



**ON SITE X-RAY
SAME DAY BRACING AND TREATMENT
CONCUSSION MANAGEMENT
REGENERATIVE MEDICINE
SPORTS PHYSICAL THERAPY**

3151 Johnson Rd, Suite 2, Steubenville, OH 43952

Dear Parent:

Each year, over 300,000 sports-related traumatic brain injuries occur in our country. These brain injuries are known as concussions. A concussion can happen to any athlete – male or female in any sport or recreational activity. Evaluating concussions are one of the most complex issues faced by the medical profession, sports teams, and industry. Deciding when a person has fully recovered from a concussion and can safely return to play is a difficult but obtainable challenge.

Baseline Concussion testing along with a thorough clinical exam by an experienced physician is one of the only real ways to know when it's safe to return to play or activity. There are many versions of neurocognitive testing platforms available that test memory and brain processing speed and reaction time. However most do not incorporate testing of balance, neuromotor function, visual acuity, and vestibular function until now ...

Trinity Sports Medicine's Concussion Care Team is now utilizing the newest iPad technology for concussion testing... **The C3 Logix** – designed at the Cleveland Clinic. This technology provides a more complete snapshot of the person's normal brain function as well as vision and balance. This new technology also integrates the entire care team on one communication platform allowing each professional to actively help develop the best possible concussion recovery and return to play plan for your athlete.

The test will be completed with a one on one - tester/athlete process- which allows for better instruction and a more accurate test. The test will take approximately 15 minutes. The athlete will be asked to perform various memory and reaction time tests on the iPad. At some point during the test, the iPad will be placed in a belt and placed around the athletes' waist. He/she will then perform balance tests on firm and foam surfaces with their eyes closed. A certified athletic trainer will be present throughout the testing process to answer any questions and address any concerns.

To assist us in helping your athlete "**Play Prepared**", please sign the enclosed permission form and return it to your child's coach or bring it to his/her testing appointment.



Michael Scarpone, DO



Justin Baker, DC



Aaron Orlosky, DO



Edward Snell, MD

Let us help you, get back in the game!

Call for an Appointment: 740-266-3866 | www.trinitysportsmedicine.com





TRINITY SPORTS MEDICINE
& PERFORMANCE CENTER

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CONSENT FOR NEUROCOGNITIVE TESTING

Date: _____

I give my permission for (child's full name) _____

I do not give permission for (child's full name) _____

to have a baseline neurocognitive test administered by Trinity Sports Medicine.

- ◆ I understand that if my child participates in one of the community testing dates the test will be administered at no charge.
- ◆ If I choose to schedule another time at the high school or at the clinic, the test will be administered at the cost of \$5.00.
- ◆ The test results will be maintained at trinity sports medicine for use in the care of my son/daughter if they should experience a concussion or concussion like symptoms.
- ◆ It is recommended that each athlete be retested every two years as they grow and mature.
- ◆ Please provide the following information if you do give permission for your child to complete the baseline test.

Child's Date of Birth (Month / Day / Year) _____ School _____

Child's Home Address: _____

Hand dominance/ Handedness: Right Left Age: _____ Graduation Year _____

Primary Sport: _____ Position: _____

Secondary Sport: _____ Position: _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Parent or guardian phone numbers :

Home: _____ Cell: _____

Email : _____

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