

Dear Parent/Guardian,

Cadott School District and Sacred Heart Hospital are currently implementing an innovative program for your student-athletes. In order to better manage concussions sustained by your 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 any practice or game, ImPACT™, a very valuable tool, 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 15-20 minutes to complete. Essentially, the ImPACT™ test is a preseason physical of the brain. The ImPACT™ test poses no risks to your student-athlete. It tracks information such as memory, reaction time, speed, and concentration. It, however, *is NOT an IQ test*. Both the baseline and post-injury ImPACT™ data is used to help evaluate the injury. The ImPACT™ test data will help enable the evaluating health professional(s) to determine when return-to-play is appropriate and safe for the injured athlete.

Your child's test data will be on file at the office of Dr. Robert DeFatta, located at the Sacred Heart Head & Neck Clinic. There are locations in Chippewa Falls and (soon to be) Eau Claire.

If a concussion is suspected, you will be promptly contacted and follow-up care recommendations will be given. The athlete will be required to be evaluated by a healthcare provider and only they will be able to determine when the athlete can return-to-play. It will be recommended that the athlete be evaluated by Dr. DeFatta within 48-72 hours of the injury for post-injury ImPACT testing. **THIS DOES NOT TAKE THE PLACE OF AN EMERGENCY DEPARTMENT VISIT IF NECESSARY.** If your primary care physician performs post-injury ImPACT testing, we will share the baseline results directly with their clinic, if requested by the clinic.

We are excited to implement this program given that it provides us the best available information for helping manage concussions and preventing potential brain damage that can occur with multiple concussions. Sacred Heart Hospital, Cadott School District administration and coaching staffs are striving to keep your child's health and safety at the forefront of the student athletic experience. Please return the attached page with the appropriate signatures. If you have any further questions regarding this program please feel free to contact me at (715) 717-6143 or [mbutak@shec.hshs.org](mailto:mbutak@shec.hshs.org).

Sincerely,

Melanie Butak  
Trauma Program Manager  
Sacred Heart Hospital  
Eau Claire, WI 54701  
(715) 717-6143



## 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 neuro-cognitive testing whenever possible. Neuro-cognitive 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

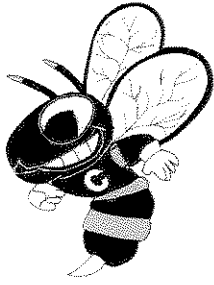
ImPACT is not: A substitute for medical treatment or management

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](http://www.impacttest.com).



## REQUIRED EVERY OTHER YEAR

### Consent Form

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

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.

Printed Name of Athlete \_\_\_\_\_

Sport \_\_\_\_\_

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

KEEP Page 1 and RETURN ONLY THIS PAGE and the Baseline Worksheet.

# 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

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)

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

# I. Demographic and Background Information (cont.)

## Baseline Worksheet

Indicate if you have had any of the following:

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for headaches by physician                      |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for migraine headaches by physician             |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for epilepsy / seizures                         |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for brain surgery                               |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for meningitis                                  |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for substance abuse / alcohol abuse             |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Treatment for psychiatric condition (depression, anxiety) |

Have you been diagnosed with any of the following?

- |                              |                             |           |
|------------------------------|-----------------------------|-----------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | ADD/ ADHD |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | Dyslexia  |
| <input type="checkbox"/> yes | <input type="checkbox"/> 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:

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