Progressive Return to Activity

Following Acute Concussion/Mild Traumatic Brain Injury: Guidance for the Rehabilitation Provider in Deployed and Non-deployed Settings

Clinical Support Tool — January 2014

Neurobehavioral Symptom Inventory (NSI)

Please rate the following symptoms. The purpose of this inventory is to track symptoms over time. Use the 0-4 scale below to rate the symptoms. Do not attempt to score.

- None rarely, if ever, present; not a problem at all.
- Mild occasionally present, but it does not disrupt my activities; I can usually continue what I'm doing; doesn't really concern me.
- Moderate often present, occasionally disrupts my activities; I can usually continue what I'm doing with some effort; I feel somewhat concerned
- Severe frequently present and disrupts activities; I can only do things that are fairly simple or take little effort; I feel I need help.
- Very Severe almost always present and I have been unable to perform at work, school or home due to this problem; I probably cannot function without help.

	Feeling dizzy	0	1	2	3	4
	Loss of balance	0	1	2	3	4
	Poor coordination, clumsy	0	1	2	3	4
	Headaches	0	1	2	3	4
	Nausea	0	1	2	3	4
	Vision problems, blurring, trouble seeing	0	1	2	3	4
	Sensitivity to light	0	1	2	3	4
	Hearing difficulty	0	1	2	3	4
	Sensitivity to noise	0	1	2	3	4
MS	Numbness or tingling on parts of the body	0	1	2	3	4
<u>D</u>	Change in taste and/or smell	0	1	2	3	4
SYMPTO	Loss or increase of appetite	0	1	2	3	4
SY	Poor concentration, can't pay attention, easily distracted	0	1	2	3	4
	Forgetfulness, can't remember things	0	1	2	3	4
	Difficulty making decisions	0	1	2	3	4
	Slowed thinking, difficulty getting organized, can't finish things	0	1	2	3	4
	Fatigue, loss of energy, tire easily	0	1	2	3	4
	Difficulty falling or staying asleep	0	1	2	3	4
	Feeling anxious or tense	0	1	2	3	4
	Feeling depressed or sad	0	1	2	3	4
	Easily annoyed, irritable	0	1	2	3	4
	Poor frustration tolerance, feeling easily overwhelmed	0	1	2	3	4

Used with permission. Cicerone, K., Kalmar, K. (1995). Persistent post-concussion syndrome: The structure of subjective complaints after mild traumatic brain injury. The Journal of Head Trauma Rehabilitation. 10(3). 1-17.

Neurobehavioral Symptom Inventory (NSI) completed at onset of Stage 1.

Note any symptoms rated above 1 (mild).

Rehabilitation Stage	Stage Objective	Physical Progression	Cognitive Progression	Vestibular and Balance Progression
Stage 1 Rest	Rest, limit activity to promote recovery No same day return to duty/ play Provide and review with patient Stage 1 education	Extremely light physical activity, primarily rest although total bed rest not recommended Sleep as desired¹ Abstain from alcohol Avoid caffeine and nicotine Avoid breath holding Rate of Perceived Exertion (RPE) Scale rating —	DEMANDS Extremely light cognitive activity, primarily rest Quiet environment with low lighting Ensure service member has corrective lenses and if photophobia is a problem, low light and sunglasses are advised	Slow and limited range of head and body movement when changing positions to limit symptoms Limit positions where head is below the heart
Initiate Stage	sheet	extremely light; 6-8 ² Heart rate not to exceed 40% of age adjusted theoretical maximum heart rate ³ ; resting HR not greater than 100 Document resting HR and BP (baseline)	— ACTIVITY EXAMPLES	
Initiate Stage 2 the next day after Stage 1, if no new symptoms, no symptoms above a rating of 1 on the NSI, resting BP not to exceed 140/90, resting HR not greater than 100		Basic activities of daily living Wear comfortable clothes Remain seated as needed (such as for hygiene, showering, dressing, meals) Walking as required — limited to easy pace, even terrain, minimal grade (such as to latrines and dining) No exercise	Extremely light, leisure activity (such as television with rest breaks each hour, short leisure reading, casual conversation) No video games No studying No driving	Movement as required for daily routine at tolerated pace Put on shoes while bringing foot to knee, use slip on shoes No bending with head below heart

NSI completed prior to Stage 2 one day after initiation of Stage 1. Compare symptoms to Stage 1 - if no symptoms rated above 1 (mild), no increase in number or severity of symptoms, BP and HR returning to baseline, proceed to Stage 2.

