

Rhode Island Concussion Guide: What to Know After a Car Accident

Symptoms, Recovery Expectations, Objective Screening, and What Normal Imaging Does Not Rule Out

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INTRODUCTION

Concussions are relatively common after motor vehicle accidents — including lower-speed collisions. Many people are surprised to learn they may have sustained a concussion even when CT or MRI scans appear normal. This guide summarizes common symptoms, why normal imaging does not rule out a concussion, what recovery often looks like, and practical steps that may support safe management after a car accident. You do not need to lose consciousness to have a concussion.

COMMON SYMPTOMS OF CONCUSSION AFTER A CAR ACCIDENT

Concussion-related symptoms can appear immediately, within hours, or sometimes days after a collision. Symptoms may include:

- Headache or a feeling of pressure in the head
- Dizziness or balance problems
- Brain fog or difficulty concentrating
- Fatigue or feeling slowed down
- Sensitivity to light or noise
- Sleep disturbances — trouble falling or staying asleep
- Irritability, anxiety, or mood changes
- Nausea or vomiting
- Neck pain or stiffness — often present alongside concussion after whiplash
- Memory issues or feeling not quite yourself
- Visual discomfort or difficulty with screen use

Important note: These symptoms are non-specific and can have more than one possible explanation. Their presence alone does not establish a diagnosis, severity level, or specific treatment plan. Symptoms should be interpreted in the context of a proper evaluation.

WHY NORMAL CT OR MRI OFTEN DOES NOT SHOW A CONCUSSION

Concussion is generally considered a functional injury — one that affects how the brain is working rather than creating visible structural damage on standard imaging. Conventional CT and MRI are excellent tools for detecting bleeding, fractures, and larger structural problems. They are not designed to measure subtle changes in brain function — so they are frequently normal in mild to moderate concussions. A normal scan does not rule out concussion-type symptoms and does not replace careful clinical assessment.

WHY NECK AND CONCUSSION SYMPTOMS CAN OVERLAP

After a car accident, some symptoms often associated with concussion may also overlap with neck-related problems. This is especially common when concussion-type symptoms occur alongside whiplash or cervical strain. Because symptoms may arise from more than one source, a thorough evaluation often considers both neurologic and musculoskeletal factors. This is one reason a careful history, physical examination, and appropriate functional assessment can be more useful than imaging alone.

Examples of overlapping symptoms may include:

- Headaches
- Dizziness
- Difficulty concentrating
- Visual complaints
- Balance changes
- Fatigue

RED FLAG SYMPTOMS — SEEK EMERGENCY CARE

Call 911 or go to the emergency department immediately if you experience:

- Worsening or severe headache
- Repeated vomiting
- Loss of consciousness or increasing confusion
- Seizures
- Slurred speech or weakness on one side of the body
- Inability to recognize people or places
- Severe drowsiness or difficulty waking up
- Sudden significant change in behavior, alertness, or neurologic function

Do not delay emergency care based on anything in this guide.

WHAT RECOVERY FROM CONCUSSION OFTEN LOOKS LIKE

Recovery timelines vary considerably. Some people improve within a few weeks, while others take longer — especially when concussion occurs alongside whiplash, pre-existing conditions, or other injuries.

Days 1 to 10

Headaches, fatigue, sensitivity to light or noise, dizziness, and variable symptom intensity. Rest and pacing are typically emphasized in this phase.

Weeks 2 to 4

Gradual improvement for many people, though symptoms may still fluctuate. Gradual return to light cognitive and physical activity is usually guided by symptom response.

Beyond 4 Weeks

Some symptoms may linger and may require more targeted follow-up or management. Symptoms persisting beyond one month warrant specialist evaluation.

Recovery is rarely perfectly linear. Good days and more challenging days are common. Appropriate pacing, rest, and guided re-introduction of activity often support better outcomes.

SELF-CARE STRATEGIES AFTER A CONCUSSION

What is appropriate can vary by case. Many concussion management plans emphasize:

- Relative rest in the first 24 to 48 hours, followed by gradual return to light activity as tolerated
- Limiting screen time and bright light exposure if these clearly aggravate symptoms
- Prioritizing consistent sleep — including a regular sleep-wake schedule
- Staying hydrated and eating regular, balanced meals
- Avoiding alcohol and recreational substances during the early stages of recovery
- Gradual return to physical and cognitive activity under guidance — rather than prolonged complete inactivity
- Using sunglasses, hats, or blue-light filters if light sensitivity is significant

Not every strategy is appropriate for every person. If symptoms are significantly worsening, if daily function is declining, or if you are unsure whether an activity is safe — seek individualized medical advice.

