

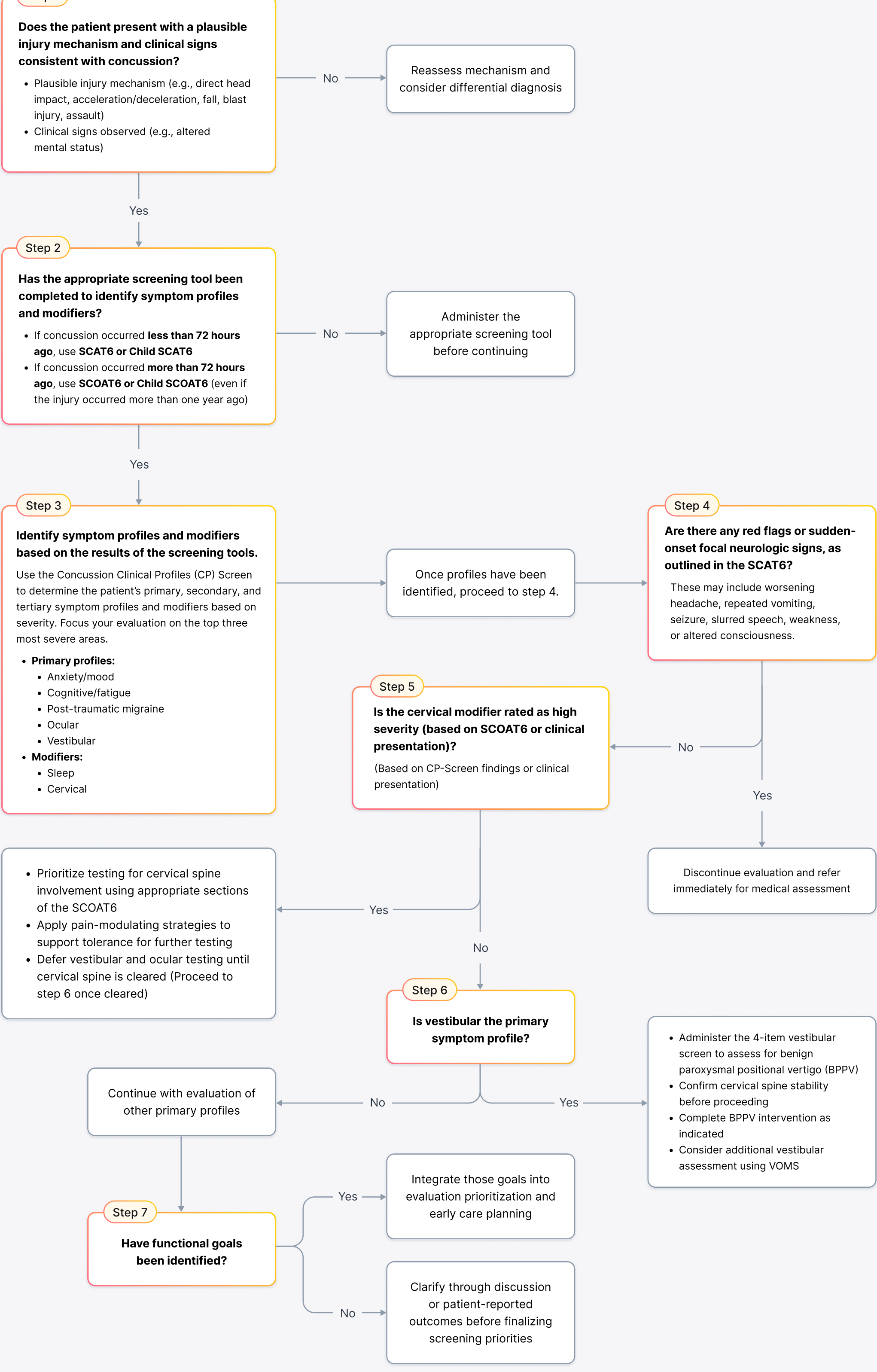


Concussion Management Decision Tree

Concussion recovery is never one size fits all. This decision tree offers a structured, evidence-informed approach to evaluating patients following a concussive event. By identifying key symptom domains and adapting examination strategies based on symptom irritability, rehabilitation professionals can improve patient safety, optimize test sequencing, and support targeted care planning.

Use this tool to guide clinical reasoning, assess impairment-based symptom profiles, and support interdisciplinary, function-focused treatment.

Concussion Management Decision Tree



Evaluation and management strategies

Complete an evaluation of the patient's symptom profile(s) and modifiers, prioritizing the **three most severe domains** identified during screening. Since time is often limited during the initial session, use clinical reasoning to focus on the areas that require immediate attention, while also allowing time to educate the patient, manage recovery expectations, and determine any necessary referrals.

If the patient reports **exercise intolerance**, take **supine and standing blood pressures** to help determine appropriate exertion levels and guide early activity recommendations.

