Allina Health爺
COURAGE KENNY REHABILITATION INSTITUTE

Concussion Challenge – Return to Play Erin Vesey, DPT 6/27/2019

Objectives

- Verbalize and understand the Return to Play Guidelines
- Identify when a patient is appropriate to advance to the next stage of Return to Play Guidelines
- Understand the Exposure-Recovery Model to ensure patient is safe while advancing through stages
- Describe the steps of the Concussion Challenge Test and when it is appropriate to administer
- Verbalize a basic understanding of exertion therapy

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

When you disregard RTP guidelines:



Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Recovery

- Most athletes improve rapidly during the first 2 weeks after a concussion.
- Generally, they are recovered and returning to sport within 10 days post-injury.
- During the past 10 years, there has been steadily accumulating literature that a sizeable minority of youth, high-school and collegiate athletes take much longer than 10 days to clinically recover and return to sport.
- Children and adolescents should not return to sport until they have successfully returned to school.

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Background

- $\bullet\,$ Recent research suggests symptomatic recovery is an unreliable determination for readiness to RTP
- The physiological time for recovery may outlast symptom recovery
- Symptom reports are complicated due to subjective nature and athletes underreporting in order to RTP
- Final step to RTP is 'medical clearance' but no consensus on what that should entail

Allina Health औ I COURAGE KENNY REHABILITATION INSTITUTE

_	
	Return To Play Guidelines
	After a brief period of initial rest (24–48 hours), symptom-limited activity can begin while
	staying below a cognitive and physical exacerbation threshold
•	Once concussion-related symptoms have resolved, the athlete should continue to proceed to the next level if he/she meets all the criteria (ex: activity, heart rate, duration of exercise, etc)
	without a recurrence of concussion-related symptoms.
•	Generally, each step should take 24 hours, so that athletes would take a minimum of 1 week to proceed through the full rehabilitation protocol once they are asymptomatic at rest.
	 In athletes who experience prolonged symptoms and inactivity, each step may take longer than 24 hours simply because of limitations in physical conditioning and recovery strategies.
	· ·
	If any concussion-related symptoms occur during the stages, the athlete should drop back to the previous asymptomatic level and attempt to progress again after being free of
	concussion-related symptoms for a further 24 hour period at the lower level.
	Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Return to Play Guidelines

- The time frame for RTP may vary with player age, history, level of sport, etc, and management must be individualized.
- Must satisfy the following criteria:
 - -Symptom free at rest
 - -Symptom free with physical and cognitive exertion
 - Neurocognitive functioning intact
 - $\, \mbox{Off}$ any medication that may mask the symptoms of concussion

Neuropsychological Assessment

- Recommended that all athletes have an assessment
- · Evaluation of the following:
 - Mental status/cognition, oculomotor function, gross sensorimotor, coordination, gait, vestibular function and balance
- Post-injury testing is not required for athletes for RTP
 - If present, optimally done by neuropsychologist
 - $\boldsymbol{-}$ Ultimate decision, however, is medical one made by an entire team
- In absence of an assessment, a more conservative RTP might be utilized
- Neuropsych assessment is typically done when asymptomatic
 - Can be used earlier to assist with Return to School

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Exposure-Recovery Model

- Exposure-Recovery Model: Exposing yourself to provocative situations and environments
 (ex: shopping malls, restaurants) until symptoms increase to about a 3 or 4 on a scale of 1-10,
 then removing yourself to allow for recovery (symptoms go away). Each time you do this,
 recovery time should be shorter.
- Take baseline symptoms at start of exercise or physical activity from 1-10 in the following areas:
 - Headache, Dizziness, Nausea, Fogginess
- If patient increases symptoms by more than 3-4 points, it is important to stop and rest until symptoms return to baseline
 - $-\,$ If symptoms return within a reasonable time frame (less than 5-10 mins) then resume
 - If symptoms do not resume within this time frame, stop
- Make sure if they do become symptomatic that it doesn't interfere with safety, like losing balance on a treadmill/elliptical, or significant change in quality of movement
 - Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

