



Marshall Sports Medicine Institute

Baseline Concussion Testing Program

Dear Parents and Athletes,

Our school is participating in a sports concussion testing program through our association with the Marshall Sports Medicine Institute. Your son's/daughter's participation is highly encouraged, but voluntary. These baseline tests are provided at no cost, compliments of the Marshall Sports Medicine Institute.

We will be conducting Neurocognitive Baseline Concussion Testing, which refers to testing under normal conditions before injury, usually conducted in the pre-season. This is neither intelligence nor achievement testing. The baseline test gives us a snapshot of how one's brain functions in normal, everyday circumstances by evaluating memory, brain processing speed, attention, concentration, reaction time, and post-concussion-symptoms. This baseline information is then stored on a secure, HIPAA compliant server for accessing later if an athlete is concussed and needs post-injury testing.

In the event an athlete sustains a concussion, the athlete is tested again "post-injury" by physicians at the Marshall Sports Medicine Institute, or an outside physician of your choice. Usual office visit charges will likely apply for post-injury testing, as with any doctor visit or clinical test. It is fairly common however for most insurance companies to consider the post-test a covered medical service. Please check with your insurance provider as needed.

Post-injury testing scores are then compared to the baseline scores acquired earlier and assessed for deficiencies or abnormalities. The physician will objectively base their decision for return to play on post-test comparisons, depending on when post-test scores return to baseline (normal), among other clinical considerations.

If you should have additional questions about participation in this program, please contact the Marshall Sports Medicine Institute's concussion services coordinator at (304) 691-1880 or your school's administration.

I hereby give my consent and approval for my son/daughter to participate in my school's Baseline Concussion Testing Program.

Athlete Name

School

Signature of Parent / Guardian

Date