



Concussion Fact Sheet for Parents

If it is suspected that your athlete may have sustained a head injury. The following information is a suggested guideline to help you make sure that you are providing the best possible care for this type of injury.

What is a Concussion:

Concussions can happen to any athlete – male or female – in any sport. Concussions are a type of traumatic brain injury (TBI) that can be caused by a direct hit to the head or by a hit to the body causing the head and neck to whiplash. Athletes may be knocked unconscious with a concussion, but many who suffer from concussions actually never lose consciousness. Head injuries can range from mild to severe and can disrupt the brain from working normally. Common complaints after concussions include headaches, slowed reactions, difficulties concentrating, sleep problems, and difficulty remembering things, among many others. According to the Centers for Disease Control, more than 300,000 sports-related concussions occur in the United States every year. These injuries can lead to a wide range of problems including academic difficulty, loss of playing time, and in severe cases, retirement from athletic play. It is important that all athletes who are suspected to have suffered a possible concussion be seen immediately by a professional trained in sports medicine and specifically in concussion management to help reduce the risk of any potential complications before the athlete is returned to the playing field.

What you should watch for:

Below are lists of concussion signs and symptoms that may arise during the first 24-48 hours. While the majority of sport concussions are mild, it is highly recommended that all concussed athletes be evaluated by a physician within 24 hours of symptoms appearing. If the athlete is suffering from symptoms that are severe or worsening, immediate medical attention is necessary and the parent should stay with the athlete until this is obtained. Please note that the athlete should not be driving under these circumstances.

Signs: Observed by others*

- Appears to be dazed or stunned
- Is confused about assignment
- Is unable to remember plays
- Unsure of game, score, opponent
- Is slow to answer questions
- Moves clumsily
- Loses consciousness
- Is vomiting
- Shows behavior or personality changes
- Can't recall events before the hit
- Can't recall events after the hit

Symptoms: what the athlete complains of*

- Headache
- Nausea
- Dizziness or balance problems
- Double or fuzzy vision or any other visual alteration
- Sensitivity to light and/or noise
- Feeling sluggish or slow
- Feeling "foggy" or groggy
- Concentration or memory problems, confusion
- Extreme fatigue

If you have questions, need follow up care or more information, please call
Thad Apel, M.S., ATC Hilliard Darby High School; Head Athletic Trainer
4200 Leppert Road; Hilliard, OH 43026
Office: 614.921.7352; Fax: 614.850.1005; thad_apel@hboe.org



ImPACT Baseline Testing Consent Form

As you well know, concussions can happen to any athlete – male or female – in any sport. Concussions are a type of traumatic brain injury (TBI) that can be caused by a direct hit to the head or by a hit to the body causing the head and neck to whiplash. Athletes may be knocked unconscious with a concussion, but many who suffer from concussions actually never lose consciousness. Head injuries can range from mild to severe and can disrupt the brain from working normally. Common complaints after concussions include headaches, slowed reactions, difficulties concentrating, sleep problems, and difficulty remembering things, among many others. According to the Centers for Disease Control, more than 300,000 sports-related concussions occur in the United States every year. These injuries can lead to a wide range of problems including academic difficulty, loss of playing time, and in severe cases, retirement from athletic play. It is important that all athletes who are suspected to have suffered a possible concussion be seen immediately by a professional trained in sports medicine and specifically in concussion management to help reduce the risk of any potential complications before the athlete is returned to the playing field.

Hilliard Darby High School has chosen to take part in ImPACT Baseline Testing. This is a very exciting partnership that pairs those athletes of Hilliard Darby High School with the most comprehensive head injury management program in Central Ohio. This program will be using the best physicians in concussion management as well as reputable computer based technology to help safely and successfully return athletes to competition after receiving a concussion. What we are asking is for your permission to evaluate the way that your athlete's brain functions by using a technology known as ImPACT. The baseline test takes about 45 minutes and evaluates how your child's memory works and how quickly their brain reacts. This is in no way a test of intelligence, but rather a test that can give a doctor a clearer understanding of how your child's brain functions under the best, uninjured conditions. This data will be saved in a secure database and accessed only in the event that your child receives a head injury. The baseline test has proven to be valuable since it shows how the brain functions when it is "healthy" and can be compared to data gathered after injury. This baseline test is free to your child as a service of OhioHealth Sports Medicine. All that it will cost you to have a baseline test done is about 45 minutes of your child's time.

Below you will find a consent form allowing your child to participate in this program. Again, by providing consent, you are allowing your child an opportunity to be involved in a very exciting new program that has ultimately been designed to provide you and your family piece of mind when it comes to head injuries.

Please check one of the boxes below, ***print*** your child's first and last name, sign, date and return immediately to the coach or the athletic trainer so that testing slots can be assigned

Yes, I give my child _____ **permission to be baseline tested**

Signed: _____ Date: _____

Email: _____

No, I do not give my child _____ **permission to be baseline tested**

Signed: _____ Date: _____

Email: _____

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ImPACT Testing Demographics Sheet

The following questions are asked at the beginning of the ImPACT test. Please PRINT clearly to ensure accuracy. Please fill this form out with a parent/guardian to insure the most accurate information.

Date of Birth (mm/dd/yyyy) _____

Name: First: _____ Last: _____

Height (ft and in): _____ Weight (in lbs): _____

Gender: _____ Handedness (Right, Left, Both): _____

Native Country: _____ Email: _____

Native Language: _____ Second Language: _____

Total Years of Education (not including Kindergarten): _____
(Example: Freshman 8; Sophomore 9; Junior 10; Senior 11)

Please Check all That Apply:

- Received Speech Therapy Attended (s) Special Education Classes
 Repeated a Grade Diagnosed with a Learning Disability
 Diagnosed Attention Deficit and/or Hyperactive (ADD/ADHD)

Please Check One: While in school what type of student are/were you:

Below Average Average Above Average

Sport are you currently playing _____ Position/Event/Class _____

Please Check the level that you are currently competing in:

Profession Semi-Professional Collegiate High School
 Junior High School/Middle School Other

How many years you have played at this level? (do not count this current year): _____

Please turn over; more questions on the back.

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For the following questions about your injury history, please place your answers on the lines provided:

_____ The number of times you have been diagnosed with a concussion

_____ The total number of concussions that resulted in the loss of consciousness

_____ The total number of concussions that resulted in confusion

_____ The total number of concussions that resulted in difficulty with memory for events occurring immediately after the injury

_____ The total number of concussions that resulted in difficulty with memory for events occurring immediately before the injury

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

Please list the five most recent concussions you have sustained by date (you can approximate):

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

For the next set of questions please circle yes or no for each of the statements as they relate to you:

YES or NO Treatment received for headaches by a physician

YES or NO Treatment for migraine headaches by a physician

YES or NO Treatment for epilepsy/seizures

YES or NO Treatment for brain surgery

YES or NO Treatment for meningitis

YES or NO Treatment for substances/alcohol

YES or NO Treatment for psychiatric conditions such as depression or anxiety

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Date: _____

Time: _____

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep	0	1	2	3	4	5	6

Total Number of Symptoms of 22

Symptom Severity Score of 132

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

Date: _____

Time: _____

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
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