

Concussion service criteria

Who can access the service?

The client must have...	Comment
had an injury in the last 12 months; AND	Clients whose injury is over 12 months ago usually require more support than this service can provide. Clients with more complex needs can be referred directly to ACC to access more comprehensive assessments and therapy.
an accepted current ACC claim; AND	The referral will not be progressed until the claim has been accepted. This service should not be used for medical follow up or where the client is at medical risk. An ACC45 can be sent with the referral form. Note: Where the covered injury is not for a traumatic brain injury the medical referrer should either confirm the diagnosis or request the diagnosis to be investigated.
been diagnosed with mild or moderate TBI or post concussion syndrome; AND	GPs & Emergency Departments (EDs) should apply the criteria for classifying the severity of TBI as described in ACC's <i>Traumatic Brain Injury: Diagnosis, Acute Management and Rehabilitation Best Practice Guide July 2006</i> . See note above
continued signs and symptoms of brain injury with a significant impact on level of functioning that requires investigation and treatment, such as: <ul style="list-style-type: none"> • mood changes • difficulty concentrating • visual disturbances • memory problems • balance issues • nausea • fatigue • headaches • muscular aches, AND 	The signs and symptoms indicate the need for <ol style="list-style-type: none"> 1. A clinical referral 2. Rehabilitation therapy
additional risk factors such as (and/or): <ul style="list-style-type: none"> • the inability to work or attend school for more than one week • second or subsequent MTBI within 6 months • post traumatic amnesia lasting more than 12 hours • requirement to operate machinery or 	These factors indicate the need for early rehabilitation intervention. The list is not exhaustive. It's intended that clients who are likely to recover without rehabilitation support are not referred to the Concussion Service.

The client must have...	Comment
drive at work <ul style="list-style-type: none"> • a pre-existing psychiatric disorder or substance abuse problem • a high functioning job such as a pilot, engineer, medical practitioner, lawyer • be a current secondary or tertiary student. 	

Diagnosis

Confirmed

All clients being referred to the Concussion Service should have a confirmed diagnosis. The diagnosis will be based on the signs and symptoms observed at presentation.

Investigation

The Concussion Service can investigate the diagnosis using the medical specialist if the medical referrer considers a differential diagnosis is required, particularly where the cause and resulting symptom presentation cause concern.

In acute presentations the client should be assessed using the Glasgow Coma Scale (GCS) and Post Traumatic Amnesia (PTA) score. Clients diagnosed with a mild or moderate TBI are suitable for the Concussion Service.

The table below is used to categorise TBI at the acute presentation.

Severity of injury	Glasgow Coma Scale (GCS)	Duration of Post-traumatic Amnesia (PTA)
Mild	13-15	less than 24 hours
Moderate	9-12	1-6 days
Severe	3-8	7 days or more

(Source: Evidence best practice guideline – traumatic brain injury: diagnosis, acute management and rehabilitation 2006 (TBI Guidelines))

Note:

Where the GCS and PTA do not correlate then the client will be assigned to the greater of the two severity categories. Example: A client has a GCS score of 14 and also experiences PTA of 2 days. Based on the more severe indicator (PTA of 2 days) the client is considered to have a moderate TBI.