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| Technique  | Mode of Delivery  | Target  |
| 1. Vestibulo-ocular
	1. Ocular control
		1. Brock string
		2. Marsden Ball
		3. Saccades
		4. Gaze stability
	2. Canalith repositioning
	3. Brandt-Daroff Exercises
	4. Optokinetic stimulation
	5. Habituation
2. Cervical
	1. Proprioceptive training
	2. Motor control exercises
	3. Dry needling
	4. Strength training
	5. Stretching/mobility exercise
	6. Joint mobilization/ manipulation
	7. Soft tissue mobilization
	8. Modalities
3. Exertional
	1. Aerobic exercise
	2. Resistance training
4. Functional mobility skills
	1. Eye/hand coordination drills
	2. Sport/Duty specific skills
	3. Agility drills
	4. Cognitive-motor task practice
	5. Balance
		1. Static/postural control
		2. Dynamic
			1. Gait
		3. Reactive
		4. Multisensory/sensory reweighting
5. Education
	1. General – possible causes of symptoms, strategies to address
	2. Exercise recommendations
	3. Pain Neuroscience education
 | 1. Therapist Initiated/Delivered Activities
	1. Manual therapy
	2. Repositioning maneuver
	3. Modalities
		1. Heat
		2. E stim
		3. Vibration
		4. Etc….
	4. Education
		1. Verbal
		2. HEP illustrations
		3. Booklet
		4. DVBIC resources?
	5. Feedback
		1. Results/

extrinsic* + 1. Performance/ intrinsic
	1. Exposure/symptom provocation (ex: motion sensitivity)
	2. Perturbation
1. Computer driven activities
	1. Posturography
	2. Gaming/interactive software (ex: Wii, DynaVision reaction training
	3. Virtual reality
2. Exercise
	1. Treadmill
	2. Bike
	3. Elliptical
	4. Zero G
	5. Overground
	6. Plyometric
	7. Weights/external resistance
3. Practice
	1. Fixed
	2. Variable
	3. Distributed
	4. Massed
	5. Graded intensity
4. Home exercise
 | 1. Vestibulo-ocular
	1. VOR
	2. Dynamic Visual Acuity
	3. BPPV
	4. Convergence/ Accommodation
	5. Visual Tracking/Head movement
	6. Visual motion sensitivity
	7. Saccades
	8. *Peripheral hypofunction*
	9. *Optokinetic nystagmus*
	10. *Dizziness*
	11. *Vestibular spinal reflex*
2. Cervical
	1. Range of motion
	2. AA function
	3. Strength/muscle imbalance
	4. Pain
	5. Posture
	6. Proprioceptive deficits (JPE)
3. Exertional
	1. Autonomic Dysfunction
	2. Vertebrobasilar artery?
	3. Exercise intolerance
4. Functional mobility/Dual Task
	1. Dynamic control (motor skill, balance, agility)
	2. Static balance
	3. Dual Task
	4. Sensory integration
5. Headache
	1. Management strategies
6. Education
	1. Symptom management
	2. Activity modification
	3. Anxiety management
	4. Outcome/prognosis (expectation for recovery)
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This taxonomy is based on the Rehabilitation Treatment Based Classification System to define the active ingredients of treatment. Technique refers to the intervention being used within the clinic, mode of delivery involves the tools used for this technique including whether it was an active or passive (therapist delivered) intervention, and the target of treatment is the deficit therapists are intending to address. Not included on this list are the representations or organ function categories, which involve the patients understanding or physiologic functions intended to be affected by treatment. The taxonomy is further classified by the general categories of mTBI identified in the CPG on concussion as a format for guiding what may be the primary target of intervention versus secondary or associated deficits.

Examples of intervention coding based on this taxonomy:

Habituation exercises

Technique: habituation to provocative positions

Mode of delivery – Practice: distributed, fixed, graded intensity

Target: peripheral hypofunction OR visual motion sensitivity

Gait over uneven/unstable surfaces

Technique: Dynamic control - Gait; sensory modification

Mode of Delivery: Variable, distributed practice, graded intensity, intrinsic feedback

Target: Sensory integration, dynamic control

Agility ladder drills

Technique: agility drills

Mode of delivery: over ground exercise; variable, distributed, graded intensity practice

Target: Functional mobility: dynamic control, sensory integration

Future directions for this intervention:

* + - 1. Submit to project sites for therapist revision or addition of intervention techniques as well as additional targets of intervention they’ve found to be associated with mTBI.
			2. Expand this taxonomy to include the most common specific exercises associated with treatment as well as a format for documenting novel interventions not listed here.
			3. Integrating Assessments that would identify deficits that become the targets of each of these treatments.
			4. Incorporating the frequency and duration measures to track each of these treatments.
			5. Develop a corresponding patient factors list to standardize comorbidities, symptom severity, past medical history and a way to classify which of these are primary versus secondary targets of intervention.