

## **Helpful Resources for Advocates**

### **for Concussions & Post Concussion Syndrome**

1. **List of WCB Early Concussion Assessment & Treatment Service Providers in BC:** [CLICK HERE](#)
2. **Recommended Occupational Therapists for workers with PCS/TBIs for all areas of BC.**  
[Access Community Therapists](#) - WCB approved service provider.
3. **Find a family doctor:**
  - <https://findadoctorbc.ca/> - A website dedicated to helping patients help each other
  - find family practitioners accepting new patients in BC
  - [Health Connect Registry](#) - When you register, you are added to a list of people in need of a family doctor or nurse practitioner in your community. The list is securely shared with attachment coordinators who are working in communities throughout B.C. to match people with primary care providers who can take on new patients.
4. **[Living Concussion Guidelines](#) – The Ontario Neurotrauma Foundation (ONF)** - a guideline to improve patient care that can be used by healthcare professionals to implement evidence-based, best-practice care of individuals (Adults 18+) who incur a concussion and experience prolonged symptoms.

Each “Section” includes Recommendations, Tools & Resources and Summary of Evidence which would be helpful to guide advocates to understand the medical steps, care, tests and resources in play for each of the following:

- 1) [Diagnosis](#)
- 2) [Initial Management](#)
- 3) [Sports Related Concussions](#)
- 4) [Diagnosis/Assessment of Prolonged Symptoms](#)
- 5) [Management of Prolonged Symptoms](#)
- 6) [Post-Traumatic Headache](#)
- 7) [Sleep-Wake Disturbances](#)
- 8) [Mental Health Disorders](#)
- 9) [Cognitive Difficulties](#)
- 10) [Vestibular \(Balance/Dizziness\) & Vision Dysfunction](#)
- 11) [Fatigue](#)
- 12) [Return to Activity/Work/School Considerations](#)

#### **5. [Dr. Kevin Loopeker - Vision & OpticNeuro Care: FYidoctors of Optometry](#)**

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A unique non-dispensary optometric practice in Vancouver dedicated almost exclusively to the assessment and treatment of visual and vestibular dysfunctions associated with mild traumatic brain injury (concussion) and/or whiplash-associated disorders.

- Has assessed and treated over 1,500 patients with mild traumatic brain injury.
- He is a qualified expert witness in the Supreme Court of BC in the area of treatment of visual disturbances (2013) and have written dozens of medical-legal opinions in regard to the

identification and treatment of visual dysfunctions associated with mild traumatic brain injuries and/or whiplash-associated disorders.

## 6. [Dr. Ashkan Jalili - Canadian Brain Performance & Neuroplasticity Centres](#)

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NOT an approved WCB treatment provider but the results here have been exceptionally good!

[Dr. Ashkan Jalili](#) - a BC-Licensed chiropractor and a neuro-rehab-based chiropractic doctor, with over 20 years of Post-Doctorate Clinical Neuroscience education in the USA and over 3000 hours of Post-Doctorate Education in Functional Medicine/Metabolic Medicine.

CBPN utilizes advanced researched technological diagnostic tools in neuro-rehabilitation, clinical neuroscience, brain research, and neuro-endocrine medicine. Our medical physicians, physiotherapists, chiropractors, kinesiologists, neuroscientists, and naturopathic doctors have been trained extensively in clinical neuro-rehabilitation to serve our public suffering from mTBI, Concussion, Post-Concussion Syndrome, Vestibular Dysfunctions, Dysautonomia, POTS, Chronic Pain, Functional Movement Disorders, Cognitive Dysfunctions, and other complex neurological disorders.

CBPN is proud to be the first clinic in the Pacific Northwest and Western Canada to offer [Gyrostim therapy](#), an FDA-recognized breakthrough medical device to treat vestibular dysfunctions such as vertigo, dizziness, PPPD, and BPPV.

