to returning to practice/competition. The athlete will return to practice/competition when the post-ImPACT test is clinically comparable to his/her baseline test. It is important to note that the ImPACT test is only a tool for concussion management and is not the final authority on whether the student-athlete is ready for return to participation in athletics.

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. Heartland Orthopedic Specialists Sports Medicine strives to provide our athletes with the most current and up-to-date guidelines available and serve as a reliable resource regarding all injuries for coaches, parents, and athletes.

During the 2016-2017 AAHA Hockey Year, all new athletes who were not ImPACT tested last year or are designated for baseline testing will undergo baseline testing utilizing the ImPACT concussion test. If you have any questions about whether or not your child needs to be baseline tested please contact Scott Scholl, ATC at 320-335-6078

If your son/daughter is on the designated baseline testing list or were not ImPACT tested last year, please return the attached page with the appropriate signatures. If you have any further questions regarding ImPACT or any other program we offer, please feel free to contact Heartland Orthopedic Specialists Sports Medicine Center at 320-335-6078.

Sincerely,

John Flatt, ATC

Scott Scholl, ATC

Along with the entire Heartland Orthopedic Specialists Sports Medicine Team



CONCUSSION IN YOUTH SPORTS FACTS FOR ATHLETES

Sports Medicine

What is a concussion? A concussion is a brain injury that:

- Is caused by contact to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

What are the symptoms of a concussion?

- Headache or "Pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

What should I do if I think I have a concussion?

- Tell your coaches and your parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- Get a medical checkup. A doctor or healthcare professional can tell you if you have a concussion and when you are ok to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

How can I prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport
- Practice good sportsmanship at all times
- Use the proper equipment, including personal protective equipment (such as helmet padding, shin guards, and eye and mouth guards). In order for equipment to protect you it must be:
 - The right equipment for the game, position, or activity
 - o Worn correctly and fit well
 - Used every time you play



CONCUSSION IN YOUTH SPORTS FACTS FOR PARENTS

Sports Medicine

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild blow or bump to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

What are the signs and symptoms of a concussion?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about assignment or position
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness, even briefly
- Shows behavior or personality changes
- Can't recall events before hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athletes

- Headache or "pressure" in head
- Nausea or vomiting
- Double or blurry vision
- Sensitive to lights or noises
- Dizziness, clumsiness, sleepiness
- Feels sluggish, hazy, foggy, groggy
- Attention, concentration problems
- Memory loss
- Confusion

How can you help your child prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

- Ensure they follow their coach's rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times
- Make sure they wear the proper equipment for their activity (such as helmet padding, shun guards, and eye and mouth guards). Protective equipment should be the right equipment for the game, position, or activity; Worn correctly and fit well; used every time they play.

What should you do if you suspect your child has a concussion?

- Seek medical attention right away. A health care professional will be able to decide how severe the concussion is and when it is safe for your child to return to sports.
- Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's "ok." Children who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- Tell your child's coach about any recent concussion. Coaches should know if your child has a recent concussion in ANY
 sport. Your child's coach may not know about a concussion you r child received in another sport or activity unless you
 tell the coach.

Information in this brochure was adapted from Heads Up: Concussion in Youth Sports. Published by the CDC.

CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

Name of Child:	Sport(s):		
Childs date of birth:/			
I give my permission for (name of child)	to have a baseline		
and, if necessary, a post-concussion ImPACT (Immediate Post-concussio	n Assessment and Cognitive		
Testing) test administered at Douglas County Hospita	al by the staff from Heartland		
Orthopedic Specialists Sports Medicine. I understand that my child may	need to be tested more than		
once, depending upon the results of the test, as compared to my child's	baseline test, which is on file at		
my child's school. I understand there is no charge for the testing.			
My child's school and Heartland Orthopedic Specialists Sports Medicine	may release the ImPACT		
(Immediate Post-concussion Assessment and Cognitive Testing) results	·		
physician, neurologist, or other treating physician, as indicated below.	or my come o primary care		
I understand that general information about the test data may be provided to reachers, for the purposes of providing temporary academic modifications, if n			
Name of parent or guardian:			
Signature of parent or guardian:			
Date:			
PLEASE PRINT THE FOLLOWING INFORMATION:			
Name of doctor:			
Name of practice or group:	_		
Phone number:			
Student's home address:			
Parent or guardian phone numbers (please indicate preferred contact n	umber & time if necessary):		
(H)(N	N)		
(cell)	HEARTLAND		
(ceii)	Orthopedic Specialists		
	A Department of Douglas County Hospital		

Sports Medicine

ImPACT Pre-Baseline Test Worksheet

Please complete this form PRIOR to your testing session and bring for reference.

SECTION 1: Sport & Health History

DOB:		Name:	
Ht:	Wt:	Gender: M / F	Handedness: R / L / Ambidextrous
Addre	ess:		
City:_		State:	Zip Code:
Email	:		
Native	e Country:	Na	ative Language:
2 nd La	nguage (if app	olicable):	
		: American Indian or Alaska vaiian or Other Pacific Island	Native / Asian / African American / Hispanic or der / White
Years	of education	completed , excluding Kinde	ergarten (EX: high school senior = 11):
Check	any of the fo	llowing that apply:	
	Received sp	eech therapy	
	Attended sp	ecial education classes	
	Repeated or	n or more years of school	
	Diagnosed l	earning disability	
	Diagnosed v	vith Attention Deficit Disorc	der or hyperactivity
While	in school, wh	at type of student were/are	e you: Below Average / Average / Above Average
Curre	nt Sport:		
Curre	nt Position/Ev	ent/Class: (QB, DB, Guard \	Vt class)
Curre	nt level of par	ticipation: High School / M	iddle School / Youth
	of experience	e <u>at this level</u> (please approx	imate if uncertain and do not include current
Numb	er of times d	iagnosed with a concussior	n:
Total	number of co	ncussions that resulted in lo	oss of consciousness:
Total	number of co	ncussions that resulted in c	onfusion:

Total number of concussions that resulted in difficulty with m	emory for events occurring				
immediately <u>after</u> the injury:					
Total number of concussions that resulted in difficulty with memory for events occurring					
immediately <u>before</u> the injury: Total games that were missed as the result of all concussions combined:					
necessary:					
Indicate whether you have experienced the following:					
Treatment for headaches by physician	Yes / No				
Treatment for migraine headaches by physician	Yes / No				
Treatment for epilepsy/seizures	Yes / No				
History of brain surgery	Yes / No				
History of meningitis	Yes / No				
Treatment for substance/alcohol abuse	Yes / No				
Treatment for psychiatric condition (depression, anxiety):	Yes / No				
Have you ever been diagnosed with any of the following con	ditions:				
ADD/ADHD	Yes / No				
Dyslexia	Yes / No				
Autism	Yes / No				
In the three hours prior to testing, will you have completed strenuous exercise and/or exertion					
(okay to leave blank if unsure)?	Yes / No				
Date of last concussion (leave this blank at baseline):					
Hours of sleep last night (approximate if uncertain):					
Please list any medications you are currently taking:					

<u>SECTION II – Current Symptoms & Conditions</u>

To be completed at test session

<u>SECTION III – Neurocognitive Testing</u>

To be completed at test session

Verbal Memory-Design Memory-X's and O's-Symbol Match-Color Match - Three Letters

