nose post concussion syndrome, as well as differentiate it from other symptomatic presentations not specifically related to MHI.

The Short Category Test: Booklet Format, the Paced Auditory Serial-Addition Task-Revised, the Rey Auditory Verbal Learning Test, the Rey-Osterrieth Complex Figure Test, and the Symbol-Digit Modalities Test were evaluated for their validity and effectiveness at accurately classifying individuals within either PCS symptom endorsement status or mild head injury status. Seventy-two experiment-blind undergraduates participated in generating an archive of classification performance of the above neuropsychological tests under optimal predictive conditions. An analysis of combined error rates of subject group classification based on the neuropsychological test measures indicated that the neuropsychological tests studied here are not highly effective at discriminating between PCS symptom endorsement status or MHI status. The results of hand generated accuracy rates for test performance are compared with computer generated accuracy rates and the revealed non-significant difference between the two methods is discussed.

**Ponton, M. O., Locke, T. F., Rankin, K. P., Pucci, S., & Stewart, S.**  
Multiple Head Injury Among the Indigent: A Descriptive Study.  
This study highlights the effects of indigent status on the cognitive profile of patients with and without history of head injury. In general much is known about the sequelae of head injury including expected impairment in a variety of domains, particularly those associated with attention and memory. Comparatively little is known about 1) the effects of indigent status on head injury sequelae and 2) the effects of multiple head injury (MHI). One hundred twenty five indigent patients were administered a standardized battery in a Los Angeles County mental health neuropsychology clinic. Although indigent status leveled much of the expected effects of head injury, patients with a positive history of MHI have a clinical presentation that is both qualitatively and quantitatively different than those with either a single head injury or with none. Interestingly, in many domains, indigent patients without history of head injury had cognitive profiles that were not significantly different from those with a positive history. However, single head injury patients scored significantly poorer ($p < .05$) on a measure of executive function (Stroop C) than MHI and non-MHI. MHI patients scored poorer ($p < .05$) on aspects of verbal memory (WMS-III WL% retained) and had histories that included significantly ($p < .01$) increased cocaine abuse, higher presence of seizures ($p < .02$), with a trend ($p < .07$) towards increased time of incarceration. The implications for vocational retraining and return to work in this population are discussed.

**Pottinger, L. S., Cullum, C. M., & Stallings, R. L.**  
Cognitive Recovery Following Concussion in High School Athletes.  
The return of the athlete to play following concussion has been the source of considerable debate over the years. We examined the early-stage recovery of high school football players following concussion using a brief battery of popular neuropsychological measures. Tests included: Hopkins Verbal Learning Test (HVLT), Symbol Digit Modalities Test (SDMT), Symbol Cancellation (SC), Color Trails (CT) 1 and 2, The Controlled Oral Word Association Test (COWAT), the Ruff Figural Fluency (RFF) and the Sideline Assessment of Concussion (SAC). Recovery curves for these tests at 48 hours, 8 to 14 days, and 2–4 months were examined. The concussed group consisted of six high school football players who sustained a concussion during the football season and were available for follow up evaluation. A control group of six non-concussed football players was matched by age with the concussed subjects and given the same tests at the same in-