3

Stage	Aim	Activity	Goal
1	Symptom-limited activity (24-48 hour rest)	Daily activities that do not provoke symptoms	Gradual reintroduction to work/school activities.
2	Light aerobic exercise 15-30 minutes twice daily	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate
3	Sport-specific exercise • 2 additional 30 minute sessions	Running or skating drills. Moderate physical activity.	Add movement
1	Non-contact training drifts • Up to 3 hours per day	Harder training drills (ex: passing), Moderate to vigorous activity. May start progressive resistance training.	Exercise, coordination and increased thinking
\$	Full contact practice	Participate in normal training activities. Vigorous physical activity. May have contact.	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play	

Stac		

- International Conference on Concussion:
 - Rest until you are asymptomatic
- New idea is to become active sooner with the recommendation that this stage only last for 24-48 hours post injury

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Stage 2 – Return to Play

- Light/Low Aerobic Exercise
- Duration: 15-30 minutes up to twice a day
- Heart Rate Range: 100-140 bpm
- RPE: 4/10
- Prefer Day 1 to be in a stationary setting for supervision purposes: (i.e. at home or under the close supervision of ATC/PT)

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

06/27/2019 Lecture #21

Stage 2 – Example of Session

- Low speed/Low resistance
 - Elliptical
 - -Stationary Bike
 - -Treadmill
 - -UE ergometer
 - Flexibility exercises
 - -Balance training (static)

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Stage 3 – Return to Play

- Medium/Moderate Aerobic Exercise
- Sport Specific Non-Contact Exercise
- Duration: 45 minutes
- Heart Rate Range: 120-160 bpm
- RPE: 4-6/10

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Stage 3 – Example of Session

- 15 minutes: medium pace and minimal intensity on the Elliptical or Treadmill
 15 minutes: Stationary hike at a moderate pace or 10 minutes.
- 15 minutes: Stationary bike at a moderate pace or 10 minutes of stair running (at a continuous moderate pace) followed by 5 minutes of sit-ups, push-ups, lunges, and jumping jacks; rotating every 30 seconds.
- Finish with 15 minutes of Circuit Training:
 Jog quickly in place: 30 seconds
 Squats: 30 seconds
 High knees: 30 seconds
 Butt kicks: 30 seconds
 Mountain climbers: 30 seconds
 Mountain climbers: 30 seconds
 Rest for 1 minute
 Repeat the above cycle 4 times for a grand total of 15 minutes

Allina Health  COURAGE KENNY REHABILITATION INSTITUTE

Stage 4 – Return to Play

• High/Heavy Aerobic Exercise

· Non-Contact Training Drills

• Duration: 60 minutes

• Heart Rate: 140-180 bpm

• RPE: 6-8/10

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Stage 4 – Example of Session

- 20 minutes: medium pace and minimal intensity on the elliptical/treadmill
 20 minutes: Stationary bike at a moderate page OR 15 minutes.
- 20 minutes: Stationary bike at a moderate pace OR 15 minutes of stair running (at a continuous moderate pace) followed by 5 minutes of sit-ups, push-ups, lunges, and jumping jacks; rotating every 30 seconds.
- 30 seconds.

 Finish with 15 minutes of Circuit Training:

 Jog quickly in place: 30 seconds

 Squats: 30 seconds

 High knees: 30 seconds

 Butt kicks: 30 seconds

 Mountain climbers: 30 seconds

 Burpees: 30 seconds

 Rest for 1 minute

 Peners the above curle 4 times for a near
- Repeat the above cycle 4 times for a grand total of 15 minutes
 Finish with 5 minutes of running or sprinting intervals at a high pace

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Stage 5 – Return to Play

- Athlete attends practice with the team and can resume contact at this time
- If they become symptomatic, they must stop and return to Stage 4 and be pulled from practice
- If they can tolerate return to practice symptom free for 24 hours, they may return to full play.
- But, are they truly ready....

