CATT | CONCUSSION AWARENESS TRAINING TOOL

Concussion Resources for **Medical Professionals**

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BC INJURY research and prevention unit

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The Concussion Awareness Training Tool (CATT) is a series of online educational modules and resources with the goal of standardizing concussion recognition, diagnosis, treatment, and management. Good concussion management may decrease the risk of brain damage and potentially reduce long-term health issues.

Developed by Dr. Shelina Babul, Director/Sports Injury Specialist with the BC Injury Research and Prevention Unit, BC Children's Hospital, and Clinical Professor, Department of Pediatrics, University of British Columbia, CATT is based upon the established principles of the Consensus Statement on Concussion in Sport and other evidence-based resources. The 2023 Amsterdam Concussion in Sport Group Consensus Statement builds on the principles outlined in previous concussion statements and aims to develop better understanding of sport-related concussion.

Research and evidence on concussions is evolving and the knowledge base is continually changing. As a result, this website is updated on a regular basis to provide current information, tools, and resources to support concussion recognition, diagnosis, treatment, and management.

The information, including text and images of this package are intended for your information only, does not substitute professional medical advice, and is provided for educational purposes only. Always seek the advice of a physician or other qualified health care provider about any questions you may have regarding a medical condition.

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Return to School

This tool is a guideline for managing a student's return to school following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Not everyone will require a Return to School Strategy. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Note: For information about returning to activities that pose risk of head contact, please refer to Return to School or Return to Activity.

STEP 1:

Activities of daily living and relative rest*

- Maximum of 24-48 hours
- Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms.

  Examples:
  - Preparing meals
  - Housework
  - Light walking
- Minimize screen time for the first 24-48 hours following concussion.
- Avoid driving during the first 24-48 hours after a concussion.

Contact school to create a Return to School plan.

Activities of daily living, as tolerated

After a maximum of 24-48 hours after injury,
BEGIN STEP 2

STEP 2:

School activities (as tolerated)

- Returning to school as soon as possible (as tolerated) is encouraged.
- Reading or other cognitive activities at school or at home. Goal: Increase tolerance to cognitive work, and connect socially with peers.
- Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.**
- Use of devices with screens may be gradually resumed, as tolerated.
- Clearance from your doctor is not required to return to low-risk in-person or at-home school activities.
- A complete absence from the school environment for more than one week is not generally recommended.

Communicate with school on student's progression

Return to school as soon as possible, as tolerated

If can tolerate school activities,
BEGIN STEP 3

STEP 3:

Part-time or full-time days at school with accommodations (if needed)

- Gradually reintroduce schoolwork.
- May require accommodations, such as:
  - Partial school days with access to breaks throughout the day
  - Academic accommodations (extra time to complete work, reduced workload) to tolerate the classroom or school environment.

Communicate with school on student's progression.

Gradually reduce accommodations and increase workload

If can tolerate full days without concussion-related accommodations,
BEGIN STEP 4

STEP 4:

Return to school full-time

Return to full days at school and academic activities without requiring accommodations (related to the concussion).

Note: Medical clearance is NOT required to return to school

For returning to P.E. or sports, please refer to **Return to Sport** protocol.

Full academic load (no academic accommodations related to the concussion)

Return to School completed

Students should begin a gradual increase in their cognitive load with the goal of minimizing time away from the school environment. The return to school should not be restricted if the student is tolerating full days. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**; however, missing more than one week of school is not generally recommended. Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.
Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
***0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

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Adapted from: Zemek, R., Reed, N., Dawson, J., et al . "Living Guideline for Pediatric Concussion Care." www.pedsconcussion.com
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Return to Sport

This tool is a guideline for managing an individual's return to sport following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or licensed healthcare professional with relevant training.
Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:

Activities of daily living and relative rest*

- Maximum of 24-48 hours
- Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms.

Examples:
- Preparing meals
- Housework
- Light walking

- Minimize screen time for first 24-48 hours following concussion.

Activities of daily living, as tolerated

After a maximum of 24-48 hours after injury,
BEGIN STEP 2

STEP 2:

2A: Light effort aerobic exercise

- Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age).
- In a safe and controlled environment, engage in light aerobic exercise.

