This is the most recent set of guidelines taken for the attached article: <https://www.sciencedirect.com/science/article/pii/S000399931931305X>

Return to activity advice:

* Relative rest for the first 24-48 hours after an mTBI is recommended; the goal is to alleviate symptoms and reduce metabolic demands on the brain.
* Complete rest, such as lying in a dark room and avoiding all sensory stimuli (<https://www.sciencedirect.com/topics/medicine-and-dentistry/sensory-stimulation>) (eg, reading, interacting with family and friends, etc) does not accelerate recovery and is therefore not advisable.
* After an initial period of relative rest and symptom stabilization, patients should be encouraged to gradually resume normal daily activities (including screen time) as tolerated. This means that physical and cognitive activities can be progressively resumed at a pace that does not significantly worsen existing symptoms or generate new symptoms.
* Environmental conditions with high sensory stimulation can also be gradually reintroduced. Clinicians may provide more detailed, structured guidance for a graduated activity progression with return to school, 22,26 sport22 (table 2), or military service.30 Students who are returning to school with residual symptoms may benefit from pragmatic accommodations, 25 (table 3).
* mTBI symptoms that persist past the acute period (2 weeks for adults and 4 weeks for school-aged children and adolescents) should be attended to

Table 2. Return to play progression[22](https://www.sciencedirect.com/science/article/pii/S000399931931305X" \l "bib22)

| **Stage** | **Aim** | **Activity** | **Goal of Each Step** |
| --- | --- | --- | --- |
| 1 | Symptom-limited activity | Usual daily activities that do not provoke symptoms | Gradual reintroduction to school and work |
| 2 | Light aerobic exercise | Walking or stationary biking at slow to medium pace without resistance. | Increase heart rate |
| 3 | Sport-specific exercise | Aerobic exercises such as running, sprinting, skating. Sport-specific warm-up and light drills. No head impact activities | Increase motion |
| 4 | Noncontact training drills | More intense training drills. May start progressive resistance training and weight lifting | Assess coordination, fitness, and concentration |
| 5 | Full contact practice | Participate in normal training activities including scrimmaging | Restore confidence and assess functional skills by coaching staff |
| 6 | Return to sport | Normal game play |  |

Headaches:  
Posttraumatic headaches (<https://www.sciencedirect.com/topics/medicine-and-dentistry/posttraumatic-headache>) Early management should include avoidance of fasting (skipping meals) and maintaining adequate hydration. During the immediate postinjury period, acetaminophen (<https://www.sciencedirect.com/topics/medicine-and-dentistry/paracetamol>) may be preferred over aspirin (<https://www.sciencedirect.com/topics/medicine-and-dentistry/acetylsalicylic-acid>) and certain other nonsteroidal anti-inflammatory agents that confer a slightly increased risk of hemorrhagic stroke.

Sleep disturbance:  
Both hypersomnia (<https://www.sciencedirect.com/topics/medicine-and-dentistry/kleine-levin-syndrome>) and insomnia are common after mTBI. The goal of treatment is to normalize the sleep-wake cycle. Initial management of sleep disturbance should include environmental and behavioral modifications, such as setting a regular nighttime sleep schedule, limiting daytime naps, and avoiding foods or substances that may have a stimulating effect4.