



**BaylorScott&White**  
INSTITUTE FOR REHABILITATION

Home Testing Instructions  
as of 8/8/2025

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936-552-1170

# ImPACT Baseline Testing

- Completely read through the following directions to better understand the ImPACT Baseline testing procedures.
- There are screen shots that will act as a guide with examples of what to expect when testing.
- The preseason/offseason is the best time to administer ImPACT Baseline testing, we are encouraging new and returning players to test during the offseason. If a player is currently playing a collision sport like hockey, it is best to wait until there is at least a 2 week break without contact.

# What is ImPACT?

- ImPACT is a sophisticated, research-based computer test developed to help clinicians evaluate an individual's or athlete's recovery following concussion. ImPACT is a 20-minute neurocognitive test battery that has been scientifically validated to measure the effects of sports related concussion. In the preseason, each athlete is given a baseline test. And when a concussion is suspected, during the season, a follow-up test is administered to see if the results have changed from the baseline. This comparison helps clinicians to diagnose and manage the concussion. Follow-up tests can be administered over days or weeks so clinicians can continue to track the individual's or athletes recover from the injury.

# Why use ImPACT?

- ImPACT can help clinicians answer difficult questions about an individual's or athlete's readiness to return to play, protecting them from the potentially serious consequences of returning too soon. While traditional neurological and radiological procedures such as CT and MRI are helpful in identifying serious brain injuries (e.g., skull fractures, hematomas), they are ineffective at identifying the effects of a concussion. Consequently, clinicians must often rely on subjective observations or patient self-reports to diagnose and track a concussion. This is where ImPACT can help.

# ImPACT Baseline Testing

- Team managers, coaches, and parents are encouraged to reach out to me directly if you have any questions about your roster and who has tested.
- JD Shields, MEd, ATC
- [John.Shields@BSWHealth.org](mailto:John.Shields@BSWHealth.org) or 936-552-1170

# ImPACT Baseline Testing

- If an injury is suspected, please contact me as soon as possible.
- [John.Shields@BSWHealth.org](mailto:John.Shields@BSWHealth.org) or 936-552-1170
- This allows for us to answer any questions and facilitate a referral to a concussion specialist.

# Baseline Testing Instructions

- Lap tops or desktop computers are suitable for testing. Please make sure any laptop computer is plugged in during testing.
- Turn off all other programs that may be running in the background. (music, virus scan, etc.)
- ImPACT has updated to HTML. ImPACT no longer requires a specific internet browser.
- Turn off pop up blockers and clear internet browser cache.

# Baseline Testing Instructions

- Allow 45 minute to take the test.
- This is not an intelligence test.
- We want athletes to complete this test as quickly and accurately as possible.
- The test may be difficult. Athletes will not get everything right.
- Read the directions **TWICE** before starting each subtest.
- Testing should always be done in a **quiet area** without any background distractions. Turn off cell phones, other computer programs, music, etc.
- Remove all distractions.



# Keys to Success

- Have the athlete get a good nights sleep the night before testing.
- Try to test in the morning whenever possible. This way the athletes haven't taken any other tests that day. They are more likely to be focused on this test.
- Do not allow the athletes to work out for at least 3 hours prior to testing. If they are physically tired, they are less likely to be well focused.
- **Always test in the pre-season or the off-season when athletes are not experiencing contact.** This is a baseline without contact.

# Sources of Baseline Testing Invalidity

- “Horseplay”
- Failure to Read or Understand Directions
- “Sandbagging” or Faking, not taking the test seriously.
- Malfunctioning Mouse
- Incentive different at baseline/post-injury
- **If the test is “invalid” you will have to retake it another day.**

# Baseline Testing Instructions

- The following screen shots will act as a guide with examples of what to expect with testing.
- Feel free to print and use this guide during the **Demographics** and **Current Symptoms** portions of the ImPACT Test.
- Once you begin the ImPACT Baseline test, please use the directions within the testing modules. These directions will better prepare you for each portion of the test.



## Enter Customer Code

You will find this near the end of this presentation. *This guide is intended to walk through testing **prior** to actually testing.*

Please Select **BIR-Dallas/Austin Region**

from the list. **DO NOT, I repeat, DO NOT** select your high school if it is listed

Select **Launch Baseline Test**.

After entering the code, the test will launch. If you don't see a new window, it may be behind the current window or the pop up blocker may need turned off.

Please enter your Customer Code:

**Firefox and Internet Explorer users - please disable pop up blocker to launch the test.**

**Contact Support**

Phone: (877) 646-7991

Email: [support@impacttest.com](mailto:support@impacttest.com)

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Select English ONLY.