Rehabilitation Stage	Stage Objective	Physical Progression	Cognitive Progression	Vestibular and Balance Progression
Stage 2 Light Routine Activity	Introduce and promote limited effort activities Provide and review with patient Stage 2 education sheet	Maximum 30 minutes of light activity to build endurance; followed by four hours of rest RPE Scale rating — light; 7-11 ² Heart rate not to exceed 55% of age adjusted theoretical maximum heart rate ³ Resting HR not greater than 100; resting BP not to exceed 140/90 Limited lifting of light objects; avoid repetitive lifting Encourage healthy sleep habits ⁴	DEMANDS Maximum 30 minutes of light cognitive activity followed by minimum 60 minutes rest between cognitive activities Simple, familiar activities performed one at a time Increasing exposure to light, and distracting noise	Increase amount and speed of head and body movements in daily routine Head movements that require turning, tilting, forward and backward bending as tolerated Increase shifts in visual focus from near to far and right to left Avoid crowded areas where jostling may occur
Initiate Stage 3 the next day after Stage 2, if no new symptoms, no symptoms above a rating of 1 on the NSI, resting BP not to exceed 140/90, resting HR not greater than 100		Initiate intentional outdoor activities (mild temperature changes) Walking on level surfaces (treadmill) May wear uniform/boots Stationary cycling at slow pace with no tension Stretching No weight lifting No resistance training No combatives or collision sports	Laundry Leisure reading, including newspaper Computer use (internet navigation, casual email correspondence, etc.) Simple board or card games Assemble/disassemble weapon; clean weapon No video games No driving	Bending tasks (e.g., make bed; pick up objects from ground; put boots/socks on with feet on floor) Stair climbing as tolerated Ball catch and toss, indoor "basketball" (seated; tabletop) with small foam ball No sudden head or body movements

NSI completed prior to Stage 3 one day after initiation of Stage 2. Compare symptoms to Stage 2 — if no symptoms rated above 1 (mild), no increase in number or severity of symptoms, BP and HR returning to baseline, proceed to Stage 3.

Rehabilitation Stage	Stage Objective	Physical Progression	Cognitive Progression	Vestibular and Balance Progression			
Stage 3	Full body,	-	DEMANDS —	-			
Light Occupation- oriented Activity	complicated coordinated movements Provide and review with patient Stage 3 education sheet	Occupation-oriented activities for a maximum of 60 minute periods followed by four hours of rest (1:4) RPE Scale rating — light; 10-12² Heart rate not to exceed 65% of age adjusted theoretical maximum heart rate³ Resting HR not greater than 100; resting BP not to exceed 140/90 Avoid repetitive lifting Encourage healthy sleep habits⁴	Maximum 30 minutes of light cognitive activity followed by minimum 60 minutes rest between cognitive activities Simple, unfamiliar tasks or complex familiar tasks (more steps, distractions in environment) Activities that require one or more of the following: Using written technical instructions Visually scanning the environment while moving Increase exposure to light and noise distractions	Increase balance challenges in different light and terrain conditions Increase activities that require one or more of the following: • Clear vision during movement • Faster eye, head and body movements • Stooping, stretching and aiming • Motion in the surrounding environment			
		ACTIVITY EXAMPLES —————					
	Functional tasks requiring occasional lift and carry; lifting not to exceed 20 pounds May wear helmet and/or load bearing equipment (ammunition belt, suspenders, first aid kit, etc.) Shopping for Narrated walk verbally report (ammunition belt, suspenders, first aid kit, etc.)	Shopping for one item Narrated walk (service member identifies and verbally reports landmarks while walking on smooth terrain)	Carrying objects indoors that block view of feet Walking on uneven terrain, steps, different lighting conditions Passenger in vehicle as tolerated, switch focus				
Initiate Stage 4 the next day after Stage 3, if no new symptoms, no symptoms above a rating of 1 on the NSI, resting BP not to exceed 140/90, resting HR not greater than 100		Light military tasks (cleaning equipment, organizing personal space) Brisk walk Elliptical or stair climber Sit-ups, pull-ups, pushups — no more than 25% of repetitions on most recent fitness test ⁵ Plank No valsalva	Preventive maintenance check on vehicles Tabletop construction tasks that involve written/ diagram instructions No video games No driving	from near to distant landmarks Walking in narrow aisle or hallway Hand-to-hand ball toss overhead Stand on one foot with eyes open, then closed Swimming (avoid flip turns) Squat bender, windmill			
		No combatives or collision sports					

Increase demands systematically and progressively, observing for any change that provokes symptoms; modify intensity/duration of demands based on symptom exacerbation.

NSI completed prior to Stage 4 one day after initiation of Stage 3. Compare symptoms to Stage 3 — if no symptoms rated above 1 (mild), no increase in number or severity of symptoms, BP and HR returning to baseline, proceed to Stage 4.

