Patient and Leadership Guide (PLG)

Progressive Return to Activity Following Concussion/mTBI Patient and Leadership Guide (PLG)

FROM: _____ **TO:** _____ **DATE:** _____

RANK/NAME/UNIT: _____ **DoD ID#:** _____

DIAGNOSIS: Concussion/mTBI **Signature:** _____

DUTY STATUS:

Quarters: ☐ 24 hours ☐ 48 hours ☐ 72 hours ☐ N/A

Light Duty/Profile (per stages chart) for ___ days

Follow-up Dates/Times: _____

NOTES: _____

_____

_____

Follow-up:

The above service member (SM) has been diagnosed with a concussion, or mild traumatic brain injury (mTBI), and will be following the TBICoE Progressive Return to Activity (PRA) Protocol throughout recovery. This process is unique in that the SM will progress at their own pace through the protocol but will have a **scheduled follow-up** with their provider **every three days**. Here are a few common questions related to concussions and this process:

What is the PRA?

The PRA is a six-step return to activity protocol. The earliest a SM can be returned to full duty after concussion is seven days. Following a gradual return to duty protocol has been shown to get SMs back to full duty safely and reduce long-term complications.

What could happen if a SM returns to duty too soon?

Returning a SM too soon places the SM and their unit at risk. Concussion can cause temporary disruption of mental and physical functioning, impairing reaction time, balance, marksmanship, etc. The SM should return to their primary care manager (PCM) and undergo a Return to Duty Screening before they may be returned to full duty.

What are common concussion symptoms?

Thinking/Remembering	Physical		Emotional/Mood	Sleep
Difficulty concentrating	Balance problems	Dizziness	Irritability	Excessive daytime sleepiness
Difficulty remembering new information	Feeling tired, having no energy	Fuzzy or blurry vision, difficulty reading	More emotional	Sleeping less than usual
Difficulty thinking clearly	Headache	Nausea or vomiting (early on)	Nervousness or anxiety	Sleeping more than usual
Feeling slowed down	Sensitivity to noise or light		Sadness	Trouble falling or staying asleep

What is the average recovery time from concussion/mTBI? When can the SM go back to work?

Most SMs fully recover from concussion. Recovery is different for each person, but most people are back to full duty in 2–4 weeks and will be treated solely by their PCM. However, some SMs may experience more severe symptoms that take longer to resolve and require a referral to a TBI Clinic or specialist.

How does a SM progress through the stages of the PRA?

The SM must spend at least 24 hours in each stage. At the beginning of each day the SM should evaluate how they feel:

- If symptoms are the same or better compared with the previous day **AND** they have no *new* symptoms—**they can move on to the next stage**
- If symptoms are worse compared with the previous day **OR** they have *new* symptoms – **they remain at the current stage for an additional 24 hours**

What does a SM do if there are new or worsening symptoms during the day?

Stop the activity until symptoms resolve. Then, return to the previously tolerated stage for the remainder of the day. The next day, reevaluate symptoms and continue progression through the PRA. Contact the provider with any questions or concerns.

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Stages of Progressive Return to Activity				
Stage	**Things Service Member *Should* Do**		**Things Service Member *Should Not* Do**	
Stage 1 – Relative Rest	▪ Light physical activities that don't make symptoms worse (e.g. walking at easy pace) ▪ Light leisure activities that don't make symptoms worse (e.g. TV, reading)	▪ Communicate with friends and family members for support ▪ Eat a healthy diet and drink plenty of water ▪ Get plenty of sleep, and take naps as needed in the early stages ▪ Maintain or reduce use of caffeine, energy drinks, and nicotine ▪ Take breaks if needed	▪ Do not go to work (SIQ/ Quarters) ▪ No physical training or exercise	▪ Do not go outside the wire in a combat zone ▪ No alcohol ▪ No combatives or contact sports ▪ No driving until dizziness or visual symptoms have resolved ▪ No weapons fire or blast exposure
Stage 2 – Symptom-Limited Activity	▪ Increase your physical activity (e.g. take a walk, ride a stationary bike without resistance, do light household activities) ▪ Light reading/computer work as tolerated		▪ Avoid crowded areas ▪ Avoid extreme temperatures ▪ No group physical training ▪ No resistance/weight training	
Stage 3 – Light Activity ▪ SM may be able to return to work at this stage with limitations based on symptoms	▪ Increase physical activities (e.g. elliptical or stationary bike without resistance, walk further, lift or carry light loads of less than 20 pounds) ▪ More technical reading and computer work, go out in more crowded areas (e.g. grocery shopping) ▪ Start military specific tasks (e.g. clean equipment, perform maintenance checks, clean weapons)		▪ No operating heavy machinery ▪ No resistance/weight training ▪ No riding in tactical vehicles ▪ No alternating shift work or shifts > 8 hours	
Stage 4 – Moderate Activity	▪ Increase physical activities (e.g. non-contact sports, hiking or running, resistance training as tolerated (e.g. push-ups, sit-ups), carry weight across uneven terrain) ▪ Increase complexity of military specific tasks (e.g. orienteering/land navigation, following complex instructions, begin wearing personal protective equipment as tolerated)		▪ No operating heavy machinery ▪ No riding in tactical vehicles ▪ No alternating shift work or shifts > 8 hours	
Stage 5 – Intensive Activity ▪ SM to follow up with PCM for Return to Duty Screening	▪ Gradually increase exposure to high risk activities (e.g. combatives, weapons fire or blast exposure, contact sports) in a supervised training environment based on mission requirements ▪ Resume usual exercise routine and military tasks/ training (e.g. use night vision goggles, take part in simulations, navigate uneven terrain/busy environment with flak jacket/Kevlar helmet/pack)		▪ No alternating shift work or shifts > 8 hours	
Stage 6 – Return to Full Duty	▪ Unrestricted activity			

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