

# mild Traumatic Brain Injury (mTBI) Provider Guidance

2021 VA/DoD Clinical Practice Guideline for the Management and Rehabilitation of Post-acute Mild Traumatic Brain Injury (mTBI)  
<https://www.healthquality.va.gov/guidelines/rehab/mtbi>



## mild Traumatic Brain Injury (mTBI) defined:

A traumatically induced physiological disruption of brain function as a result of an external force that produces a brief initial period of altered awareness and memory.



### Tests

No need to do an MRI/CT of the head unless there are persistent, focal or worsening neurologic findings.

## mTBI / Concussion Discussion with the Patient

- Discuss all of their symptoms.
- Reassure the patient that their symptoms can be helped.
- Provide a prognosis for recovery from an mTBI.



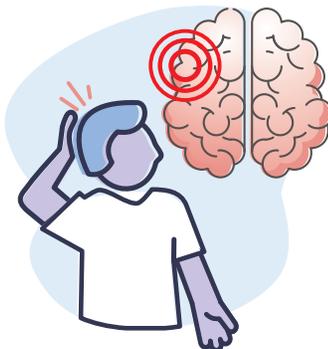
## Responding to Patient Questions

Be respectful, listen carefully, and actively engage. Don't address each website or topic they bring up.

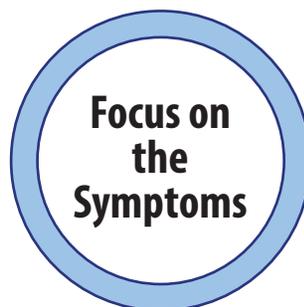
**"That is useful, thank you for sharing. Let's talk about your symptoms and how we can approach those together."**

**"We can start by applying a less invasive management of symptoms that works."**

Refer to the mTBI Clinical Practice Guideline (CPG).



## Patient-Centered Stepped Care "Whole Health" Orientation



## Symptom Management

### Follow up with management of symptoms as they occur.

- Treat symptoms the same regardless of cause; there is nothing special because of the head injury.
- Make note of symptoms for discussion at the next appointment.
- Help prepare the patient.

### Use standard treatment programs first

If symptoms persist and treatments don't help, then a specialized treatment program will be used to improve function to return to normal daily life.

**"What we will typically do is use the standard approach that works for 90% of people with concussion."**

**"It may take 6-12 weeks for it to work. After that time, we may look at other specialized interventions."**

### Reinforce and Redirect patient to basics to get on track with the healing process



A progressive return to normal activities is best while managing symptoms.

**"Balance therapies and symptom management to get back to normal life."**

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## Symptom-based Management Strategies

### Individualized Therapy Management Options

In the first 4-12 weeks use a team management approach to symptoms. (See recommendations in the CPG.)

- Physical Medicine & Rehabilitation for headaches
- Physical Therapy (PT) for neck and balance / inner ear problems
- Behavioral Health Therapy for anxiety and mood issues



- Occupational Therapy for eye issues
- Sleep Medicine for sleep issues
- Occupational Therapy or Speech Language Pathology for Cognitive for thinking, reasoning, and remembering

### Recurrent Concussions

- There isn't evidence of likelihood of long-term problems, so, go back to basics: Symptom-based management strategies, education, etc.
- There are a small amount of people who have persistent or prolonged difficulties. The majority of people will get back to a normal life.
- Introduce prevention of further incidents.
  - Discuss participating in sports and driving activities.
  - Discuss cause and effect: the patient needs to own the responsibility of safety.



### What are the long-term effects of mTBI?

When counseling patients about the long-term effects of mild traumatic brain injury, there is insufficient evidence to state that demographic, injury-related clinical, and management factors increase the risk of future neurocognitive decline in patients with symptoms attributed to single or repeated mild traumatic brain injury.

- Don't promise the patient will be symptom free.
- Do hope for the best. Good news is well over 90% have full recovery.
- Mild symptoms can be managed in specialized team programs to get the patient back to near normal.
- The patient is not a higher risk for long-term illness.
- Address concerns the patient might have about long-term effects.



### Complementary & Integrative Health (CIH)

There is insufficient evidence to recommend for or against the use of any of these interventions for the treatment of patients with symptoms attributed to mild traumatic brain injury:

- Acupuncture
  - Tai chi
  - Meditation
  - Mindfulness
  - Yoga
  - Massage
  - Chiropractic therapy
  - Cranial electrotherapy stimulation (CES)
  - Sensory deprivation tanks
- For patients with mTBI/concussion, CIH interventions can be helpful for some.
  - The primary care provider should work closely with the patient on which interventions to use, and when and how to monitor that. Don't rely on outside agents.
  - Recommend against the use of hyperbaric oxygen therapy for the treatment of patients with symptoms attributed to mild traumatic brain injury.

**“Well over 90% of mTBI patients have full recovery”**

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