Profile-specific screening tools

Symptom Profile	Recommended Screening Tools
Anxiety/Mood	Concussion Symptom Profile Screen (CP-Screen)
Cognitive/Fatigue	SCOAT6 cognitive questions
Post-traumatic migraine	CP-Screen
Ocular	VOMS, near and far visual acuity, and cover/uncover tests (unilateral and alternating) to assess for potential misalignment and determine whether referral to an eye specialist is indicated
Vestibular	4-item vestibular screen and BPPV interventions (after confirming cervical spine stability), VOMS

Modifier	Recommended Tool
Sleep	Insomnia Severity Index (ISI)
Cervical	Clear cervical spine (via SCOAT6)

Patient education and support strategies

Provide general and profile-specific education to support self-management and recovery.

Medication management

Provide general recommendations for medication management, and advocate for appropriate use when coordinating with the care team.

- Emphasize the need to avoid medication overuse headaches
- Note that acetaminophen (e.g., Tylenol) alone may not be sufficient, particularly for patients with prolonged symptoms
- Consider recommending a trial of a more targeted medication, such as amitriptyline, when appropriate
- Share the [Military Health System's Clinical Recommendation for Managing Headache Following Concussion/mTBI](#) as a resource for the care team

Symptom management

- Provide profile-specific pain management strategies
- Introduce calming strategies to support regulation and coping
- Share practical recovery tips from trusted resources, such as the CDC's ["Tips to Feel Better After a Mild Traumatic Brain Injury or Concussion"](#)

Activity guidelines

- Advise patients to resume everyday activities as tolerated, and begin gentle exercise starting on day 2
- Symptom exacerbation is acceptable if mild (no more than a 2/10 increase) and resolves within one hour
- Ensure **return-to-learn** stages are completed before advancing to **return-to-sport or duty** stages (4, 5, and 6: moderate activity, intense activity, full return)
- Encourage lifestyle management strategies that support recovery, including hydration, nutrition, quality sleep, regular activity, and moments of joy

Work and school adjustment

Tailor adjustments as needed in the following areas:

- Environmental factors
- Physical activity expectations
- Curriculum or work responsibilities
- Testing or performance evaluations

Recovery expectations

- Most individuals recover within one month (70 to 90 percent)
- A smaller group may take longer than three months (10 to 30 percent)

Referral considerations

Based on the patient's symptom profile(s), clinical findings, and recovery trajectory, refer to specialty providers as indicated. Examples may include vestibular therapy, behavioral health, sleep medicine, or vision therapy. Use your clinical judgment to determine when additional support is needed to address persistent symptoms or to optimize recovery.

Developing the plan of care

Once the evaluation is complete, use your findings to guide collaborative, patient-centered treatment planning. Consider the following components when developing your plan of care:

Document findings

Clearly document the patient's primary impairments and irritability levels, using insights from your examination and outcome measures.

Tailor interventions to the impairment domain

Align your treatment strategies with the dominant impairment(s) while addressing contributing factors such as autonomic dysfunction (fight/flight/freeze, blood pressure/activity tolerance) and/or sleep disturbance.

Prioritize patient education and self-management

Support symptom understanding, reinforce pacing strategies, and equip the patient with tools to manage flare-ups and return to meaningful activities.

Address psychological and social influences

Recognize how mood, motivation, and environmental factors may affect recovery. Incorporate strategies that address fear, isolation, or school/work stressors.

Establish clear functional goals

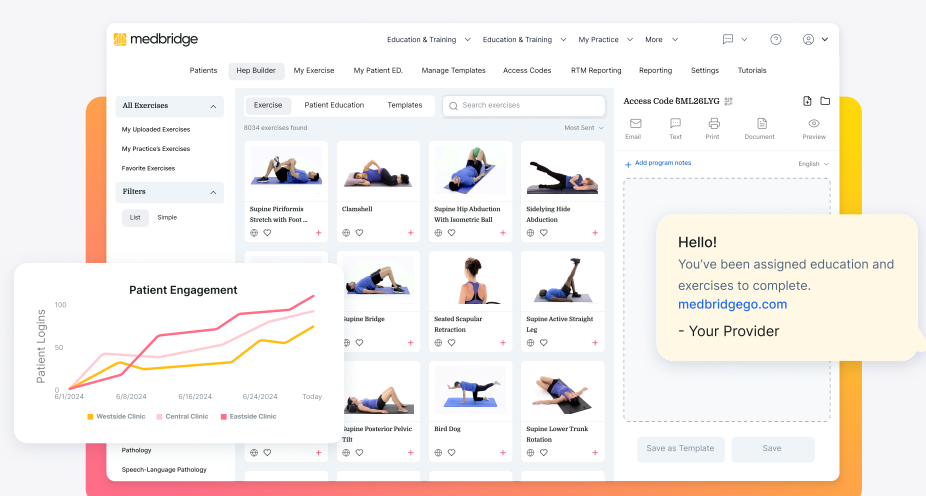
Collaborate with the patient to set achievable, relevant goals that reflect their roles, routines, and recovery priorities.

Assist with navigating the medical system and support referral completion

Navigating the medical system can be daunting for individuals without cognitive impairment, but after a concussion, this may become very frustrating and overwhelming. Reassurance, assistance, and support may be needed to obtain referrals and complete medical scheduling.

Plan for follow-up and progression

Determine the need for reassessment, additional referrals (e.g., vision therapy, behavioral health), or transition to more advanced rehab phases. Use standardized outcome measures to track progress over time.



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