Concussion and Dizziness
How are they Related?

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What is a concussion?

When in doubt...sit out!!

http://users.rowan.edu/~perkin47/Concussions.Expert.html
How are concussion and dizziness related?

https://concussionu.wordpress.com/why-concussions/
What is a concussion?

- Concussion is a **brain injury**
- Also called “mild Traumatic Brain Injury” (mTBI)
- Can occur after **direct or indirect** head trauma

[Link](http://www.moveforwardpt.com/SymptomsConditionsDetail.aspx?cid=4f2ebb00-f1c0-4691-b2ab-742df8dff99#.VabWfZS8C80)
Concussion facts

• You may or may not lose consciousness
• You may have a ‘normal’ brain scan image
  – MRI Scan (Magnetic Resonance Imaging)
  – CT Scan (Computed Tomography)

http://radiopaedia.org/cases/normal-midline-brain-mri
Concussion facts

• After concussion there are several possible changes in the brain, including:
  – Changes in **brain chemistry**
  – Changes in **brain connections** (neural network)

http://usapartisan.com/2012/05/06/
There are an estimated 1.6 to 3.8 million sports-related concussion each year in the US (Langlois, 2006)

250,000 military service members between 2000 and 2014 received a concussion (DVBIC/DCoE, 2014)

Professional athletes
Youth/young athletes

Who gets a concussion?

Who gets a concussion?

Most common causes:
1. Falls
2. Sporting activities
3. Motor Vehicle Accidents
4. Assaults
5. Struck by object

http://www.cdc.gov/traumaticbraininjury/get_the_facts.html
What symptoms can occur?

A wide variety of symptoms can occur

<table>
<thead>
<tr>
<th>Thinking/ Remembering</th>
<th>Physical</th>
<th>Emotional/ Mood</th>
<th>Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty thinking clearly</td>
<td>Headache</td>
<td>Irritability</td>
<td>Sleeping more than usual</td>
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<td></td>
<td>Fuzzy or blurry vision</td>
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<tr>
<td>Feeling slowed down</td>
<td>Nausea or vomiting (early on)</td>
<td>Sadness</td>
<td>Sleep less than usual</td>
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<tr>
<td></td>
<td>Dizziness</td>
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<tr>
<td>Difficulty concentrating</td>
<td>Sensitivity to noise or light</td>
<td>More emotional</td>
<td>Trouble falling asleep</td>
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<tr>
<td></td>
<td>Balance problems</td>
<td></td>
<td></td>
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<tr>
<td>Difficulty remembering new</td>
<td>Feeling tired, having no energy</td>
<td>Nervousness or anxiety</td>
<td></td>
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<tr>
<td>information</td>
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http://www.cdc.gov/concussion/signs_symptoms.html
Baseline Testing

• Baseline tests are used to assess an athlete’s balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solve problems).

• Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional if an athlete has a suspected concussion.

Source: http://www.cdc.gov/headsup/basics/baseline_testing.html
What should I do after a concussion?

• “Concussion” is a clinical judgment, ideally made by a medical professional
  – Signs and symptoms may be subtle
  – Observe the person for at least 48 hours
  – Children are recommended to see a pediatrician

• You should:
  – **Stop sport/activity**
  – Seek professional medical evaluation
  – Do not return to sport/physical activity the same day
What should I do after a concussion?

WHEN IN DOUBT, SIT IT OUT!

• Post-injury exam compares to baseline test
  – For athletes and children
  – SCAT3 (Sport Concussion Assessment Tool)
  – SCAT3 Child
  – ImPACT
What should I do after a concussion?

• Concussion information and guidelines can be found from a number of reputable sources:
  – Zurich Consensus Guidelines
  – American Academy of Neurology
  – Centres for Disease Control – HEADS UP campaign
  – Ontario Neurotrauma Foundation
  – Parachute/Think First campaign
  – Concussion Awareness Tool (CATT) online

Will I recover from a concussion?

- Concussion symptoms can last from minutes to months, or even longer in some cases
- With proper diagnosis and management, most people recover fully (Kusthluba, 1998)
- Recovery time may be longer for children and teens (Field, 2003)
- Multiple concussions complicates recovery

Will I recover from a concussion?

• Follow the well established Return to Play/Learn/Work guidelines
  – CanChild Return to Activity for children and youth
• Free education modules are available for
  – Athletes/Parents/Coaches
  – Teachers/Educators/Administrators
  – Medical Professionals
  
  www.cattonline.com
Can trauma cause damage to my inner ear/vestibular system?
The brain and vestibular (balance) system can both be damaged with head trauma.

http://www.emedmd.com/content/vertigo-and-imbalance
Trauma to the inner ear

• A direct or indirect blow to the head can:
  – Damage the inner ear in several ways
    • Damage nerve, crystals, membrane, fluids
  – Affect how the vestibular system and brain work together as a team.
    • e.g. working out what is moving (you or the TV)
Does it matter if my vestibular/balance system is affected?
Mercedes-Benz commercial

This video is a clever way to demonstrate the important connection between our inner ear and our vision.

https://www.youtube.com/watch?v=69os9jzKF14
The vestibular system is difficult to appreciate until you lose its function

• Tells you when you are moving
  • e.g. plane taking off

• Keeps the world clear vision)

• Helps with your balance

• Helps in conflicting situations
  • e.g. When you are sitting on a train and one train moves while another stays still, it helps you decide if it’s your train that is in motion.

http://www.ytravelblog.com/have-you-ever-done-this-when-taking-off-in-an-airplane/
The vestibular system is a sensory system.

