

EXAMINING THE EFFECTS AND RECOVERY TIME FOLLOWING SPORT-RELATED CONCUSSION
ASSENT FORM (13-17 years olds)

*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, you will complete a questionnaire on your knowledge and awareness of sport-related concussion and your readiness to return to play following a concussion. You will not be compensated for participating in this study.

General Experimental Procedures:

Pre-season Testing: You will report to a designated computer lab at your high school for testing. In groups of 10 – 15, you will first complete questions about your height, weight, age, and history of concussion, etc. Then you 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 you will then complete a vision and balance/dizziness test that will measure how quickly you can scan numbers across a page and your balance performance (10 min). Finally you 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 you sustain a concussion during the sport season, you will complete the same set of tests, but different versions, that you completed during the preseason. In addition, you will complete a short 2 minute questionnaire about your readiness to return to play. You 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. Your sports medicine professional will be responsible for making any return to play decisions.

This consent form was approved by a Michigan State University Institutional Review Board. Approved 07/17/15 – valid through 07/16/16. This version supersedes all previous versions. IRB # 13-990.

Healthy Subjects: You 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 you. Risks associated with completing the tasks are mental fatigue and frustration. You may take a break from the test if needed at any time. You may lose your balance during the balance testing. However, a certified athletic trainer and research assistants will be there to help you if you lose your balance.

Benefits:

If you incur a concussion, the athletic trainer will be able to determine when you are ready to return to participation by comparing your post-concussion test results to your baseline measures. If you are 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 participation in this study is completely voluntary. The only people who have access to your results are the researchers and HRPP. Your 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 confidentiality will be protected to the maximum extent allowable by law.

The Right to Get Help if Injured

If you are injured as a result of your participation in this research project, Michigan State University will assist you in obtaining emergency care, if necessary, for your 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 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 participate in this study as described above.
(Please Print Your Name)

Signature

_____/_____/_____

Date