

Springfield Clinic's Head Injury Management Guide for Parents

Given the complexities of concussion management, Springfield Clinic recognizes the importance of managing concussions on an individualized basis. ImPACT™ (Immediate Post-Concussion Assessment and Cognitive Testing) is a computerized concussion evaluation tool that measures symptoms, verbal and visual memory, processing speed and reaction time. It has been scientifically validated and is used by schools, colleges and professional sports around the world.

How ImPACT™ Works

Athletes are asked to take the 30-45 minute ImPACT™ baseline test in the pre-season or prior to any head injury. The results of this baseline are filed in a national database and can be viewed by any physician that has an access to ImPACT™ reporting for comparison in the event of a head injury. The baseline is repeated every two years as the athlete matures, as long as the athlete does not suffer any head injury during that period of time. If a head injury (concussion) does occur, the last ImPACT™ (post-test) becomes the athletes new baseline.

In the event of a suspected concussion, a post-injury test may be conducted for score comparison to the pre-season baseline. The variation between baseline and post injury tests in conjunction with a physical examination conducted by a licensed physician, provides significant details regarding the status of the athlete.

The goal in evaluating an athlete is to avoid "Second Impact Syndrome," an often fatal condition which occurs when an athlete receives a second concussion prior to being completely healed from the first concussion. Depending upon the post-injury ImPACT™ results, an athlete may be held from play or may be allowed to return to sport right away. The ImPACT™ score is just one indicator of concussion resolution allowing the athlete to begin the Springfield Clinic Return-to-Play Protocol.

ImPACT™ is not a replacement for, but is used in conjunction with, medical care. The passage of Illinois HB 200 in July of 2011 states: "any athlete suspected of a head injury/concussion must be evaluated by a physician or athletic trainer before returning to a game/contest. If any signs of a concussion are present, the athlete will not be allowed to return to a game/contest until cleared." At Springfield Clinic, this clearance is a four part process: athletic trainer assessment, post-Injury ImPACT™ testing, physician examination and completion of a post-concussion return-to-play protocol. All athletes must go through the return-to-play protocol and be cleared by his/her athletic trainer before returning to practice/games, even if cleared by a physician.

Post-injury ImPACT™ testing and interpretation as well as physician office visits will incur charges. Claims will be submitted to your health insurance if we are provided with necessary billing information. Any allowable charges not covered by your insurance will become your responsibility.

For more information regarding ImPACT™
go to www.impacttest.com or call us at **217.528.7541 ext. 29048**



800 N 1st Street • Springfield, IL 62702
217.528.7541 ask for the BONE phone

www.SpringfieldClinic.com/SportsMedicine



Springfield Clinic's Head Injury Management Consent for Participation

I have read and understand the Springfield Clinic's Head Injury Management Guide for Parents and give my permission for _____ /_____/_____ to participate in the IMPACT™ baseline testing program with _____. I understand that in case of possible head injury/concussion, my son/daughter must be cleared by a physician and complete a return to play protocol before returning to athletic competition or physical education.

Parent/Guardian Signature

_____/_____/_____
Date

Emergency/Insurance Information *(Please print all information)*

Insurance Company: _____

ID: _____ Group # (If Available): _____

Name of *Subscriber: _____ *Subscriber's Date of Birth: ____/____/____

Claims Mailing Address (Usually provided on insurance card):

Street Address

City

State

Zipcode

Responsible Party Mailing Address:

Street Address

City

State

Zipcode

Family Physician: _____ Physician Phone: _____ - _____ - _____

Preferred Hospital: _____

Home Telephone: _____ - _____ - _____

Alternate Telephone: _____ - _____ - _____

In Case of Emergency Contact: _____
Name Relation to Athlete

Allergies: _____

Medical Conditions: _____

Medications: _____

** Subscriber is the policy holder, usually a parent.*