neuro-occupational therapy, biofeedback, online exercises (e.g., brain games), and mindfulness/psychosocial group therapy sessions.

**Main Outcome Measures:** Daily PCS scores.

**Results:** Three latent subgroups emerged; Mild, Responders, and Delayed; all with unique profiles of response to treatment. While all groups displayed significant improvement (reduced symptom endorsement) by the end of the treatment, the three distinct response trajectories may reflect a spectrum of symptom severity within mTBI that plays an important role in the timing of treatment response.

**Conclusions:** Implications of differing severity amongst mTBI and clinical approaches may benefit from considering symptom severity within mTBI to individualize treatment and expedite recovery processes with a minimum of healthcare utilization.

**Author(s) Disclosures:** No conflicts to declare.

**Keywords:** Neurorehabilitation, PCS, Latent Subgroup

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**Late Breaking Research Poster 1432860**

**Assessing the Impact of the Timing of a Psychiatric Diagnosis on mTBI Rehabilitation**

**Research Objectives:** To investigate the impact of a pre-injury psychiatric diagnosis on response to a 4-day PCS treatment in a cohort of 117 individuals with a comorbid psychiatric diagnosis.

**Design:** PCS symptoms were assessed at baseline and post-treatment using the Post-Concussion Symptom Scale (PCSS) and a Repeated-Measures ANOVA (RMANOVA) was conducted.

**Setting:** Novel PCS treatment setting.

**Participants:** 117 participants with PCS and comorbid psychiatric diagnosis.

**Interventions:** Four day rehabilitation treatment using various neuro-rehabilitative methods including: neurocognitive therapy, vestibular and ocular therapy, neuromuscular therapy, neuro-occupational therapy, biofeedback, online exercises (e.g., brain games), and mindfulness/psychosocial group therapy sessions.

**Main Outcome Measures:** PCS scores.

**Results:** No significant findings from RMANOVA, findings indicated that the timing of a psychiatric diagnosis (before or after sustaining a mTBI) was not significantly associated with symptom report at baseline or post-treatment.

**Conclusions:** In the context of this novel treatment, the rehabilitative potential of mTBI patients was independent of pre-injury psychiatric diagnosis.

**Author(s) Disclosures:** There are no conflicts to declare.

**Keywords:** mTBI, Psychiatric Disorder, PCS

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**Late Breaking Research Poster 1432865**

**Assessment and Intervention of mTBI-related Disorders by SLPS: A Scoping Review**

**Research Objectives:** The purpose of this study was to complete two rigorous scoping reviews that examined two study questions:

1. What treatments exist for children and adults with mTBI or concussion and resulting speech, language and/or cognitive-communication disorders?
2. What assessment techniques exist for children and adults with mTBI or concussion and resulting speech, language and/or cognitive-communication disorders?

**Design:** Scoping review.

**Setting:** Academic medical center.

**Participants:** Adults and children with mild traumatic brain injury.

**Interventions:** Not Applicable.

**Main Outcome Measures:** Four databases (PubMed, CINAHL, Scopus, PsyCInfo), grey literature and relevant journals were searched with specific inclusion and exclusion criteria based on analysis of text words and index terms. Keywords and index terms were chosen and combined with Boolean Operators OR and AND. The search was limited to a date range of 1987-2020 and only articles in English were included. Quality assessment was implemented using American Academy of Neurology measures for grading evidence. Rigor was be ensured through use of the PRISMA Extension for Scoping Reviews (PRISMA-ScR) Checklist.

**Results:** Preliminary results indicated treatment studies that were classified into three categories: metacognitive, educational and domain-specific. Assessment studies were categorized into three categories as well: cognitive-communication, speech and language and neurobehavioural assessments. The review also resulted in identifying a number of significant gaps in the scientific base of mTBI-related speech, language and cognitive-communication disorder treatment and assessment. These gaps include a paucity of studies, a lack of a well-understood natural history of recovery of the disorders examined and a still-emerging precise characterization of speech, language and cognitive-communication performance after mTBI.

**Conclusions:** Results of this scoping review identified clinical and research gaps in the literature base regarding management of mTBI-related speech, language and cognitive-communication disorders. Clinical implications for management of these disorders by speech-language pathologists are discussed. Recommendations for future research are included, which emphasize the need to increase the evidence base for this rapidly growing clinical population.

**Author(s) Disclosures:** The authors have no disclosures to report.

**Keywords:** Speech-Language Pathologists, Mild Traumatic Brain Injury, Assessment, Treatment, Cognitive-Communication