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Use of Exercise Testing for RTP

• The use of provocative exercise testing may help clinicians make RTP decisions by challenging the physiological recovery and reducing the use of self-reported symptoms

• To be eligible to participate in exercise testing for RTP, athletes must complete all return to learn protocols and non-contact RTP steps

Allina Health 翁 I COURAGE KENNY REHABILITATION INSTITUTE

Current Literature on Exercise Testing

- Adding physical exertion tests to concussion protocols can prevent nearly 15 percent of high-risk athletes from returning to sport too soon
 - Study found that 15% of athletes who were 'cleared' to play using standard protocols became symptomatic with exercise testing
- This indicates incomplete physiological recovery
 Greater initial symptom severity had a significant impact on whether they passed exercise testing and was associated with longer RTP time
- Literature supports higher initial symptom presentation is single strongest predictor of prolonged recovery
- Study suggests athletes refrain from reporting symptoms for fear of being removed or withheld from play and underreported symptoms in RTP protocol
 - This emphasizes the need for a more objective tool to assist with RTP decision-making

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Concussion Challenge Test

- Designed to identify athletes who have not fully recovered despite completing standard return to play (RTP) protocols and are no longer reporting symptoms.
- Used for patients who are ready to return to sport and helps identify if they are ready through a series of exertional, rotational, linear, and vertical movements to ensure symptoms are not reproduced
- This done prior to RTP can help in ruling out potential symptom provocation with
- Can also be utilized on those that are returning to a more strenuous job or active
- Testing should not be started if baseline symptoms are above 5/10. Testing should be paused at any point if symptoms rise above 5/10. Resume only if symptoms fall

	below 5/10 within 5 minutes.	_				
0	Allina Health爺 COURAGE KENNY REHABILITATION INSTITUTE	_				
		_				

Concussion Challenge Test

- Recent study suggests the following RTP protocol with the inclusion of a Concussion Challenge Test:
 - Asymptomatic through cognitive activity, Return to School, pass the Buffalo Concussion Treadmill Test (BCTT), and at least two sport-specific non-contact practices of increasing intensity
 - Athletes in this study had maintained a symptom-free status for at least 7 days prior to attempting the challenge test.

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Example of Return to Play Guideline Moderate, SymptomBimited Rest Cognilive School School Physikal Specific Training Challenge Full Game Rest Cognilive Work Work Activity (House) 1 2 3 4 5 6 7 8 9 10 3-4 days max Each stage must be separated by at least 24 hours, If symptoms occur at any one stage, athlete must return to previous stage.

Concussion Challenge Test

- Start with taking vitals as well as baseline symptoms
 - Resting Vitals:
 - Heart Rate
 - Blood Pressure
 - SpO2
- Symptoms (rated from 0/10 with emphasis on headache, dizziness, nausea, fogginess)
- Calculate their HR range to know an appropriate level for exertion:
- Calculated HR Max (220-age)
- Calculated target HR (RHR + .75(MHR-RHR))
- Cervical AROM screen

Allina Health 1 COURAGE KENNY REHABILITATION INSTITUTE

Pre-Challenge Testing

- Balance Screen: *** errors
 - $-\, {\rm Tandem}$ with eyes closed on floor, counting backwards by 7's for 20 seconds
- Perform VOMS Testing
 - Smooth Pursuits
 - Saccades: Horizontal and Vertical
 - Convergence (near point)
 - VOR: Horizontal and Vertical
 - Visual Motion Sensitivity

Exertion Ac	tvitv	на	Dizziness	Nautes	Fragmen	RPE	Heart	Comments	
		(0-10)	(0-10)	(0-10)		(0-10)	Rate (tigen)		
Fest Step ups 6 inch step s 2 n	nutes								
Killers numbing Symmetri becksamte- 3 at points et 10 ft increments, at ta at each point, re least holds	ps floor peal at								
Lithered step up pt state on along down to one side of the state or away, shuffle be step, repeat to 5 to each side	staps w 68 th 50								
Medicine ball: -15 aquets -5 side unges w to each side -8 notgorfal aw -6 vertical swing-	ros								
Ball form of in the model therepain, pt per 180 deg jump x	form								

Exertion Activity	HA (0-10)	Dizziness (0-10)	Nausea (0-10)	Fogginess (0-10)	RPE (0-10)	Rate (bpm)	Comments
readmill Running (10							
Inutes) 2 minutes, "" mph	-	_					
4 minutes, "" mph	_	_				-	
6 minutes, "" mph	_	_	_	_		_	
8 minutes, *** mph	-	_				_	
10 minutes. *** mph	 	_					
ycling (20 minutes)							
5 minutes							
10 minutes							
15 minutes							
20 minutes							

