



THE UNIVERSITY OF KANSAS HOSPITAL

Memo

To: Parents of Shawnee Mission East HS Student-Athletes

From: Megan Burki, Shawnee Mission East HS Athletic Trainer

CC: Shawnee Mission East High School Coaches and School Athletic Director

Date: 1/27/2016

Re: ImPACT testing

Dear Parent/Guardian:

Shawnee Mission East High School will be implementing, through The University of Kansas Hospital, an innovative program for your student-athlete(s). This program will assist your family physician and myself in evaluating and treating head injuries (e.g. concussions). In order to better manage concussions sustained by student-athletes at Shawnee Mission East High School, The University of Kansas Hospital has been using 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 help in the diagnosis and management of concussions. If a student-athlete is believed to have suffered a head injury during competition, ImPACT testing results is one of the tools used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to student-athletes before beginning contact sports practice 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 student-athletes 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. Periodically a student-athlete will have an invalid baseline test for a variety of reasons. I will simply re-administer the test.

If a concussion is suspected, it will be recommended that your student-athlete re-take the test under the care of a qualified physician. Both the preseason and post-injury test data is given to a physician to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these healthcare professionals to determine when returning to-play is appropriate and safe for the injured student-athlete. If an injury of this nature occurs to your student-athlete(s), you will

be promptly contacted with the details. **Remember by state law a student-athlete suspected of a concussion cannot return to practice/competition without a release from a MD/DO.**

I wish to stress that the ImpACT testing procedures are non-invasive, and they pose no risks to your student-athlete(s). I am excited to implement this program given that it provides us the best current available information for managing concussions and preventing potential further injury that can occur following a concussion. The Shawnee Mission East High School administration, coaching staffs and I along with The University of Kansas Hospital are striving to keep your student-athlete(s) health and safety at the forefront of their student athletic experience.

Please take time to consider having your student-athlete(s) tested. There is no charge for the test. I will forward test dates and locations. To have your student-athlete(s) eligible to sit for the test the accompanying "Consent Form" must be signed by a parent and returned to me prior to or on the day of the test. Student-athletes will not be allowed to take the test without the consent form being signed by a parent or legal guardian. Student-athletes who took the test last year will not need to take the test this year as it is recommended to take the test every other year. If you cannot remember if your student-athlete took the test last year please contact me.

Thank you for your consideration in this.



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CONSENT FORM

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

I have read the attached information. I understand its content. 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 student-athlete: _____

Sport(s): _____

Signature of Athlete

Date

Signature of Parent

Date