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Navigating Concussions in MVAs: The Role of Early Intervention in Hospital Care



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Background:

In Ontario, individuals injured in motor vehicle accidents may be subject to the Minor Injury Guideline (MIG), which caps treatment funding at \$3,500. Determining whether a concussion falls within or outside the MIG significantly impacts access to care. In hospital settings, concussion symptoms are often subtle and evolving, making early identification and documentation critical to patient outcomes and continuity of care.

Objective:

To examine the role of hospital physicians in early concussion identification, documentation, and discharge planning, and how these factors influence access to care within the accident benefits framework.

Methods:

This presentation reviews current approaches to concussion management in accident benefits claims, with a focus on clinical documentation and early intervention. It includes analysis of the Licence Appeal Tribunal decision *Gavey v. Wawanesa* to highlight how evidence is assessed in determining MIG eligibility. Practical strategies for improving documentation and facilitating transitions to community-based care are discussed.

Conclusions:

A diagnosis of concussion alone is insufficient to move a patient outside the MIG. Timely, consistent, and detailed documentation of symptoms and functional impairment is essential. Hospital physicians play a key role as first assessors, and their early clinical decisions directly influence recovery trajectories and access to rehabilitation services. Strengthening early intervention and documentation practices can improve both patient outcomes and access to appropriate care.