Read through the directions and  
Select **Next**.

Select test language:

English ▼

Next

Please make sure of the following before continuing your test:

- Test environment must be quiet and distraction-free, no phones or other devices.
- Sit comfortably at a table or desk with a flat, hard surface.
- All other programs and browser tabs should be closed.
- An external mouse must be used throughout the exam.
- You must complete the test in a single attempt in less than 45 minutes.

Next



Enter **Name** (**Use formal name, not nicknames, double-check spelling**),

**Date of Birth** (**double check the date, not today's date**)

**Gender**, and **Pointing Device**  
(either Mouse or Laptop Trackpad)

Indicate **Yes** or **No** if any of the following apply to you

First Name:  Last Name:

Date of Birth:

Gender:

Pointing Device:

Have you ever been diagnosed with attention deficit disorder or hyperactivity?

Have you ever been diagnosed with a learning disability?

Have you had a concussion in the last 6 months?



Please select “**Enter Additional Demographics**”

Please enter your **Address, City, State, Zip Code, Country, and Email Address** (double check this information before moving on) Select **Next**

Skip Additional Demographics

Enter Additional Demographics

Address:

City/Location:

State/Province:

Zip/Postal Code:

Country:

Email Address:

Skip



If you speak a **Second Language fluently**, please select your Second Language from the drop down list. If you **Do Not** speak a second language fluently, leave it blank. Select **Next**.

Native country/region:

United States ▼

Native language (or language group):

English ▼

Second language (or language group):

Back

Next





Enter your **Years of Education Completed**. (basically, what grade did you complete last)

Indicate **Yes / No** if any of the following apply to you.

Indicate what **Type of Student** you are.

Select your **Current Sport**.

Select your **Current Position**.(only one)

Select **Current Level of Participation**  
(Middle School = Junior High)

Select **Years of Experience** at Current  
Level of Participation

11 ▾ Years of education completed excluding kindergarten  
(e.g. high school senior = 11, college freshman = 12)

Check any of the following that apply:

☐ No ☐ Yes Received speech therapy

☐ No ☐ Yes Attended special education classes

☐ No ☐ Yes Repeated one or more years of school

While in school, what type of student were/are you?

☐ Below Average ☐ Average ☒ Above Average

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Current sport:

Current position/event/class:

Current level of participation:

▾ Years of experience at this level (please  
approximate if uncertain, and do not  
include current year; e.g. high school  
senior = 3)

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Indicate the **Number of Times you have been Diagnosed with a Concussion.** (If “0,” indicate “0”) and Select **Next.**

Number of times diagnosed with a concussion  
(excluding current injury)

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Skip



If you indicated a previous concussion injury (excluding current injury) Please answer the next 5 questions.

Example: of your 4 previous concussions, how many of them resulted in loss of consciousness. Only 1. Select 1.

Answer all 5 questions and Select **Next**

- ▼ Number of times diagnosed with a concussion (excluding current injury)
- ▼ Number of concussions that resulted in loss of consciousness
- ▼ Number of concussions that resulted in confusion
- ▼ Number of concussions that resulted in difficulty remembering events occurring immediately after injury
- ▼ Number of concussions that resulted in difficulty remembering events occurring immediately before injury
- ▼ Combined number of games missed as a direct result of all concussions

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Indicate **Yes** or **No** to whether you have been treated for each of the following conditions.

If you don't know what something is, the answer is likely **No**. You must select **Yes** or **No** to each question

Select **Next**

Indicate whether you have been treated for the following:

<input type="checkbox"/> No	<input type="checkbox"/> Yes	Headaches by physician
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Migraine headaches by physician
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Epilepsy/seizures
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Brain surgery
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Meningitis
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Substance/alcohol
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Psychiatric condition (depression/anxiety)

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Skip



Indicate **Yes** or **No** if you have been diagnosed with any of the following conditions. You must select **Yes** or **No** to each question.

Please indicate the date of last concussion (to the best of your ability)

How many hours of sleep you had last night

List any **Current Medications**. (This should be prescription medicines like ADD or allergy medicine, not vitamins or over the counter medications. **Do your best**. If you don't know the answer, leave it blank)

Have you ever been diagnosed with any of the following conditions?

Dyslexia

☐ No ☐ Yes

Autism

☐ No ☐ Yes

Have you participated in any strenuous exercise and/or exertion in the last three hours?

☐ No ☐ Yes

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Date of last concussion:

Hours of sleep last night (approximate if uncertain):

Current medication(s):

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You have now completed the demographic sections.

