



New Jersey Advisory Council on Traumatic Brain Injury

January 21, 2025

Agenda



Welcome, Introductions, Review of Minutes, Division Updates: <i>Peri L. Nearon, MPA, Executive Director, DDS</i>	10:00am-10:05am
Brain Injury Alliance of NJ: <i>Barbara Chabner, Director of Education & Outreach</i>	10:05am-10:10am
TBI Fund Updates: <i>Margaret Lumia, PhD, MPD</i>	10:15am-10:20am
Survivor Board Future Directions Presentation on Concussion Management Tools: <i>Patty Thompson</i>	10:20am-10:50am
Break	10:50am-11:00am
State Action Plan Development: <i>Kelly Miller, Senior Manager for Technical Assistance, NASHIA</i>	11:00am-11:30am
Open Discussion – State Action Plan:	11:30am-12:00pm





Welcome, Introductions, Review of Minutes, Division Updates

Peri Nearon

Division of Disability Services

10:00 – 10:05



Brain Injury Alliance of New Jersey

Update (October-December 2024)

Barbara Chabner
Director of Education and Outreach



10:05 - 10:10

Workshops



- In-person and virtual workshops
- 54 workshops, 1,170 attendees
- Wide range of topics including:
 - Brain Injury and Mental Health
 - Brain Injury and Domestic Violence
 - Brain Injury and Substance Use
 - Concussion
 - Head's Up, Seniors

Workshops-ACL Counties



**Brain Injury
Alliance**

NEW JERSEY

- Atlantic-3
- Camden-10
- Cape May-0
- Cumberland-0
- Essex-2
- Mercer-6

Community Event Exhibiting

- Community Fairs/Wellness Events
- 23 events attended
- Exhibiting- ACL Counties
 - Atlantic-0
 - Camden-1
 - Cape May-0
 - Cumberland-0
 - Essex-1
 - Mercer-5



Coalition/Networking Meetings



- Community Coalition Meetings
 - Coalition meetings
 - Individual networking meetings
 - 67 attended
- Coalition/Networking-ACL Counties
 - Atlantic-2
 - Camden-4
 - Cape May-0
 - Cumberland-0
 - Essex-1
 - Mercer-5

Professional Conference Exhibiting



- Professional Conferences-4 statewide
 - School Health Conference (NJAAP)
 - EMS Council Conference
 - NJEA Convention
 - NJ Association of School Psychologists Fall Conference (NJASP)

Webinars and Facebook Live



- Hosted 3 webinars
 - Trust Systems and Trusting the System: Estate Planning and Brain Injury
 - Virtual Reality and Brain Injury
 - Disorders of Consciousness
 - 219 attended
 - Upcoming: Together We Thrive: A Caregiver and Survivor Webinar Mini-Series
- Facebook Live Discussion
 - Discussion with a caregiver in recognition of National Family Caregiver's Month
 - 318 views

Video Resource Hub



- Series of brief videos related to life after brain injury
- Topics include:
 - Disability Benefits
 - Social isolation
 - Working after brain injury
 - Transportation resources
 - Memory challenges
 - Organizational tips
- Translate into Spanish
- Updating written resources

TBI Fund



- TBI Fund promoted at presentations/events
- 46 referrals to TBI Fund

Publications



- Updated “Concussion in the Classroom” guide; printing in English and Spanish
- Wellness After Brain Injury handout
- Tips for Successful Communication handout
- Caregiver resources revised and updated



TBI Fund Updates

Margaret Lumia, PhD, MPH

Administrator, Disability Health & Wellness/TBI Fund

10:15 - 10:20

TBI Fund Applicants

2024 Quarter 3

New Applicants (16)

- ✓ 6 Female, 10 Male

Top County

- ✓ Ocean (n=4)

Race/Ethnicity

- ✓ White (n=11)
- ✓ Hispanic (n=2)
- ✓ Black (n=2)
- ✓ Prefer not to say (n=1)

Top Causes

- ✓ MVC (n=7)
- ✓ Falls (n=4)
- ✓ Assault (n=2)

2024 Quarter 4

New Applicants (18)

- ✓ 10 Female, 8 Male

Top County

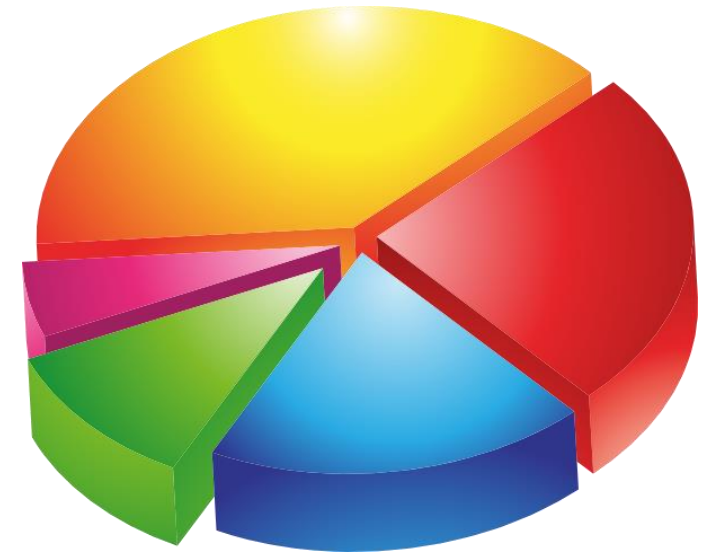
- ✓ Monmouth (n=3)

