

Keely Barnes MHK, PhD (c)^{1,2,3}; Heidi Sveistrup PhD^{1,2}; Motahareh Karimijashni MSc, PhD (c)^{1,3}; Mark Bayley, MD^{4,5}; Mary Egan, PhD^{1,2}; Martin Bilodeau PhD^{1,2}; Michel Rathbone MD, PhD⁶; Monica Taljaard, PhD^{1,3}; Shawn Marshall, MD, MSc^{1,2,3} 1. University of Ottawa, Ottawa, Canada; 2. Bruyère Research Institute, Ottawa Hospital Research Institute, Ottawa, Canada; 4. University Health Network, Toronto, Canada; 5. Division of Physical Medicine and Rehabilitation, Toronto, Canada; 6. McMaster University, Hamilton, Canada kebarnes@ohri.ca **Preliminary Information on Psychometric**

Background

- People who sustain a concussion and live in remote areas can experience challenges to accessing needed specialized assessments and care¹
- □ Although virtual approaches to assessment increase accessibility, the reliability and validity of these approaches relative to in-person assessments is not clear^{1,2,3}

Objectives

- Recruitment capability
- Time required to complete assessments
- Acceptability of the virtual assessment

Document preliminary information regarding sensitivity of the virtual assessment compared to the in-person assessment

Document preliminary information regarding inter-rater/intra-rater reliability of the virtual assessment

Methods

Participants

✓ Twenty people living with brain injuries attended two assessments (one in-person and one virtually over Microsoft Teams)

Clinical Measures Used in Assessments

✓ The following measures were administered: fingerto-nose test, Vestibular/Ocular Motor Screening, balance testing (feet together, single leg stance test, tandem stance), saccades, cervical spine range of motion, evaluation of effort

References

1. Caze II T, Knell GP, Abt J, Burkhart SO. Management and treatment of concussions via tele-concussion in a pediatric setting: methodological approach and descriptive analysis. JMIR Pediatrics and Parenting. 2020;3(2):e19924. 2. Vargas BB, Channer DD, Dodick DW, Demaerschalk BM. Teleconcussion: an innovative approach to screening, diagnosis, and management of mild traumatic brain injury. Telemedicine and e-Health. 2012;18(10):803-6. 3. Ellis MJ, Boles S, Derksen V, Dawyduk B, Amadu A, Stelmack K, et al. Evaluation of a pilot paediatric concussion telemedicine programme for northern communities in Manitoba. International journal of circumpolar health. 2019;78(1):1573163. 4. Sullivan SJ, Hammond-Tooke GD, Schneiders AG, Gray AR, McCroy P. The diagnostic accuracy of selected neurological tests. Journal of Clinical Neuroscience. 2012;19: 423-427.

Investigation of a Virtual Concussion Assessment: a Feasibility Study



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Properties (N=20) Sensitivity Intra-rater Inter-rater reliability reliability 0.47 0.333 0.69 0.38 0.941 0.61 0.917 0.89 1.0 1.00.67 0.76 1.00.50 0.44 0.49 1.0*Statistic could not be computed as the values documented by the second clinician-assessor are

N, number; NPC, near point convergence; ROM, range of motion; VOMS, Vestibular/Ocular Motor



□ The results of this feasibility study indicate that components of the virtual physical concussion assessment are feasible and acceptable to both people living with brain injuries and clinicians U We are currently recruiting 60 participants to document specific psychometric properties associated with virtual administration of concussion