

TREATING A CONCUSSION

Following a diagnosis of a concussion, a doctor may prescribe a specific treatment plan or offer you a variety of treatment options. Arguably the most important part of any treatment plan you choose is taking preventive measures to avoid another concussion following the days after the head injury. The days following a concussion are the most vulnerable to the patient. Evidence shows that people who have had multiple concussions are at greater risk of developing lasting, and even progressive, impairment that limits their ability to function.¹ Patients are typically advised to refrain from all physical activity after they are diagnosed with a concussion.²

This concept of avoiding any activity following a concussion is actually a fairly new idea. It wasn't until March 2013, that the American Academy of Neurology (AAN) updated its guidelines on the evaluation and management of concussions. A major change to the new guidelines is the removal of return-to-play recommendations for athletes. The current recommendation for athletes who have sustained a concussion is immediate removal from play. Return to play should not be allowed until after assessment by a healthcare professional. Young athletes should be managed even more conservatively because their symptoms and neurocognitive performance take longer to improve after a concussion.³ Although these guidelines focus on athletes, the same should be followed for the general public.



This post-concussion prevention is typically paired with a doctor's recommended treatment plan. The following are the most common treatments for concussions:

[1] Clinical studies print out

[2] Medscape

[3] Jeffrey S. AAN Releases New Sports Concussion Guidelines

REST



Rest is the most appropriate (and sometimes the most difficult) way to allow your brain to recover from a concussion. Doctors recommend that you physically and mentally rest in order to fully recover from closed cranial injury. This is similar to the prevention methods above however, instead of avoiding just physical activities, the doctor also suggests limiting activities that require thinking and mental concentration. This includes, but is not limited to playing video games, watching TV, doing schoolwork, reading, texting, or using a computer.

It is often advised that the patient shortens their school day or workdays, takes breaks throughout the day, or even reduces school workloads or work assignments as the recovery process begins. Once the symptoms improve, the patient may gradually add more activities that involve thinking, such as doing more school work or work assignments, or increasing the time spent at school or work. If the concussion occurred while playing a routine physical activity, such as competitive sports, the patient should ask the doctor when it is safe to return to the activity. Resuming any physical activity too soon increases the risk of a second concussion and of lasting, potentially fatal brain injury.

TEMPORARY PAIN RELIEF



A quick, but temporary, fix for concussion symptoms such as headaches is taking a pain reliever. A concussion patient can take an acetaminophen (Tylenol, etc.) but should avoid other pain relievers such as ibuprofen (Advil, Motrin IB, etc.) and aspirin, as there's a possibility these medications may increase the risk of bleeding. Medicine may help with some minor pain relief however, the new AAN guidelines state that there is no evidence that medication improves recovery after a concussion⁴.

CHIROPRACTIC CARE



Patients searching for a more permanent fix to the symptoms of a concussion should look no further than chiropractic care. Studies dating back to the early 90s have proven that **patients suffering from concussion symptoms can greatly benefit from chiropractic care**⁵ Closed cranial injuries, like a concussion, often create specific cranial patterns that can be reverse through specialized chiropractic care. The sphenoid bone becomes tilted low to the left side of the head, which then inhibits left brain function, i.e., math and reading comprehension. As a result, the frontal bone descends, which inhibits circulation to the frontal brain, impairing short term memory. Another cranial fault is inhibited movement of the lesser wings of the sphenoid, which affects eye-tracking.⁶ **Under the right chiropractic care, it is possible to manipulate cranial movement and realign these bones. With this care, patients drastically lower their risk for prolonged effects and begin to see improvements in their functionality.**

[4] Jeffrey S. AAN Releases New Sports Concussion Guidelines

[5] Dynamic Chiropractic

[6] Healthy You handout