



Milford High School & Applied Technology Center

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Dear Parent/Guardian

The Milford High School Athletic Department is currently implementing an innovative program for our student-athletes. This program will assist your physician/nurse in evaluating and treating head injuries (i.e.; concussion). In order to better manage concussions sustained by our student-athletes, 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 school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of the head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport try-outs, practices or competitions. The 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 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.

If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to our contracted doctor to help evaluate the injury. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all the details. **Per contract regulations, testing can only be used on student-athletes currently in-season or if their injury occurs just prior to the start of the sport season as indicated by the NHIAA. Testing cannot be used for athletes trying to return to a non NHIAA sanctioned sport. (or school sport)**

I wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. 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 Milford High School administration, coaches, and athletic training staff are striving to keep your child's health and safety at the forefront of the student athlete experience. Please return that attached page with the appropriate signatures. If you have any further questions regarding this program, please feel free to contact the MHS Athletic Director

Bradford W. Craven, Principal

Diane M. Doran, Assistant Principal
Stephen R. Claire, Assistant Principal
Richard D. Paiva, Director of Technical Studies



Judith A. Zaino, Director of Academic Studies
Paul S. Christensen, Director of Student Services
Marc G. Maurais, Director of Athletics

Concussion Information of Athletes and Parents at Milford High School.

I. Recognition of Concussion

- a. Concussion may be caused by a direct blow to the head or elsewhere on the body from an “impulsive” force transmitted to the head. You can have a concussion even if you are not knocked out!
- b. If you think you may have a concussion let your coach and /or athletic trainer know right away.

II. Common signs and symptoms of sports-related concussion

Signs (observed by others):	Symptoms (reported by athlete)
Athlete appears dazed or stunned	Headache
Confusion (about assignment, plays, etc.)	Fatigue
Forgets plays	Dizziness, lightheadedness
Unsure about game, score, opponent	Feeling unsteady on feet
Moves Clumsily (altered coordination)	Nausea or vomiting
Balance problem	Double vision, blurry vision
Personality change	Sensitive to the light or noise
Responds slowly to questions	Feels sluggish
Forgets events prior to trauma	Feels "foggy"
Forgets events after the trauma	Problems concentrating
Loss of consciousness (any duration)	Problems remembering

III ImPACT computerized testing

Computerized testing is required for all contact/collision sport athletes this year. Athletes will have to take the baseline test before beginning practice (similar to the requirement for annual physicals). Contact /collision sport athletes will be tested every other year!

FALL	WINTER	SPRING
Field Hockey	Basketball	Baseball
Football	Alpine Skiing	Lacrosse
Soccer	Wrestling	Pole vaulter
Spirit	Spirit	Softball
Volleyball	Hockey	

1. Please give your best effort and ask questions if you don't understand something when taking the test. Questionable results will require retesting.
2. If you have a concussion during the season, you will be tested after the concussion to determine when your scores return to baseline.

IV. What to expect if you have a concussion during the season.

- a. For your safety, you will not be allowed to return to play or drive yourself home on the day of your injury.
- b. The athletic trainer (AT) or coach will decide the safest way for you to get home on the day of your injury.
- c. Parent/guardian will be called.
- d. The school nurse and the AT will closely monitor your symptoms during and after school, respectively. You must report to them every school day.
- e. You will be withheld from all physical activity including sports and gym classes.
- f. You will take a follow-up ImPACT test within 2 or 3 days after the injury.
- g. As needed, accommodations (e.g., shorter classes, lighter homework) will be made to help you get back to school. Guidance counselors and teachers, among others, may be involved in this process. If you have trouble concentrating, be sure to let people know.
- h. Once all concussion signs/symptoms have resolved, you will take another follow-up ImPACT test.
- i. You must have written medical clearance as described below, be asymptomatic both at rest and during activity, and have returned to full school activities to start the return to play program.
 1. In cases where you have been treated and monitored solely by the AT, clearance from the AT will be acceptable.
 2. In cases where you have a physician or other provider for the concussion, you must have written clearance from a primary care physician or specialist (not the Emergency Room physician) for progression to activity.
- j. Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include; previous history of concussion, duration and type of symptoms, age, and sport/activity in which you participate. An athlete with a prior history of concussion, one who has had an extended duration of symptoms or one who is participating in a collision or contact sport will be progressed more slowly.
- k. After the clinical exam and ImPACT test results have returned to baseline levels, you have resumed full school activities, and you have appropriate medical clearance you will begin a supervised return to play progression. Generally, you will not be progressed faster than one step per day.

1. Light aerobic exercise – walking , stationary bike
 2. Sport-specific training (e.g., skating in hockey, running in soccer)
 3. Non-contact training drills
 4. Full-contact training after medical clearance
 5. Game play
 6. Note: if you experience post-concussion symptoms during any of these steps, you should drop back to the previous asymptomatic level and resume the progression after 24 hours.
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- l. The AT will decide appropriate activities for the day and explain what you are allowed to do on any given day during recovery. For your safety, you must stick to what the AT decides you are allowed to do until you receive full return to sports clearance.
 - m. The AT and/or treating physician will provide final clearance to RTP. The parent/guardian will be also need to provide written permission in accordance with the NH Senate Bill 402 for the athlete to return to play

Revised July 16, 2018

MILFORD SCHOOL DISTRICT CONSENT FORM

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

I have read the attached information. I understand its contents. I have been given and opportunity to ask questions and all questions have been answered to my satisfaction.

I _____ Agree _____ Disagree

To participate in the ImPACT Concussion Management Baseline Program.

Printed Name of Athlete: _____

Date of Birth: _____

Sports (s): _____

Signature of Athlete

Date

Signature of Parent/Guardian

Date

Previous Concussion Information:

Date:	Symptoms Experienced	Length of Symptoms
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_____	_____	_____
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