Race/Ethnicity

- ✓ White (n=9)
- ✓ Black (n=4)
- ✓ Hispanic (n=2)
- ✓ Asian (n=1)
- ✓ Prefer not to say (n=1)

Top Causes

- ✓ MVC (n=9)
- ✓ Struck-by (n=4)
- ✓ Falls (n=3)



TBI Fund Updates

- ➡ To date, the TBI Fund has paid \$809,857 for direct and case management services.
- ➡ The Top Three Service Providers include:
 - Olive Branch (\$195,110)
 - A Plus (\$79,893)
 - Advancing Opportunities (\$59,373)
- ➡ The New TBI Fund online application is active.
- ➡ Hired two new staff.
- ➡ The Review Committee is now in compliance with the Open Public Meetings Act.



Survivor Board Future Directions Presentation Concussion Management Tools

Patty Thompson

10:20 - 10:50

Overview

Centre for Effective Practice, Ontario, Canada Concussion Tool

<https://cep.health/clinical-products/concussion/>



Providers

Diagnosing and Managing Concussion Tool

This tool has been developed to support family physicians and nurse practitioners in consistently diagnosing and managing concussion in adult patients (≥ 18 years).

[Section A: Concussion overview](#)

[pg.1](#) Clinical definition

[pg.1](#) Common misconceptions about concussion

[Section B: General treatment approach](#)

[pg.2](#) Assessment and diagnosis

[pg.3](#) Management and recovery planning

[pg.4](#) Monitoring and follow-up

[Section C: Patient encounter forms](#)

[pg.5](#) Form: Diagnostic assessment

[pg.7](#) Form: Return to activities

[pg.9](#) Form: Symptom monitoring log (patient resource)

[Section D: Additional resources](#)

[pg.10](#) Patient resources

[pg.11](#) Provider resources

Appendices

[Appendix A: Pharmacotherapy guidance](#)

[Appendix B: Clinical symptom management guidance](#)

Concussion Overview

Section A: Concussion overview

A concussion is an acute neurophysiological event related to blunt impact or mechanical injury applied to the head, neck, or body, with transmitting forces to the brain.^{1,2,3,4,5}

- Although complex, concussion is manageable in a primary care setting.
- There is no perfect diagnostic test or marker for concussion.³
- Although the terms concussion and mild traumatic brain injury (mTBI) are often used interchangeably, they are different conditions along a continuum.³ Evidence of intracranial injury or a persistent neurologic deficit are indicative of a mTBI.^{1,4}

Clarifying common misconceptions about concussions

- **A concussion does not require a direct blow to the head.** Concussion can be caused by impulsive forces acting elsewhere on the body transmitting to the head – such as sudden acceleration, rotation, deceleration (whiplash) or by multiple sub-concussive hits.^{1,3,4}
- **A concussion may or may not involve a loss of consciousness.** A majority of patients do not lose consciousness after sustaining a concussion. Do not rule out concussion in patients who have not lost consciousness.^{3,4}

General Treatment Approach

Section B: General treatment approach

This section provides detailed information to support the provider in diagnosing and managing concussion in adults. Fillable forms linked to each section are included in [Section C](#) of this tool.

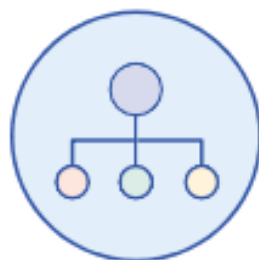


Assessment and diagnosis:

Establish diagnosis of concussion by taking the patient's history and assessing signs and symptoms. Rule out more severe forms of traumatic brain injury (TBI).

[Assessment and diagnosis \(pg. 2\)](#)

[Diagnostic assessment \(pg. 5\)](#)



Management and recovery planning:

Based on assessment, develop a tailored management and recovery plan with the patient.

[Management and recovery planning \(pg. 3\)](#)

[Return to activities \(pg. 7\)](#)



Monitoring and follow-up:

Track symptom resolution, refine medical clearance, and manage persistent symptoms.

[Tools and mental health assessments \(pg 2\)](#)

[Monitoring and follow-up \(pg. 4\)](#)

[Symptom monitoring log \(pg. 9\)](#)

Assessment and Diagnosis

Assessment and Diagnosis (slide 1 of 2)

Assessment and diagnosis

The information in this section supports [Section C: Diagnostic Assessment Form](#).

The purpose of the diagnostic assessment is to establish diagnosis of concussion by ruling out more severe forms of TBI, cervical spine injuries and medical and neurological conditions that can present with concussion-like symptoms.^{1,4,5} In many cases, a concussion may be diagnosed as a result of an examination of the patient's history as there may be a delay between injury and presentation to a provider.⁴ Note: Some individuals may not know they have sustained a concussion, and only seek medical care when symptoms do not resolve.²

Assessment at presentation ^{4,5}	
1. Take a thorough medical history and assess the patient's clinical status	<ul style="list-style-type: none">• Current symptoms and health concerns• Setting and mechanism of injury• Immediate symptoms after injury• Co-occurring injuries• Pre-existing medical conditions, including mental health conditions.• Previous concussion history• Contributing psychosocial factors (have patient complete PHQ-9¹⁸ and GAD-7¹⁹)• Course of symptoms since time of injury
2. Perform a physical exam	<ul style="list-style-type: none">• Mental status and cognition• Physical status• Full neurological evaluation
3. Exclude more severe brain injury	<ul style="list-style-type: none">• Determine the need for urgent neuroimaging. Use the Canadian CT Head Rule⁶ or the ONF Assessment/Diagnosis Algorithm to determine if neuroimaging is clinically indicated. Note: Use ONF Guide to Neurological and Musculoskeletal Exam.