OBJECTIVE SCREENING AND ASSESSMENT

In addition to standard imaging, several types of functional assessments may help evaluate concussion-related problems. At Cityside Chiropractic, post-concussion objective screening includes:

RightEye oculomotor assessment

Computerized eye tracking measuring smooth pursuit accuracy, saccadic function, fixation stability, and visual reaction time against age-matched normative databases. Oculomotor dysfunction is among the most sensitive objective indicators of post-concussion neurological involvement.

BTrackS vestibular assessment

Force plate measurement of postural stability and balance function. Quantifies vestibular dysfunction with a standardized score compared to normative values — transforming the subjective complaint of dizziness into a measured clinical finding.

CNS Vital Signs cognitive screening

Computerized assessment of processing speed, working memory, and complex attention against age and education-matched normative benchmarks. Documents the cognitive dimensions of post-concussion syndrome objectively.

Neck and spine evaluation

Cervicogenic factors are common after car accidents and can overlap with concussion-like symptoms. A complete evaluation addresses both.

These assessments provide measured, normatively compared findings when structural imaging is normal — giving both patients and attorneys objective clinical data rather than subjective symptom reports alone.

QUESTIONS TO ASK YOUR PROVIDER

- Do my symptoms and history suggest a concussion or post-concussion-type condition?
- Would additional objective testing — vision, balance, cognitive screening — be helpful in my situation?
- What activities are reasonable right now, and what should I temporarily avoid?
- When should I follow up if I am not improving as expected?
- Are there any signs or changes that would mean I need urgent or specialist neurological evaluation?
- Will you be able to provide a narrative report for my attorney documenting the objective findings?

COMMON PATTERNS THAT CAN MAKE RECOVERY MORE DIFFICULT

- Returning to full work, school, or physical activity too quickly
- Ignoring symptoms and repeatedly pushing through significant aggravations
- Excessive screen time or complex multitasking early in recovery
- Assuming that a normal MRI or CT means no further evaluation or follow-up is needed
- Not addressing co-occurring neck, balance, or visual problems that may be contributing to symptoms
- Inconsistent follow-up or unclear communication about activity limits
- Delaying evaluation — the longer symptoms go undocumented, the easier it becomes for insurers to argue they are unrelated to the accident

FREQUENTLY ASKED QUESTIONS

Can you have a concussion without hitting your head?

Yes. Rapid acceleration and deceleration forces — such as those in car accidents — can affect the brain even without a direct blow to the head.

Do you have to black out to have a concussion?

No. Many people with concussion symptoms never lose consciousness. Loss of consciousness is not required for a concussion to occur.

How long does a concussion last?

Many people recover within several weeks, but symptoms can persist longer in some cases. Recovery depends on the severity of the injury, prior history, and many individual factors.

Is it normal for symptoms to fluctuate?

Symptom fluctuation is common in concussion recovery. Good days followed by more difficult days are not unusual. The clinical importance of those changes should be interpreted in the context of your overall examination and progress.

What if the ER told me my CT scan was normal?

A normal CT scan rules out bleeding, fracture, and structural emergency — it does not rule out concussion. If you continue to experience headaches, dizziness, cognitive fog, or balance problems after a normal CT, objective post-concussion screening is appropriate.

Will I need treatment indefinitely?

No. The goal of management is to support recovery and help you return toward normal activity and function as safely and efficiently as possible. Most patients with post-concussion symptoms improve meaningfully with appropriate care.

Does Cityside Chiropractic provide documentation for personal injury attorneys?

Yes. Objective findings from RightEye, BTrackS, and CNS Vital Signs are documented with specific percentile scores and normative references — providing attorneys with measured clinical data that directly addresses the common defense arguments that concussion cannot be proven with normal imaging.

ABOUT DR. MARK MULAK

Dr. Mark Mulak, DC, MBA, MS, DACBSP®, DACRB, DAIPM, RMSK®, ICSC has more than 20 years of experience evaluating and managing concussion and whiplash-related complaints following motor vehicle collisions in Rhode Island. His advanced certifications include Diplomate of the American Chiropractic Board of Sports Physicians (DACBSP®), Diplomate of the American Chiropractic Rehabilitation Board (DACRB), Diplomate in Integrative Pain Management (DAIPM), Registered Musculoskeletal Sonography specialist (RMSK®), and International Certified Chiropractic Sports Clinician (ICSC). Dr. Mulak is Expert Witness Qualified through Cleveland University, serves as Rhode Island's ACA State Delegate, and is the author of *The Objective Injury Model: A Plaintiff Attorney's Guide to Objective Documentation in Motor Vehicle Injury Cases*. At Cityside Chiropractic, emphasis is placed on careful clinical assessment, progress monitoring with objective testing, patient education, and appropriate referral when needed.

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