Select **Next** to move on to **Current Symptoms and Conditions**.

Click Next to begin current symptoms and conditions.

Back

Next

# Current Symptoms and Conditions

- We are trying to determine how you feel **right now**. We are not trying to find out if you have ever had these symptoms. We want to know how you feel normally, **right now**.
- Example: If you had the worst headache you have ever experienced, **right now**, it would be a “6.” If you had a headache, **right now**, that wasn’t that bad, give a number between “1” and “5.” If you don’t have that symptom, select “**not experiencing this symptom.**”



Select the degree to which you are **CURRENTLY** experiencing each of the following **Symptoms and Conditions**.

0 = Not experiencing this symptom

1 = Barely noticeable

6 = Worst I have ever experienced.

Symptom Inventory is how you feel **NOW** or how you feel normally.

**Complete all 4 Pages.**

You must select a current level for all symptoms.

## Current Symptoms and Conditions - Page 1

Please click the box below that indicates the degree to which you are currently experiencing the following symptoms:

### Headache

0	1	2	3	4	5	6
---	---	---	---	---	---	---

### Vomiting

0	1	2	3	4	5	6
---	---	---	---	---	---	---

### Nausea

0	1	2	3	4	5	6
---	---	---	---	---	---	---

### Balance problems

0	1	2	3	4	5	6
---	---	---	---	---	---	---

### Dizziness

0	1	2	3	4	5	6
---	---	---	---	---	---	---

### Trouble falling asleep

0	1	2	3	4	5	6
---	---	---	---	---	---	---

0 = Not experiencing this symptom

1 = Barely noticeable

6 = Worst I have ever experienced

Next

Click **Next** to move on to the test.



# Baseline Testing Instructions

- The following screen shots will act as a summary of the testing modules. Please review the modules so that you are familiar with the testing **prior to beginning the ImPACT Baseline test.**



## Module 1: Word Memory

Twelve target words are presented one at a time. Try to remember each of these words because you will be asked about them later.

You will then be asked to recall if you were shown the word that is displayed or if this word was not previously displayed.

Indicate **Yes** or **No**

In this test, a number of words will be presented one at a time. Try to remember each of these words as you will be asked about them later.

We will start with a sample of the test to familiarize you with the process.

Click the button below when you are ready to begin the sample.

Continue

# Ice

**Was this one of the words displayed?**

Yes

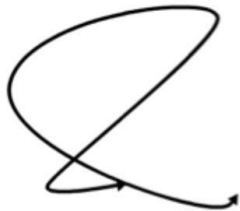
No



## Module 2: Design Memory

Twelve designs are presented one at a time.  
Try to remember each of these designs  
**EXACTLY** as they appear because you will be  
asked about them later.

Was this one of the designs displayed?



Yes

No

Next, a number of designs will be presented one at a time. Try to remember each of these designs **EXACTLY** as it is shown as you will be asked about them later.

For example:

This is a sample design



Was this one of the designs?



Answer:  
Yes

Was this one of the designs?



Answer:  
No

We will start with a sample of the test to familiarize you with the process.

Click the button below when you are ready to begin the sample.

Continue

You will then be asked to recall if you were shown the design **EXACTLY** as it was displayed or if this design was not previously displayed in the same way.

Indicate **Yes** or **No**



## Module 3: X's and O's

You will be asked to remember the location of **X's** and **O's** that will be displayed.

Three of the **X's** and **O's** will be bright **YELLOW**. Remember the exact location of the **YELLOW X's** and **O's** because you will be asked to click on their location.

The next test will test both your **MEMORY** and **SPEED**. We will start by showing a sample of each test.

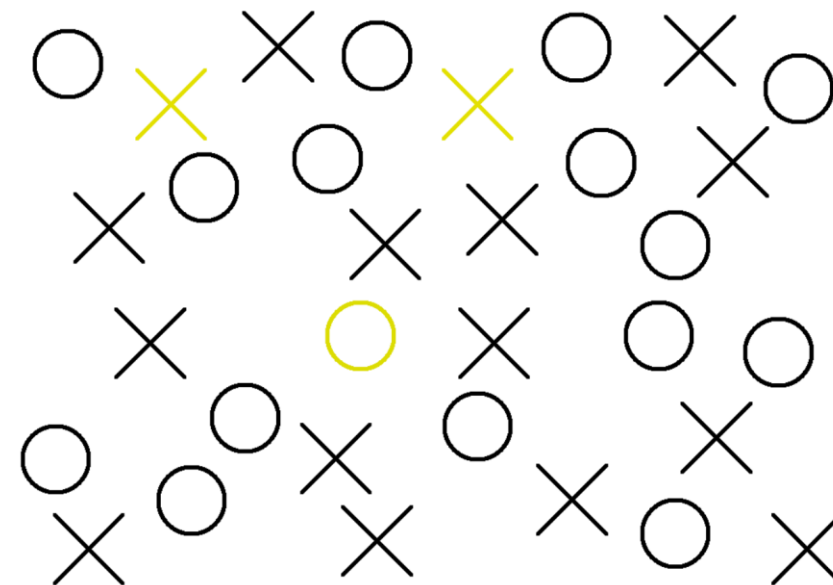
First we will test your memory.

