



Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

DVBIC's TBI Care Coordination Program

By Lori Dickerson-Odoms, Manager
DVBIC Care Coordination Team

Dizziness is a common symptom following TBI and it can have a significant impact on the quality of life of service members.

After sustaining a traumatic brain injury (TBI), service members may experience issues related to memory, organization, behavior, social skills or self-awareness, which may lead to missed appointments or potential early discontinuation of health care services. Issues are most likely to occur during times of transition, such as when shifting from inpatient to outpatient care, changing facilities or moving to a new geographic area. Recognizing these potential vulnerabilities for service members, Defense and Veterans Brain Injury Center (DVBIC) created the Regional TBI Care Coordination Program.

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About the Quarterly Newsletter

The Military TBI Case Management Quarterly Newsletter is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The quarterly newsletter is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. Additionally, this quarterly newsletter is intended to offer a means to share ideas, best practices and resources among the military TBI case management community.

The content will speak to the very best of TBI case management with the hopes of identifying and sharing best practices across the military.

Content suggestions, thoughts and ideas for future editions of quarterly newsletter can be sent to TBICM.Newsletter@tma.osd.mil.



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Letter from the Editor

Greetings Military TBI Case Management Community of Interest Colleagues.

I hope each of you had a wonderful holiday season and happy start to the new year! Staff at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) and Defense and Veterans Brain Injury Center (DVBIC) have had a busy few months as we transitioned and integrated all of the professional and clinical TBI experts who worked at the DCoE headquarters into DVBIC. DVBIC is now the single operational center for traumatic brain injury care under DCoE

DCoE continues to improve the system of care for service members and families through clinical recommendations, training and information developed for those who care for our nation's wounded warriors. DCoE's 24-hour Outreach Center (866-966-1020) is staffed by Master's level professionals ready and willing to assist providers, patients, families — anyone with a psychological health concern or TBI-related issue. The inTransition program provides personal coaches, available 24/7 by phone, for service members undergoing transitions in care, location or duty status to maintain the best continuity of care possible. DVBIC Regional Care Coordinators stand by ready to ensure that any service member or veteran with a TBI receives the care needed to move toward wellness and community reintegration. DVBIC can be reached via email at info@DVBIC.org or by calling 1-866-966-1020 for information or to make a referral.

DCoE is proud to partner with the many military case managers across the globe and continues to offer education, information and support for a variety of medical and non-medical providers and caregivers.

Looking forward to helping our military TBI case managers serve up a productive and healthy new year for our service members.

Very respectfully,
Sue Kennedy, RN BSN CCM
Editor

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Quarterly Highlight

DVBIC's Regional TBI Care Coordination Program

Mission

The Regional TBI Care Coordination Program serves to identify, track and follow up with active duty service members, including members of the reserve components, and veterans who were injured while serving in support of OEF/OIF/OND and are symptomatic subsequent to a diagnosis of mild, moderate, severe or penetrating TBI.

The program also provides support, education and connection to TBI-specific services for service members and their families as the service member recovers from TBI and returns to active duty or reintegrates back into civilian communities.

Program Scope

In 2007, DVBIC created a network of regional TBI care coordinators to assist service members as they negotiate complex systems of care, and to make sure that patients are connected to appropriate treatment resources as they move between treatment settings. Care coordinators serve as points-of-contact to assess TBI resources in communities where individuals reside, facilitate access to those services, and ensure that service members do not “fall through the cracks” as they move between military posts or stages of recovery. Contact is made by phone or in person to provide education, advocacy, support and connection to appropriate TBI services whether within the Defense Department (DoD), Department of Veterans Affairs (VA) or the civilian community.

There are currently 15 regional TBI care coordinators charged with the following responsibilities:

- Provide follow-up to service members and their families at 3-, 6-, 9-, 12-, 18- and 24-month intervals
- Serve as an expert about regional TBI-related services within the DoD, VA and civilian health care systems to help service members and veterans recover successfully from injury
- Understand the complex DoD and VA health care networks and travel throughout their region, collaborating with local brain injury associations and networks

Regional TBI care coordinators may perform site visits to civilian rehabilitation and treatment facilities to maintain current, accurate information on services offered, staffing, accreditation, insurance reimbursement, etc. This enables the coordinator to make appropriate connections for the individuals they follow.