Post-Challenge Test

- Re-Test Balance and VOMS
- 5 minutes Post Exercise:
 - Symptoms
 - Heart Rate
 - Blood Pressure
- Pass/Fail:
 - If failed, list why:

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Concussion Challenge Pass/Fail

- To Pass
 - No increase in baseline symptoms from that day with any of the activities performed
 - If coming in with 2/10 headache and finished with 2/10 headache, they can still pass
- If they become symptomatic and fail:
 - Continue the test if able (using exposure-recovery model) in order to determine what symptoms/movements still need to be addressed for full return to play

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Exertion Therapy

- If patient fails Concussion Challenge Test may consider Exertion Therapy through a physical therapist
- Exertion therapy is an individualized program to decrease exercise sensitivity post concussion
- A monitored active rehab program that involves sub-symptom threshold exercise has been shown to be safe and beneficial for recovery
- Several studies demonstrated a reduction in symptoms, improvement in exercise tolerance and return to normal lifestyle and sport participation in patients treated with an individualized subsymptom threshold aerobic exercise program

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

©AllinaHealthSystems	10
----------------------	----

Exertion Therapy

 Removing an athlete from sport may increase the risk for depression and other concussion-like symptoms to develop, yet the point at which an athlete can begin physical activity following concussion is unclear

- Athletes engaging in a medium level of physical and cognitive activity (i.e. school activity and light activity at home) performed better on the neurocognitive test than those with no physical and cognitive activity
- Athletes that continue to report concussion related symptoms well beyond the acute stage of injury may benefit from a progressively intensive exercise protocol to return them to their sport.

Allina Health 爺 I COURAGE KENNY REHABILITATION INSTITUTE

Exertion Therapy

- · Appropriate:
 - Minimal to no symptoms
 - In patients with PCS, especially if they have not been active
 - Those with active lifestyles with hesitations with return to exercise
- Precautions (should consult with team):
 - Significant mood profile
 - Post traumatic migraine
 - Limited progress overall

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

Exertion Therapy

- Leddy et al Study:
 - -6 concussed athletes (at least 6 weeks post-concussion) participated in a graded return to activity protocol
 - Exercised 5-6 days per week with intensity monitored by heart rate
 - After 6 weeks, athletes had significant decrease in symptoms and were able to return to sport

Allina Health it COURAGE KENNY REHABILITATION INSTITUTE

©AllinaHealthSystems	11
----------------------	----

06/27/2019 Lecture #21

References

- Broglio SP, Collins MW, Williams RM, Mucha A, Kontos AP. Current and emerging rehabilitation for concussion: a review of the evidence. Clin Sports Med. 2015;34(2):213–231. doi:10.1016/j.csm.2014.12.005
 McCrory P, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. British Journal of Sports Medicine 2017;51:3838-847.

- Medicine 2017;51:838-847.
 Marshall CM, Chan N, Tran P, DeMatteo C. The use of an intensive physical exertion test as a final return to play measure in concussed athletes: a prospective cohort. Phys Sportsmed. 2018;47:2, 158-166
 Mucha A, Whitney, S. Exertion Considerations After Concussion. 2019.
 Kochick, V. UPMC Concussion Program Exertion Therapy. 2018.
 Makdissi M, Schneider K, Feddermann-Demont N, et al. Approach to investigation and treatment of persistent symptoms following sport-related concussion: a systematic review. Br J Sports Med. In Press. 2017.
- Leddy JJ, Kozlowski K, Donnelly JP, Pendergast DR, Epstein LH, Willer B. A preliminary study of subsymptom threshold exercise training for refractory post-concussion syndrome. Clin J Sport Med. 2010;20(1):21–7.

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE

	(Y	

- Erin Vesey, DPT
 - -Courage Kenny Rehabilitation Institute
 - Physical Therapy Concussion Lead
 - Erin.Vesey@allina.com

Allina Health爺 I COURAGE KENNY REHABILITATION INSTITUTE