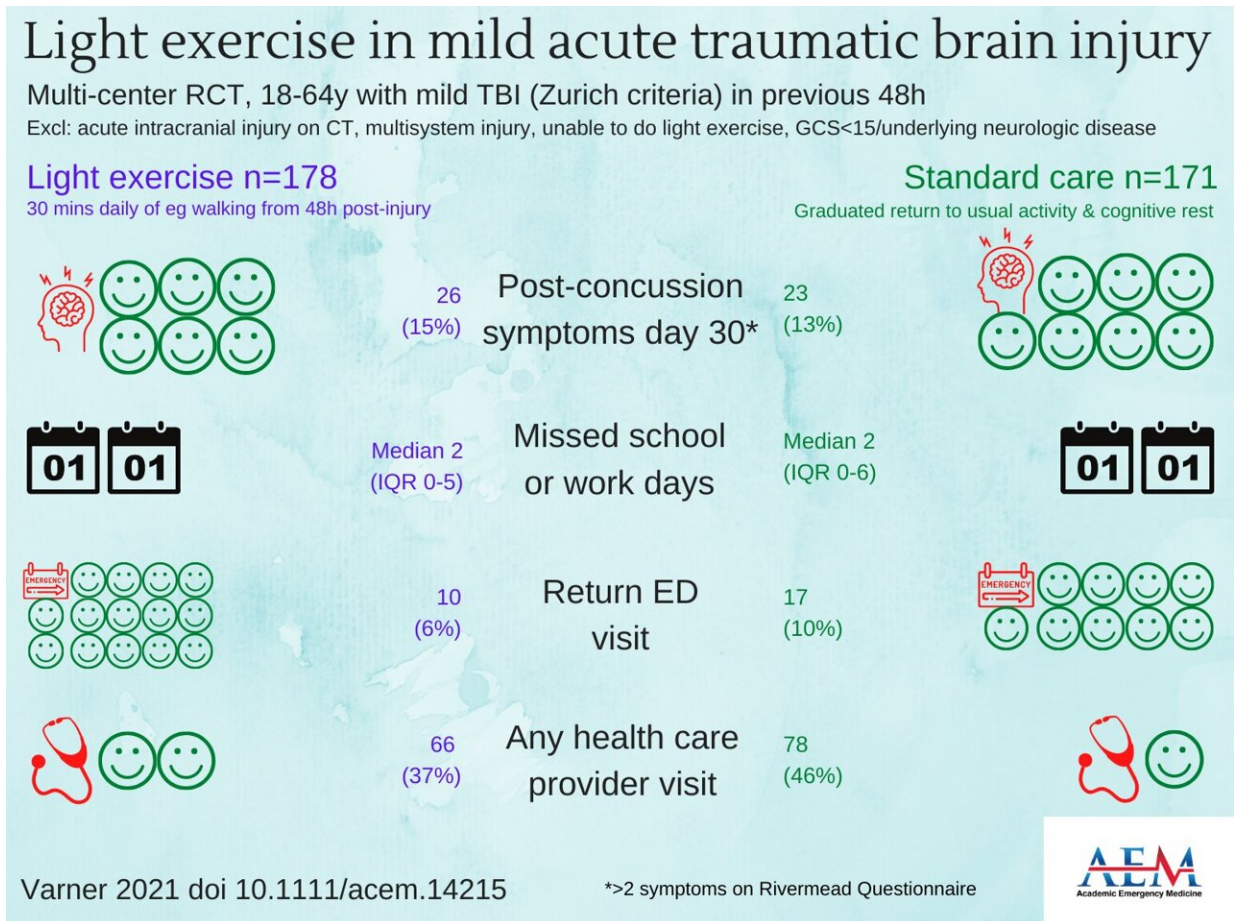


No difference in outcomes between light exercise and rest for patients with mild TBI

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Multi-center RCT, 18-64y with mild TBI (Zurich criteria) in previous 48h.
 Credit: Kirsty Challen, B.SC., MBCHB, MRES, PH.D., Lancashire Teaching Hospitals, United Kingdom

For acute mild traumatic brain injury (mTBI), there were no differences in recovery or health care utilization outcomes with prescribed early light exercise compared to standard care. These are the results of a study titled A randomized trial comparing prescribed light exercise to standard management for emergency department patients with acute mild traumatic brain injury, to be published in the May issue of *Academic Emergency Medicine* (AEM) journal, a peer-reviewed journal of the Society for Academic Emergency Medicine (SAEM).

Findings of the study suggest that early light exercise may be encouraged as tolerated at emergency department discharge following mTBI, but this guidance is not sufficient to prevent persistent post-concussion symptoms (PCS) as it did not influence the development of PCS in adult diagnosed patients.

Current mTBI recommendations suggest a period of cognitive rest and gradual return to usual activities. Patients are encouraged to resume normal activities, including exercise, once symptoms have abated. However, a recent systematic review of early educational interventions in the [emergency department](#) (ED) for mTBI concluded there are no ED-based educational interventions or standard management practices that prevent PCS in this population. Additionally, previous research shows that a period of rest does not decrease severity or duration of mTBI symptoms.

More information: Catherine E. Varner et al, A randomized trial comparing prescribed light exercise to standard management for emergency department patients with acute mild traumatic brain injury, *Academic Emergency Medicine* (2021). [DOI: 10.1111/acem.14215](https://doi.org/10.1111/acem.14215)

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