Examples:
- Stationary cycling
- Walking at slow to medium pace
- Light resistance training that does not result in more than mild and brief** exacerbation (worsening) of concussion symptoms.

2B: Moderate effort aerobic exercise

- Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age).
- Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities.

Increase heart rate

If can tolerate moderate aerobic exercise,
BEGIN STEP 3

STEP 3:

Individual sport-specific activities
(that do not have a risk of inadvertent head impact)

- Addition of individual sport-specific activities that are supervised by a teacher/coach/parent.

Examples:
- Skating drills (hockey)
- Running drills (soccer)
- Change of direction drills
- Individual gym class activities

It is important to get medical clearance before returning to training that involves any risk of inadvertent head impact.

Increase intensity of aerobic activities and introduce low-risk sport-specific movements and changing of directions

If medically cleared and have fully returned to school,
BEGIN STEP 4

STEP 4:

Non-contact training drills and activities

- Progress to exercises at high intensity, including more challenging drills and activities.

Examples:
- Passing drills
- Multi-player training
- Supervised non-contact gym class activities
- Practices without body contact

Resume usual intensity of exercise, coordination, and activity-related cognitive skills

If can tolerate usual intensity of activities,
BEGIN STEP 5

STEP 5:

Return to all non-competitive activities

- Return to all non-competitive activities, all gym class activities, and full-contact practices
- Participate in higher-risk activities including normal training activities, all school gym-class activities, and full-contact sports practices and scrimmages. Avoid competitive gameplay.

Return to activities that have a risk of falling or body contact, restore game-play confidence, and have coaches assess functional skills.

If can tolerate non-competitive, high-risk activities,
BEGIN STEP 6

STEP 6:

Return to sport

Back to normal, unrestricted competitive game play, school gym class, and physical activities.

Note: Returning to full contact, competitive play or high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.

If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-3, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 4-6 should return to Step 3 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before unrestricted Return to Sport as directed by local laws and/or sporting regulations.

Medical determination of readiness to return to at-risk activities should occur prior to returning to any activities that pose risk of contact, collision, or fall.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.
Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
***0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

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Adapted from: Zemek, R., Reed, N., Dawson, J., et al . "Living Guideline for Pediatric Concussion Care." www.pedsconcussion.com (*the PedsConcussion protocol was modified with permission from the Amsterdam International Consensus Statement on Concussion in Sport*)
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Return to Activity

This tool is intended for a general audience and serves as a guideline for managing an individual's return to activity following a concussion and does not replace medical advice. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or healthcare professional with relevant training. Begin Step 1 within 24 hours of injury, with progression through each subsequent step taking a minimum of 24 hours.

STEP 1:

Activities of daily living and relative rest*

- Maximum of 24-48 hours
- Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms.

Examples:
  - Preparing meals
  - Housework
  - Light walking

- Minimize screen time for first 24-48 hours following concussion.
- Sleep as much as your body needs while trying to maintain a regular night sleeping schedule.
- Avoid driving during the first 24-48 hours after a concussion.

Note: The goal for each step is to find the balance between doing too much and too little.

Activities of daily living, as tolerated

After a maximum of 24-48 hours after injury,
BEGIN STEP 2

STEP 2:

2A: Light effort aerobic activity

- Up to approximately 55% of maximum heart rate (predicted according to age - i.e. 220-age).
- In a safe and controlled environment, engage in light effort aerobic activity.

Examples:
  - Stationary cycling
  - Walking at slow to brisk pace
  - Gardening
  - Dancing
  - Housework

- Use of devices with screens may be gradually resumed.

2B: Moderate effort aerobic activity

- Up to approximately 70% of maximum heart rate (predicted according to age - i.e. 220-age).

Examples:
  - See examples in Step 2A
  - Exercises and activities that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms and do not have a risk of falling or head impact.

- Take a break and modify activities as needed with the aim of gradually increasing tolerance and the intensity of aerobic activities.

Increase heart rate

If can tolerate moderate aerobic activity,
BEGIN STEP 3

STEP 3:

Increase activity intensity

- Participate in normal day-to-day activities, including normal physical/training activities, school gym-class, and work-related activities

Examples:
  - Workouts
  - Swimming
  - Fast-paced walking
  - Shoveling
  - Yoga/Pilates

It is important to get medical clearance before returning to activities that involve any risk of inadvertent head impact.

