

## Initial Consult

### **Patient Assessment:**

Physician consultation will involve in-depth concussion history, initial symptoms, and current symptoms, as well as physically assessing the patient to determine a subject's viability for the study.

1. Exact history of the concussion/TBI: When did it occur, how, and what side of the head experienced trauma? This intake should account for all injuries over a patient's lifetime
2. Initial symptoms after each TBI: What were major symptoms at the time, which symptoms resolved? Did the patient lose consciousness? If so, for how long? Did the patient seek medical attention? If so, where and what kinds of imaging or procedures were done? Note: The initial symptoms are utilized to determine whether the TBI occurred and should be classified as mild, moderate, moderately severe, or severe.
3. What post-concussive symptoms have resolved?
4. What are the patient's current symptoms? What treatments have been done? What has helped the patient? Anything made the patient worse?
5. What are the patient's biggest challenges? Do these challenges match up with their report from the TBI Symptom Eval? What are their goals of therapy? Do they understand the treatment modalities offered?

### **TBI Symptom Evaluation**

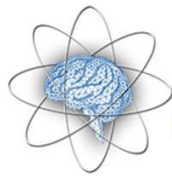
Conduct this quantitative assessment of the patient's post-concussive symptoms; each partner clinic may have a specific symptom evaluation. See TBI Therapy's evaluation here:

<https://tbitherapy.com/training/>

### **Pre-Treatment Diagnostics**

Schedule the patient for the following diagnostics prior to treatment:

1. WAVi Scan: Patients must complete a WAVi scan of their brain. Patients may want to read about the WAVi scan here: <https://tbitherapy.com/testing-for-tbi/>
2. Cognitive and psychological testing (Creyos, Brain Check, CNS Vital Signs):



<https://tbitherapy.com/testing-for-tbi/>

### **Laboratory Assessment**

Practitioners may choose to submit basic baseline labs which include the following:

1. CBC with diff (if patients are anemic, these prospective subjects shall be treated with iron, liver, B12, folate, and/or vitamin C supplementation until CBC is normal)
2. CMP (if significant imbalance, excluded) with Ca, Mg and Phos
3. TSH (if greater than 2.0 or less than 0.2, patients must be treated first)
4. Testosterone (Total and Free), SHBG, Estradiol for men (include E1 and E3 if female), DHEA-S
5. AM Cortisol
6. Mean platelet volume
7. Serotonin blood levels

All of the above labs should be taken at baseline and every 2 months of the study for a total of one baseline and 3 post-treatment points.

### **Extra Labs**

Patients with suspected alcohol, drug abuse, tobacco use conditions will need a Utox level, BAC, and pay attention to LFTs on the CMP. Labs shall be ordered also for patients with suspected significant metabolic disorders or genetic disorders affecting heart, brain, metabolism (aka Diabetes, CAD, Lung disease, etc).