“Vestibular symptoms” include:
- Dizziness
- Vertigo (feeling of spinning)
- Nausea
- Imbalance or falls
- Blurred vision
- Hearing loss/noises in ear
What should I do?

• Healthcare providers can be specially trained to diagnose and treat vestibular disorders
• For example, doctors such as ENT (ear, nose and throat) specialists or physical therapists
Finding a healthcare provider

• Ask for a referral from your family doctor or Concussion Clinic/Sports Medicine Clinic
• VEDA Provider Directory: http://vestibular.org/
Vestibular Treatment

• Depending on the cause of your dizziness, treatment may include:
  – Vestibular Rehabilitation Therapy (VRT)
  – Hands on treatment (to treat your neck or body movement)
  – Coping strategies
  – Education and fall prevention
  – Medication
Vestibular Rehabilitation Therapy

• VRT should be based on your goals and be customised to you

• Rehab may include:
  • Eye exercises
  • Balance/walking exercises
  • Exercises for motion sensitivity
  • Exercises specific to your sports or work
  • Assistance planning a “Graduated Return” to school, work, sports, other activities
  • Information on diet, exercise, sleep, trigger-prevention

http://drjuanitacollier.com/vt-resources-and-articles/articles/2014/concussions/
Will my vestibular symptoms improve?

Yes!

• You will develop your own tool kit (bag of tricks) that will help you reach your goals
  – Your tool kit will include a combination of exercises, lifestyle changes, and coping strategies

_Felix the Cat and his magic Bag of Tricks_
Concussion Recovery

• Consider how the concussion and vestibular symptoms impact return to sport, learning, and work

http://greycaps.com/readinghelps_yourchild
Children recovering from concussion

• Help children to:
  – Find words to describe what they are feeling
    • *For example*, describing ‘dizziness’ or blurry vision
  – Identify difficult tasks or triggers
    • *For example*, light or noise sensitivity
  – Understand why they have their symptoms
• Graduated return to school and sports is essential
Return to Learn & Play - Children

- A **team approach** is often best
  - The child, parents, medical professionals, teacher, and guidance counselor often work as a team for Return To Learn

- RT Learn should be completed before RT Play

- Children often have to learn new strategies
  - ‘Brain Breaks’
  - Ways to improve concentration or memory
  - How to reduce blurred vision or dizziness
# Return to Learn/School Communication Tool – CATT online

<table>
<thead>
<tr>
<th>Stage 1: Restricted cognitive activity</th>
<th>Stage 2: Gradual reintroduction of cognitive activity</th>
<th>Stage 3: Homework at home</th>
<th>Stage 4: School part-time*</th>
<th>Stage 5: Full days of school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive rest at home.</td>
<td>Add cognitive activities. Start with 5-15 minutes at a time. Build to a 60-minute session without a break.</td>
<td>Add homework. Start with 20 minute sessions. Work up to the equivalent of half a school day (3-4 hours).</td>
<td>Attend only quieter classes. No gym class, noisy locations, tests, or heavy backpacks. Start with half-day, work up to full day of quieter classes. At home, 15 minute homework blocks for up to 1 hour daily.</td>
<td>Do less than 5 days if needed. Homework as tolerated. Maximum one test per day, with option of extra time to complete. No gym class.</td>
</tr>
</tbody>
</table>

**Stage 6: School full-time**

Resume full cognitive workload. Catch up with homework and tests.

Physical activity: Begin RETURN TO PLAY Communication Tool.

**Recovery**

Add cognitive activity

Increase stamina with self-paced activity

Begin gradual return to school

Work up to some full days at school

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BC Injury Research and Prevention Unit

[http://d1my5j483tjlis.cloudfront.net/resources/cattonline/return-to-learn.pdf](http://d1my5j483tjlis.cloudfront.net/resources/cattonline/return-to-learn.pdf)
Return to Play

- Gradual return to physical activity/sports
- Especially important for contact sports
- Many excellent guidelines available
  - Sport-specific guidelines
  - CATT online, CDC HEADS-UP, McMaster CanChild, etc.
Return to Play

STAGE 1:
No sporting activity
Symptom-limited physical and cognitive rest

STAGE 2:
Light aerobic exercise
Walking, swimming, stationary cycling. No resistance training. Heart rate <70%

STAGE 3:
Sport-specific exercise
Skating drills (ice hockey), running drills (soccer). No head-impact activities

STAGE 4:
Non-contact drills
Progress to complex training drills (e.g., passing drills). May start resistance training

STAGE 5:
Full-contact practice
Following medical clearance participate in normal training activities

STAGE 6:
BACK IN THE GAME
Normal game play

Recovery
Increase heart rate
Add movement
Exercise, coordination, cognitive load

If symptoms reappear at any stage, go back to the previous stage until symptom-free for 24 hours. You may need to move back a stage more than once during the recovery process.