Increase intensity of aerobic activities, resume usual intensity of exercise, coordination, and activity-related cognitive skills

If can tolerate further increase in aerobic activity to pre-injury levels and have received medical clearance,
BEGIN STEP 4

STEP 4:

Return to activity

Back to normal, unrestricted activity

Examples:
- Outdoor biking
- Paddling and water activities
- Normal unrestricted work-related tasks and higher risk activities
- School gym class
- No restrictions on physical activities

Note: Returning to high-risk activities before you have recovered increases the risk of delayed recovery and for sustaining another more severe concussion or serious injury.

Medical determination of readiness to return to at-risk activities should occur prior to returning to any activities that pose risk of contact, collision, or fall.

*Refer to the **Return to Sport Strategy** for information on returning to high-risk activities, including sports and competitive play.*
If more than mild exacerbation (worsening) of symptoms (i.e., more than 2 points on a 0-10 scale***) occurs during Steps 1-2, stop the activity, and attempt to exercise the next day. Individuals experiencing concussion symptoms during Steps 3-4 should return to Step 2 to establish full resolution of symptoms with exertion before engaging in at-risk activities. Written determination of medical clearance should be provided before returning to activities that involve any risk of inadvertent head impact.
Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.
Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
***0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

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Return to Work

This tool is a guideline for managing an individual's return to work following a concussion and does not replace medical advice. Every concussion is unique, and recovery is very different for each individual. Timelines and activities may vary based on direction from a doctor, nurse practitioner, or healthcare professional with relevant training. It is important to get medical clearance before returning to high-risk activities.

STEP 1:

Activities of daily living and relative rest*

- Maximum of 24-48 hours
- Activities at home such as social interactions and light walking that do not result in more than mild and brief** exacerbation (worsening) of concussion symptoms.
- **Examples:**
  - Preparing meals
  - Housework
  - Light walking
- Minimize screen time for first 24-48 hours following concussion.
- Avoid driving during the first 24-48 hours after a concussion.

Contact workplace to discuss a tailored Return to Work plan.

Activities of daily living, as tolerated

After a maximum of 24-48 hours after injury,
BEGIN STEP 2

STEP 2:

Work activities (at work, as tolerated)

- Medically unnecessary delays in Return to Work should be avoided.
- Individuals are encouraged to remain at, or promptly return, to some form of productive work, provided it does not pose risk of re-injury.
- Reading or other cognitive activities.
- Take breaks and adapt activities if concussion symptom exacerbation (worsening) is more than mild and brief.**
- Use of devices with screens may be gradually resumed, as tolerated.

Increase tolerance to work-related activities and connect socially with peers/colleagues.

If able to tolerate work with accommodations,
BEGIN STEP 3

STEP 3:

Part-time or full-time days at work with accommodations (if needed)

- Gradually reintroduce work activities, according to your graduated return to work plan.
- May require accommodations, such as:
  - Partial work days with access to breaks throughout the day
  - Extra time for tasks
  - Access to a quiet, distraction-free work environment
- Gradually reduce accommodations and increase workload until full days without concussion-related accommodations are tolerated.
- Accommodations can be phased out in "trial" periods, to ensure that they are no longer needed.

Gradually reduce accommodations and increase workload

If can tolerate full days without concussion related accommodations,
BEGIN STEP 4

STEP 4:

Return to work full-time

Return to full days at work without requiring accommodations (related to the concussion).

Note: Only return to job duties that may have safety implications for you or others (e.g., operating heavy equipment, working from heights) when cleared by a doctor, nurse practitioner, or licensed healthcare professional.

Full workload (no accommodations related to the concussion)

Return to Work completed

Returning to work is an individual process, in some instances workers may return to regular duties, while others may need accommodations or placement in a completely different job function. Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation**. Therefore, each program should be individually prescribed and should support the reintegration and rehabilitation of the person with the injury or disability back into the workplace. Written determination of medical clearance should be provided before full Return to Work, as required by workplaces or occupational health and safety organizations.
Driving should resume after consultation with a doctor, nurse practitioner, or healthcare professional.
Progression through the strategy may be slowed when there is more than a mild and brief symptom exacerbation.**

*Relative rest: activities of daily living including walking and other light physical and cognitive activities are permitted as tolerated.
Mild exacerbation (worsening) of symptoms: No more than a 2-point increase when compared with the pre-activity value on a 0-10-point symptom severity scale.* "Brief" exacerbation of symptoms: Worsening of symptoms for up to 1 hour.
***0-10 point symptom severity scale: Please see the Visual Analog Scale for an example of a 0-10 symptom severity scale.

