

C: Follow-up Persistent Post-Concussion Symptoms

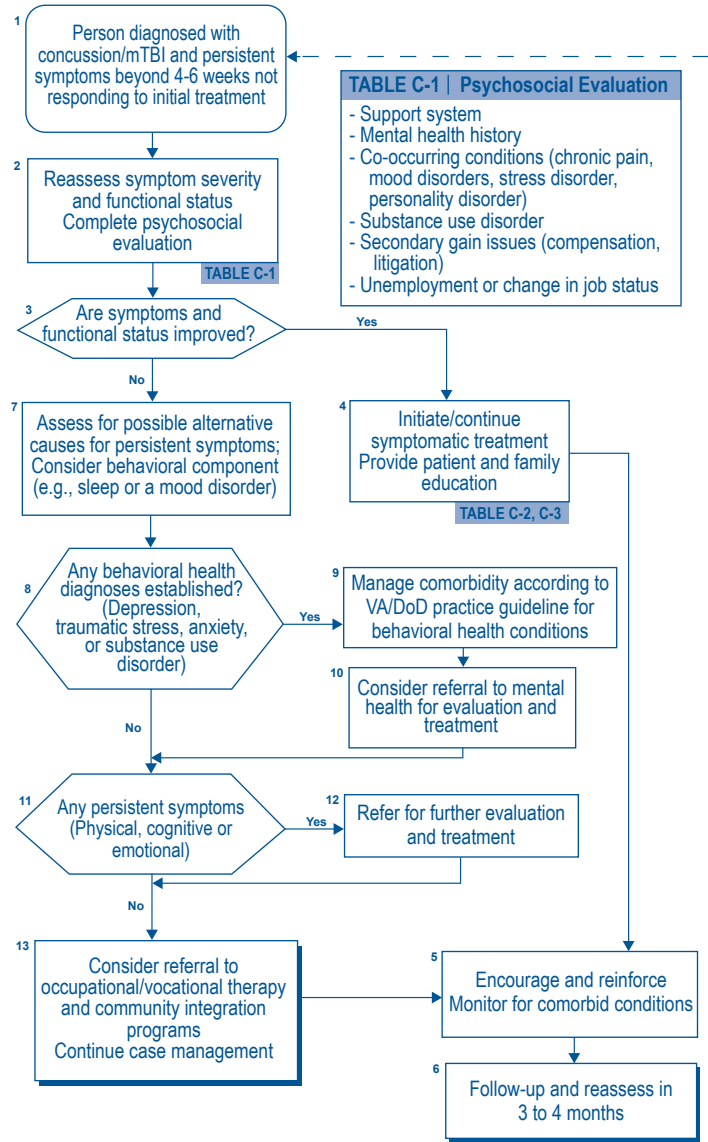


TABLE C-1 | Psychosocial Evaluation

- Support system
- Mental health history
- Co-occurring conditions (chronic pain, mood disorders, stress disorder, personality disorder)
- Substance use disorder
- Secondary gain issues (compensation, litigation)
- Unemployment or change in job status

TABLE C-2 | Management of Persistent Physical Symptoms

Symptoms	Pharmacologic Treatment	Non-Pharmacologic Treatment	Referral After Failed Response to Initial Treatment
Headaches	Non-narcotic pain meds NSAIDs Triptans (migraine type)	Sleep education Physical therapy Relaxation	Neurology Pain clinic
Feeling dizzy	Antibiotics, decongestants for infections and fluid	--	ENT/Neurology after ENT interventions
Loss of balance Poor coordination	--	Physical therapy	Neurology
Nausea	Antiemetics	Sleep education	Gastrointestinal
Change in appetite	--	--	Consider Mental Health
Sleep disturbances - Difficulty falling or staying asleep (insomnia)	Sleep medications	Sleep education	Mental health PM&R Neurology
Vision problems - Blurring - Trouble seeing - Sensitivity to light	--	Sleep education Light desensitization Sunglasses	Optometry Ophthalmology **
Hearing difficulty	--	Environmental modifications	Audiology ENT
Sensitivity to noise	--	Environmental modifications	Speech and Language Pathology

** Depending on the local resources, impaired vision may be referred in some facilities to neuro-ophthalmologists. Note that the impaired vision may be due to problems with oculomotility as well as due to disorders of the retina and visual pathways.