Referral Process

All service members evacuated from theater through Landstuhl Regional Medical Center (LRMC) are screened for TBI with the assistance of our staff at the LRMC DVBIC site. Service members who screen positive are sent to approved TBI sites in the U.S. for clinical evaluation. The network of regional TBI care coordinators is notified to follow up with them once they arrive for treatment. Care coordinators also receive referrals and answer questions from case managers, providers, family members, service members and veterans. Service members and veterans who were not evacuated from theater or who were evacuated prior to the program's creation may request eligibility information by contacting info@DVBIC.org.

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National Intrepid Center of Excellence's Neuroimaging Research Core

By Joshua Stueve, Public Affairs Officer, National Intrepid Center of Excellence

Guided by recent studies linking mild traumatic brain injury to damaged white matter axons in the brain, the Neuroimaging Research Core at the National Intrepid Center of Excellence (NICoE), has delved head first into developing the tools and software needed to accurately, clinically diagnose mild TBI.

Until now, TBI has been difficult to diagnose because of the lack of physical, clinical evidence of the injury. "The definition of a mild TBI is that there are no visible lesions in a standard radiology exam," said Dr. Terry Oakes, chief of imaging processing at NICoE.

In order to tackle this complex challenge, the Intrepid Fallen Heroes Fund equipped NICoE with six state-of-the-art imaging machines: a magnetic resonance imaging (MRI) scanner, a positron emission tomography (PET) scanner with computed tomography (CT) abilities, a magnetoencephalography (MEG) scanner, an electroencephalography (EEG) scanner and a fluoroscopy x-ray.

Each neuroimaging scanner is distinguished by its precision in temporal resolution (timing), spatial resolution (anatomical accuracy) and biological specificity (functional processes). MEG and EEG are the fastest; the MRI has the best spatial resolution, identifying small structures in the body; and the PET-CT offers the best biological specificity, focusing on a single biochemical reaction of interest to a disease process with the help of radioisotope tracers. When analyzed together, each scanner's images complement the others. Together, they present a holistic picture of the brain's anatomical and functional activity.

NICoE patients are recruited for neuroimaging research within the first two weeks of the NICoE program. Neuroimaging scans are available "a la carte," but most patients choose to have a MRI or PET-CT scan. Approximately 90 percent of NICoE's patient population elects to participate in neuroimaging research. Subjects perform resting state, memory and executive function tests for 90 minutes as researchers conduct detailed anatomical examinations and capture functional brain activity.

Since moving from the former Walter Reed Army Medical Center in 2010, the Neuroimaging staff has made significant progress in acquiring patient images for its mild TBI database with the help of NICoE's state of the art equipment. "We had scanned about 60 or 65 people at the old Walter Reed in two and a half years," recalls Oakes. "In the last six months [at the NICoE] we've scanned [more than] 225."

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Spotlight

NICoE Neuroimaging

As a result, the Neuroimaging Division has been able to develop one of the largest databases of TBI images in the world. Through its collaborations with institutions such as Walter Reed National Military Medical Center and the Uniformed Services University, the hope for NICoE's Neuroimaging Division is to "combine the focus and expertise of NICoE with the diverse expertise of other researchers [in TBI]."

The long-term goal of the division is to establish clinical benchmarks, and to use data gathered at NICoE to provide researchers with information to better evaluate, diagnose and treat comorbid conditions related to TBI and psychological health. Until then, NICoE researchers will continue to work on characterizing the disease and developing the techniques needed to detect and display characteristics of comorbid TBI and psychological health conditions.

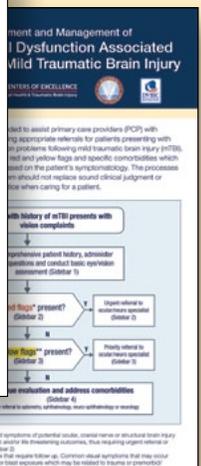
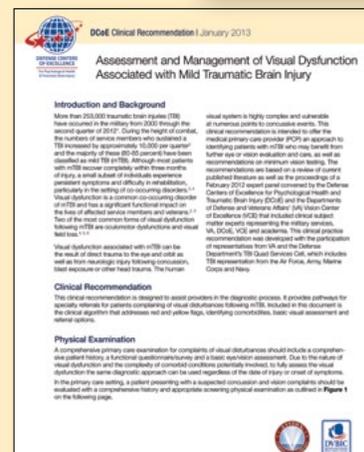
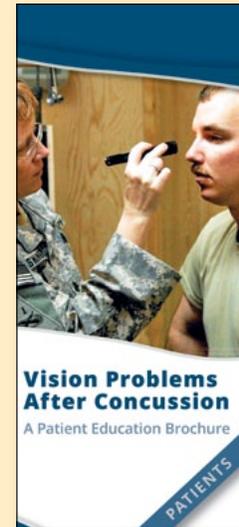


Photos courtesy of NICoE.