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Medical Assessment Letter

Medical Office, please complete:	
Practitioner Name	
Role and License #	
Email / Contact #	
Date of event / injury	

To Whom It May Concern:

Any individual who sustains a blow or impact to the head, face, neck or body and demonstrates any visual signs of concussion or reports any of the symptoms of concussion is recommended to be assessed by a doctor, nurse practitioner, or licensed healthcare professional with relevant training. Accordingly, I have personally completed a medical assessment on this patient.

Name of Patient: _____

Results of the Medical Assessment

☐ This patient has not been diagnosed with a concussion or other injury and can return, with full participation to work, school, or physical activities without restriction.

☐ This patient has not been diagnosed with a concussion but the assessment led to the following diagnosis and recommendations:

☐ This patient HAS been diagnosed with a concussion. *See below for concussion management protocol.*

☐ This patient has been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury, or activities with implications for the safety of others (e.g., driving, dangerous job duties, and contact sports) until a medical or licensed healthcare professional with relevant training provides a Medical Clearance Letter.

Yours Sincerely,

Signature _____

Stamp

Concussion Management

The goal of concussion management is to allow complete recovery through a safe and gradual return to work, school, and physical activities following a step-wise approach. Note: a patient's progess through the return to activity steps is unique to the individual. After Step 2, if more than mild and brief symptom exacerbation* occurs, the patient may need to try the activity again the next day, and consider reassessment by their doctor, nurse practitioner, or licensed healthcare professional with relevant training if symptoms beyond mild and brief exacerbation persist. For more detailed guidance on step progression, please refer to the Concussion Awareness Training Tool (CATT) at cattonline.com.

Step 1: Symptom-limited activity

In the first 24-48 hours the patient has been instructed to engage in relative physical and cognitive rest** prior to initiating a return to work or activity.

- ☐ Not yet completed
- ☐ Completed on (dd/mm/yyyy) _____
- ☐ Time has passed

Step 2: Prepare to return to activity

The patient can begin the return to activity process at home, by increasing familiar tasks that do not result in more than mild and brief symptom exacerbation, until no new or worsening concussion symptoms are experienced.

- ☐ Not yet completed
- ☐ Completed on (dd/mm/yyyy) _____
- ☐ Time has passed

Step 3: Return to work, school, and physical activity and gradually resume daily activities

The patient can initiate a graduated return to work, school, and physical activities on a part-time basis, by increasing and gradually resuming usual activities (supported with accommodations, modifications, and restrictions as needed) as tolerated and only at a level that does not result in more than mild and brief symptom exacerbation.

- ☐ Not yet completed
- ☐ Completed on (dd/mm/yyyy) _____
- ☐ Time has passed

Restrictions/Accommodations	Details	Timeline

*Mild and brief symptom exacerbation: an increase in current concussion symptoms of no more than 2 points on a 0-10 point scale for less than an hour compared to the resting value prior to the activity (i.e., physical or cognitive).
**Relative rest: activities of daily living including walking and other symptom-limited physical and cognitive activities are permitted, as tolerated.

Step 4: Full return to work, school, and physical activities

The patient can return with full participation to work, school, and physical activities.

- ☐ Not yet completed
- ☐ Completed on (dd/mm/yyyy) _____
- ☐ Time has passed

Restrictions/Accommodations	Details	Timeline

Yours Sincerely,

Signature _____

Stamp

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Adapted with permission from Parachute Canada's Medical Assessment Letter.

Medical Clearance Letter

Medical Office, please complete:	
Practitioner Name	
Role and License #	
Email / Contact #	
Date of Clearance Letter	

Practitioner / Patient please complete:	
Date of Concussion	
Date of Concussion Diagnosis	
Organization/Individual Requesting Medical Clearance	

To Whom It May Concern:

Patients with a concussion should be assessed and managed by a doctor, nurse practitioner, or licensed healthcare professional with relevant training. The goal of concussion management is to support the patient's complete recovery from concussion by promoting a safe and gradual return to activity following a step-wise approach. For more detailed information and resources, please refer to the Concussion Awareness Training Tool (CATT) at cattonline.com.

