

Laura Fergusson
Brain Injury Trust

How To Access ACC Fully Funded Community Services for Assessment and Treatment of Concussion (Mild Traumatic Brain Injury, mTBI)

Following a concussion (mild traumatic brain injury), here's how to get help:

Visit hospital, 24-hour surgery, GP or physiotherapist. They must complete and lodge an ACC 45 form stating concussion and listing symptoms. This registers the injury/accident with ACC.

The hospital, GP or ACC can then refer to an ACC approved provider of Concussion Services.

This can be done via ERMS (Electronic Management System) or email.

To be an approved provider of concussion services, an organisation must have expertise in traumatic brain injury and have access to the following specialists:

- Occupational Therapist
- Physiotherapist (trained in treatment for vestibular disorders)
- Clinical Psychologist
- Neuropsychologist
- Speech Language Therapist
- Rehabilitation Consultant, Occupational Physician or Sports Doctor

The person with the concussion will be seen by one or several of the above health professionals depending on the issues presenting after their concussion.

The service is a quick response and clinic or community-based service, depending on what is most appropriate.

The team works closely with families, schools, sports teams and workplaces to ensure that the return to everyday activities is a smooth one.

If you have any queries or would like further information, please contact:

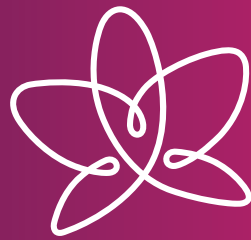
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Symptoms

Mental (cognitive) fatigue,
tiring more easily

Poor concentration

Feeling depressed or tearful

Headaches

Feelings of dizziness

Nausea and / or vomiting

Noise sensitivity, easily upset
by loud noise

Sleep disturbance

Being irritable, easily angered

Feeling frustrated or impatient

Forgetfulness, poor memory

Taking longer to think

Blurred vision

Light sensitivity, easily upset
by bright light

Double vision

Restlessness



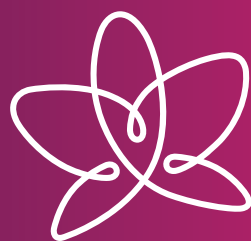
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Graduated return to education/work & sport protocol

Day 0 = Day of the injury/concussion

Stage 1	Day 1 & 2		Relative rest for 24-48 hours (i.e light activities of daily living that do not provoke symptoms are ok) <ul style="list-style-type: none">• Minimise screen time• Gentle exercise (i.e. walking around the house)
Stage 2	Day 2-13	Minimum of 24 hours between stages before progressing.	Gradually introduce daily activities <ul style="list-style-type: none">• Activities away from school/work (introduce TV, increase reading, games etc)• Exercise – light physical activity (e.g. short walks outside)
Stage 3		Symptoms should be progressively improving.	Increase tolerance for mental & exercise activities <ul style="list-style-type: none">• Increase study/work-related activities with rest periods• Increase intensity of exercise guided by symptoms
Stage 4		If symptoms worsen drop back a stage.	Return to work/study & sport training <ul style="list-style-type: none">• Part time return to work/education• Start training activity without risk of head impact
Stage 5	Earliest Day 14		Return to normal work/study & sport-specific training <ul style="list-style-type: none">• Completion of Stages 1-4 AND• Fully reintegrated into work or school AND• Symptom free• And \geq Day 14 post-injury - reintegration into full sport-specific training can occur
Stage 6	Earliest Day 21		Return to sports competition <ul style="list-style-type: none">• Completion of Stage 5 AND• Symptom free during sports training• AND \geq Day 21 post-injury• AND the (player) has received medical clearance from a qualified medical professional (from a general practice or primary care team).

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