



# **BASELINE CONCUSSION TESTING**



**Saturday, March 17<sup>th</sup> & 24<sup>th</sup> 10am-2pm**

**Marlboro Recreation Center 1996 Recreation Way Marlboro, NJ**

The Marlboro Soccer Association in connection with db Orthopedic Physical Therapy, PC is taking an active approach in head injury prevention by offering Baseline Concussion Testing on a volunteer basis. The purpose of this testing is to establish objective cognitive and balance data to be used for comparison purposes in the unfortunate event that your child sustains a head injury in or out of sports competition. This program is currently done at the college and professional sports level and is now available for youth sports. **Your child must be at least 10 years old on the day of testing to participate.**

The concussion testing is broken down into two parts, a 5min in person objective balance test utilizing a Biodex Biosway unit and a 10minute web based cognitive test. The baseline balance test will be performed during 30min blocks of assigned time on the day of your choice. It consists of measuring your child's baseline ability to maintain their balance under various conditions. The machine will measure the body's degree of sway and will be used for future comparison in case of head injury. The second part consists of a web based cognitive test completed on [www.axonsports.com](http://www.axonsports.com). After completing the on-site balance component, you will be sent a direct link and voucher code via email to register your child to take the cognitive test. It is recommended that you supervise your child during this portion to ensure compliance and optimal conditions are being met. This test is measuring speed of recognition, memory and brain processing.

The cost of the program entitles your child to unlimited post head injury testing for 1 year from the date of baseline testing. If a head injury occurs, you will call **732-747-1262 within 24-72hrs** for follow-up testing. Comparison results will be sent to your physician on record for return to play determination.

## **Registration process**

1. Complete the online registration at [www.dborthopt.com/concussion](http://www.dborthopt.com/concussion) or fax attached registration form to 732-747-1292. Pre-registration is required to be given a 30min window for testing.
2. You will be emailed a time to bring your child to the Rec Center for testing. ***The attached consent form must be completed by a parent or guardian and brought on the day of testing, faxed or emailed.***
3. Payment by cash or check only on day of testing for **\$24.95** made out to **db Orthopedic PT**. You can pre-pay by credit card by calling the office at 732-747-1262.
4. After the balance test is completed and payment is made, instructions for the web based cognitive test will be emailed to you.
5. Walk-up registration will be allowed but will have to wait for an opening in the schedule.

# Baseline Concussion Testing Registration Form

Please complete all information and fax to 732-747-1292 or email to [info@dborthopt.com](mailto:info@dborthopt.com) to be scheduled for testing.

## ***Athlete*** (each athlete must have their own registration form completed)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Sports League: \_\_\_\_\_

Physician/Pediatrician: \_\_\_\_\_

MD telephone: \_\_\_\_\_ MD fax: \_\_\_\_\_

## ***Parent/Guardian***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_

**Test date preference:**  March 17, 2012 - 10am-2pm  March 24, 2012 - 10am-2pm

Would prefer to have test performed at another time at db Orthopedic PT

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The cost of the complete program is **\$24.95** and entitles the athlete a baseline cognitive test and balance test as well as follow-up tests 24-72 hrs after head injury and 5-10days later. The post-injury tests will be performed at db Orthopedic Physical Therapy, PC and require scheduling by calling **732-747-1262**. Follow-up testing is included in the initial fee of \$24.95 for a period up to one year from the date of baseline testing. The test results will be shared with your physician on record or a physician of your choosing.

## ***Office use only:***

**Scheduled date and time of testing:** \_\_\_\_\_

## ***Payment Information***

Check#: \_\_\_\_\_ Cash: \_\_\_\_\_ Prepaid Credit card: \_\_\_\_\_

- Consent signed
- Balance test completed
- Cognitive voucher sent
- Cognitive test completed



# Baseline Concussion Testing Consent Form

Must complete and fax to 732-747-1292, email to [info@dborthopt.com](mailto:info@dborthopt.com), or bring on the day of testing

Dear Parent or Guardian:

We are taking a proactive approach in managing the cognitive function of our Student Athletes by partnering with db Orthopedic Physical Therapy, PC to use Axon Sports Computerized Cognitive Assessment Tool (CCAT) and Biodex Medical Systems Biosway Balance protocol as part of a concussion management program.

The purpose of the Axon Sports CCAT is to establish and store a Baseline of cognitive 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 and is an important tool in an overall concussion management program. The Biodex Biosway Balance test will be performed on-site for baseline testing and be available at db Orthopedic Physical Therapy, PC for after injury comparison. 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 for return to play determination. db Orthopedic Physical Therapy, PC is **not** involved in your child's return to play decision except with providing pre and post testing results to your physician.

Because your child is a minor, db Orthopedic Physical Therapy, PC requires Parents/Guardians to read and agree to the Terms of Use and Privacy Policy for Axon Sports and its CCAT, by signing a consent form. Without your consent, your child will not be able to maintain a user profile or store test results on **axonsports.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](mailto: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 Axon Sports Terms of Use and Privacy Policy or that you have reviewed the Terms of Use and Privacy Policy at [www.axonsports.com](http://www.axonsports.com) and have reviewed the purpose of the tests at [www.dborthopt.com/concussion](http://www.dborthopt.com/concussion). Without your consent, your child's Axon Sports 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 axonsports.com and to the administration and supervision of the CCAT test and Biodex Balance test by db Orthopedic Physical Therapy, PC 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 on record following a head injury and subsequent post injury testing.**

\_\_\_\_\_  
Signature of Parent or Guardian

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_