



Healthcare Services Position Statement Concussion

Background

The term concussion* has garnered considerable media and medical attention in recent years on account of head injuries to athletes in sport. Stemming from this phenomenon, the diagnosis of concussion is also being cited much more frequently by healthcare practitioners in relation to workplace accidents.

There is no single definition of concussion/no single set of diagnostic criteria for concussion that is uniformly applied across the various medical disciplines. This has the potential to create inconsistencies when WCB Healthcare Consultants are asked to clarify the diagnosis stemming from a workplace accident.

To address this matter, WCB Healthcare developed the following Position Statement, which addresses the diagnostic criteria of concussion that WCB Healthcare Consultants utilize when asked about concussion in relation to a workplace accident.

Position Statement

The term concussion implies there having been:

- i. Physical trauma of sufficient force that would be reasonably expected to lead to an immediate brain injury, as evidenced by;
- ii. An immediate disruption of brain function, as manifested by;
- iii. An immediately apparent i) alteration of mental state and/or ii) impairment of neurologic function

The following criteria must be met to substantiate a diagnosis of concussion in relation to a workplace accident:

The application of a force to the **brain** of sufficient intensity, either from blunt trauma to the head, an acceleration or deceleration mechanism or exposure to blast that results in one or more of the following **immediate** manifestations:

- Observed or self-reported loss of consciousness
- Observed or self-reported alteration in mental state at the time of injury, such as confusion and/or disorientation
- Loss of memory for events immediately before or after an injury
- The occurrence of an acute neurologic deficit

Post accident symptoms such as headache, dizziness, irritability, fatigue and/or poor concentration, including when identified soon after an injury, can be used to support the diagnosis of concussion but cannot be used to make the diagnosis of concussion in the absence of the criteria listed above.

*The terms concussion and mTBI (minimal traumatic brain injury) are used interchangeably in this statement.

References

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2. Centers For Disease Control and Injury Prevention, 2003: Report to Congress on Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem. Atlanta, GA, Internet: <http://www.cdc.gov/traumaticbraininjury/pdf/mtbireport-a.pdf> (Accessed May 29, 2013)
3. Methodological Issues and Research Recommendations for Mild Traumatic Brain Injury: The WHO Collaborating Centre Task Force on Mild Traumatic Brain Injury, *Journal Rehabilitation Medicine* Feb 2004 (43 Suppl) 113-25
4. Recommendations for Diagnosing a Mild Traumatic Brain Injury: A National Academy of Neuropsychology Education Paper. *Archives of Clinical Neuropsychology* 24, 2009 3–10;
5. Clinical Practice Guideline: Management of Concussion/mild Traumatic Brain Injury, VA/DoD Evidence Based Practice, Department of Veterans Affairs, US Department of Defense, April 2009
6. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.