





















- Classic presentation for *migraine* is characterized by a unilateral throbbing sensation accompanied with light/noise sensitivity, nausea, and vomiting, and often having prodromal symptoms
- Special adolescent considerations for true migraine, past +/or present: Adolescent migraine may be shorter duration +/or more often bilateral compared to traditional presentation in adults

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- Adolescent studies also indicate that cognitive, emotional & social life can be adversely affected even 5 years post-injury
- "Invisible illness" factor can be difficult with family, friends and teachers, instructors & employers
- Adolescent athletes are often high achievers. Depression & anxiety may result from the adolescent perceiving failure to meet their own expectations & perhaps accept new limitations which may seem permanent to them (fear of uncertain future is triggering)

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What is unique with age <25 years..."dizziness"

• Majority of vestibulo-spinal (balance) issues resolve in the first 3-5 days

- Unfortunately, screening tools such as Balance Error Scoring System (BESS) only measures vestibulo-spinal, *not* vestibulo-ocular dizziness
- We utilize Vestibular/Ocular Motor Screening (VOMS) since it measures *both* vestibulo-spinal & vestibulo-ocular causes of dizziness

• No single test, however, will suffice

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How we know when it is safe to return to contact/collision
In athletes <25 years of age:
At 1 week out from DOI approximately 40% are ready to return to contact/collision activities
At 2 weeks out from injury approximately 60-70% are ready to return to contact/collision activities
At 3 weeks out from injury > 90% are ready to return to contact/collision activities
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