❗ Neuroimaging is not recommended to diagnose concussion.⁴ When it is clinically indicated, the need for neuroimaging should be determined using the [Canadian CT Head Rule](#).⁶ CT scans are the most appropriate to rule out acute intracranial hemorrhage.¹

Assessment and Diagnosis (slide 2 of 2)

Diagnostic criteria for concussion³

- Caused by direct or indirect force
- Rapid onset of neurological function impairment
- May exhibit neuropathological changes; for example, memory or orientation.
- Results in a range of clinical signs and symptoms that may not have involved loss of consciousness
- Symptoms cannot be explained by drug, alcohol, medication use, other injuries or comorbidities

Resources for use immediately post-injury:

- [Glasgow Coma Scale](#)¹¹: A scoring scale for eye-opening as well as motor and verbal responses to objectively measure level of consciousness.
- [Sport Concussion Assessment Tool \(SCAT-5\)](#)¹³: Combines aspects of several concussion tools including the Post-Concussion Symptom Scale into eight components designed to assess concussion symptoms, cognition and neurological signs. Utility decreases significantly 3-5 days after injury.³

Resources for use in assessment, diagnosis and management:

- [Canadian CT Head Rule](#): Algorithm for assessing severity risk in patients with head injury.
- [Acute Concussion Evaluation \(ACE\)](#)¹⁵: A physician/clinician form used to evaluate individuals for concussion. Can be used serially to track symptom recovery over time.
- [Post-Concussion Symptom Scale \(PCSS\)](#)¹⁶: A 21-item self-report measure recording symptom severity using a 7-point Likert scale. Endorsed by the International Symposium for Concussion in Sport. Can be used serially to track symptom recovery over time.
- [Rivermead Post-Concussion Symptoms Questionnaire \(RPCSQ\)](#)¹⁷: A 16-item self-report measure of symptom severity asking patients to compare presence and severity of symptoms experienced within the past 24 hours relative to experience of the same symptoms prior to injury.
- [Patient Health Questionnaire 9 \(PHQ-9\)](#): A screening tool to assist in the diagnosis of depression and is used to quantify symptoms to monitor severity.
- [Generalized Anxiety Disorder 7-item \(GAD-7\)](#): A screening tool to assist in the diagnosis of anxiety and is used to quantify symptoms to monitor severity.
- [Barrow Neurological Institute \(BNI\)](#): Fatigue scale.

Management and Recovery Plan

Management and Recovery Plan (slide 1 of 3)

Management strategy

- Relative rest for the first 1-3 days.^{1,3,5,8} Avoid over-emphasizing rest. Current evidence indicates that regardless of symptomatic status, activity (as tolerated) is more likely to speed up rather than delay recovery.^{1,10}
- Emphasize reassurance and self-management, and set patient expectations for recovery. Patients will not be symptom-free when they start to reintegrate activities and may be anxious about when they will feel better.¹
- Normalize symptoms and self-management, and set patient expectations for recovery.
- Advise the patient to avoid high-risk activities while symptomatic.
- Advise the patient to gradually perform every day activities within 3 days of concussion.^{1,3,8}
- Emphasize non-pharmacological interventions.³ There is limited evidence to support the use of pharmacotherapy. Avoid prescribing medications that mask symptoms or changes in mental status.¹ For more information about pharmacotherapy, see [Appendix A](#).
- Follow-up with the patient within 7-14 days after the diagnosis of a concussion.²

Avoid

- Do not adjust treatment strategy based on mechanism of injury.⁴
- Do not refer to a specialist clinic unless symptom persistence is prolonged.
 - Note: There is no consistent definition of prolonged or persistent symptoms in the literature. Depending on the source, prolonged or persistent symptoms refer to those lasting from beyond 2 weeks to beyond 3 months.^{1,2,3,4,5,7} Clinicians should use their judgment on a case-by-case basis.
- Do not delay return to social and professional roles more than medically necessary. Delayed return can result in demoralization and worsened emotional symptoms.¹

Management and Recovery Plan (slide 2 of 3)



Talking Points

Emphasize non-pharmacological treatment, self-management and goal-setting.

“You are the best person to monitor your daily symptoms, with help from your family and friends. Use the [Daily Symptom log](#) to record how you’re feeling. If your symptoms get worse, remember to step back activities or check the [Red Flags](#). We will go over this log at our next appointment to see how your symptoms have been progressing.”

Developing a recovery plan






Recovery is defined functionally as a return to normal activities including work, play, school, and sport.³ Full recovery is generally expected within 3 months post-concussion. However, not all patients will recover rapidly with a minimum of 15% of patients experiencing persistent symptoms beyond 3 months.¹

Medical clearance decisions for return to activity can only be made by a physician or nurse practitioner. However, patients should be considered recovered when they are²:

- At pre-injury state (asymptomatic or with pre-injury conditions)
- Able to tolerate full-time work, school and/or activities without symptoms
- Have a normal neurological examination

Management and Recovery Plan (slide 3 of 3)

Complete the [Return to Activities](#) form following the steps below.

