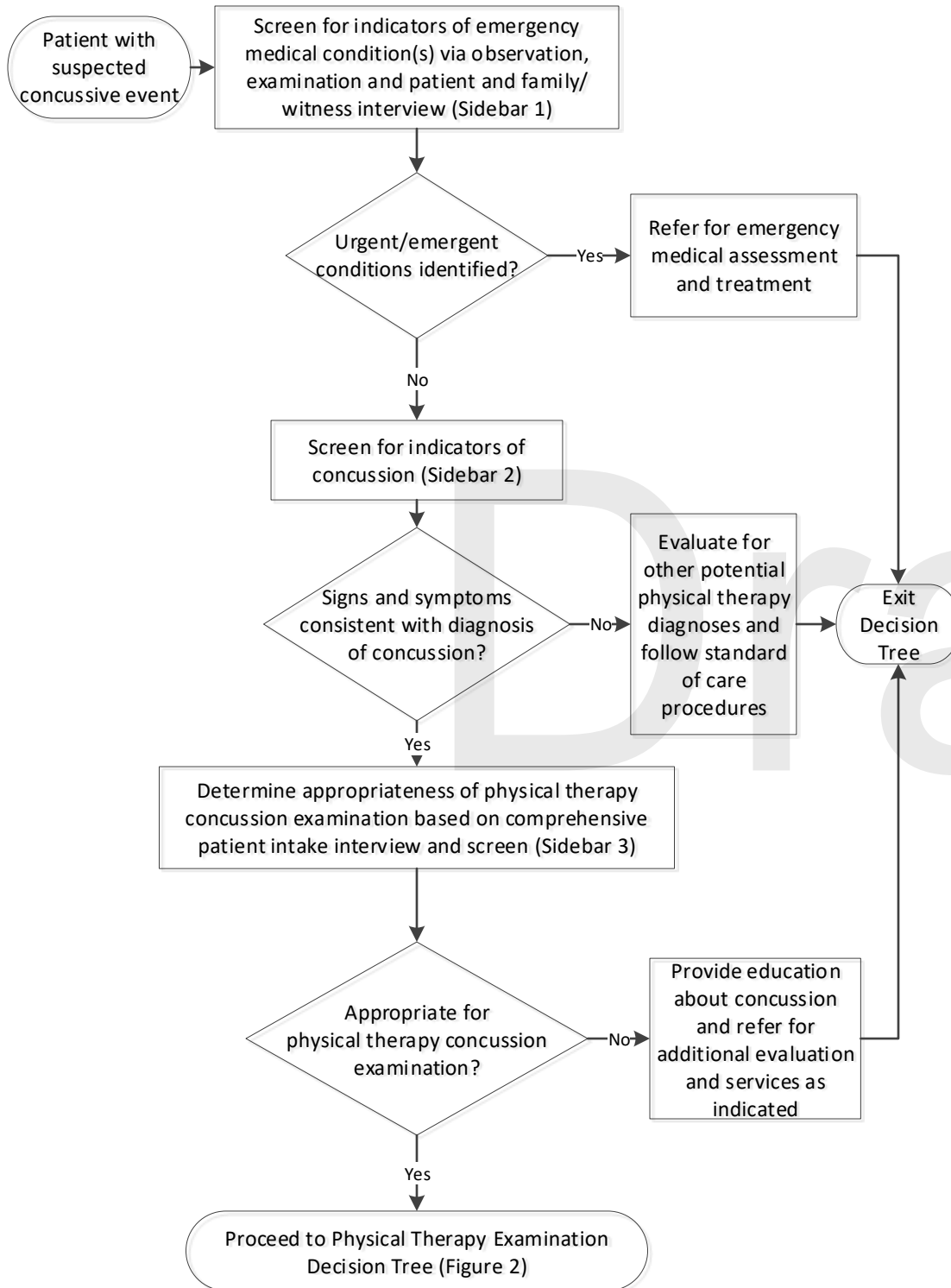


**Figure 1. Process for Screening for Appropriateness of PT Concussive Examination**



**Sidebar 1. Indicators for Immediate Emergency Medical Evaluation**

- Declining level or loss of consciousness, cognition, or orientation
- New onset of pupillary asymmetry, seizures, repeated vomiting or other focal neurologic signs
- Severe or rapidly worsening headache or neurologic deficits
- Possible undiagnosed skull fracture
- Serious cervical spine fracture, dysfunction or pathology (e.g., vertebrobasilar artery insufficiency, cervical ligamentous instability, signs of central cord compression)

**Sidebar 2. Concussion Diagnosis Criteria:**

A direct blow to the head, face, neck, or an impulsive force elsewhere on the body that is transmitted to the head followed by any of the following:

- Any period of decreased orientation or loss of consciousness
- Post-traumatic amnesia
- Any alteration in cognition or mental state immediately related to the concussive event: confusion, disorientation, slowed thinking/processing, problems with attention/concentration, forgetfulness, decreased executive control
- Physical symptoms: headache, dizziness, balance disorders, nausea, vomiting, fatigue, sleep disturbance, blurred vision, sensitivity to light, hearing difficulties, tinnitus, sensitivity to noise, seizure, transient neurological abnormalities, numbness, tingling, neck pain, exertional intolerance
- Emotional/behavioral symptoms: depression, anxiety, agitation, irritability, impulsivity, aggression
- Glasgow Coma Scale (best available score in first 24 hours) of 13-15
- Brain imaging (if available) is normal
- Signs/symptoms not otherwise explained by drug, alcohol, or medication
- Symptoms are present that cannot be explained by pre-injury history of medical diagnoses or, if pre-injury diagnoses were present, the patient reports or is observed to demonstrate an exacerbated state of symptoms