### **Costs:**

- Initial assessments - ~ \$650 (up to 5 hours of testing and treatment)
- Follow up apt. - \$165 to \$265/hr. depending on treatment type & duration (up to ~ 1 hour).
- Does not work with WCB – patients can try to submit receipts for partial reimbursement to WCB or use individual benefit plans (typically limited coverage under chiropractic treatments)

## **Computer Screen Intolerance Syndrome (CSI)**

Research out of Canadian Concussion Center (University Health Network) Toronto

First studies into treating CSI began 10 years ago (2015) when studying PCS. 2018 – world's first published controlled trial of CSI and found that e-readers (non-LCD) marketed by Iris Technologies was helpful for some patients with CSI. The mechanisms of CSI are still unknown, but a large part of the brain is involved in vision.

One possible cause is the failure of the brain to fuse images after a concussion – critical flicker fusion frequency (CFFF) can be measured. Studies happening now (2026) to see if this is a cause of CSI.

Consider a “flicker free screen” – ask at a computer store – on the market now for the past few years.

- A study was done to compare a **flicker (AC current)** screen vs. a **flicker free (DC current)** computer screen. **The benefit of a DC screen** - the backlight never turns completely "off," eliminating the invisible flickering that causes eye strain, headaches, and computer vision syndrome.

- Reading & watching tests – flicker free screen was more tolerable than normal screen. They are now recommending PCS people go to a store, read text on a flicker free screen for 30 minutes and see if it helps before buying it.
- Recommend going to Ophthalmologist to rule out other vision issues or to see if your prescription has changes since your concussion.

**Light Sensitivity** – in order of worst tolerated to best tolerated

1. Fluorescent light – especially white fluoro bulbs (yellow is better than white),
2. Flashing lights
3. Flickering lights
4. Bright light
5. Computer screens (are liquid crystal display – LCD)
6. Phone screens (also LCD)
7. TV screens (also LCD)
8. E-Readers – NOT LCD

**Types of light and their effects after a concussion – most bothersome to least bothersome**

1. Daylight – full spectrum of colours from red (longest wavelength) to blue (shortest wavelength)  
**Blue light causes the most symptoms, especially Microsoft BLUE**
2. Fluorescent light is primarily blue – cause more symptoms than incandescent lights
3. Bright lights cause more symptoms than dim lights
4. Glare causes symptoms

Non-flicker Computers, E-Readers or Kindles that are not LCD – research showed these were helpful for those with CSI. But the screens have no colour, do not scroll, screen is small and the cost was high.

**List of remedies to try if you have CSI visions problems:**

1. Avoid bright lights - (change lights at work, hire an OT to help with RTW)
2. Avoid fluorescent lights all together! (if not change to yellow, fluorescent lights)
3. Wear blue light filtering glasses
4. Wear sunglasses (orangey/brown is best) that block out ambient light (avoid, black, grey, blue lenses)
5. Adjust your computer:
  - a. Install F.lux to change the colour of your screen to match the time of day
  - b. Reduce brightness settings
  - c. Limit screen time - Do reading on an E-Reader or on paper instead of a computer screen
  - d. Take frequent breaks
  - e. Change the Computer and/or Monitor - Try a flicker free screen:
    - ViewSonic,
    - Ben Q
    - and other manufacturers now offer them @ BestBuy, Amazon, etc.

**Canadian Concussion Centre – University Health Network – Toronto**

**2026 Bi-weekly webinars: [Canadian Concussion Centre Webinar Series - UHN](#)**

**REGISTER for WEBINARS - [HERE](#)**

Topics this year include:

- [Concussions in Older Adults](#)
- [Treatment of PCS related to Screens at Work, School or Play](#)
- [Persisting Cognitive Symptoms](#)
- [Neuropsychological Assessment in Persisting Concussion Symptoms](#)
- [Return to Work after Concussion](#)

- Exercise Therapy for Concussion – March 24, 2026
- Anxiety, Depression & PTSD: Before and After Concussion – April 7, 2026 – today!
- Dizziness after Concussion – April 21, 2026
- Strategies for Improving Mental Health – May 5, 2026
- Patient Panel – May 19, 2026