

# The ACC Concussion Pathway for primary care



He Kaupare. He Manaaki.  
He Whakaora.  
prevention. care. recovery.



**The ACC Concussion Pathway** is available as a series of tabulated pages within a user's PMS

- These pages include details regarding the specific questions and assessments to be undertaken



Completed by a general practitioner



15 minutes

**A person with a suspected concussion presents in primary care** (either self-referral, or via referral from emergency department, urgent care clinic or a physiotherapist)

**First consultation** (i.e. a routine general practice appointment)

- Obtain consent for data to be used in Pilot Study
- Lodge initial ACC45 claim
- Perform targeted physical examination, primarily looking for serious structural head or cervical spine injury; additional neurocognitive and physical tests can be performed if time permits, as required
- Evaluate the patient using the Brain Injury Screening Tool (BIST) and consider whether a provisional concussion diagnosis is warranted or red flags are present
- Provide verbal and written information on concussion and management advice, including recommendation for 24 – 48 hours of rest if the second appointment cannot occur promptly
- Consider need for referral or book subsequent consultation

**Consider emergency department referral if red flags are present, such as:**

- Serious structural head or cervical spine injury
- Persistent vomiting
- Prolonged loss of consciousness
- Seizure reported

**Sufficient time to fully assess patient, make diagnosis, and deliver management advice?**

Yes (checkmark) / No (cross)

**Consider referral to concussion services if:**

- Symptoms not improved at follow-up appointments and are impacting on everyday activities
- >14 days has passed before patient presented in primary care and there is no improvement

*Direct referral to service provider*

**Consider referral to primary care allied health professional,** such as a physiotherapist (e.g. if there are prominent vestibular symptoms), chiropractor, osteopath, acupuncturist

**These appointments can be:**

- Completed by a nurse practitioner and/or general practitioner
- 15 or 30 minutes, as needed
- Co-payments covered by ACC

See "New concussion purchasing codes are available"

**Second consultation** (as soon as possible)

- Complete BIST (if there was insufficient time in first appointment)
- Deliver more comprehensive neurocognitive and physical assessments, leading to a confirmed diagnosis of concussion, if required
- Consider medical history for features that may influence recovery progress, e.g. mental health issues, learning disorders, migraines
- Provide more comprehensive patient education
- If second appointment does not take place promptly, have general discussion about progress since the previous appointment
- Consider need for referral or follow-up consultation

**Follow-up consultation** (7–10 days later)

- Repeat symptom scoring and compare to previous BIST score
- Consider need for additional assessments of recovery if appropriate
- Provide reassurance regarding recovery progress and reinforce concussion management advice
- Consider need for referral

**Abbreviations:**  
ACC, Accident Compensation Corporation;  
BIST, Brain Injury Screening Tool; PMS, patient management system.

**Is the patient sufficiently recovering?**

Yes (checkmark) / No (cross)

**Consider alternative diagnoses and schedule additional follow-up appointments as required**

**Return to independence**, in accordance with graduated return to sport-, school- and work-plans (see: "An overview of concussion/mild traumatic brain injury management for primary healthcare professionals")