

# From Evidence to Action: Family Version of the Living Guideline for Pediatric Concussion Care

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PEDIATRIC CONCUSSION CARE

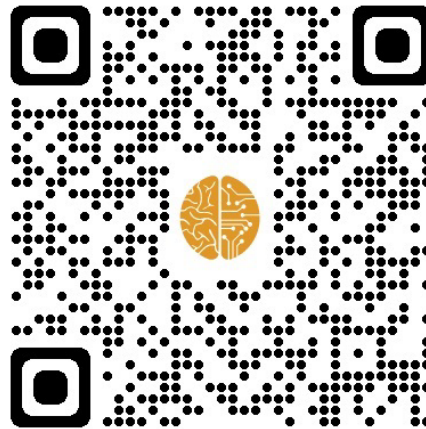




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LIVING GUIDELINE FOR  
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Funded by the Ontario Ministry of Health



Clinical Practice  
Guideline (web  
version)

Recommendations  
Updated Sept 2023



Post-Concussion  
Information Sheet

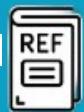
Updated  
Sept 2023

2023 Return to  
Activity Protocols

Updated  
Sept 2023

Living Guideline  
Evidence Map  
(References)

Updated  
Sept 2023



Download PDF  
(update in progress -  
check back soon)



Cite the  
Guideline







# Goal: Share up to date and evidence based best practice recommendations to improve outcomes for children with concussion



48+ World Leading  
Concussion  
Experts



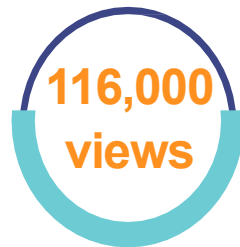
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Mobilizing knowledge



- National and International Reach
- Users: Healthcare professionals, students, teachers, coaches, youth, families and policymakers



# Diagnosing and managing paediatric concussion: Key recommendations for general paediatricians and family doctors

Get access >

Jennifer Dawson, PhD, [Nick Reed, PhD OT reg.\(Ont\)](#), Shannon Bauman, MD, Ryan Seguin, BSc, Roger Zemek, MD ✉ The ONF Pediatric Concussion Living Guideline Team

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## Abstract

Concussion in children and adolescents is an important health concern. Most paediatric patients fully recover in 1 month or less following an acute concussion. However, some experience prolonged or persistent concussion symptoms. Family physicians play an important role in the management of post-concussion-related symptoms.



CANADIAN FAMILY PHYSICIAN • LE MÉDECIN DE FAMILLE CANADIEN

The official journal of the College of Family Physicians of Canada



Commentary

## Return to Driving Following Concussion: A Research Priority

Jennifer Dawson, PhD; Sharon Johnston, MD; Shawn Marshall, MD; Tom A. Schweizer, PhD; Nick Reed, PhD; Hannes Devos, PhD; Julianne Schmidt, PhD, ATC; Alexander Lithopoulos, PhD; Roger Zemek, MD

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### DRIVING AFTER CONCUSSION

Driving is one of the most complex cognitive a physical tasks performed daily by adults and old adolescents. Safe driving requires a high degree of concentration, executive processing, visual-spatial skills/motor skills, reaction time, information processing, a memory. Transient impairments due to acute or persistent concussion symptoms in any of these domains may make patients with postconcussive symptoms unsafe on the road, putting themselves and others on the road at risk.<sup>1-3</sup> Despite high-quality guidance relating to safely returning to physical and cognitive activities such as sport, school, work, and military duty, evidence to support driving competency following concussion is weak or nonexistent. As driving is related to autonoma

Commentary

## Returning to school following concussion

Pointers for family physicians from the *Living Guideline for Pediatric Concussion Care*

Jennifer Dawson PhD MSc Sharon Johnston MD LLM CCFP Stephanie McFarland MScOT OTReg(Ont) Nick Reed PhD MScOT OTReg(Ont) Roger Zemek MD FRCPC

Family physicians play an important role in concussion care and are often the first point of contact that patients and families have with a medical professional after an injury. New evidence has changed the

### How long should a patient rest after a concussion?

Patients should be encouraged to rest for the first 24 to 48 hours following acute injury. This is a period of relative

# What about families?

**Gap:** families need Guideline information delivered in a way that is easy to understand and use

**Goal:** use co-creation to make a family version of the Guideline

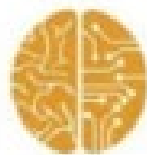


# NAVIGATING CONCUSSIONS

## *Patient Information Sheet / Family Version*

Guidelines Updated Nov 2023

This work is supported by the Ontario Ministry of Health Grant # 720



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# Co-Creation



## Increased usability

Using input from diverse groups ensures readability, understanding, and keeps it a relevant , addressing questions that are of interest

## Larger reach

Understanding barriers means we can adjust the resource to be as applicable and easy to use



## Sensitive

Integrating experts with lived experience helps keep the document sensitive to patients, as we learn the concussion experience

## Better quality resource

Putting together diverse ideas and perspectives increases quality of work





## Health Sciences graduate

I graduated in 2023 with an Honors Bachelor's Degree in Health Sciences, conc. Disability and Chronic Illness



## 4 concussions

In competitive ringette and soccer, I have experienced 4 serious concussions.