Rehabilitation Stage	Stage Objective	Physical Progression	Cognitive Progression	Vestibular and Balance Progression			
Stage 4	Increase	-	— DEMANDS —	1			
Moderate Activity	intensity and complexity of exercise and cognitive activity Provide and review with patient Stage 4 education sheet	Maximum 90 minutes of moderate activity RPE Scale rating — somewhat hard; 12-16² Heart rate not to exceed 70-85% of age adjusted theoretical maximum heart rate³³ Resting HR not greater than 100; resting BP not to exceed 140/90 Exercise and rest ratio of 1:4 (30 minute activity requires two hours of rest, 60 minute activity requires four hours rest, etc.) Occasional lifting and carrying of objects; recommend avoiding maximum weight Non-contact activities Encourage healthy sleep habits⁴	Sustained cognitive activity for at least 20 minutes at a time, not to exceed 40 minutes and must be followed by 80 minutes cognitive rest. Cognitive activities require one or more of the following: Remembering to do a task at a specific time Problem solving Remembering and following verbal instructions Shiffing back and forth between two tasks Scanning environment while performing a task	Increase exercise intensity with activities that require one or more of the following: Improve ability to see clearly with faster head/body movements Head movements in all directions with visual tracking Total body movement, up and down (bouncing, jumping, jostling) as tolerated including riding as a passenger in a vehicle Navigating uneven terrain with reduced ability to visualize foot placement Short durations as a passenger in a vehicle			
		⊢ ACTIVITY EXAMPLES —					
		Activities from previous stages — increase stress/duration May wear personal protective equipment (body armor, plates, mask, protectors) in progressively weighted manner Non-contact sport-related activities (shooting basketball, throwing/catching ball) Brisk hike (> 3 mph) no additional load Resistance training — 60-75% of 1 rep max ⁵	Managing appointments, medications Map reading while walking Orienteering/land navigation Grocery shopping Strategy games (chess, poker)	Shooting basketball, throwing/catching ball while moving Carrying objects across rugged terrain Foosball, golf putting, ping pong, video games Agility drills with cutting and quick direction changes			
Initiate Stage 5 the next day after Stage 4, if no new symptoms, no symptoms above a rating of 1 on the NSI, resting BP not to exceed 140/90, resting HR not greater than 100		Moderate military job tasks Tasks requiring climbing/crawling with no additional load and jogging to running as tolerated Progressive sit-up, push-up, pull-up drills (change hand/body position, speed, duration, etc.) Increase reps of sit-ups, pull-ups, push-ups — no more than 50% of repetition on most recent fitness test No combatives or collision sports	Video games Target practice Weapons simulator Driving simulation No driving	Jump rope Mini trampoline Swimming with flip turns			

Increase demands systematically and progressively, observing for any change that provokes symptoms; modify intensity/duration of demands based on symptom exacerbation.

NSI completed prior to Stage 5 one day after initiation of Stage 4. Compare symptoms to Stage 4 — if no symptoms rated above 1 (mild), no increase in number or severity of symptoms, BP and HR returning to baseline, proceed to Stage 5.

Rehabilitation Stage	Stage Objective	Physical Progression	Cognitive Progression	Vestibular and Balance Progression		
Stage 5	Duration and	DEMANDS —				
Intensive Activity	intensity of activity parallels service member's typical role, function(s) and tempo Provide and review with patient Stage 5 education sheet	Resume usual exercise routines (with exceptions below) RPE Scale rating — very hard; maximum exertion; 16*2 Heart rate not to exceed 85-100% of age adjusted theoretical maximum heart rate³ Resting HR not greater than 100; resting BP not to exceed 140/90 Encourage healthy sleep habits⁴	Cognitive activities should be sustained for maximum of 50 minutes during exertion and/or distractions. Include activities requiring one or more of the following • Problem solving • Multi-tasking • Remembering and following verbal instructions • Shifting between multiple tasks • Scanning the environment while performing tasks • Verbally instruct someone how to perform a procedure — monitor and correct their performance	Greater exercise intensity and dynamic balance in conditions that include one or more of the following: • Visual challenges (smoke, low light, night vision goggles, bright lights) • Rapid head and body movements • Visual scanning with rapid head/eye movements while moving quickly • Rapid position changes and greater jarring movements • Increased duration riding as a passengent		
Initiate Stage day after Stanew symptons as of 1 on the N: BP not to excresting HR not than 100	e 5, if no ns, no ove a rating il, resting eed 140/90,	Participate in normal training activities Heavy military job tasks (digging, soldier carry, getting in an out of the turret of an armored vehicle, getting under a vehicle, change tire, load/unload equipment) Resistance training to maximum No combatives No contact/collision sports ⁷	Communicating by signals during patrol duty Using appropriate tactics, techniques and procedures for radio communication Planning and explaining MOS specific tasks (see one, do one, teach one) Participating in typical duty day without going outside wire Participating in usual military and social activities Simulated weapons training Driving as appropriate per pre-driving screens or assessments, supervised, on road rides or simulated driving — as appropriate to MOS or civilian roles — based on available resources and environment	Navigating uneven terrain with full load Running/quick navigation in rough terrai and low-light conditions, night vision goggles, bright light Patrol duty Jump landing Simulations and virtual reality environment		

Increase demands systematically and progressively, observing for any change that provokes symptoms; modify intensity/duration of demands based on symptom exacerbation.

