

The Invisible Recovery

Navigating the silent signs of traumatic brain injury

The Accessibility Specialist · Jennifer Mallet

First: the signs that mean get help now

This guide is about the quiet, slow symptoms that come later. Before any of that, know the ones that cannot wait. After a blow to the head, **call 911 or go to an emergency department immediately** if the person:

- Has a headache that gets worse and does not go away
- Has weakness, numbness, decreased coordination, convulsions or seizures
- Vomits repeatedly
- Has slurred speech or unusual behaviour
- Has one pupil — the black part in the middle of the eye — larger than the other
- Cannot recognise people or places, or becomes confused, restless or agitated
- Loses consciousness, looks very drowsy, or cannot be woken up

Danger signs listed by the U.S. Centers for Disease Control and Prevention (source 1). If you are unsure, treat it as urgent. Nothing in this guide is a reason to wait.

When a person breaks a bone, the world responds with immediate, visible empathy. A brightly coloured cast acts as an unwritten social contract: people open doors, offer seats, and give grace when movement is slow.

When the brain is injured — from a sports concussion, a slip, a car accident, or a knock to the head that seemed minor at the time — there is no cast. Nothing marks it. That is the difficulty of a traumatic brain injury: a serious, life-altering experience while looking entirely fine from the outside.

Some symptoms appear straight away. Others may not appear for hours or days after the injury (source 1), which is why so many people never connect what they are feeling to the knock they took last week.

Four places it tends to show up

A brain injury rarely looks the way it looks in films. More often it arrives as a quiet collection of changes. The four groupings below follow how the CDC sorts mild TBI symptoms (source 1).

1. Fatigue and mental fog

Concentrating is hard. Thinking feels slowed down. Tasks that used to be automatic — reading an email, following a conversation, deciding what to cook — take real effort.

This is one of the most common problems after a brain injury: as many as 70% of people with a TBI report mental fatigue (source 3). Part of the reason is simply that ordinary activities now take extra effort and attention, and that effort adds up.

2. Sensitivity to light and noise

Sensitivity to light or noise is a recognised symptom of mild TBI (source 1). Fluorescent overhead lights, the background hum of a supermarket, several people talking at once — any of it can become genuinely difficult to tolerate, and can bring on headache, nausea or dizziness.

3. Changes in mood and temper

Irritability, anxiety, low mood, feeling unusually tearful, or reacting more strongly than a situation seems to warrant.

These changes have a physical basis. A brain injury can affect the areas of the brain that control emotion, and the chemicals that help the brain work — which changes how a person experiences and expresses emotion (source 4). They are not a character flaw and not a lack of effort.

They are also not only physical. The same source is clear that emotional changes come from several directions at once: the difficulty of coping with an injury, loss of independence, changes in memory and attention, and whatever a person was carrying before the injury (source 4). Both things are true.

4. Sleep that stops working

Insomnia, or sleeping far more than usual, or sleep that never leaves you rested.

Sleep problems are about three times more common after a TBI than in the general population, and close to 60% of people with a brain injury have long-term difficulty with sleep (source 2). The brain holds the internal clock that tells the body when to sleep and when to wake; when that is injured, the signal can stop arriving properly (source 2). Some people sleep many hours more than they used to — that has a name, post-traumatic hypersomnia, and it is a recognised consequence of the injury, not laziness.

The gap between how you feel and how you look

The hardest part of this kind of recovery is the distance between what is happening inside and what anyone can see. Friends, employers and family may expect a quick return to normal, because nothing looks wrong.

The effort of appearing fine. A great deal of energy goes into seeming normal at work or in company — and then there is nothing left when you get home.

Doubting yourself when the scan is clear. A normal scan does not mean nothing happened. It is not unusual for a CT scan to be entirely normal in a person with a brain injury, and it is typically normal in milder TBI including concussion; even MRI may not show microscopic injury (source 5). If you have been told your imaging was fine and you still do not feel right, that combination is well documented.

Feeling less like yourself. When you have to slow down, it can feel like losing the parts of yourself you relied on — your sharpness, your patience, your capacity to get through a day.

What the guidance actually says about rest

This is worth getting right, because the common advice — lie in a dark room until you feel better — is not what current guidance recommends.

Rest in the first few days. Symptoms are generally most severe then. But time away from work or school is typically no more than two to three days, after which the advice is to **gradually return to regular, non-strenuous activity**, stepping back from anything that clearly makes symptoms worse (source 6).

Do not return to sport or recreational activity the same day as the injury. Wait until a doctor says it is safe (source 6).

For fatigue specifically, the practical advice is to learn your early warning signs and stop an activity **before** you are exhausted rather than after; to resume activities gradually over weeks or months; to build in rest, keeping naps to about 30 minutes and not late in the day; and to put the demanding tasks where your energy actually is, usually earlier (source 3).

Keeping a short daily note of when you are most tired or most overloaded is useful for two reasons: you start to see your own pattern, and you have something concrete to show the person treating you.

Last thing

A brain injury may be invisible to everyone else. That does not make your experience less real, and it does not mean you are imagining the difference.

Recovery is not a straight line and it is not a test of character. Knowing what to watch for — including the danger signs on the first page — is what lets you look after yourself properly and ask for what you need.

What this is, and what it isn't

This is general information, not medical advice. It does not diagnose anything, it does not tell you what to do about your own injury, and it does not replace anything your doctor, nurse or therapist tells you.

Every clinical statement in this guide is drawn from the public sources listed below. Where I could not source a claim, I took it out.

Written by Jennifer Mallet, a Primary Care Paramedic (PCP) registered in Alberta. The Alberta College of Paramedics has not reviewed or endorsed this guide.

Set in 14 pt with wide line spacing and short lines, for readers managing fatigue, light sensitivity or low vision.

Sources

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