INESSS
LE SAVOIR PREND FORME

NOVEMBER 2024

Gradual return to activities following a mild traumatic brain injury or concussion (MTBI/Concussion)

Updated pamphlet on the gradual return to intellectual, physical, and sports activities following an MTBI/Concussion

English summary

Une production de l'Institut national d'excellence en santé et en services sociaux (INESSS)

Québec

SUMMARY

Gradual return to activities following a mild traumatic brain injury or concussion (MTBI/Concussion) - Updated pamphlet on the gradual return to intellectual, physical, and sports activities following an MTBI/Concussion

Introduction

Traumatic brain injury (TBI) is generally defined as an impairment of brain function, or other evidence of brain pathology, caused by an external force. Mild TBI (MTBI), sometimes called concussion, is the mildest but also the most common form of TBI.

MTBI/Concussion can cause a variety of symptoms, but in most people, these disappear within a few weeks. To optimize recovery and minimize long-term impact, a gradual approach to resuming activities is recommended. Information, education, and reassurance for people with such trauma are essential to the management of this condition. The INESSS has produced an information pamphlet designed to guide people with MTBI/Concussion and their close ones in resuming intellectual, physical, and sporting activities. The pamphlet, last updated in 2018, is widely used in the Quebec healthcare network. It is recognized by people with MTBI/concussion, their close ones, and healthcare professionals as a reference tool for the management of MTBI/Concussion.

This project aimed to update the INESSS pamphlet for people with MTBI/Concussion (school-age children, adolescents, adults, seniors) and their close ones. This update was necessary as new evidence and recommendations have been published.

Methodology

The process of developing the statements and producing the pamphlet on resuming intellectual, physical, and sporting activities included:

1. A review of the scientific and grey literature on information and advice for people who have just had a MBTI/Concussion;
2. A synthesis of the information, analysis of the methodological quality of the documents, and formulation of a first draft of statements;
3. A consultation process (two electronic surveys and one virtual meeting) with an advisory committee of clinical, scientific, and administrative experts, in order to reach a consensus on the statements;
4. Finalization of the statements and their translation into an information pamphlet;
5. Two consultation processes (individual interviews) with pamphlet users, one at the beginning of the project to get their opinion on the 2018 pamphlet, and one at the end of the project to test the usability and acceptability of the updated pamphlet;
6. The production of a pamphlet for targeted users.

Results

The literature review identified 33 scientific literature documents and 6 grey literature documents of varying quality. The information gathered in these documents was synthesized in the form of statements and submitted to an advisory committee made up of 21 people with diverse clinical, scientific, and administrative expertise. Most statements (13 out of 17) were kept as they reached consensus (≥ 80% agreement) in the final vote of the advisory committee. The four remaining statements were modified by eliminating the main source of disagreement, i.e., no mention of specific professions able to support people with MTBI/Concussion.

As a result, 17 statements were formulated and translated into an information pamphlet designed to help people with MTBI/Concussion and their close ones gradually resume intellectual, physical, and sporting activities.

These statements cover common symptoms, warning signs that require to go to the emergency room, time to recovery, conditions that require consultation, initial rest, and the principles and steps of gradual resumption of intellectual, physical, and sporting activities.

At the start of the project, consultations were held with 12 users (people who had suffered from a MTBI/Concussion, their close ones, and healthcare professionals) to determine their information, reassurance, and communication needs. At the end of the project, consultations with 10 potential users ensured that these needs had been addressed in the updated pamphlet.

The updated pamphlet has been posted on the INESSS website.

Clinically, the main elements that differ from the 2018 version are as follows:

- The initial rest period is 1 to 2 days rather than at least 48 hours;
- Initial rest is now described as “active” rest, meaning that the person continues to perform daily activities, but more gently, rather than limiting all activities;
- Advice on possible activities during initial rest has been added in response to the need expressed by people with MTBI/Concussion, since the 2018 pamphlet only mentioned advice on activities to avoid or limit;
- Increased symptoms during the initial steps of resuming activities are tolerated, provided the increase remains mild and brief (less than an hour);
- Specialized nurse practitioners, physiotherapists, psychologists, and neuropsychologists join physicians and the early intervention and rehabilitation team for MTBI/Concussion as health professionals who can help people who have suffered from this trauma.

