

# The rest to re-engagement strategy for managing patients with concussion in primary care

1

### Make a clinical diagnosis of concussion

- ✓ Plausible brain injury mechanism documented
- ✓ Symptoms and signs consistent with altered brain functioning
- ✓ Symptom severity assessed using a scoring criteria
- ✓ Exclude more serious injury that requires emergency department referral

}

This process can be supported by using the Brain Injury Screening Tool (BIST)

  

2

### Deliver recovery advice and reassurance

Recommend

#### Mental and physical rest

(24 – 48 hours)

- ✓ In a quiet environment
- ✓ No reading, screen time (e.g. computer, phones, TV) or strenuous activities

#### Progressive re-engagement

Initial stages → Increase activity as tolerated

- ✓ Low-intensity aerobic activities (e.g. walking, light jogging)
- ✓ Light mental stimulation (e.g. listening to music or reading)
- ✓ Gradually resume normal daily activities

If re-engagement exacerbates symptoms, the activity intensity should be temporarily reduced to a more tolerable level

Consider

#### Managing headache or other pain

- ✓ Prescribe paracetamol if required for short-term relief
- ✗ Avoid NSAIDs and aspirin within first 48 hours, as well as opioids or other sedatives

#### Other self-care techniques

- ✓ Remain hydrated
- ✓ Use an ice/cool pack intermittently, if required
- ✓ Identify triggers of symptoms; avoid these initially
- ✗ Avoid alcohol or recreational drugs, if applicable

#### Managing sleep disturbances:

prioritise behavioural and environmental changes over pharmacological interventions (see main text for more details)

## Guidance for returning to “normal” activities after the 24 – 48 hour rest period

### Work

- Consider the following factors:
  - ✓ **Gradual work re-entry** – e.g. flexible hours or reduced hours; building back up to fulltime work, as tolerated
  - ✓ **Job placement** – tasks should be matched to the person’s ability and tolerance post-injury; computer-based work may initially need to be limited
  - ✓ **Ensure the workspace is appropriate for recovery** – e.g. quiet, supportive and supervised
  - ✓ **Driving/transportation requirements** to and from work
- Complete ACC45 claim-associated medicated certificate and ACC18/eACC18 form as required

### Education

1. Perform regular daily home-based activities (i.e. not school-related) if they do not aggravate symptoms, e.g. reading or watching TV; start with shorter periods, e.g. 5 – 15 minutes and progressively increase until activities can be completed without symptoms
2. Begin to incorporate school-related activities, e.g. homework or other cognitive tasks, while still remaining at home
3. Gradually return to school, guided by symptoms; partial days with lighter subjects or additional break times may be needed initially
4. Full return to school activities when tolerated

### Sport\* – immediately remove from play

- **Stage 1:** players should initially undertake 24 – 48 hours of physical and mental rest
- **Stages 2 – 4:** during the 2 – 13 days post-injury, players can progressively re-engage in normal daily activities, increase their tolerance for physical and mental activities, before returning to work/study and types of sport-specific training that do not risk head impact.
- **Stage 5:** after at least 14 days, players can re-engage in full contact-based sport specific training if they are asymptomatic and have fully returned to school or work
- **Stage 6:** a minimum of 21 days should have elapsed before players can return to full competition, they should be symptom free during sports training and they should have received medical clearance from a qualified medical practitioner (strongly recommended)

**Advise patients with a concussion to refrain from driving until they are cleared by a health professional.**

If transport assistance is required, contact a local Brain Injury New Zealand branch to discuss potential support options, or a disability allowance may be available through ACC.

For further information on head injuries and driving, see:  
[www.nzta.govt.nz/assets/resources/factsheets/36/docs/36-head-injuries.pdf](https://www.nzta.govt.nz/assets/resources/factsheets/36/docs/36-head-injuries.pdf)

3

### Schedule follow-up

(7 – 10 days later)

- Repeat symptom scoring and consider need for further assessments to evaluate recovery progress
- Check for any emerging red flags
- Reinforce appropriate recovery advice

- Schedule additional follow-up appointments as needed
- Consider need for referral to ACC Concussion Services

\* The progression through these stages and the intensity of re-engagement should be guided by symptoms. If at any point along this pathway there is recurrence of concussion symptoms, the patient should return to the previous step. People should not return to sport unless they have fully returned to work/education, if applicable. This guidance has been updated since the initial publication date based on the 2023 ACC concussion guidelines for community sport, available at: <https://www.acc.co.nz/preventing-injury/sport-recreation/concussion-in-sport/>

**Abbreviations:** ACC, Accident Compensation Corporation; CNS, central nervous system; NSAIDs, non-steroidal anti-inflammatory drugs.