As part of the strategy, this patient had previously been instructed to avoid all activities that could potentially place them at risk of another concussion or head injury until a medical clearance letter is provided (due to organizational requirements, dangerous job duties, contact sports, etc.). This patient has explained the organizational requirements and the duties/ activities they participate in, and I have personally completed a medical clearance on this patient.

Name of Patient: _____

Note that the patient's recovery is individual. After Step 2, if more than mild and brief symptom exacerbation* occurs, the patient may need to try the activity again the next day, and consider reassessment by their medical or licensed healthcare professional if symptoms beyond mild and brief exacerbation persist.

☐ This patient can return with full participation to work, school, or physical activities **without restriction**.

☐ This patient can return to work, school, or physical activities **with the following restriction(s)**:

Restriction(s) Physical & Cognitive	Details	Timeline

**Mild and brief symptom exacerbation: an increase of no more than 2 points on a 0-10 point scale for less than an hour when compared with the baseline value reported prior to the activity (i.e., physical or cognitive).*

☐ This patient can return with full participation to work, school, or physical activities **without accommodation.**

☐ This patient can return to work, school, or physical activities **with the following accommodation(s)**:

Accommodation(s) Physical & Cognitive	**Details**	**Timeline**

Your understanding and support are critical components in this patient's continuing recovery.

Yours Sincerely,

Signature _____

Stamp

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Adapted with permission from Parachute Canada's Medical Clearance Letter.

Additional Resources

Brain Injury Guidelines:

- Living Concussion Guidelines: Guideline for Concussion & Prolonged Symptoms for Adults Over 18 Years of Age
- PedsConcussion Living Guideline for Pediatric Concussion Care

https://braininjuryguidelines.org/

British Journal of Sports Medicine- International Consensus Statement on Concussion in Sport (2023)
https://bjsm.bmj.com/content/57/11/695

British Journal of Sports Medicine- The Child Sport Concussion Assessment Tool 6th Edition (Child SCAT6) (2023)
https://bjsm.bmj.com/content/bjsports/57/11/636.full.pdf

British Journal of Sports Medicine - The Child Sport Concussion Office Assessment Tool (Child SCAT 6) https://
bjsm.bmj.com/content/bjsports/57/11/672.full.pdf

British Journal of Sports Medicine- The Sport Concussion Assessment Tool 6th Edition (SCAT6)
https://bjsm.bmj.com/content/bjsports/57/11/622.full.pdf

British Journal of Sports Medicine - The Sport Concussion Office Assessment Tool (SCOAT6)
https://bjsm.bmj.com/content/bjsports/57/11/651.full.pdf

Canadian C-Spine Rule (2001)
https://www.mdcalc.com/canadian-c-spine-rule

Canadian Concussion Collaborative - 4 Characteristics of a Good Concussion Clinic
http://casem-acmse.org/wp-content/uploads/2018/06/CCES-PUB-CCC-4Qs-E-FINAL.pdf

Canadian Head CT Rule (2001)
https://www.mdcalc.com/canadian-ct-head-injury-trauma-rule

Concussions Ontario - Referral Indicators
https://concussionsontario.org/concussion/resources/tools-resources/referral-indicators

Heads Up Clinicians - Acute Concussion Evaluation (ACE) (2006)
https://www.cdc.gov/headsup/pdfs/providers/ace_v2-a.pdf

Parachute - Canadian Guideline on Concussion in Sport (2017)
https://www.parachute.ca/en/professional-resource/concussion-collection/canadian-guideline-on-concussion-in-sport/

Parachute- Concussion Resources for Health Professionals
https://www.parachute.ca/en/professional-resource/concussion-collection/concussion-resources-for-health-professionals/

PECARN Pediatric Head CT Rule (2 years or older)
https://drive.google.com/file/d/0B96hLlM4rbvueVM0OGZSbjJiMHM/view?resourcekey=0-e3HgO1OyKFexFn11huWFqQ