Regarding graphics and communication, the main elements that differ from the 2018 version are as follows:

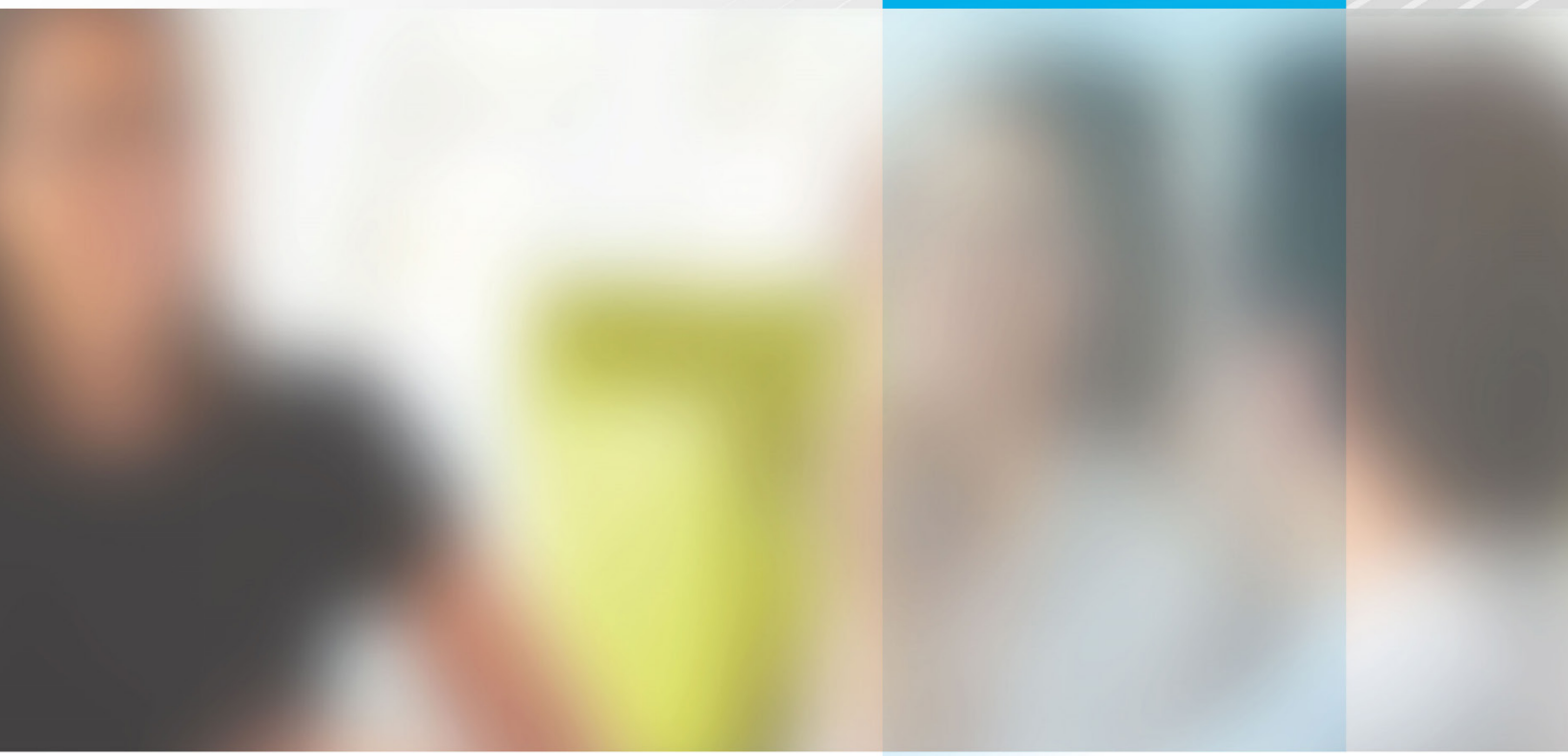
- The pamphlet now includes 4 pages (rather than 2 pages) to meet the need indicated by users to space the information further apart;
- Throughout the pamphlet, several examples of activities have been added in an attempt to reach various clienteles - e.g., people who do not go to school or who do not participate in sports;
- In response to the need for reassurance expressed by people who have suffered a MTBI/Concussion, the section on additional resources has been expanded to better direct them to the appropriate resources;
- A major effort has been made to adapt the literacy level to the target audience and make the information accessible to a large number of people.

Conclusion

It is hoped that this update will help people with MTBI/Concussion and their close ones to be well informed and reassured about MTBI/Concussion, and to optimize their recovery. It is also hoped that it gives a common, coherent, and consistent message on resuming activities following a MTBI/Concussion.

To get the desired impact, the pamphlet needs to be distributed within various professional orders and clinical settings, as some professionals may be less familiar with the MTBI/Concussion pamphlet and the advice it contains. The pamphlet could also be distributed in non-clinical settings - e.g., sports associations, schools, workplaces, residential care facilities - to raise awareness among all people who may meet a person with MTBI/Concussion. As traumas are not exclusive to the health sector, it will be necessary to establish links between various stakeholders, including the Quebec Ministry of Education and various sports associations.

Finally, this updated pamphlet could be used as a lever to develop other initiatives and tools (e.g., audio/video capsules) for people with MTBI/Concussion and those around them.



Siège social

2535, boulevard Laurier, 5e étage
Québec (Québec) G1V 4M3
418 643-1339

Bureau de Montréal

2021, avenue Union, 12e étage, bureau 1200
Montréal (Québec) H3A 2S9
514 873-2563
inesss.qc.ca

Institut national d'excellence en santé et en services sociaux
Québec