Sustaining a mild traumatic brain injury (mTBI) can lead to devastating functional and financial consequences. An individual's ability to return to work successfully is a principal factor used to determine outcome after mTBI. Current studies\(^1\)\(^-\)\(^3\) that have investigated this topic have shown that a substantial number of individuals are unable to return to work months to years after injury. Investigations have also indicated that psychological and socioeconomic factors and the persistence of physical symptoms may play a role in an individual's ability to return to work.\(^2\)\(^,\)\(^3\)

The study by Gaudette et al\(^4\) has added to the growing literature surrounding this topic. This study was a prospective, multicenter, observational TRACK-TBI cohort study that examined work status at 2 weeks and 3, 6, and 12 months after mTBI. The authors found that fewer than one-half of participants were working at 2 weeks after injury, and 17% were unable to work 12 months after injury.\(^4\) Other studies\(^2\)\(^,\)\(^5\) have shown similar results, with 5% to 20% of individuals unable to return to work 1 to 2 years after mTBI. In terms of financial outcomes, 21% of participants in the study by Gaudette et al\(^4\) reported a decrease in annual income. This finding emphasizes the extent of economic and employment consequences after mTBI and the need for strategies to promote successful return to work.

Unlike prior studies, Gaudette et al\(^4\) investigated the association of employment assistance with facilitating return to work. They found that those offered employment assistance were more likely to return to work within 1 year than those not offered assistance. Assistance provided included sick leave, modified work schedule, part-time or reduced hours, or transfer to a different employment position within the first 3 months after injury. This finding is notable because it establishes that employment assistance is necessary for successful return to work for some individuals after mTBI.

Although this study\(^4\) sheds light onto postinjury employment outcomes and the importance of employer assistance in return to work, there were a few limitations. The authors appropriately mention recall bias, limited generalizing of findings, and self-reported scores. However, other limitations should also be considered. Although the authors noted that a higher percentage of participants who saw a health care practitioner for follow-up within 3 months after injury were offered employer assistance, this finding was not significant.\(^4\) Potential explanations for these nonsignificant results include the inability to account for employment or practitioner type, and unknown exact time from injury to practitioner follow-up. Specifically, a study by Walker et al\(^6\) found that manual laborer occupations reported more difficulty returning to work, along with more physical and cognitive disability, than those in professional or managerial careers.\(^2\)\(^,\)\(^6\) They continue by stating that "employers may be more accommodating to their professional versus manual labor employees with TBI because of the perceived value of skill sets and/or greater levels of employer commitment."\(^6\) This shows that individuals in professional positions are more highly valued by employers and, thus, are more likely to be offered better financial incentives and job assistance. Furthermore, Gaudette et al\(^4\) were unable to explore whether health care practitioner specialty influenced their outcomes given insufficient power. This would have been useful as some health care practitioners, such as those specializing in TBI and concussion, are more knowledgeable regarding vocational rehabilitation after mTBI than others, such as primary care physicians, alternative medicine practitioners, and chiropractors. Additionally, knowing the exact time from injury to health care practitioner follow-up might have offered more insight into whether follow-up more proximal to injury facilitated employer
Evidence has shown that without proper education and follow-up, individuals with mTBI are more likely to experience seclusion, misinformation, and negative feelings surrounding their condition. This can enable postconcussion symptoms to persist, resulting in employment difficulties. Finally, an individual's ability to return to work after injury is multifactorial, with other potential hindrances being secondary gain (ie, people who receive sufficient insurance or disability payments may be less inclined to return to an unsatisfactory job), presence of extracranial injuries, lower socioeconomic status, and severe psychological symptoms. Considering these variables could have strengthened the validity of the findings of Gaudette et al. 

Notwithstanding these limitations, this study uniquely underscores how work modifications can improve employment outcomes after mTBI. This study also indicates that individuals who are not offered workplace assistance experience financial difficulties. This suggests that many employers fail to provide paid leave, resulting in a decrease in annual income. Financial instability can cause persistence of postinjury physical and psychological symptoms, eventually leading to employment loss. This exemplifies the need to construct better support symptoms to assist these individuals in returning to work.

In conclusion, the study by Gaudette et al expands our understanding of economic and employment outcomes after mTBI. Future studies replicating these findings will strengthen the validity of these conclusions. Moreover, investigating the effect of work assistance on longer-term employment outcomes can offer more insight into work-related outcomes after mTBI. This will hopefully encourage both employers and health care practitioners to be diligent about offering employment support to these individuals.