



## **BASELINE CONCUSSION SCREENING** *(PEMBROKE TITANS FOOTBALL AND CHEER)*

Dear Parents,

This is an overview of the services Peak Physical Therapy and Sports Performance will be providing on August 13<sup>th</sup> and 18<sup>th</sup> during your son's/daughter's practice. Peak is excited to be a part of the Pembroke Titans Football/Cheerleading program/family. Pre-season screening will consist of the following:

- Pulse oximetry monitoring
- Postural stance assessment
- Range of motion and strength of the neck/shoulder muscles
- Reflex assessment
- Ocular function assessment (eyes) for tracking objects
- Balance and coordination assessment on even and uneven surfaces

These evaluations are baseline assessments prior to the season. If at any time during the season your child sustains any type of injury, another evaluation will be performed by one of our many physical therapists trained in concussion management. We will provide services quickly for an assessment and treatment in one of our clinics. We're conveniently located in Pembroke, Hanover, Scituate, Norwell, Braintree, and Quincy. We interact collaboratively with the primary care physician/specialist in order to safely return your athlete to his/her sport.

Feel free to contact me with any questions or concerns.

Thank you,

Al Blaisdell, ATC, PTA  
al@peaktherapy.com



**TO BE COMPLETED BY ATHLETE'S PARENT/LEGAL GUARDIAN:**

Athlete's Name: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_

Athlete's Sport/League: \_\_\_\_\_

Any prior concussions? If so, when? \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Legal Guardian Name),  
consent to my child/the above mentioned athlete participating in a baseline concussion  
screening to be performed by licensed physical therapists/certified athletic trainers employed  
by Peak Physical Therapy, Inc. I do hereby waive, release, and forever discharge Peak Physical  
Therapy and Sports Performance; its officers, agents and employees; From and against any and  
all claims, demands, actions or causes of action for costs, expenses or damages to personal  
property or personal injury, or death, which may result from my participation in this screening.

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

Today's Date: \_\_\_\_\_