

Baseline Concussion Testing Consent Form

Must bring with you on the date of testing

Dear Parent or Guardian:

We are taking a proactive approach in managing the devastating effects of concussion by partnering with db Orthopedic Physical Therapy (ConcussionRXcare) to use ImPACT Computerized Cognitive Assessment Tool, King-Devick Oculomotor test and the Biodex Medical Systems Biosway Balance protocol as part of a baseline concussion testing program.

The purpose of the all these tests is to establish and store a Baseline of cognitive, oculomotor and balance function. In the event that your child sustains a suspected concussion or other traumatic brain injury (TBI), the Baseline results can be compared with your child's performance after injury. This comparison helps to indicate any change in cognition, balance and oculomotor function and is an important tool in an overall concussion management program. You are entitled to free follow-up testing after a documented head injury for 1 year after the date of baseline testing. The test results will be forwarded to your physician of record and school ATC for return to play determination. db Orthopedic Physical Therapy is **not** involved in your child's return to play decision except with providing pre and post testing results to your physician and making recommendations based on the interpretation of the data.

Because your child is a minor, db Orthopedic Physical Therapy requires Parents/Guardians to read and agree to the Terms of Use and Privacy Policy for ImPACT, by signing a consent form. Without your consent, your child will not be able to maintain a user profile or store test results on **ImPACTtestonline.com**. Following your review, please sign the consent form and bring it on the day of testing, fax it to 732-747-1292, or email to info@dborthopt.com.

CONSENT OF PARENT OR GUARDIAN

By granting consent, you certify that db Orthopedic Physical Therapy, PC has provided you with the opportunity to review the ImPACT Terms of Use and Privacy Policy or that you have reviewed the Terms of Use and Privacy Policy **ImPACTtestonline.com** and have reviewed the purpose of the tests at **ConcussionRXcare.com**. Without your consent, your child's ImPACT account will be deleted within seven business days, and any Baseline tests that have been taken will no longer be accessible.

I hereby grant my consent to the registration of my child, _____, on Cogstate.com and to the administration and supervision of the ImPACT test, King-Devick Oculomotor test and Biodex Balance test by db Orthopedic Physical Therapy (ConcussionRXCare) who has provided this Consent Form and hereby accept the Terms of Use and Privacy Policy on the behalf of myself and my child. I also consent to forwarding the test results to my child's physician, concussion specialist you may be referred to after injury, recreational coaches and school ATC following a head injury and subsequent post injury testing. I also consent to have the physical therapist's at db Orthopedic Physical Therapy discuss your case with any of the approved referenced licensed practitioner's throughout the course of any post injury treatment required related to this baseline concussion testing program.

Signature of Parent or Guardian _____

Print Name: _____ **Date:** _____