

Summary of Concussion Clinical Practice Guidelines

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Fact Sheet

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Background/Purpose of the Concussion CPG Committee

- The scope of the CPG was to guide physical therapist clinical decision making for individuals who have experienced a concussive event resulting in movement related symptoms, impairments, and functional limitations
- The manuscript of the CPG findings was published in JOBST in April 2020
- The authors utilized World Health Organization terminology related to impairments of body structure and function, activity limitations, and participation restrictions
- PTs from multiple APTA Academies were represented in the task force (orthopedics, sports medicine, neurology and pediatrics)
- An extensive literature review was conducted along with critical appraisals, which guided the suggestions for best practice and gaps in knowledge

Summary of evidence-based recommendations for physical therapists:

- PTs must screen individuals for both presence and absence of symptoms, impairments, and functional limitations related to the concussive event
- PTs should screen for mental health, cognitive impairments
- PTs should screen for cervical, dizziness, and autonomic (stress and exertion tests) signs and symptoms
- PTs should confirm social support and psychologic abilities and teach strategies for the individuals to cope with their concussion
- PTs must be able to differentiate whether a person diagnosed with a concussion has impairments consistent with a concussion and be able to differentiate other diagnoses
- PTs should sequence their evaluations based on the individual's chief complaints which they receive during history taking
- PTs are encouraged to triage for neck pain irritability and then for dizziness and/or headache
- PTs should start the evaluation with the least irritable symptoms then proceed as tolerated to the more irritable symptoms

Summary of Concussion Clinical Practice Guidelines

The main categories of an evaluation should include:

- Cervical/Musculoskeletal
- Vestibular/oculomotor
- Autonomic/exertional tolerance
- Motor function: Balance and Gait

Vestibular and oculomotor examination should include:

- Ocular alignment, smooth pursuits, saccades, vergence and accommodation, gaze stability, dynamic visual acuity, visual motion sensitivity, vertigo caused by BPPV, light-headedness due to orthostatic hypotension

Balance and Gait assessments should include:

- Static and dynamic balance, motor coordination and control, dual/multitasking tests

Interventions, Communication and Education:

- PTs must educate their patients about self-management symptoms, importance of relative rest, importance of sleep, gradual progressive return to activities with pacing strategies
- PTs must educate patients of potential signs and symptoms which will warrant follow up care of their physician or PT
- PTs must educate the family/caregivers, so they also understand the most beneficial plan of care and expected timeline for recovery
- PTs are responsible for deciding in the initial evaluation whether movement-related impairments and dysfunction are present and design individualized interventions based on those findings
- PTs must be aware of the levels of irritability and self-management capabilities for each individual patient
- PTs should refer patients to other health professional as appropriate

Reference:

Concussion Clinical Practice Guidelines. JOBST. 2020; 50(4)

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