 Identify medical restrictions and limitations	 Discuss gradual return to activities after initial rest period	 Set goals and timelines for return to work and school	 Set date of follow-up appointment	 Provide patient with completed Return to Activities form and other resources
<ul style="list-style-type: none"> • Medical restrictions are high-risk impairments that could result in harm to the patient or others (e.g. no work at heights, no ladder work, no work with heavy equipment, etc.). • Medical limitations are functional impairments that do not pose risk or harm to the patient or others, but would interfere with the patient's ability to perform tasks (e.g. limit screen time, limit dual screen usage, etc.) • Medical restrictions and limitations require accommodation from work and school. • Medical clearance – the decision to lift these restrictions – can only be done by a physician or nurse practitioner. See ONF Return-to-Activity / Work / School Considerations for more details. 	<ul style="list-style-type: none"> • Review symptoms patient may experience while adding in activities. Patients should expect not to be symptom-free when they start to reintegrate activities, and may be anxious about when they will feel better.¹ • Educate patient about red flags. • Provide patient with self-management resources. <p>Section D. Patient resources</p> <p>Other resources:</p> <ul style="list-style-type: none"> • Parkwood Pacing Graphs • EMPWR Foundation Return-to-Activities toolkit 	<ul style="list-style-type: none"> • Some patients can return to work or school soon after injury; some require more time. Base timelines on severity of symptoms and consultation with the patient.¹ <p>Goal attainment resource:</p> <ul style="list-style-type: none"> • Goal attainment scaling <p>Return to work resources:</p> <ul style="list-style-type: none"> • ACE Return to Work plan • Vocational Evaluation • Return to Work Considerations algorithm <p>Return to school resources:</p> <ul style="list-style-type: none"> • Return to Post-Secondary Activities • Return to Post-Secondary Activities algorithm • Accommodation for students with persistent symptoms 	<ul style="list-style-type: none"> • Set date of follow-up after initial assessment. 	<ul style="list-style-type: none"> • Complete Return to Activities Form • Provide Patient Symptom Monitoring Log • Review and provide patient with appropriate patient resources

Monitoring and Follow-up

Monitoring & Follow-up Flowchart (slide 1 of 4)

At follow-up:

1. Assess symptoms using validated scale selected during diagnostic assessment.
2. Review patient [Symptom monitoring log](#)
3. Have patient complete [PHQ-9](#) and [GAD-7](#)¹
4. Approve medical clearance when appropriate. Medical clearance decisions for return to activity can only be made by a physician or nurse practitioner. See below for medical criteria guidance.^{2,5}

Improving?

Yes

No

Monitoring & Follow-up Flowchart (slide 2 of 4)

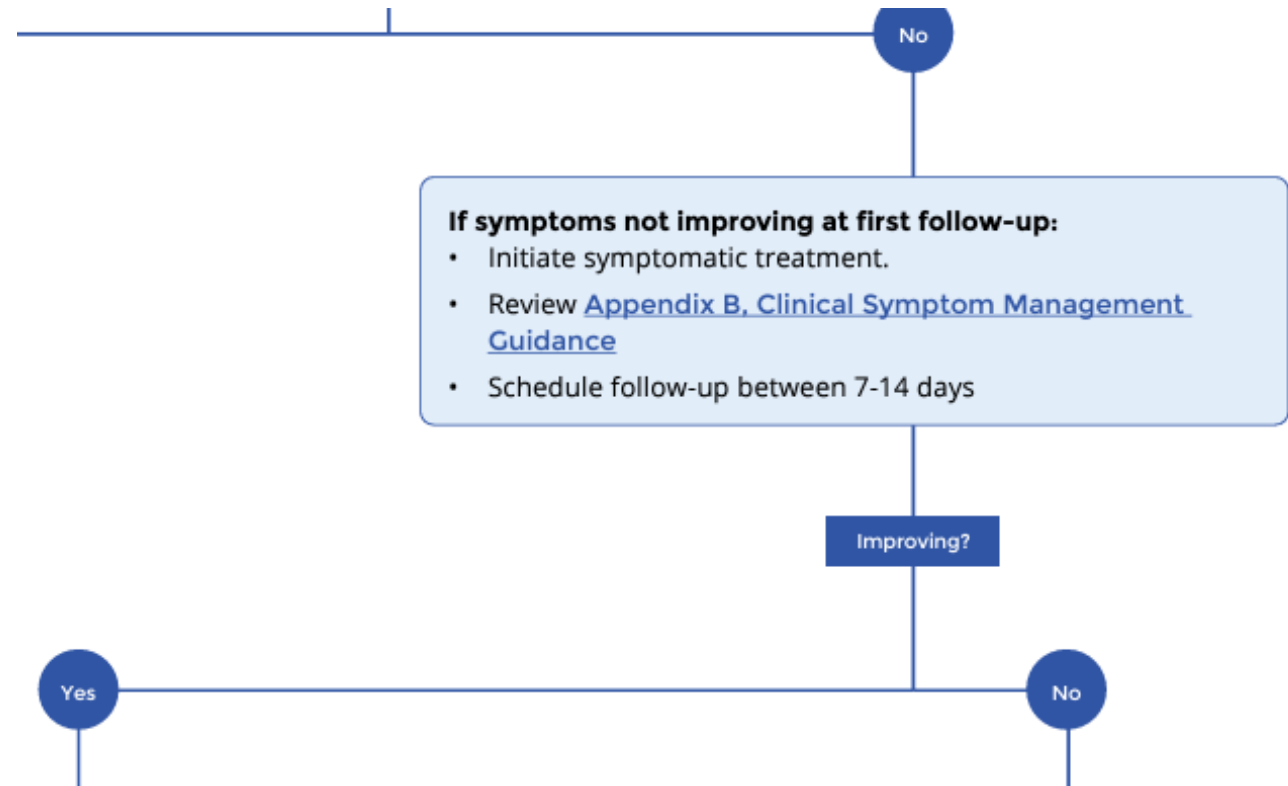
- If Yes, improving

If symptoms improving at follow-up:

- Encourage patient to continue returning to regular activities, increasing intensity and duration as appropriate.
- If patient has returned to school, work, or sports, discuss how transition has affected symptoms.
- If patient has not returned to school, work, or sports, develop timeline for return.
- Assess medical restrictions and limitations and adjust as needed.
- Provide medical clearance for return to activities as appropriate.
- Schedule follow-up if clinically indicated.

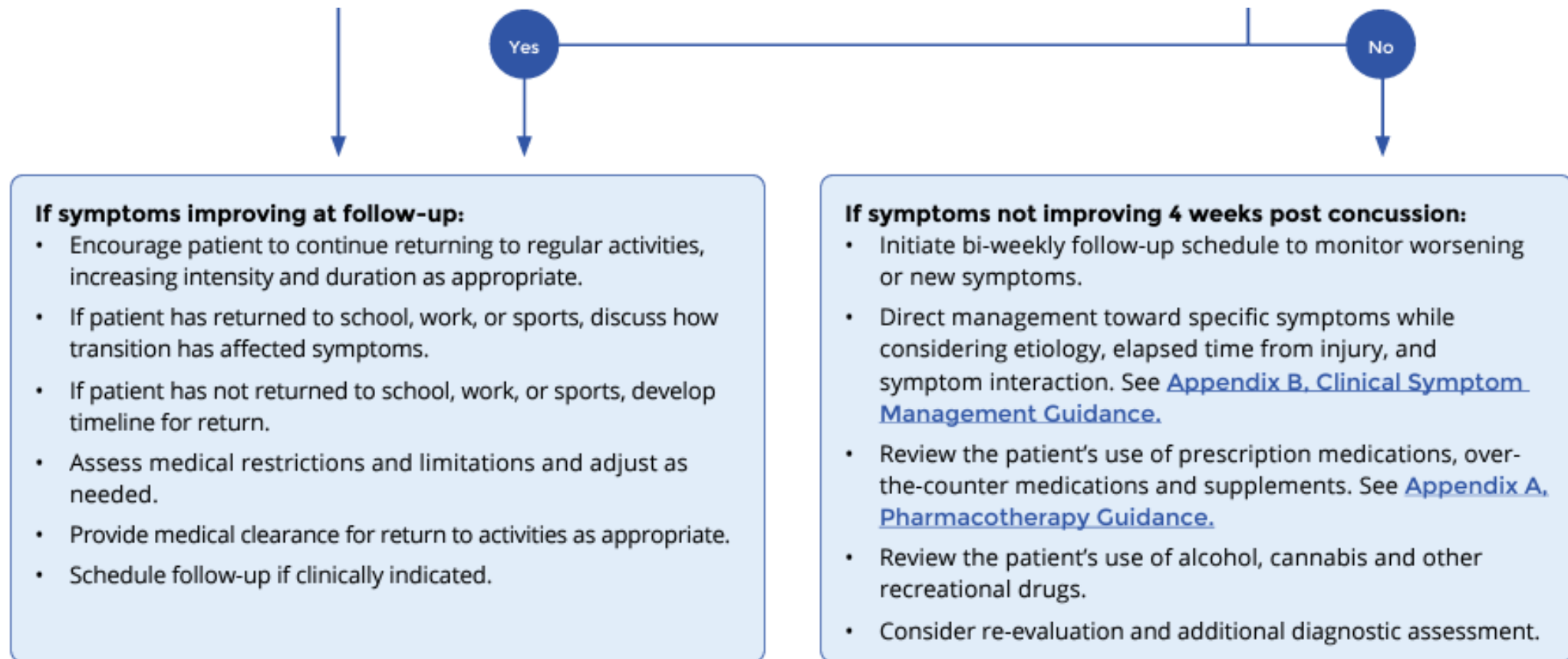
Monitoring & Follow-up Flowchart (slide 3 of 4)

- If No, Not improving



Monitoring & Follow-up Flowchart (slide 4 of 4)

- Improving, at 4 weeks post concussion?



Useful Forms: Patient Encounters

Patient Encounter Form: Diagnostic Assessment (slide 1 of 4)

PT NAME	DATE	DOB	AGE

Form: Diagnostic assessment

Use [Section B. Assessment and Diagnosis](#) for support in completing this form.

