TOOL 10.1: Post-concussion Vision, Vestibular, and Oculomotor Disturbances Algorithm

Medical follow-up and referral to healthcare professionals/interdisciplinary concussion team

(1-4 weeks following acute injury)

- Focused vision and vestibular history, physical examination, determine need for imaging
- Post-injury education and guidance on symptom management
- Refer to healthcare professionals/interdisciplinary concussion team if symptoms last longer than 4 weeks (or sooner as needed/using clinical judgment), or if the child has modifiers that may delay recovery
- Consider particle re-positioning for BPPV (e.g. Epley)

Consider early referral (< 4 weeks) if child/adolescent has modifiers that may delay recovery/ high risk of prolonged post-concussion symptoms

Not yet recovered

Symptoms lasting >4 weeks post-concussion

Healthcare professionals/ interdisciplinary concussion team

- Medical assessment by physician with expertise in concussion
- Adjunctive testing (graded aerobic exercise testing, formal vestibular testing, automated visual field testing)
- Interdisciplinary management of vision and vestibular disorders

BPPV, vestibular hypofunction, balance	Central vestibulopathy SSCD	Vision or oculomotor disorder	Cervicogenic dizziness
Physiotherapist*	Otolaryngologist/ Neuro-Otologist, Neuro-Ophthalmologist, Physiotherapist*	Neuro-Ophthalmologist, Neuro-Optometrist, Physiotherapist*	Physiotherapist*, Chiropractor*

Acronyms: paroxysmal positional vertigo (BPPV); superior semicircular canal dehiscence syndrome (SSCD)

*denotes health care professional with competency-based training in vestibular or visual system rehabilitation