## Experience with diverse populations

With individuals of all abilities, individuals with low socioeconomic status, those new to Canada, oncology patients, and children / teens of all ages



**co-creation**

**Health Sciences graduate**

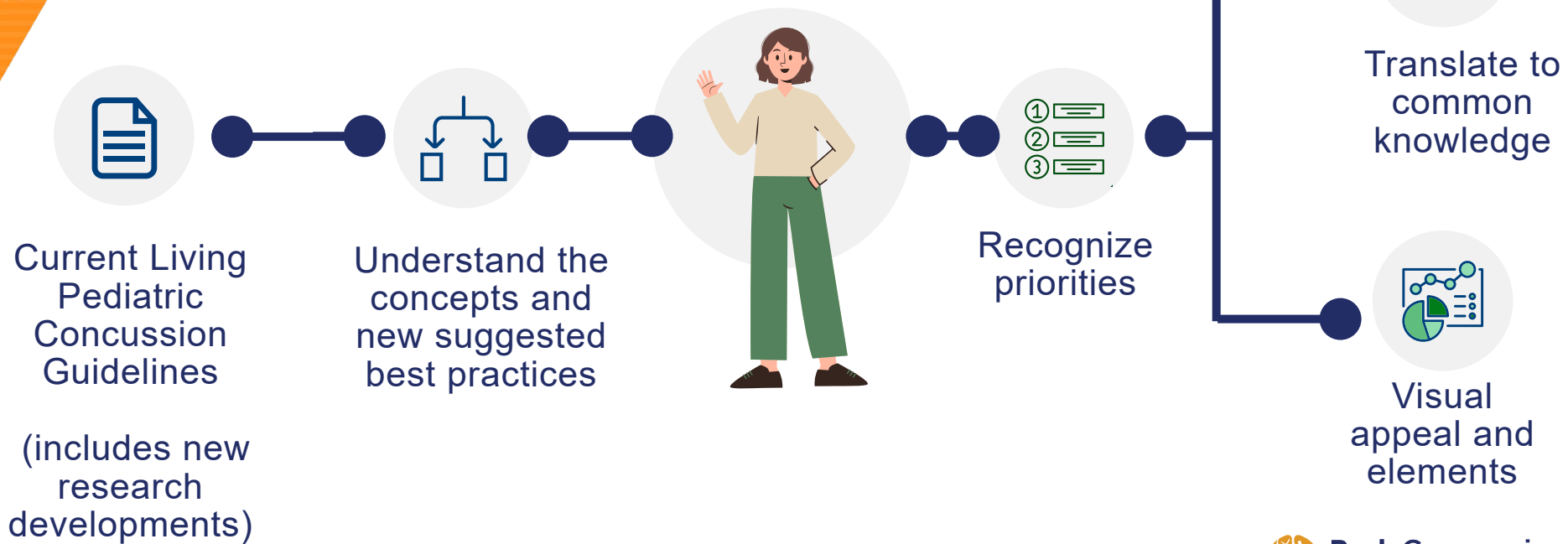
**4 concussions**

**Experience with diverse populations**



# Step 1: Learning and Drafting the Family/Patient Version

I went through attempts to update the Guidelines. I then sorted through to recognize areas that needed to be in the Family Version and started the creation of a document.



# Step 2: Verify Clinical Accuracy





# Step 3: Community Co-Creation



First draft



Review and come up with ideas for improving together



Final-co-created draft

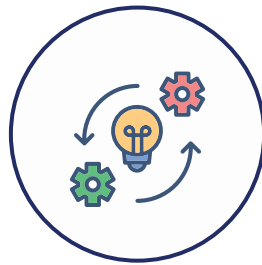


Verify clinical accuracy with concussion experts

# Summary



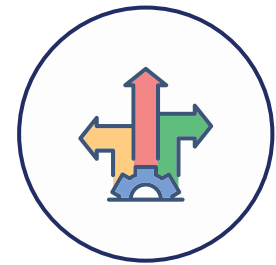
Diverse,  
Inclusive, and  
Sensitive  
Resource



Easy to read and  
access - relevant  
for users



Clinically  
accurate



Adaptable to new  
research



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