

**Malvern Preparatory School**  
**Sports medicine/Health Office**  
**Concussion Baseline Testing**

Dear Parent/Guardian:

As part of our concussion action plan we have a contract with Concussion Vital Signs for our baseline concussion testing program. As many of you are aware there is a high level of interest in concussions recently. Baseline testing is one tool used in order to evaluate the recovery of a student who has sustained a concussion against a post-injury test. We have contracted with Concussion Vital Signs to baseline test all students at Malvern Preparatory School and not just the athletes. We have students getting concussions in sport activity and also outside the realm of sport. We as a community want to be there to help the students and families through the injury. This baseline test will be required in order to participate in the athletic program 6<sup>th</sup>-12<sup>th</sup> grades. Every student must take this baseline test twice each year. Below are a set of instructions for the baseline testing. The baseline test must be completed before July 1st. If you have any questions please email me: [wmills@malvernprep.org](mailto:wmills@malvernprep.org).

Thank you! *William Mills*, MA, LAT, ATC Head Athletic Trainer

Go to [www.concussionvitalsigns.com](http://www.concussionvitalsigns.com) and chose "athlete testing".

1. Log-In Information

**ATHLETE TESTING LOGIN Username is: Friar**

**ATHLETE TESTING PASSWORD is: 19355**

2. Athlete Reference/ID:

At the Athlete Reference/ID sign-in with **Last Name** Space **First Formal Name** Space **Middle Formal Name** Space **Graduation Year**. For Example: **Mills William John 1983**

3. Additional Instructions

\*The program will also ask "Full Name (optional)". This is not optional. Please put in your formal name as you did in the above example without the graduation year. For Example: **Mills William John**

\*The athlete will be asked Assessment Type and chose "baseline" not "post injury."

\*The program will ask Assessments to be administered and you will click the first three assessments:

1) Concussion Vital Signs

2) Athlete Information & Medical History

2) Concussion Symptom Scale (Please Note only report Symptoms that you have 3-4 times weekly).

\*If your son does not take the test seriously then the test will come back as invalid and he will have to take it again. FYI: This baseline test will need to be done twice a year. Parents please be there when your son is taking the test.

# Testing an Athlete



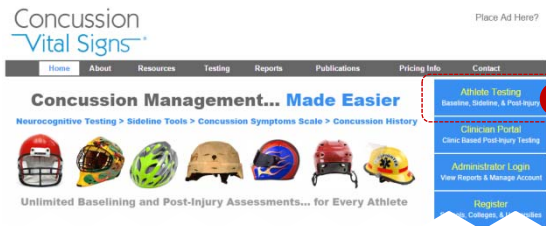
www.CONCUSSIONVITALSIGNS.com.

Concussion Vital Signs provides a flexible set of concussion tools enabling a more efficient approach to the management of concussions. The toolset includes a standardized quantitative view of neurocognitive function, sideline assessment tool, athlete-reported history, and a concussion symptom rating scale. Research has shown that an athlete's balance and/or cognitive functioning are often depressed following a concussion – even in the absence of self-reported symptoms. Baseline and assessing an athlete's cognitive state, tracking symptom resolution, and documenting past concussions are key components in assessing an athlete's concussion status. Concussion Vital Signs was developed with input from concussion experts to meet the needs of a variety of clients while supporting the most current and forward looking concussion guidelines.

**Any athlete suspected of having a concussion should be removed from play, and then seek medical evaluation.**

## To Begin ATHLETE TESTING:

Go to [www.CONCUSSIONVITALSIGNS.com](http://www.CONCUSSIONVITALSIGNS.com)



**Username:**

CLICK the "Athlete Testing" button.

**Password:**

**Athlete ID:**



Enter in the Athlete Login the "Athlete Testing" USERNAME and PASSWORD (set-up at registration) to access testing.

The Initial test screen will appear and the athlete will ENTER the Athlete Reference/ID\* and CLICK the Test Button.

**A** RE-ENTER Athlete Reference/ID\* (Athletes Unique Identifier)

**B** ENTER ATHLETES BIRTHDATE using pull-downs

**C** Enter Full Name (Optional use to enable roster by name)

**D** Select BASELINE or POST-INJURY assessment type

**E** Select the Assessments to be administered

**FLEXIBLE TESTING:**  Neurocognitive test,  Athlete Information & Medical History  
**Select One or More:**  Concussion Symptom Scale  Sideline Assessment

**F** Select Test Supervision Type

**G** Select Testing Environment

On the next screen CLICK OK and the testing will begin.

## Testing Tips:

*Concussion Vital Signs is user-friendly and easily administered.*

- Testing environment should be free from distraction e.g., quiet room (ear plugs, headphones) closed door, minimize window distractions, etc.
- Ask the athlete(s) to take a seat and make themselves comfortable while taking the test – Check arm health and hand positions (hand should be palm down and index finger available to respond to the keyboard), recent restroom visit, etc. Check for any challenges that might impede testing.
- Check that the athlete(s) can read the computer screen e.g., do they wear glasses, are they wearing them?
- **Turn off all cell phones, Tablets, etc.**

## Testing Tips:

Reinforce that each athlete should carefully read the test instructions that precede each test. They should be encouraged not to take a break during testing. If they do so during one of the instruction pages, the browser may time-out depending on the browser settings. **\*IMPORTANT:** The Athlete Reference/ID is generally assigned based on school/clinic policy and should be a unique identifier used throughout the athlete's career. **The baseline testing and post-concussion testing is produced into a longitudinal report by the accurate recording of the Athlete Reference/ID.**

**Remember it is important for the athlete to give their BEST EFFORT!**