Active rehabilitation of sport injuries is a concept familiar to athletes and those caring for them. Rehabilitation goals aim to optimize recovery efficiency and diminish chances of repeat injury. Rehabilitation programs take many aspects of recovery and wellness into consideration including physical, social, and psychologic components. Ultimately, this is important in the recovery process after concussion. In this article we introduce the largely unexplored concept of multidimensional concussion rehabilitation and discuss physical, psychologic, social, and sport-specific issues. As well, we propose future directions in this field.

How poor are they that have not patience! What wound did ever heal but by degrees?
William Shakespeare (Othello)

Introduction
Management of concussion injury in sport remains one of the biggest challenges faced by those caring for athletes, partly due to the high incidence and prolonged recovery period. Concussion may demand a lengthy recovery with prolonged down time and may impede many aspects of a player’s life including career, sociability, family relations, professional and social relationships, and finances. Concussion largely remains the invisible injury that has no fixed timeline for recovery and until recently has no concrete means of measuring or monitoring the injury. Contrast, the concept of rehabilitation is familiar to those caring for brain-injured individuals, but it is applied more often after moderate or severe brain trauma rather than following mild head injury or concussion. James Garrick reminds us that there has been an evolution in the management of sports injury with “the employment of earlier and more active rehab programs” [1]. How then can we transpose that progressive thinking to concussion?

Rehabilitation Strategies
DeLisa et al. [2] describe six strategies to help mitigate disability from injury: 1) prevent or correct additional disability, 2) enhance systems unaffected by the pathologic condition, 3) enhance functional capacity of systems affected by the disease, 4) use adaptive equipment to promote function, 5) modify social and vocational environment, and 6) use psychologic techniques to enhance patient performance and education. We look at each of these in the context of concussion injury with the goal being to develop a sport concussion rehabilitation program.

Prevent or correct additional disability
It has long been recognized that even when the athlete is asymptomatic at rest, postconcussion symptoms may return with exertion, particularly if the athlete has been symptomatic for a prolonged period of time. The pathophysiology underlying this finding has not been elucidated; however, a clue may be gleaned from the work of Haykowsky et al. [3]. With resistance and Valsalva maneuvers (eg, biceps curl), significant elevations in intracranial pressure have been documented. This mirrors the experience of athletes who have recurrent symptoms with resistance training (many of whom associate only aerobic activity as exertion, not weight lifting). This finding of increased intracranial pressure is contrary to the assumption that the brain is insensitive to additional physical stress. The finding of increased intracranial pressure with resistance training supports the idea that any additional physical stress is detrimental.