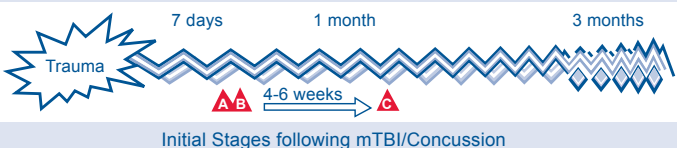
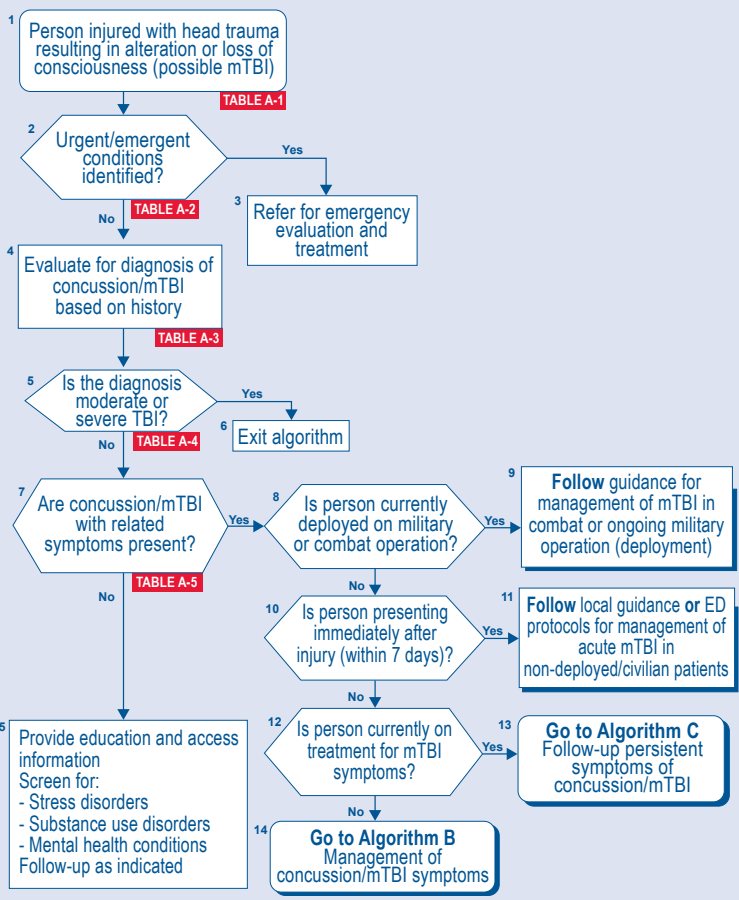
TABLE C-3 | Management of Persistent Behavioral and Cognitive Symptoms

Symptoms	Job Review	Pharmacologic Treatment	Non-Pharmacologic Treatment	Referral After Failed Response
Fatigue - Loss of energy - Getting tired easily	✓	Stimulant*	- Reassurance	- Mental Health
Cognitive difficulties - Concentration - Memory - Decision-making	✓	SSRI Stimulant*	- Encourage regular scheduled aerobic exercise	- TBI specialist for cognitive rehabilitation or mental health
Feeling anxious	✓	Anxiolytic (short term) SSRI	- Activity restriction adjustment - Sleep hygiene education	- Mental Health - Social support
Emotional difficulties - Feeling depressed - Irritability - Poor frustration tolerance	✓	Antiepileptics SSRI	- Sleep study	- Mental Health - Social support

* Consider in the specialty care setting after ruling out a sleep disorder

VA/DoD Clinical Practice Guideline for Management of Concussion/mild-Traumatic Brain Injury

A: Initial Presentation



Access to full guideline: <http://www.healthquality.va.gov> or <https://www.QMO.amedd.army.mil>

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TABLE A-1 | Possible Causes for Head Trauma

- Blast or explosion
- Head striking or being struck by object or fall
- Undergoing acceleration/deceleration movement (e.g., Motor vehicle accident)

