Summary of Concussion Clinical Practice Guidelines

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Fact Sheet

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
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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)