1. History

Injury description:			
Date, time and setting of injury:			
Time since injury:			
Reporter (patient, parent, coach, partner, etc.):			
Type of injury:	<input type="checkbox"/> MVC	<input type="checkbox"/> Pedestrian-MVC	<input type="checkbox"/> Fall
	<input type="checkbox"/> Assault	<input type="checkbox"/> Sports	<input type="checkbox"/> Polytrauma:
	<input type="checkbox"/> Other:		
Location of impact:	<input type="checkbox"/> Indirect force	<input type="checkbox"/> Frontal	<input type="checkbox"/> Temporal L / R
	<input type="checkbox"/> Neck	<input type="checkbox"/> Occipital	<input type="checkbox"/> Parietal L / R
Course of recovery since injury:			

Patient Encounter Form: Diagnostic Assessment (slide 2 of 4)

History of Concussion	
Does patient have history of concussion(s)? How many?:	
Date of last concussion:	
Longest symptom duration:	
Did patient have a complete resolution of all symptoms?:	
Has it required the same force to cause subsequent concussions?:	
Notes:	
Co-occurring conditions	
<input type="checkbox"/> History of sleep disorder	<input type="checkbox"/> Hearing impairment
<input type="checkbox"/> History of headache/migraine	<input type="checkbox"/> Co-existing orthopedic injury
<input type="checkbox"/> Depression or anxiety disorder	<input type="checkbox"/> Seizure disorders
<input type="checkbox"/> Posttraumatic stress disorder (PTSD)	<input type="checkbox"/> Attention deficit/hyperactivity disorder
<input type="checkbox"/> Suicidality	<input type="checkbox"/> Learning disabilities
<input type="checkbox"/> Substance use disorders	<input type="checkbox"/> Motion sickness
<input type="checkbox"/> Other:	
Notes:	

Patient Encounter Form: Diagnostic Assessment (slide 3 of 4)

2. Physical exam

Perform a physical exam to assess:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Vital signs | <input type="checkbox"/> Cranial nerves | <input type="checkbox"/> Gait and coordination | <input type="checkbox"/> Cervical spine exam |
| <input type="checkbox"/> Mental status and cognition | <input type="checkbox"/> Extremity tone, strength and reflexes | <input type="checkbox"/> Scalp/basal skull fracture | <input type="checkbox"/> Any other exams identified during patient history |

Exclude more severe forms of TBI

If any of the following indications are present, cease assessment for concussion and follow practice for [moderate to severe TBI](#).

- | | | |
|---|--|--|
| <input type="checkbox"/> Evidence of an intracranial injury or skull fracture | <input type="checkbox"/> Dilation of one or both pupils
<input type="checkbox"/> Loss of coordination
<input type="checkbox"/> Double vision
<input type="checkbox"/> Repeated vomiting | <input type="checkbox"/> Weakness/numbness in the extremities
<input type="checkbox"/> Convulsions or seizures
<input type="checkbox"/> Increasing confusion, restlessness or agitation
<input type="checkbox"/> Slurred speech |
|---|--|--|

[Initial Diagnosis/Assessment of Adult mTBI \(CT scan indication\)](#)
[Canadian CT Head Rule](#)

Signs and symptoms of concussion:

Physical		Behavioural/Emotional	Cognitive
<input type="checkbox"/> Headache	<input type="checkbox"/> Trouble falling asleep	<input type="checkbox"/> Irritability	<input type="checkbox"/> Feeling "slow"
<input type="checkbox"/> Nausea	<input type="checkbox"/> Excessive sleep	<input type="checkbox"/> Sadness	<input type="checkbox"/> Feeling "foggy"
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Loss of sleep	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Difficulty concentrating
<input type="checkbox"/> Balance problems	<input type="checkbox"/> Drowsiness	<input type="checkbox"/> More emotional	<input type="checkbox"/> Difficulty remembering
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Light sensitivity	<input type="checkbox"/> Numbness	
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Noise sensitivity		
<input type="checkbox"/> Vision problems			

Patient Encounter Form: Diagnostic Assessment (slide 4 of 4)

Scores	Notes:
<u>PHQ-9</u>	Date: _____ Score: _____ Date: _____ Score: _____ Date: _____ Score: _____
<u>GAD-7</u>	Date: _____ Score: _____ Date: _____ Score: _____ Date: _____ Score: _____
<u>PCSS</u>	Date: _____ Score: _____ Date: _____ Score: _____ Date: _____ Score: _____

Useful Forms: Return to Activities

Return to Activities Form (slide 1 of 4)

Form: Return to activities



Talking Points

Define restrictions and limitations.

"There are things your concussion will make it harder for you to do."

"If doing certain things with your symptoms has the possibility to cause harm to yourself or others, it will be better for everyone if you give yourself some more time to recover until I give you medical clearance."

"If doing certain things with your symptoms will seriously impact your ability to do that activity, performance of that activity should be limited until symptoms improve."

Medical restrictions and limitations

Restrictions:

Limitations:



Gradually returning to activities

The purpose of a gradual approach is to add activities slowly to see how they affect the patient's symptoms. A slow return to regular activities will help speed recovery. Reassure the patient they will not be symptom-free immediately once they start to reintegrate activities. Let the patient know that they may experience some discomfort as they aim to advance in activities. If symptoms do not worsen concerningly, then the patient can increase duration or intensity of given activity.

A 24-hour period is the recommended time frame for each step. If symptoms worsen substantially with the addition of a new activity or the increase in intensity of an activity, advise the patient to step back the activity to a lower level that previously felt manageable for another 24 hours before trying again.

Return to Activities Form (slide 2 of 4): Red Flags

If your patients experience any of these Red Flag symptoms, use your clinical discretion to advise them to visit the emergency department.

