

# Diagnosis

In New York State, the diagnosis of a concussion remains within the scope of practice of the following medical providers: physicians, nurse practitioners, and physician assistants. As part of their licensure, these medical providers are encouraged to remain current on best practices in their fields. Medical providers who are not familiar with current best practice on concussion management are encouraged to seek out professional development updates. This section provides a general overview of current best practice to familiarize district health professionals, and should not be utilized as a replacement for professional development.

It cannot be emphasized enough that any student suspected of having a concussion – either based on the disclosure of a head injury, observed or reported symptoms, or by sustaining a significant blow to the head or body – must be removed from athletic activity and/or physical activities (e.g. PE class, recess), and observed until an evaluation can be completed by a medical provider. In accordance with the Concussion Management and Awareness Act, a student diagnosed with a concussion is not to be returned to athletic activities until at least 24 hours have passed without symptoms and the student has been assessed and cleared by a medical provider to begin a graduated return to activities. Per this statute, students removed from athletic activities at school for a suspected concussion must be evaluated by, and receive written and signed authorization from, a physician in order to return to athletic activities in school.

Evaluation by a medical provider of a student suspected of having a concussion should include a thorough health history and a detailed account of the injury. The Centers for Disease Control and Prevention (CDC) recommends that physicians, nurse practitioners, and physician assistants use the Acute Concussion Evaluation Form (ACE) to conduct an initial evaluation.

<http://www.cdc.gov/concussion/headsup/pdf/ACE-a.pdf>

The CDC recommends evaluation of three areas:

- Characteristics of the injury
- Type and severity of cognitive and physical symptoms
- Risk factors that may prolong recovery

## **Injury Characteristics**

The student, and/or the parent/guardian or district staff member who observed the injury, should be asked about the following as part of an initial evaluation:

- Description of the injury
- Cause of the injury
- Student's memory before and after the injury
- If any loss of consciousness occurred

- Physical pains and/or soreness directly after injury

### **Symptoms**

Students should be assessed for symptoms of a concussion including, but not limited to, those listed in the Identification Section.

### **Risk Factors to Recovery**

According to the CDC's Heads Up, Facts for Physicians About Mild Traumatic Brain Injury (MTBI), students with these conditions are at a higher risk for prolonged recovery from a concussion:

[http://www.cdc.gov/concussion/headsup/pdf/Facts\\_for\\_Physicians\\_booklet-a.pdf](http://www.cdc.gov/concussion/headsup/pdf/Facts_for_Physicians_booklet-a.pdf)

- History of concussion, especially if currently recovering from an earlier concussion
- Personal and/or family history of migraine headaches
- History of learning disabilities or developmental disorders
- History of depression, anxiety, or mood disorders

Students, whose symptoms worsen or generally show no reduction after 7-14 days, or sooner depending on symptom severity, should be considered for referral to a neuropsychologist, neurologist, psychiatrist, or other medical specialist in traumatic brain injury.