NSI completed prior to Stage 6 one day after initiation of Stage 5. Compare symptoms to Stage 5 — if no symptoms rated above 1 (mild), no increase in number or severity of symptoms, BP and HR returning to baseline, proceed to Stage 6.

Rehabilitation Stage	Stage Objective	Physical Progression	Cognitive Progression	Vestibular and Balance Progression
Stage 6	Pre-injury activity level			
Unrestricted Activity	Provide follow-up guidance			

References

- Sleep as desired. Focus on rest, allowing naps and uninterrupted sleep. Encourage an environment of low stimuli and 6-8 hours of sleep at night.
- 2. Borg Rating of Perceived Exertion (RPE) Scale

6	No exertion at all		
7 – 8	Extremely light		
9	/ery light exercise. For a healthy person, it is like walking slowly at his or her own pace for some minutes.		
10 - 12	Light		
13	Somewhat hard exercise, but it still feels OK to continue.		
14 – 16	Hard (heavy)		
17 – 18	Very hard. A healthy person can still go on, but he or she really has to push him- or herself. It feels very heavy, and the person is very tired.		
19	Extremely strenuous exercise level. For most people this is the most strenuous exercise they have ever experienced.		
20	Maximal exertion		

Borg,G. (1982). Psychophysical bases of perceived exertion, Medicine and Science in Sports and Exercise, 14(5), 377-81.

3. Theoretical Maximum Heart Rate = 220 - age

Heart Rate Target Chart

Age	40%	55%	65%	70%	80%	85%
15	82	114	133	144	162	174
20	80	108	130	140	160	17
25	78	107	126	136	156	165
30	76	104	123	133	152	161
35	74	101	120	129	148	159
40	72	99	117	126	144	153
45	70	96	113	122	140	148
50	68	93	110	119	136	144
55	66	91	107	115	132	140
60	64	88	104	112	128	136
65	62	85	100	108	124	132

References continued

- Sleep recommendation for Stages 2-5 see "TBI Symptom Management: Healthy Sleep" (dvbic.dcoe.mil)
- 5. Percentage of repetitions on most recent fitness test, return progression and resistance training foundation based upon ACSM position. ("Progression Models in Resistance Training for Healthy Adults," Medicine & Science in Sports & Exercise; March 2009, Vol. 41, Issue 3)

6. Additional exercise examples:

- Power jump
- Complex training drills
- High jumper
- Mountain climber
- 3-5 second rush
- Leg tuck and twist
- Side to side knee lift
- Front kick alternate toe touch
- Tuck jump
- Straddle run forward/back
- Half squat laterals
- Frog jumps forward/back
- Shoulder roll

Military activity examples:

- Getting in and out of armored vehicle
- Road march
- Litter carry
- 3-5 second Buddy Rush
- Urban operation movements
- Operate low-recoil weapons at a range

7. Definitions of contact and collision activities.

(Rice, S., & the Council on Sports Medicine and Fitness (2008). Medical Conditions Affecting Sports Participation. Pediactrics 121(4), 841-848).

Contact sports are characterized by participants making contact with one another or inanimate objects but with less frequency and force than in collision sports.

Examples: basketball and soccer. Military examples: hand-tohand combat, pugil sticks, headlocks/chokes, kicks, punches, bear hugs, break falls, single or double leg attacks.

Collision sports are characterized by participants purposefully hitting or colliding with each other or inanimate objects (including the ground) with great force.

Examples: football, ice hockey, men's lacrosse and boxing. Military examples: obstacle course, rappelling, confidence course, parachute jump, free fall, diving.

NOTE:

Operational requirements may supersede these recommendations.

"Patient Activity Guidance After Concussion" handouts are available for each stage at dvbic.dcoe.mil.



For Psychological Health & Traumatic Brain Injury

dcoe.mil

2345 Crystal Drive, Suite 120 Arlington, Virginia 22202 800-510-7897

1335 East West Highway, 9th Floor Silver Spring, Maryland 20910 301-295-3257



dvbic.dcoe.mil

1335 East-West Highway, Suite 6-100 Silver Spring, Maryland 20910 800-870-9244