



CLINICAL PRACTICE GUIDELINES FOR **CONCUSSIONS**

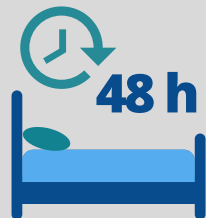
KEY RECOMMENDATIONS FOR PRIMARY CARE PROVIDERS

The evidence-based recommendations below are from the *Guideline for Concussion/Mild Traumatic Brain Injury & Persistent Symptoms Ontario* (3rd Edition) developed by the Ontario Neurotrauma Foundation in 2018

Primary care providers are essential in acute concussion **diagnosis and management**¹

- ✓ **Start with a comprehensive examination**¹
Diagnosing & Managing Concussion Tool² | Sport Concussion Assessment Tool-5th Edition (SCAT5)³
- ✓ **Assess for red flags, identify risk factors, and determine need for CT scan**¹
Canadian CT Head Rule⁴
- ✓ **Provide patients with education and assurance about symptoms and recovery**¹
Concussion Do's and Don'ts⁵
- ✓ **Consider referral to interdisciplinary treatment clinic for persistent post-concussive symptoms**¹
Find your nearest specialized concussion clinic¹

KEY MESSAGE FOR YOUR PATIENTS



Get physical and mental rest after your injury, then gradually return to normal activities¹

For more information on the clinical practice guidelines and the supporting evidence, visit:

www.braininjuryguidelines.org

www.concussionsontario.org



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REFERENCES: 1) Ontario Neurotrauma Foundation. *Guideline for Concussion/Mild Traumatic Brain Injury & Persistent Symptoms – 3rd Edition*. 2018.; 2) Centre for Effective Practice. 2019: <https://cep.health/clinical-products/concussion/>; 3) Sport concussion assessment tool-5th edition. *British Journal of Sports Medicine*. 2017;51:851-858.; 4) Stiell I, et al. The Canadian CT Head Rule for patients with minor head injury. *Lancet*. 2001;357(9266):1391-1396.; 5) Ontario Neurotrauma Foundation. *Concussion Do's and Don'ts*. 2019; <http://concussionsontario.org/wp-content/uploads/2019/11/ONF-DoDonts-Tearaway-EN-Nov2019-WEB.pdf>



CONCUSSION

RISK FACTORS

Risk Factors for Advanced Imaging

Adapted from Stiegl et al. The Canadian CT Head Rule for Patients with Minor Head Injury. Lancet 2001;357:1391-96



RED FLAGS

- Glasgow Coma Score < 15 at 2-hours post-injury
- Suspected skull fracture (open or depressed)
- Any sign of basal skull fracture
- >2 vomiting episodes
- \geq 65 years-old
- Retrograde amnesia to the event > 30 min
- Dangerous mechanism (e.g., car accident, fall)

Risk Factors for Prolonged Concussion Recovery

Synthesized from the Concussion Recovery Pattern and Pathway (concussionsontario.org) and Table 1.1 Risk Factors Influencing Recovery Post mTBI (braininjuryguidelines.org)



MEDICAL FACTORS

- History of traumatic brain injury, neurological, sleep, or psychiatric problems
- Signs of vestibulo-ocular abnormalities or cognitive difficulties
- Reduced balance or dizziness
- Memory problems post-injury
- Nausea post-injury



CONTEXTUAL FACTORS

- Student, female, or old age
- Injured in motor vehicle collision
- Low education or socio-economic status
- High levels of symptom reporting
- Secondary gain issues (e.g. litigation)

If 1+ risk factors are identified:

- Provide information and assurance about symptoms and recovery
- Consider referral to interdisciplinary treatment clinic for prolonged post-concussive symptoms

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