

**EXAMINING THE EFFECTS AND RECOVERY TIME FOLLOWING SPORT-RELATED CONCUSSION
CONSENT FORM – PARENT (older child)**

*For questions regarding this study,
Please contact:*

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Purpose:

The purpose of this research study is to investigate the effects of sport-related concussion in athletes. Sport-related concussion is an injury that can affect each injured athlete differently. Some athletes have numerous symptoms and impairments following a concussion that can include headache, dizziness, nausea, memory problems, slowed reaction time, and sensitivity to bright light and noise. There are many tools available to sports medicine professionals to assess the effects of concussion, however more research is needed to determine what is the best way to detect a concussion and how long it takes an athlete with a concussion to recover. This research study will gather important data from concussed and non-concussed athletes to determine how sport-related concussion affects the injured athlete. In addition, your child will complete a questionnaire on his/her knowledge and awareness of sport-related concussion and his/her readiness to return to play following a concussion. You or your child will not be compensated for participating in this study.

General Experimental Procedures:

Pre-season Testing: Your child will report to a designated computer lab at their high school. In groups of 10 – 15, your child will first complete questions about height, weight, age, and history of concussion, etc. Then your child will complete a series of “video-game like” tasks that assess memory, reaction time, and attention on the computer (25 minutes). Following this testing session your child will then complete a vision and balance/dizziness test that will measure how quickly he/she can scan numbers across a page and his/her balance performance (10 min). Finally your child will complete a short questionnaire on your knowledge and awareness of sport-related concussion. Total pre-season test time will be approximately 1 hour.

Post-Concussion Testing: If your child sustains a concussion during the sport season, he/she will complete the same set of tests, but different versions, that he/she completed during the preseason. Your child will complete a short 2 minute questionnaire about his/her readiness to return to play. Your child will complete the post-concussion testing at approximately 24 – 72 hours, 4 – 7 days, 8 – 14 days, 15 – 21 days, and 22 – 30 days post injury. These tests will be scheduled around school and sport activities. Each high school's sports medicine professional will be responsible for making any return to play decisions.

Healthy Subjects: Your child may be asked to complete the retest protocol as a non-injured control. This will allow us to compare a concussed athlete's recovery from concussion to healthy athletes. This testing will be scheduled around all school and sport activities.

Possible Risks:

This study involves minimal risk to your child. Risks associated with completing the tasks are mental fatigue and frustration. Your child may take a break from the test if needed at any time. Your child may lose your balance during the balance testing. However, a certified athletic trainer and research assistants will be there to help with balance testing.

Benefits:

If your child incurs a concussion, the athletic trainer will be able to determine when your child is ready to return to participation by comparing your child's post-concussion test results to his/her baseline measures. If your child is in the healthy group, this study will enhance our understanding of concussion in athletes by comparing the results to a normal healthy control.

Confidentiality/Anonymity:

Your child's participation in this study is completely voluntary. The only people who have access to your child's results are the researchers and HRPP. Your child's identity and information recorded during the study will remain confidential. Confidentiality will be protected by; (a) results of this study may be published or presented at professional meetings, but the identities of all research participants will remain confidential; and (b) all data will be stored in a computer that is password protected, as well as informed consent, and concussion measures will remain in an office under double lock and key for 3 years after the study ends. Your child's confidentiality will be protected to the maximum extent allowable by law.

The Right to Get Help if Injured

If your child is injured as a result of his/her participation in this research project, Michigan State University will assist your child in obtaining emergency care, if necessary, for his/her research related injuries. If you have insurance for medical care, your insurance carrier will be billed in the ordinary manner. As with any medical insurance, any costs that are not covered or in excess of what are paid by your insurance, including deductibles, will be your responsibility. The University's policy is not to provide financial compensation for lost wages, disability, pain or discomfort, unless required by law to do so. This does not mean that you are giving up any legal rights you may have. You may contact Dr. Tracey Covassin at 517-353-2010 with any questions or to report an injury.

Voluntary Participation:

Your child's participation in the research study is voluntary. Your participation in the research study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you

are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Institutional Contacts:

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher *Tracey Covassin* (517)-353-2010 or email at covassin@msu.edu or regular mail at *Department of Kinesiology, Michigan State University, East Lansing, MI 48824*.

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University's Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail irb@msu.edu or regular mail at Olds Hall, 408 West Circle Drive #207, MSU, East Lansing, MI 48824.

Your signature below indicates your voluntary agreement to participate in this study.

I, _____, have read and agree to allow my child _____
(Please Print Your Name) (Please print your child's name)

to participate in this study as described above.

Adult Signature

_____/_____/_____

Date