

Post-Concussion Syndrome (PCS) Clinical Flowchart

Purpose: Rapid reference for identifying, managing, and referring patients with suspected PCS.

Step 1: Identify PCS Risk

- Symptoms persist >14 days (adults) or >28 days (children)
 - Symptoms may include:
 - Headache
 - Dizziness
 - Mood disturbance
 - Sleep disruption
 - Cognitive complaints
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Step 2: Screen for Red Flags

If any are present → **IMMEDIATE MEDICAL REFERRAL**

- Sudden worsening of symptoms
 - Neurological deterioration (e.g., weakness, vision loss)
 - Suicidal ideation or severe mood change
 - Seizures or significant cognitive decline
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Step 3: Initiate PCS Management Plan

- Educate patient on pacing and symptom limits
 - Implement gradual return-to-activity protocol
 - Emphasize sleep hygiene, screen avoidance, and headache care
 - Screen for anxiety or mood disturbance
 - Begin vestibular/ocular rehab if indicated
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Step 4: Consider Referrals

Symptom Domain	Refer To
Cognitive dysfunction	Neuropsychologist
Visual/ocular symptoms	Optometrist / Behavioural Ophthalmologist
Balance/vestibular issues	Vestibular-trained Physiotherapist
Mood disturbance	Clinical Psychologist
Severe headache	Neurologist