

CONCUSSION CLASSIFICATION

VESTIBULAR

The inner ear and associated pathways are affected. Typical symptoms include dizziness, fogginess, nausea, feeling detached, anxiousness, and overstimulation in busy environments.

Treatment

1. Vestibular therapy
 2. Advanced vestibular testing
- May be associated with ocular and/or anxiety/mood classifications



COGNITIVE/FATIGUE

Due to the brain not working efficiently, individuals can present with abnormal fatigue, non-specific headaches that worsen with challenging cognitive activities, difficulty concentrating and sleep disruption. Symptoms often worsen as the day progresses. Other symptoms may include mental fogginess, difficulty concentrating and/or remembering, and feeling slowed down.

Treatment

1. Structured daily routines (especially sleep cycle), consistent diet and hydration, stress management
 2. Pharmacology and/or sleep aids (melatonin, etc.)
 3. Cognitive/speech therapy (typically occupational therapist or speech and language pathologist)
- May be associated with ocular or post-traumatic migraine classification



ANXIETY/MOOD

Following a concussion, changes in one's mood or emotions may occur, including new or worsening anxiety or depression and generally feeling more emotional. It is important to let your care team know about uncharacteristic thoughts, responses to situations, feeling overwhelmed, sad, and/or hopeless. Sleep disturbances that are caused by excessive or worrying thoughts can also be common.

Treatment

1. Guided exertion, regulated sleep cycle, consistent diet and hydration, stress management, structured daily routine
 2. Psychology: talk therapy
 3. Pharmacology
- May be associated with vestibular classification



OCULAR

Pathways of the brain associated with visual processing are affected. Typical symptoms include frontal headaches, pressure behind eyes, blurred vision, fatigue, distractibility, eye strain, difficulty with reading and school or computer work.

Treatment

1. Basic neuro-optometric rehabilitation
 2. Traditional eye exam
 3. Referral to neuro-optometry if further assessment is needed
- May be associated with vestibular, post-traumatic migraine, or cognitive classifications



POST-TRAUMATIC MIGRAINE

Post-traumatic migraine commonly presents as a unilateral, moderate to severe intensity headache that starts following head trauma. This headache often has a pulsating quality and may include nausea, light sensitivity, or noise sensitivity.

Treatment

1. Exertion, regulated sleep cycle, consistent diet and hydration, stress management/mindfulness, structured daily routine
 2. Pharmacology
- May be associated with ocular or cognitive/fatigue classifications



CERVICAL

A blow to the head/body that causes a concussion may also affect the cervical spine. Symptoms may include neck pain and stiffness, dizziness, nausea and headaches at the base of the head and/or forehead. In some situations numbness and tingling are experienced, most notably in the arms and/or hands.

Treatment

1. Formal physical therapy to address strength, mobility, and coordination deficits of the cervical spine
 2. Pharmacological interventions
- Analgesics, anti-inflammatories and muscle relaxants may be warranted in more protracted cases

