

# Injury Report

https://www.impacttestpro.org/resultsMilitary/







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ImPACT Applications - Results Site - US Army

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## Welcome to ImPACT Test Center LTC!

This site has been created to assist you in easily locating test results, administering new tests, and managing your ImPACT concussion program.

-  **Test Lookup**  
This page allows you to lookup all tests associated with a given individual.  
[Go](#)
-  **Test Administration**  
This page allows you to administer new tests.  
[Go](#)
-  **Organization Reporting**  
This page lets you to generate reports with test related information for your organization (how many people took the test, their names, etc).  
[Go](#)
-  **Injury Report**  
An injury report is a brief document that supplements post injury data with concussion details. This page lets you to write and review those.  
[Go](#)
-  **Corrections and Transfers**  
This page lets you to correct common mistakes (name misspellings, date of birth errors, etc) and allows for transfer between organizations.  
[Go](#)
-  **Change Your Personal Information**  
This section allows you to change your e-mail address and password.  
[Go](#)

Tech Facts | Support | Privacy Policy | Feedback

Done Internet 100%

Start | Connect... | Inbox - Mi... | C:\Docum... | Microsoft ... | ImPACT ...

Click "Injury Report" in either location

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## Injury Report

Help ?

Please type the first two letters of the last name of the person you'd like to test.

Patient Name:

Date of Birth:  /  /  (MM/DD/YYYY)

### Baseline and Follow-Up Tests

Test Type	Date Test Was Taken	
Baseline	11/30/2009	<input type="checkbox"/> Add this Test to Report
Baseline	02/10/2010	<input type="checkbox"/> Add this Test to Report

### Injury Reports

There are no injury reports for this test taker

1: pull up test  
2: select "Write Injury Report for this User"

Tech Facts

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### Concussion Details

Patient Name: Robert Lutz

The following information is to be completed by the team physician or neuropsychologist

#### Loss of consciousness

- None       1-2 minutes  
 1-20 seconds       3-5 minutes  
 21-59 seconds       more than 5 minutes

#### Confusion/Disorientation

- None       1-2 minutes  
 1-59 seconds       3-5 minutes  
 1-5 minutes       more than 5 minutes

#### Retrograde amnesia

- None       1-5 minutes  
 1-10 seconds       6-15 minutes  
 11-59 seconds       more than 15 minutes

#### CT/MRI scan of head

- None  
 Negative  
 Positive

#### Anterograde amnesia

- None       15-30 minutes  
 1-5 minutes       31 minutes to 3 hours  
 6-15 minutes       more than 3 hours

Cancel Report

Concussion date  
(MM/DD/YYYY):

 /  / 

Next Page >>

Fill in appropriate information and proceed to next page

## Concussion Details

Patient Name: Robert Lutz

The following information is to be completed by the team physician or neuropsychologist

## Symptoms (as evaluated);

- Fatigue
- Headache
- Dizziness or balance problems
- Visual Changes
- Nausea
- Vomiting
- Personality Change
- Numbness or tingling

## Point of Impact

[Clear Selection](#)

Mark the diagram at the point that best corresponds with the point at which the impact occurred. Impacts along the mid-line of the head should have the location marked on both profiles.

[Cancel Report](#)[<< Go Back](#)[Next Page >>](#)

Fill in appropriate information and proceed to next page

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### Injury Report

Help ?

Get Tests

#### Concussion Details

Patient Name: Robert Lutz

The following information is to be completed by the team physician or neuropsychologist

**What was the injury type?**

- Blast
- Blunt
- Combination Blast and Blunt
- Other (please explain in comments)

**Were you wearing hearing protection?**

- Earplugs
- Noise Cancelling Headset
- Combination
- None

**Description of Injury and additional information:**

Cancel Report      << Go Back      Save the Report

Tech Facts    Support    Privacy Policy    Feedback

Done    Internet    100%

Start    Connect...    Inbox - Mi...    C:\Docum...    Microsoft ...    ImPACT ...

Fill in appropriate information. Add as much detail as is known in the free text box, to include if and what type helmet was worn. Then Save.