Medical clearance required before moving to Stage 5

http://d1my5j483tjlis.cloudfront.net/resources/cattonline/return-to-play.pdf
Return to Play – CanChild (Children/Youth)

Which group are you in?
Choose your symptom group and follow the instructions below.

**SYMPTOM FREE WITHIN 1 WEEK**

- Rest for 1 more week after symptom free
  - Begin STEP 2
  - Take at least 24 hours for each step as you complete the rest of the guidelines

**SYMPTOM FREE WITHIN 1 - 4 WEEKS**

- Rest for 1 more week after symptom free
  - Begin STEP 2
  - Take at least 1 week for each step as you complete the rest of the guidelines

**SYMPTOMATIC FOR MORE THAN 4 WEEKS**

- Begin STEP 2 (4 weeks after injury)
  - DO NOT progress to STEP 3 until symptom free and cleared by a physician or brain injury clinician
  - Take at least 1 week for each step as you complete the rest of the guidelines

If symptoms return, rest for at least 24 hours and then go back to the previous step

Return to Work

- RTW needs to be customised to the individual
- Depends on the person’s symptoms and their work
  - Consider:
    - Dizziness with head turns/body movements
    - Balance and risk of falling
    - Vision with computer tasks and reading
    - Tolerance to “busy” environments, lights, noise
Prevention

• Preventing a 2nd concussion is very important
  – Risk of 2nd concussion MUCH HIGHER
  – Impact of 2nd concussion is often much worse
Prevention

• Helmets/headgear
  – **Helmets DO NOT PREVENT CONCUSSION**
• Avoid “head-checks” and hitting from behind
• Avoid on (or off-field) fights
• Baseline testing or sideline tests
  – ImPACT: [https://www.impacttest.com/](https://www.impacttest.com/)
  – SCAT3: [http://bjsm.bmj.com/content/47/5/259.full.pdf](http://bjsm.bmj.com/content/47/5/259.full.pdf)
  – SCAT3 Child (5-12 years old): [http://bjsm.bmj.com/content/47/5/263.full.pdf](http://bjsm.bmj.com/content/47/5/263.full.pdf)

Josh’s Story

• Josh was injured while playing tennis during his freshman year of high school.
  – He couldn’t concentrate on homework
  – He experienced constant dizziness and headaches
  – He missed so much school that he couldn’t graduate with his class
  – He became isolated from his friends and suffered from depression
  – Josh continues to struggle because teachers and school officials didn’t understand that he needed accommodations
How Could We Have Helped Josh?

- Vestibular therapy to address his underlying visual and vestibular impairments
- Safe physical exercise (type, duration, frequency, intensity), e.g. stationary bike
- A team approach and concrete strategies for Josh, his teachers and school administrators to address his cognitive and learning disabilities
- Appropriate “return-to-learn” and “return-to-play” guidelines
- Counselling to help Josh cope with the emotional challenges of social isolation and physical limitations
In Summary

- Concussion is a brain injury
- Trauma can cause vestibular dysfunction
- If you have prolonged symptoms after concussion, speak to your healthcare providers for assessment and treatment
  - Dizziness, vertigo (spinning), blurred vision, imbalance or falls

Resources

- **Vestibular Disorders Association (VEDA)**, Concussion info: [https://vestibular.org/sites/default/files/page_files/Concussion_0.pdf](https://vestibular.org/sites/default/files/page_files/Concussion_0.pdf)
- Centres for Disease Control (CDC) **HEADS UP** Concussion campaign: [http://www.cdc.gov/headsup/index.html](http://www.cdc.gov/headsup/index.html)
- Zurich Concussion Guidelines: [http://bjsm.bmj.com/content/47/5/250.full](http://bjsm.bmj.com/content/47/5/250.full)
Resources

- McMaster University **Can Child** programme (Return to Activity or School guidelines):  
- Parachute/**Think First** Guidelines:  
  www.parachutecanada.org/thinkfirstcanada
- Brainstreams:  
  http://www.brainstreams.ca/
- ImPACT Concussion Assessment:  
  https://www.impacttest.com/
- Sport Concussion Assessment Tool version 3 (SCAT3):  
  http://bjsm.bmj.com/content/47/5/259.full.pdf
- SCAT3 Child (for children 5-12 years old):  
  http://bjsm.bmj.com/content/47/5/263.full.pdf
- Montreal Children’s Hospital Trauma Concussion Kit:  
  http://www.thechildren.com/health-info/trauma/mch-trauma-concussion-kit - return to rugby, soccer, basketball, football, hockey
Questions?

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