



CONCUSSION MANAGEMENT PROTOCOL

Recommendation: 2 Visit Minimum

INITIAL VISIT

Outcomes are better if educational materials are given at the first visit.

SYMPTOM EVALUATION AND PATIENT EDUCATION:

- ACE - Acute Concussion Evaluation (*Physician/Clinician Office Version*)
- A Symptom Scale (*Age-appropriate version*)
- A Symptom Scale (*Parent/Adult Patient - fill out in office*)
- A Symptom Scale (*Parent/Adult Patient - take home*)
- ACE Care Plan (Return to School or Work Version)
- CDC Return to School Letter
- When Concussion Symptoms Are Not Going Away (*Age-appropriate version*)
- Any other educational materials or Symptom Tracker as needed

➤ **Send home** an additional parent or adult version of a symptom scale to track symptoms over the next 4 weeks or until next appointment - this helps to understand what symptoms/behaviors to look for. **Send home** a letter to the school or work with accommodations and other recommendations. Research indicates that supports are more likely to be implemented if recommended by the health care professional.

➤ **Cognitive Rest:** Research shows only **2-3 days** of strict cognitive rest is helpful. After that, return to activity as tolerated is recommended. **Safe exercise** (treadmill, stationary bicycle) that only mildly increases symptom level may be helpful in recovery. However, athletes should **not return to sports until all symptoms have cleared**.

➤ With concussion diagnosis, **SCHEDULE a follow up visit within 4 weeks. If any symptoms or new behaviors since injury are present, proceed with 2nd visit.** Patient brings back completed take-home symptom scale to next visit. Most symptoms will clear by 4 weeks, however, they should be addressed earlier as needed.

2ND VISIT (BY 4 WEEKS)

Refer to a symptom-specific specialist when possible.

- Specialized Concussion Treatment Center
- Brain Trauma Rehabilitation Center
- Sports Medicine
- Neurologist
- Neuro-ophthalmologist
- Physical Therapist
- Occupational Therapist
- Speech Language Pathologist
- Sleep specialist
- Neuropsychologist
- Psychologist
- TEIS if child is under 3 years old
- TEIS Extended Option - If already receiving services therapy can continue until the school year after 5th birthday.
- School/School district (3 years and older if not already enrolled in TEIS)

YEARLY CHECK-UPS

For all patients with no known history of brain injury, screen yearly for prior history.

Over the last year, ask about:

- Any residual concussion symptoms
- Any changes in school or work performance
 - Drop in grades, difficulty with new learning, falling behind with work, etc.
- Any physical changes or challenges (balance, ocular, pain)
- Any cognitive changes or challenges, for example in memory or attention
 - Forgetting homework or books at home. Difficulty paying attention in a work environment.
- Substance Use
- Chronic pain
- Relationships /Friendships
- Any new injuries
- Any behavior/mood changes

Refer if needed

ADDITIONAL RESOURCES

- **Traumatic Brain Injury Toolkit for Healthcare Providers:** Includes many useful tools and educational handouts, including those mentioned in this protocol.
<https://www.tndisability.org/brain-toolkits>
- **TBI Toolkit for Survivors, Families & Caregivers:**
<https://www.tndisability.org/brain-toolkits>
- **Research Support for this Concussion Management Protocol:**
<https://www.tndisability.org/primary-emergency-care-providers>
- **Brain Links Website:** <https://www.tndisability.org/brain>

THINGS TO WATCH FOR OVER TIME

- Headaches
- Changes in sleep patterns
- Fatigue
- Changes in vision
- Balance, coordination changes, dizziness
- Mood swings, getting mad easily
- Changes in personality
- Not feeling like themselves
- Trouble with attention and thinking
- Memory problems, especially short term
- Depression, anxiety
- Difficulty handling stress
- Inappropriate behavior
- Grades dropping, falling behind in class
- Changes in work performance
- Overuse/misuse of legal or illegal substances
- Chronic pain
- Loss of friendships; difficulty with relationships



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