TABLE A-2 | Indicators for Immediate Referral

- Current altered consciousness
- Progressively declining neurological exam
- Pupillary asymmetry
- Seizures
- Repeated vomiting
- Double vision
- Worsening headache
- Cannot recognize people or disoriented to place
- Confused, irritable, or other unusual behavior
- Slurred speech
- Unsteady on feet
- Weakness or numbness in arms/legs

TABLE A-3 | Diagnostic Criteria for Concussion/mTBI

- Loss of or a decreased level of consciousness for less than 30 minutes
- Loss of memory for events immediately up to one day after the injury
- Alteration of consciousness/mental state for 0-24 hours after the injury
- Normal structural imaging
- Glasgow Coma Score: 13-15 (best value within first 24 hours if available)

TABLE A-4 | Classification of TBI Severity

Criteria	Mild	Moderate	Severe
Structural imaging	Normal	Normal or abnormal	Normal or abnormal
Loss of Consciousness (LOC)	0-30 min	> 30 min and < 24 hours	> 24 hrs
Alteration of consciousness/mental state (AOC) *	a moment up to 24 hrs	> 24 hours. Severity based on other criteria	
Post-traumatic amnesia (PTA)	0-1 day	> 1 and < 7 days	> 7 days
Glasgow Coma Scale (best available score in first 24 hours)	13-15	9-12	< 9

* Alteration of mental status must be immediately related to the trauma to the head. Typical symptoms would be: looking and feeling dazed and uncertain of what is happening, confusion, difficulty thinking clearly or responding appropriately to mental status questions, and being unable to describe events immediately before or after the trauma event.

TABLE A-5 | Post-Concussion Symptoms

Somatic Symptoms	Psychological	Cognitive
- Headache *	- Problems controlling emotions *	- Problems with memory *
- Fatigue *	- Irritability *	- Cognitive disorders *
- Sensitivity to light/noise *	- Anxiety *	- Problems with concentration *
- Insomnia & sleep disturbances *	- Depression *	- Functional status limitations *
- Drowsiness *		
- Dizziness *		
- Nausea & vomiting *		
- Vision problems *		
- Transient neurological abnormalities		
- Seizures		
- Balance problems		

* In common with Post Concussive Syndrome (PCS)