PECARN Pediatric Head CT Rule (younger than 2 years)
https://drive.google.com/file/d/0B96hLlM4rbvuMzFVbndLa1hWeTQ/view?resourcekey=0-rlWNx2RDv5IFb1BgA50kGA

Rivermead Post-Concussion Questionnaire (1995)
http://www.tbi-impact.org/cde/mod_templates/12_F_06_Rivermead.pdf

Additional Resources

Physiotherapists

Clearance to return to sports activities following a mild TBI or concussion: Update regarding the participation of physiotherapists. Joint Announcement of the Collège des Médecins du Québec and the Ordre professionnel de la physiothérapie du Québec
https://oppq.qc.ca/wp-content/uploads/Joint-announcement-CMQ-OPPQ-mTBI-concussion.pdf?t=1594339200055

Concussion Management: A Toolkit for Physiotherapists. Physiotherapy Alberta College + Association
https://rehabscience.usask.ca/cers/documents/concussion_toolkit.pdf

Living Guideline for Diagnosing and Managing Pediatric Concussion. PedsConcussion. Section B Managing Concussion Symptoms. Domain 10 Vision, Vestibular and Oculomotor Function
https://pedsconcussion.com/section/b/#domain-10

Physical Therapy Evaluation and Treatment after Concussion/Mild Traumatic Brain Injury (2020). J Orthop Sports Phys Ther. 2020;50(4).
https://www.jospt.org/doi/pdfplus/10.2519/jospt.2020.0301

Sports Concussions A Complete Guide to Recovery and Management. 2018. Ed. I Gagnon and A Ptito. Chapter 8 Physiotherapy and concussion: What can the physiotherapist do? KJ Schneider, I Gagnon.
https://www.routledge.com/Sports-Concussions-A-Complete-Guide-to-Recovery-and-Management/Gagnon-Ptito/p/book/9780367871451

The Role of the Physiotherapist in the Assessment and Management of Concussions. Position Statement by the Canadian Alliance of Physiotherapy Regulators (CAPR)
https://cptbc.org/wp-content/uploads/2019/07/CAPR-Position-Statement-Role-of-PT_Concussions-.pdf

Occupational Therapists

Occupational Therapy and Concussion Management. Canadian Association of Occupational Therapists, British Columbia (CAOT BC)
https://caot.ca/document/6994/CAOTBC_OTConcussionManagment_Final.pdf

Occupational Therapy and Concussion. Canadian Association of Occupational Therapists (CAOT)
https://www.caot.ca/document/4049/Concussion%20-%20Fact%20Sheet.pdf

Living Guideline for Diagnosing and Managing Pediatric Concussion. PedsConcussion. Section B Managing Concussion Symptoms. Domain 10 Vision, Vestibular and Oculomotor Function.
https://pedsconcussion.com/section/b/#domain-10

Sports Concussions A Complete Guide to Recovery and Management. 2018. Ed. I Gagnon, A Ptito. Chapter 10: The role of the occupational therapist in concussion management: What can the occupational therapist do? C DeMatteo, N Reed.
https://www.routledge.com/Sports-Concussions-A-Complete-Guide-to-Recovery-and-Management/Gagnon-Ptito/p/book/9780367871451

Additional Resources

Patient Resources

CATT & Parachute Patient Information Sheet: Caring for Your Concussion
https://cattonline.com/wp-content/uploads/2019/10/Parachute-Caring-for-Your-Concussion-2018.pdf

CATT Concussion Pathway
https://cattonline.com/wp-content/uploads/2023/11/CATT-Poster-Concussion-Pathway-V5.pdf

CATT Managing Mental Health Symptoms
https://cattonline.com/wp-content/uploads/2023/09/CATT-Managing-Mental-Health-Symptoms.pdf

Concussion and You Handbook
https://hollandbloorview.ca/concussion-handbook

The Concussion Legacy Foundation Canada HelpLine
https://www.concussionfoundation.ca/helpline

University of Georgia - Driving after a Concussion: Is It Safe to get Behind the Wheel?
https://cattonline.com/wp-content/uploads/2020/07/Driving-After-Concussion-Is-It-Safe-to-Get-Behind-The-Wheel-2020.pdf

Notes