	Physical	Thinking	Emotional	Sleep
Red Flags. Visit the Emergency Department if suddenly experiencing any of these symptoms.	<ul style="list-style-type: none">• Worsening headaches• Seizures• Neck pain• Repeated vomiting• Weakness/numbness in arms or legs• Loss of consciousness	<ul style="list-style-type: none">• Increasing confusion• Slurred speech• Cannot recognize people or places	<ul style="list-style-type: none">• Unusual behaviour change• Increasing irritability	<ul style="list-style-type: none">• Cannot be awakened

Return to Activities Form (slide 3 of 4)

An example of gradually returning to activities

	Rest period	Activity day 1	Activity day 2	Activity day 3	Activity day 4	Activity day 5
Screen time	None	Minimal	Minimal, but increased	Increased	Near Normal	Normal

For more examples of slowly returning to activities, please visit [EMPWR](#).

	Physical		Thinking	Emotional	Sleep
Common symptoms during recovery	<ul style="list-style-type: none">• Headache• Nausea• Fatigue• Dizziness• Vomiting	<ul style="list-style-type: none">• Balance problems• Sensitivity to light or noise• Visual problems• Numbness/ tingling	<ul style="list-style-type: none">• Feeling mentally foggy• Problems concentrating• Problems remembering• Feeling more slowed down	<ul style="list-style-type: none">• Irritability• Sadness• Feeling more emotional• Nervousness	<ul style="list-style-type: none">• Drowsiness• Sleeping more than usual• Sleeping less than usual• Trouble falling asleep

Return to Activities Form (slide 4 of 4)



Set goals and timelines with patient for return to work and school

Should patient try returning to work/school before follow-up?

☐ Yes

☐ No

If yes, conditions:

☐ Medical restrictions

☐ Medical limitations

☐ Part-time or limited hours

If no: discuss timeline at follow-up

Use resources from [Section B. Management and recovery planning.](#)



Follow-up date:



- Consider sharing a copy of this form with patient
- Consider printing a copy of the [Symptom Monitoring Log \(pg. 9\)](#)
- Consider printing a copy of the [Patient resources \(pg 10\)](#)

Useful Forms: Symptom Monitoring Log

Symptom monitoring log

Date (D/M/YY)	Time	Activity (e.g. work, class, meeting, homework, cooking, driving, etc.)	Alone? (Yes or no) If yes, number of people present	Symptomatic? (Yes or No) If yes, list symptoms	Symptom intensity: 1 = low intensity 6 = highest intensity

Resources and References

Patient Resources (slide 1 of 2)

Self-management

[i] Sunnybrook Mild Traumatic Brain Injury/Concussion Handbook: <https://sunnybrook.ca/content/?page=bsp-brain-injury-education>

Subsections include:

- Concussions and getting better: <https://sunnybrook.ca/content/?page=bsp-about-concussions>
- Toolkit for Recovery: <https://sunnybrook.ca/content/?page=bsp-understanding-concussion>
- Personal Recovery Plan: <https://sunnybrook.ca/content/?page=bsp-concussion-recovery-plan>

[ii] Post-Injury Advice Card (ONF):

- Short version: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-1-4-2.pdf>
- Long version: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-1-3.pdf>

[iii] Concussion Do's and Don'ts: The first few days of recovery: A hand-out for patients with reminders on what to do and what not to do for individuals who are suffering from symptoms of concussion.

Available from: <http://concussionsontario.org/wp-content/uploads/2018/04/ONF-DoDonts-Tearaway-WEB-1.pdf>

[iv] Concussion Care Guide (St. Joseph's Health Care London): A hand-out that patients can print out and keep with them as a resource for the first 48 hours after a concussion. It includes topics such as driving after displaying concussion symptoms, when to seek medical attention and how to return to the patient's normal levels of activity.

Available from: https://www.sjhc.london.on.ca/sites/default/files/pdf/abi_concussion_care_guide07.26.17.pdf

Patient Resources (slide 2 of 2)

Education, legal issues and community resources

- [v] Concussion Frequently Asked Questions – FAQs (Ontario Brain Injury Association): A list of seven commonly asked questions by patients including legal issues surrounding concussions. Available from: <http://obia.ca/concussion-resources/>
- [vi] Ontario Brain Injury Association Helpline (OBIA): A toll-free helpline available Monday to Friday from 9am to 5pm for patients to speak with someone personally. Helpline number: 1-800-263-5404.
- [vii] Online Concussion Support Group (OBIA): A free online support group (registration required) for patients living or having lived with concussion symptoms to share their feelings and experiences. The group runs for 60 minutes per week over eight weeks and is available via computer or phone. Registration here: <http://obia.ca/online-concussion-support-group/>
- [viii] Regional Acquired Brain Injury Program: Information for Families (St. Joseph's Health Care London): A resource for concussion patient's family members on how they can help their loved ones. Available from: <https://www.sjhc.london.on.ca/regional-acquired-brain-injury-program/families>
- [ix] What Brain Injury Survivors Want You to Know (Brainline): A resource for patients, families and friends on communicating with brain injury survivors. Available from: <https://www.brainline.org/article/lost-found-what-brain-injury-survivors-want-you-know>
- [x] Personal Stories (Concussion Legacy Foundation): Survivors of concussion share their own personal stories about having lived or living with concussion symptoms. Available from: <https://www.concussionfoundation.ca/personal-stories>