B: Management of Symptoms following Concussion/mTBI

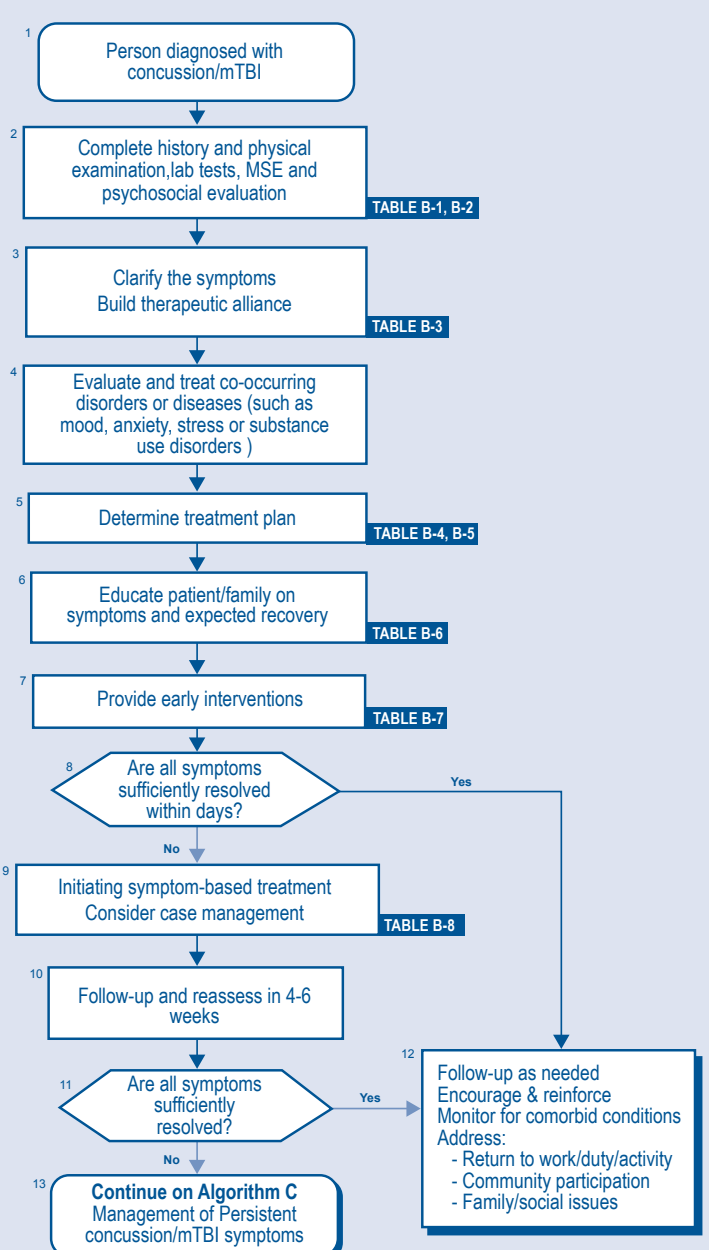


TABLE B-1 Assessment - Physical Symptoms					
Symptoms*	Meds Review	Assess for HTN	Physical Examination	Sleep Review	Differential Diagnoses Include:
Headaches	✓	✓	<ul style="list-style-type: none"> ✓ Neuro ✓ Muscular ✓ Vision ✓ Otolological 	✓	<ul style="list-style-type: none"> Pre-existing headache disorder (migraine, tension) Cervical spine or musculature abnormality or pain CSF leak or pressure abnormality Sinus infection Visual acuity issues (needs glasses)
Feeling dizzy - Loss of balance - Poor coordination - Clumsy	✓	--	<ul style="list-style-type: none"> ✓ Neuro ✓ Muscular ✓ Vision ✓ Otolological 	--	<ul style="list-style-type: none"> Inner ear infection Labyrinthitis CSF leak or pressure abnormality Meniere's disease Orthostatic hypotension Central medication effect
Nausea	✓	--	<ul style="list-style-type: none"> ✓ GI ✓ Muscular ✓ Vision ✓ Otolological 	--	<ul style="list-style-type: none"> GI ulcer GERD Medication effect
Change in appetite	✓	--	✓ GI	--	<ul style="list-style-type: none"> Nasal polyps Sinus infection Traumatic injury to olfactory or lingual nerves
Sleep disturbance - Difficulty falling or staying a sleep (insomnia)	✓	--	✓ Screen for Depression	✓	<ul style="list-style-type: none"> Behavioral health issues Sleep disorders Pain
Vision problems - Blurring - Trouble seeing - Sensitivity to light	✓	--	<ul style="list-style-type: none"> ✓ Muscular ✓ Vision ✓ Otolological 	✓	<ul style="list-style-type: none"> Retinal detachment Traumatic injury to lens Corneal abrasion Optic nerve damage
Hearing difficulty - Sensitivity to noise	✓	--	✓ Otolological	--	<ul style="list-style-type: none"> Inner ear infection Ear drum inflammation Ear drum injury Traumatic auditory nerve injury

* Other less common symptoms following concussion/mTBI include:
 - **Numbness or tingling on parts of the body** – Review of medications, neurological exam and EMG to rule out stroke, multiple sclerosis, spinal cord injury, peripheral neuropathy, or thoracic outlet syndrome
 - **Change in taste and/or smell** – Neurological exam to rule out nasal polyps, sinus infection, or traumatic injury to olfactory or lingual nerves

TABLE B-2 Assessment - Behavioral and Cognitive Symptoms		
Symptoms	Evaluations	Differential Diagnosis or Comorbidity include:
Fatigue - Loss of energy - Getting tired easily	<ul style="list-style-type: none"> ✓ Review Medications ✓ Lab Tests: - Electrolytes - CBC - TFT 	<ul style="list-style-type: none"> - Anxiety disorders - Chronic Fatigue Syndrome - Chronic pain
Cognitive difficulties - Concentration - Memory - Decision-making	<ul style="list-style-type: none"> ✓ Review Sleep Habits ✓ Screen for: - Depression - PTSD - SUD 	<ul style="list-style-type: none"> - Depression-other mood disorders - Insomnia - Metabolic disorders
Feeling anxious	<ul style="list-style-type: none"> - Sleep Apnea 	<ul style="list-style-type: none"> - Sleep Apnea
Emotional difficulties - Feeling depressed - Irritability - Poor frustration tolerance	<ul style="list-style-type: none"> ✓ Job review 	<ul style="list-style-type: none"> - Stress disorders - Substance use disorder