**Sidebar 3. Patient Intake Process and Interview**

- Type, severity, frequency and irritability of concussion-related symptoms
- Pre-injury medical history with emphasis on: previous concussions or brain injuries, medical conditions that could result in/present with symptoms similar to concussion-related symptoms (e.g., learning challenges or disabilities, mood or emotional disorders, depression, frequent headaches), history of personal or familial migraine
- Any conditions or diseases that would limit or serve as a contraindication for comprehensive physical therapy evaluation or interventions
- Details regarding injury, including mechanism of injury and early signs and symptoms associated with the injury
- Medical management strategies implemented since the injury, reflection on things that seem to result in worsening or improvement of symptoms
- Physical function goals, priorities, and perceived limitations
- Mental health screens for referral needs

**Figure 2. Physical Therapy Examination and Evaluation Processes for Patients Who Have Experienced a Concussive Event**

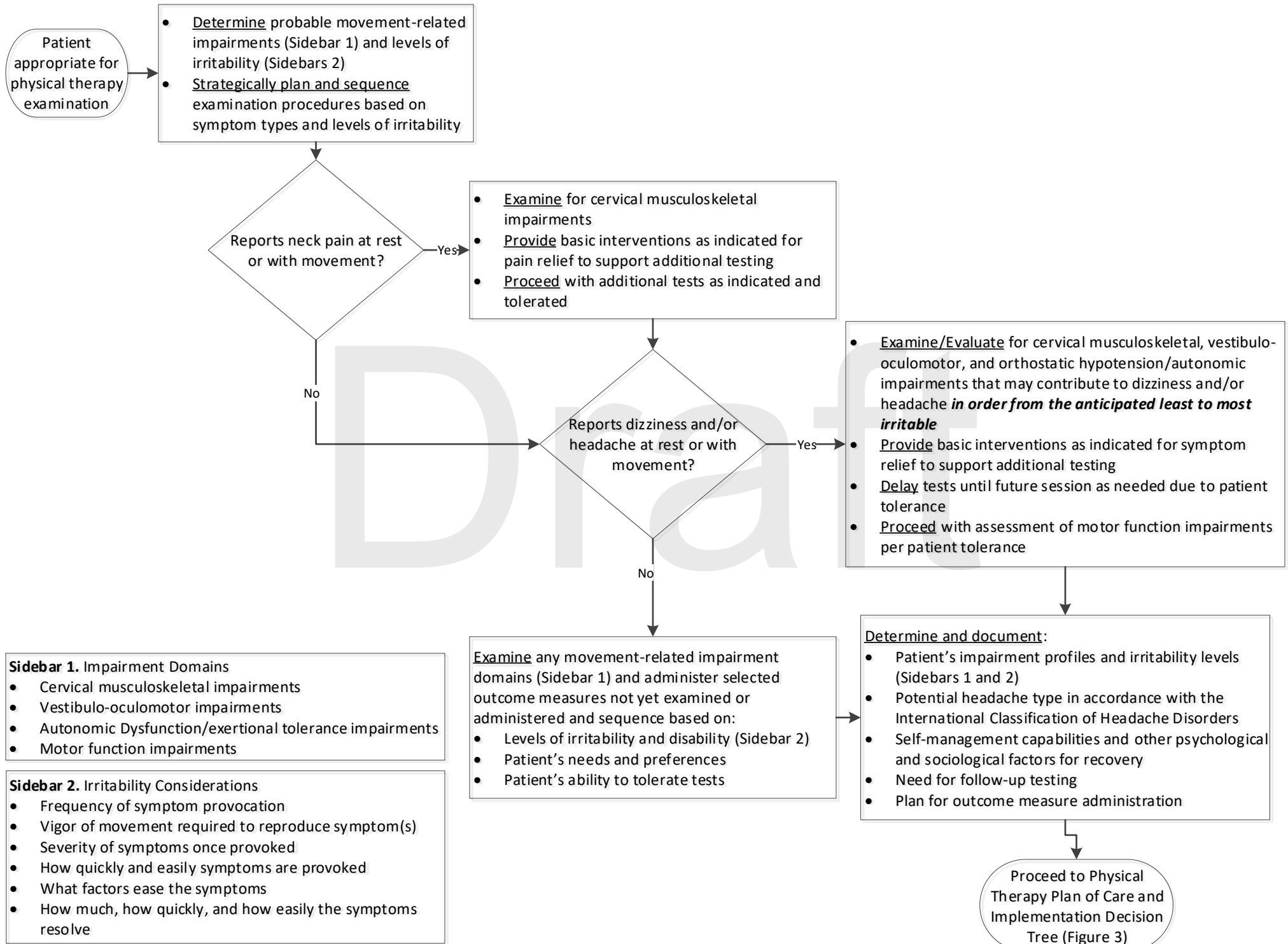


Figure 3. Development and Implementation of a Physical Therapy Plan of Care for a Concussive Event