Prevention

- [xi] Protecting your brain from having another injury (Sunnybrook Health Sciences Centre): Information about preventing future concussions. Available from: <https://sunnybrook.ca/content/?page=bsp-concussion-protect-brain>
- [xii] Heads Up: Preventing Mild Traumatic Brain Injury (MTBI) (Brain Injury Canada): A list of preventative tactics patients can do to prevent future concussions. This resource includes some questions to ask primary care providers regarding prevention and returning to patient's baseline activities. Available from: <https://www.braininjurycanada.ca/2010/05/31/heads-up-preventing-mild-traumatic-brain-injury-mtbi/>

Provider Resources (slide 1 of 2)

Point-of-care tools and care pathways

- [i] Initial Diagnosis/Assessment of Adult mTBI – CT scan indication algorithm (ONF).
Access at: <https://braininjuryguidelines.org/concussion/fileadmin/media/algorithms/algorithm-1-1.pdf>
- [ii] Canadian CT Head Rule: Algorithm for assessing severity risk in patients with head injury.
Access at: <https://braininjuryguidelines.org/concussion/fileadmin/media/figures/figure-1-1.png>
- [iii] Standards for Post-Concussion care: From diagnosis to the interdisciplinary concussion clinic, a tool for clinicians supporting the full clinical course of concussion. Includes concussion care pathway, referral indicators, symptom management, and patient/family education resources. <http://onf.org/documents/standards-for-post-concussion-care>
- [iv] Patient Health Questionnaire 9 (PHQ-9): A screening tool to assist in the diagnosis of depression and is used to quantify symptoms to monitor severity. Access at: <https://www.mdcalc.com/phq-9-patient-health-questionnaire-9>
- [v] Generalized Anxiety Disorder 7-item (GAD-7): A screening tool to assist in the diagnosis of anxiety and is used to quantify symptoms to monitor severity. Access at: <https://www.mdcalc.com/gad-7-general-anxiety-disorder-7>
- [vi] BNI (Barrow Neurological Institute) Fatigue scale. Access at: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-11-1.pdf>
- [vii] Guide to Neurological and Musculoskeletal Exam (ONF). Access at: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-3-4.pdf>

Patient support in return to work, school and activities

- [viii] ACE Return to Work Care Plan:
Access at: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-12-5.pdf>
- [ix] ACE Return to School Care Plan:
Access at: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-12-6.pdf>

Provider Resources (slide 2 of 2)

Clinical Practice Guidelines

- [x] Guideline for Concussion/Mild Traumatic Brain Injury & Persistent Symptoms, 3rd Edition [Internet]. Ontario Neurotrauma Foundation; 2018. Available from: <http://onf.org/documents/guidelines-for-concussion-mtbi-persistent-symptoms-third-edition>
- [xi] Standards for Post-Concussion care: From diagnosis to the interdisciplinary concussion clinic, a tool for clinicians supporting the full clinical course of concussion. Includes concussion care pathway, referral indicators, symptom management, and patient/family education resources. <http://onf.org/documents/standards-for-post-concussion-care>
- [xii] Consensus statement on concussion in sport—the 5th international conference on concussion in sport. Berlin, October 2016. Br J Sports Med. 2017 Apr 26; bjsports-2017-097699. Available from: <https://bjsm.bmj.com/content/51/11/838>
- [xiii] VA/DoD Clinical Practice Guideline for the Management of Concussion-Mild Traumatic Brain Injury, v. 2.0 [Internet]. Department of Veterans Affairs, Department of Defense; 2016. Available from: <https://www.healthquality.va.gov/guidelines/Rehab/mtbi/mTBI/CPGFullCPG50821816.pdf>
- [xiv] Canadian Guideline on Concussion in Sport [Internet]. Parachute; 2017. Available from: <https://parachute.ca/en/professional-resource/concussion-collection/canadian-guideline-on-concussion-in-sport/>

Other resources

- [xv] The Concussion Awareness Training Tool: An accredited medical professional course designed to provide medical professionals with the information they need to provide evidence-based care for their patients who have sustained a concussion. Available here: <https://catonline.com/medical-professional-course/>
- [xvi] Specialized Concussion Clinics in Ontario: A list of various specialized concussion clinics in Ontario. The list is not comprehensive but is meant to give providers guidance on some available services. Available here: <https://braininjuryguidelines.org/concussion/fileadmin/media/appendices/appendix-2-1.pdf>

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Developed By:



Centre
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In collaboration with:



Ontario Neurotrauma Foundation
Fondation ontarienne de neurotraumatologie



Break

10:50-11:00



State Action Plan Development

Kelly Miller, Senior Manager for Technical Assistance
NASHIA

11:00 – 11:30



Open Discussion on the State Action Plan

11:30 – 11:55



Upcoming Meeting Schedule:

- February 12, 2025 - State Action Plan Meeting
 - March 12, 2025 - State Action Plan Meeting
 - April 15, 2025- NJ Advisory Council on TBI Meeting
 - May 14, 2025- State Action Plan Meeting
 - June 11, 2025- State Action Plan Meeting
 - July 15, 2025- NJ Advisory Council on TBI Meeting
 - August 13, 2025- State Action Plan Meeting
 - October 21, 2025- NJ Advisory Council on TBI Meeting
 - November 12, 2025- State Action Plan Meeting
 - December 10, 2025- State Action Plan Meeting
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