TABLE B-3 Assessment - Symptom Attributes	
- Duration of symptom	- Intensity and impact
- Onset and triggers	- Previous treatment and response
- Location	- Patient perception of symptom
- Previous episodes	- Impact on functioning

TABLE B-4 Management - Physical Symptoms		
Symptoms	Pharmacologic	Non Pharmacologic
Headaches	<ul style="list-style-type: none"> Non-narcotic pain meds NSAIDs Triptans (migraine type) 	<ul style="list-style-type: none"> Sleep hygiene education Physical therapy Relaxation
Feeling dizzy - Loss of balance - Poor coordination - Clumsy	<ul style="list-style-type: none"> Antibiotic for infection decongestants for fluid 	<ul style="list-style-type: none"> Physical therapy
Nausea	<ul style="list-style-type: none"> Antiemetics 	<ul style="list-style-type: none"> Sleep hygiene education
Change in appetite	--	--
Sleep disturbance - Difficulty falling or staying a sleep (insomnia)	<ul style="list-style-type: none"> Sleep medications 	<ul style="list-style-type: none"> Sleep hygiene education
Vision problems - Blurring - Trouble seeing - Sensitivity to light	--	<ul style="list-style-type: none"> Sleep hygiene education Light desensitization Sunglasses
Hearing difficulty - Sensitivity to noise	--	<ul style="list-style-type: none"> Environmental modifications

TABLE B-5 Management - Behavioral and Cognitive Symptoms			
Symptoms	Pharmacologic Treatment	Non-Pharmacologic Treatment	Referral after failed response to initial intervention
Fatigue - Loss of energy - Getting tired easily	--	<ul style="list-style-type: none"> - Reassurance - Encourage regular scheduled aerobic exercise 	<ul style="list-style-type: none"> - Mental Health
Cognitive difficulties - Concentration - Memory - Decision-making	SSRI	<ul style="list-style-type: none"> - Activity restriction adjustment 	<ul style="list-style-type: none"> Consider referral to: - Cognitive rehabilitation - Mental Health - TBI specialist
Feeling anxious	Anxiolytic (short term) SSRI	<ul style="list-style-type: none"> - Sleep hygiene education 	<ul style="list-style-type: none"> - Mental Health - Social support
Emotional difficulties - Feeling depressed - Irritability - Poor frustration tolerance	Antiepileptics SSRI	<ul style="list-style-type: none"> - Sleep study 	<ul style="list-style-type: none"> - Mental Health - Social support

TABLE B-6 Components of Patient Education
- Provision of information about concussion/mTBI
- Strategies for prevention of further injury
- Education/normalization
- Awareness of limitation
- Self-monitoring of symptoms
- Contact information.

TABLE B-7 Early Intervention
- Provide information and education on symptoms and recovery
- Educate about prevention of further injuries
- Reassure on positive recovery expectation
- Empower patient for self management
- Provide sleep hygiene education
- Teach relaxation techniques
- Recommend limiting use of caffeine/tobacco/alcohol
- Recommend graded exercise with close monitoring
- Encourage monitored progressive return to normal duty/work/activity

TABLE B-8 Case Management
Assign case manager to:
- Follow-up and coordinate future appointments
- Reinforce early interventions and education
- Address psychosocial issues (financial, family, housing or school/work)
- Connect to available resources

ACRONYMS	
CBC – Complete Blood Count	mTBI – Mild Traumatic Brain Injury
CSF - Cerebrospinal Fluid	NSAIDs – Non-steroidal Anti-inflammatory Drugs
ED – Emergency Department	PM&R - Physical Medicine and Rehabilitation
ENT – Ear, Nose, Throat	PTSD – Post-Traumatic Stress Disorder
EMG - Electromyogram	SSRI - Selective Serotonin Reuptake Inhibitors
GERD - Gastroesophageal Reflux Disease	SUD – Substance Use Disorder
GI – Gastrointestinal	TBI - Traumatic Brain Injury
HTN – Hypertension	TFT – Thyroid Function Test
MSE - Mental Status Exam	