For the **MEMORY** test, you will be asked to remember the location of X's and O's that will be displayed on your computer screen.

Three of the X's or O's will be bright **YELLOW**. Remember the exact location of the **YELLOW X's** or **O's** because you will be asked to click on their location.

Click the button below when you are ready to begin.

Continue





## Module 3: X's and O's

After the **X's** and **O's** are displayed you will be asked to do a **SPEED TEST**.

Press the **Q** as quickly as you can when you see the **Red Circle**. Press the **P** as quickly as you can when you see the **Blue Square**.

You will then be asked to recall the location of the **X's** and **O's** that were previously highlighted in bright **YELLOW**. The test will repeat 4 times.

After the X's and O's are displayed, you will be asked to do a **REACTION TIME** or **SPEED TEST**. Below are the directions for the **SPEED TEST**. Remember, this is a sample. Do the following for each shape that you see:



Press this key on your keyboard as quickly as you can when you see:

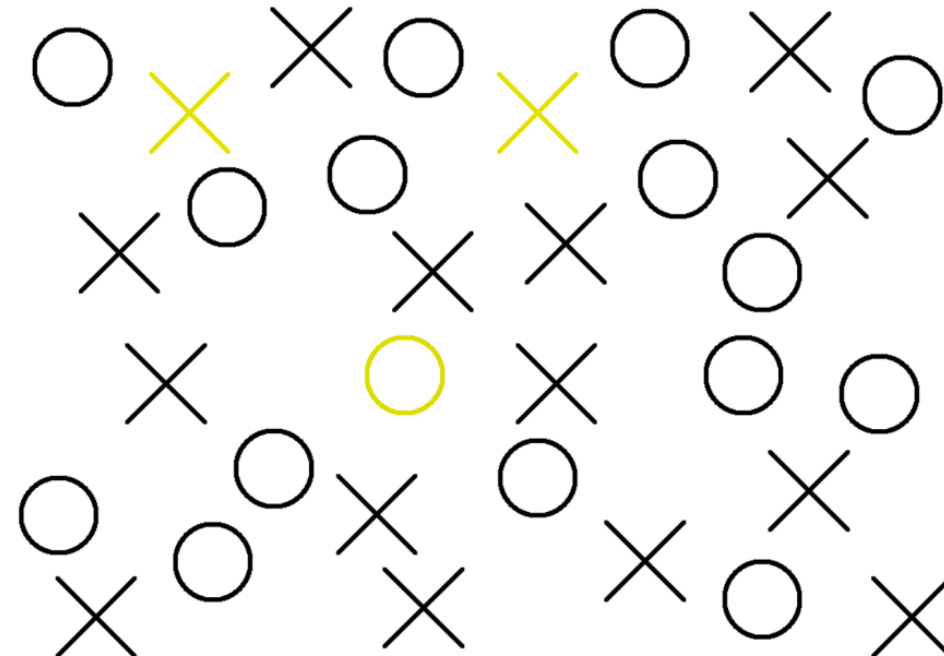


Press this key on your keyboard as quickly as you can when you see:



**PLEASE RESPOND AS FAST AS YOU CAN!**

Click the Continue button to start the sample.







Continue




# Module 4: Symbol Search

You will see nine shapes that are matched with the numbers 1 through 9. As **QUICKLY** as you can click directly on the number that goes with each shape. The shapes will then disappear and you will be asked which number goes with each shape.

**PAY CLOSE ATTENTION AND REMEMBER WHICH NUMBER GOES WITH EACH SHAPE.**

			
1	2	3	4

For the next test you will see nine shapes that are matched with the numbers 1 through 9. One of the shapes will appear in the middle of the screen. As **QUICKLY** as you can, click directly on the number that goes with each shape.







 For example, if you saw this shape appear on the screen, you would click on number 3 using your mouse.

