



Mount Arlington
Public Schools

Dear Parent/Guardian,

Mount Arlington Public School is currently implementing an innovative program for our students. This program will assist your physician in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our students, 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 a student is believed to have suffered a head injury during competition or play, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to students before beginning contact sport practice, play or competition. This non-invasive test is set up in "video-game" type format and takes about 15-20 minutes to complete. It is simple, and actually many students enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

If a concussion is suspected, the student will be required to re-take the test. Both the preseason and postinjury test data is given to your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured student. If an injury of this nature occurs to your child, you will be promptly contacted with all the details.

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your child. 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. The Mount Arlington Public Schools administration and coaching staff 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 the main office at (973) 398-4400.

Concussion Return to Play Protocol on following page

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www.impacttest.com

Concussion Return to Play Protocol:

(Once your child has been diagnosed with a concussion)

1. During the recovery process, the student must **report symptoms and take a post-traumatic neuro-cognitive test.**



2. The student's history and ImPACT scores will be submitted to the attending physician who must be trained in the evaluation and management of concussions. That physician must provide

written clearance that states the student is asymptomatic at rest and may begin the graduated return-to-play protocol.

3. In order for return to play, the physician must certify that the student has completed a supervised 6 Step Return-to-play Protocol: (There should be approximately 24 hours (or longer) for each stage and the student should return to the previous stage if symptoms recur.) (Supervision means by a physician trained in the evaluation and management of concussions.)

***6 Step Return-to-play Protocol:**

1. Rest until symptom free (physical and mental rest)
2. light aerobic exercises (i.e. stationary cycle)
3. sport specific exercise/higher intensity exercise (ie. jog-run intervals)
4. non-contact training drills (start light resistance training)
5. full contact training
6. return to competition (game play)

4. If symptoms return once the student has been cleared to play he/she must return to the attending physician for re-evaluation prior to continuing participation in athletics.

* See attached, recommended “Best Practices, Concussion Management Model for Schools and Teams.”

*Adapted from NJ DOE Model Policy, Guidance for Prevention and Treatment of Sports-Related Concussions and Head Injuries and Board of Education Policy #2431.4.

Consent Form

Mount Arlington
Public Schools

For use of the
Immediate
Post-Concussion



Assessment and Cognitive Testing (ImPACT) and following the Mount Arlington Public Schools Concussion Return to Play Policy.

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 and the Mount Arlington Public Schools Concussion Return to Play policy.

Printed Name of Student _____

Sport

Athlete Signature of _____
Date

Parent Signature of _____
Date
