

# Mild Traumatic Brain Injury Program of Care (MTBI POC)

## Health Professional Quick Reference



The MTBI POC is an evidence-based health care delivery plan and is specific to the treatment of workers with a mild traumatic brain injury. This POC is not designed for the treatment of moderate or severe brain injuries.

### Objectives of the MTBI POC

The objectives of the MTBI POC are to:

- provide best possible evidence-based quality care to workers with MTBI in a timely manner
- promote safe, timely, and sustainable return to work for workers in the program
- assist the worker to return to the best possible pre-injury level of overall function and quality of life.

### Mandatory Requirements

Prior to commencing the MTBI POC:

- A physician **must** first diagnose the worker with a workplace MTBI
- The WSIB **must** approve the claim for MTBI.

### Eligibility Criteria

The MTBI POC is appropriate for workers:

- diagnosed with a workplace MTBI by a physician
- with an approved claim for MTBI with the WSIB
- within one year post date of injury
- not hospitalized.

### Exclusion Criteria

The MTBI POC is not designed for workers with:

- moderate or severe brain injury
- other injuries being treated through the WSIB Serious Injury Program
- cancer of the central nervous system
- structural defect of cranial vault at the time of injury
- penetrating brain injury
- a psychiatric disorder/psychopathology such that the MTBI POC would interfere with the treatment of this condition
- physical impairments or concurrent injuries that would prevent the worker from being assessed and/or treated in the MTBI POC.

Workers with any of these injuries/illnesses should be treated outside the MTBI POC.

### Initial Assessment

Prior to initiation of the treatment program, the health professional will conduct an assessment of the worker. The health professional will communicate the key findings, including the baseline measures (Rivermead and RAND SF-36 Questionnaires) and appropriate stream of care for the worker.

Only one initial assessment is required for the duration of the POC.

### Education Stream (for workers within three months post date of injury)

#### *Recommended Intervention*

The worker should be educated about MTBI and their symptoms. Generally, symptoms resolve within three months and do not require active treatment for symptom management.

The education stream is for a maximum of 12 weeks of care and recovery, with discharge at any time.

#### *Follow-up Visits*

Regular follow-up visits are recommended at a minimum of six to eight weeks after entry into the POC. If the worker is progressing, the follow-up is used to track symptom improvement and reinforce previously delivered education session(s).

### Active Treatment Stream and Education (for workers who are more than three months but less than one year since date of injury)

There may be cases where the worker will continue in the POC. Workers who remain symptomatic at three months after the date of injury will receive active treatment in addition to continued education. The active treatment of symptoms in the POC is for a maximum of 12 weeks, with discharge at any time.

Workers who enter the POC more than three months post-injury may immediately enter the Active Treatment Stream and Education. In these cases, an initial assessment is required.

### ***Recommended Interventions***

- education
- cognitive rehabilitation
- manual mobilization therapy.

### ***Non-recommended interventions***

- pharmacological interventions (Amitripelavil, DDAVP, DHE).

### **Outcome Measurement**

#### ***Rivermead Questionnaire***

The worker completes a short questionnaire which rates the severity of current symptoms compared to the worker's condition prior to the MTBI injury. Record the scores for the questionnaire on the Initial Assessment Report and the Care & Outcomes Summary Report.

#### ***RAND 36 – Short Form Health Survey (SF-36)***

Administer the RAND SF-36, which assesses eight aspects of the quality of the life of the worker as a result of the MTBI. Record the scores for the eight health concepts on the Initial Assessment Report and the Care & Outcomes Summary Report.

*Note: The WSIB acknowledges that the RAND-36 Short Form Health Survey (SF-36) was developed at RAND as part of the Medical Outcomes Study.*

### **Communication Requirements**

#### ***Initial Assessment Report***

Complete and submit only one Initial Assessment Report to the WSIB when the worker is first enrolled in the POC. The report should be sent to the WSIB within two working days, either by mail or fax.

#### ***Care & Outcomes Summary Report***

Complete and submit the Care & Outcomes Summary Report by mail or by fax within two working days, whenever the worker is discharged from the POC.

#### ***Communication with Employer***

**The only personal information about the worker that may be released to the employer without the worker's consent is information relating to the worker's functional abilities.**

At the beginning of treatment, contact the employer, either by phone or by letter/fax, to let the employer know that you will be involved in facilitating the worker's continued progress of early and safe return to work. You should inquire about the demands of the worker's job and if necessary, about possible modifications. When the worker is nearing discharge, contact the employer regarding the worker's early and safe return to work.

### **Communication with the WSIB**

Call the WSIB when:

- The worker is not progressing as expected
- Any other issues arise.

Information relating to the worker's health care may be released to the WSIB by health professionals, hospitals, and health facilities without first obtaining the worker's consent. (See S.37 of the *Workplace Safety and Insurance Act*).