**PAY CLOSE ATTENTION AND REMEMBER WHICH NUMBER GOES WITH EACH SHAPE**

Next

Click on the number that corresponds to the following



								
1	2	3	4	5	6	7	8	9

Remember which number goes with each shape.



## Module 5: Color Word Match

You will see the words **RED**, **GREEN**, and **BLUE** presented one at a time.

Click as fast as you can when **the word inside the box is shown in the same color in which it is written**. Do not click the word when it is shown in a different color.

### Color Match

On the next screen, you will see the words **RED**, **GREEN**, and **BLUE** presented one at a time. Click the word inside the box when it is shown in the same color in which it is written. Do not click the word when it is shown in a different color.

For example:

Click as fast as you can when you see one of these:



Do not click when you see these:



We will start with a sample of the test to familiarize you with the process.

Click the button below when you are ready to begin the sample.

Continue





## Module 6: Three Letters

You will be asked to remember three letters in the **EXACT** order they appear. You will then be asked to count **BACKWARDS** from 25 to 1 clicking on the numbers as fast as you can in **REVERSE** order. You will then be asked to remember the three letters **EXACTLY** as they appeared.

Remember the three letters **EXACTLY** as they appear.

This next test is a **SPEED** test.

On the next screen you will see 25 numbers. You will be asked to count **BACKWARDS** from 25 to 1 clicking on the numbers as fast as you can in **REVERSE** order.

Remember, start with 25 and count down to 1 as fast as you can.

If you make a mistake, use the **GO BACK** button to clear the buttons that you have clicked one at a time.

Click the button below when you are ready to begin.

Continue

K S F





## Module 6: Three Letters

Count **BACKWARDS** from 25 to 1 clicking on the numbers as fast as you can in **REVERSE** order. If you make a mistake use the “**Go Back**” button to clear the buttons you have already clicked, one at a time.

Recall the three letters **EXACTLY** as they appeared.

Click each of these buttons in **BACKWARD ORDER**.

Start with 25 and count down to 1

**AS FAST AS YOU CAN**

19	16	10	24	18
2	6	22	21	12
5	23	14	8	13
17	9	11	15	3
4	25	20	1	7

If you make a mistake, use the 'Go Back' button to clear the buttons you have already clicked, one at a time.

<< Go Back

K S F



When the last module is complete, you will see the final screen. This will allow you to **Print this Receipt**. To e-mail this confirmation, enter your e-mail address and confirm.

Please enter your own email address upon completing this test. Later you can send this email to your team manager to inform them of the date that you completed testing. This will help to ensure that all players complete the ImPACT baseline testing.

### Thank you for taking the test

Name:

Date of Birth:

Test Type: Baseline

Test Date and Time:

Confirmation ID:

Your Passport ID:

Please save your Passport ID. It will be needed by the doctor to access your ImPACT test at time of treatment.

Don't forget your Passport! Store your Passport ID - download the free ImPACT Passport™ app from the Apple App Store or the Google Play Store.

Print this Confirmation

Email address

Confirm email address

Email this Confirmation

Please also save this receipt for your records. You will be given a **Passport ID**. This Passport ID can be used by the doctor to access your ImPACT test at the time of treatment.

The free **ImPACT Passport** app is available from the Apple App Store or the Google Play Store.

# You are Ready to Begin Testing

- Go to the ImPACT Baseline web site (Chrome or Safari recommended)
  - <https://www.impacttestonline.com/htmlauncher/>
  - Enter the Customer Code **KYMT** (not case sensitive)
  - Select **Baylor Scott & White Institute for Rehabilitation** from the organization list.
  - Click Launch Baseline Test.
- For players younger than 15, a parent may need to be present to assist in completing the demographic information **ONLY**.
- After reading the testing script on the next page, begin the test. Good luck!

# Baseline Testing Instructions

- “I have two goals for you when you take this test. My first goal, I want you to take this test as correctly as possible. You are going to miss some things, but when you do, I don’t want you to get frustrated. Just try to get the next ones right. My second goal, I want you to take portions of this test, very quickly. The best way to know how to answer as correctly as possible and the best way to know which parts of the test I want you to complete very quickly is to read the directions. There are six parts to the test, which means there are six different sets of directions. I want you to read each set of directions, two times. This will help you to be able to do your best. Good luck!

# Problems?

- Contact me for help if any issues occur.
- JD Shields, MEd, ATC
- [John.Shields@BSWHealth.org](mailto:John.Shields@BSWHealth.org) or 936-552-1170



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