

Initial Evaluation	
<ul style="list-style-type: none"> • Description of injury event • Duration of loss of consciousness or altered mental status • Confirmation of mild TBI diagnosis • Evaluation of ongoing symptoms 	<ul style="list-style-type: none"> • Mental health evaluation • Evaluate for chronic pain, sleep disorders and substance abuse • Measures of effort



Possible Outcomes Following Initial Evaluation	
Outcome #1	The patient does not have any cognitive symptoms. Education and reassurance to the referring provider and the patient.
Outcome #2	There is no indication that the patient sustained a mild TBI but cognitive symptoms are present. Refer the patient back to the primary care provider for further evaluation of a medical or mental health condition.
Outcome #3	<p>The patient has co-morbidities or other symptoms that are too severe for him/her to undergo cognitive assessment.</p> <ul style="list-style-type: none"> • If referred to specialty clinic, assign case manager and re-evaluate in 4 weeks. • If referred to specialty clinic and all cognitive symptoms resolve, case manager to follow via phone for 6 months to ensure symptoms remain resolved.
Outcome #4	The patient sustained a mild TBI and has symptoms that warrant further comprehensive cognitive evaluation .



Comprehensive Cognitive Evaluation	
<ul style="list-style-type: none"> • Comprehensive neurological evaluation to occur prior to comprehensive cognitive evaluation • Assessment domains: <ul style="list-style-type: none"> – Attention – Memory – Processing speed – Executive functioning (reasoning, problem solving, organizing, planning, self-monitoring, emotional regulation) – Post-traumatic stress disorder screen – Post-concussive syndrome symptom rating – Pain screen – Symptom validity test – Substance abuse screen – Measures of effort 	



Determine the Treatment Plan Upon Completion of the Comprehensive Cognitive Assessment	
<ul style="list-style-type: none"> • Primary factor contributing to symptoms (i.e., is mild TBI the primary cause of the symptoms or is a co-morbidity such as major depression considered the primary contributor) • Cognitive deficits associated with diagnosis of mild TBI • Need for cognitive rehabilitation 	<ul style="list-style-type: none"> • Type of rehabilitation needed • Short- and long-term goals of rehabilitation



Interventions	
Area of cognitive impairment	Empirically-supported interventions
<ul style="list-style-type: none"> • Attention 	<ul style="list-style-type: none"> • Attention process training • Working memory training
<ul style="list-style-type: none"> • Memory 	<ul style="list-style-type: none"> • Various mnemonic techniques • Visual imagery mnemonics
<ul style="list-style-type: none"> • Attention • Memory • Executive functioning 	<ul style="list-style-type: none"> • Memory notebook • External cuing
<ul style="list-style-type: none"> • Executive functioning • Social pragmatics 	<ul style="list-style-type: none"> • Social communication skills training groups
<ul style="list-style-type: none"> • Attention • Memory • Executive functioning • Social pragmatics 	<ul style="list-style-type: none"> • Problem solving training • Error management training • Emotional regulation training • Integrated use of individual and group interventions