HOT OFF THE PRESS

Clinical Recommendations for Visual Disturbances after mTBI

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury developed "Assessment and Management of Visual Dysfunction Associated with Mild Traumatic Brain Injury" clinical recommendation and associated patient and provider tools. The products can be downloaded from both the DCoE and DVBC websites.



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I Work at SHAPE

By Catherine Stuart, RN CNS FPMHNP
Psychiatric Nurse Practitioner, SHAPE Health Clinic



SHAPE Headquarters. Photo courtesy of U.S. Army Medical Department.



Catherine Stuart at SHAPE Health Clinic. Photo courtesy of Ms. Stuart.

SHAPE stands for Supreme Headquarters Allied Powers of Europe.

I work at the SHAPE Healthcare Facility in the township of Mons, Belgium as a family psychiatric nurse practitioner in the Behavioral Health Clinic. I treat soldiers, sailors, airmen and Marines as well as the family members, because they all are stationed here. We also evaluate and treat people from any one of the 28 NATO countries or 22 “Partnership for Peace” countries represented at this unique coalition military base.

My responsibilities are quite varied and any given day may include some of the following experiences. I perform an intake assessment for an officer’s wife with SAD (Seasonal Affective Disorder - the darkness of December takes some getting used to here). A sergeant with multiple deployments comes for his third session of prolonged exposure therapy for posttraumatic stress disorder (PTSD), having not completed the necessary assignments the week before because of daily headaches. He’s typical of the service members that are evaluated and treated. Many were exposed to blast(s) and exhibit the residual symptoms of a mild TBI. I contact the TBI case manager at Landstuhl Regional Medical Center (LRMC) to help facilitate an appointment with nurse practitioner Williams (my TBI counterpart there). I perform several 20-minute medicine checks for sleep, adjustment disorders, attention deficit hyperactivity disorder and depression, as well as the initial assessment of those disorders.



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I have treated family members and military from Estonia, the U.K., Italy and Romania, to name a few. Knowledge of military health culture with regards to an individual country's view and treatment of invisible injuries like PTSD and mild TBI has been essential to providing quality care. There are other clinics, such as in Belgium, Canada and the U.K., where communication with the providers and often education regarding appropriate pharmacy and evidence-based therapies is essential. If there is anything I have appreciated so much from the 18 months I have served here, it is the growing quality of our American military health care for treating invisible injuries like mild TBI and PTSD. Of course, we need to do more and learn more. But, here I have the opportunity to share our inroads, treatments and best practices with other providers and patients from around the world.

Another challenging role, relative to the drawdown and the actions service members may take affecting career and family, is what might be called "case advocate." There is no specified case manager at the behavioral health clinic so it is a part of my job. For some patients with invisible injury, risky behavior, impulse control and hyperarousal are symptoms that contribute to incidents leading to disciplinary action. Writing letters, responding to requests for information from attorneys, and attending hearings on the service member's behalf are important components of our role to ensure that our service members receive the best possible medical care from our colleagues at the Department of Veterans Affairs once they leave active duty.

I also ensure service members have called the "inTransition" program — I explore other options for getting them more intensive treatment here in Europe, hoping that the summaries of care I provide commanders will enable them to consider that possibility. For example, a sergeant with several tours in Afghanistan and Iraq deserves another shot when he admits, "Oh, I can't believe I have just blown my career." There are multi-week programs for service members at LRMC for both TBI and PTSD that they might have taken advantage of if not for their dedication to duty and mission. They are deserving of consideration.

We do have the finest mission working for our nation's military members and their families. Case management is a specialty which is often under-appreciated — but NOT by me. Many times we are called to go above and beyond the credentials we have or our job description. God bless you who are striving to help those with TBI and PTSD in your own corner of the world, one service member, one spouse, one child at a time.

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Spotlight

Post-deployment Rehabilitation and Evaluation Program (PREP)

By Tracy Kretzmer, Ph.D. and Elizabeth Ruiz, LCSW
James A Haley VA Medical Center

The Post-deployment Rehabilitation and Evaluation Program (PREP), at the James A. Haley VA Medical Center, Tampa, Fla., is an inpatient program created to address the unique physical and psychological needs of service members and veterans who have experienced a mild traumatic brain injury (TBI) and post-deployment stress. For many individuals, post-concussive symptoms, headaches, chronic pain, cognitive difficulties, mood disturbance and insomnia negatively impact their ability to re-adjust to life stateside.

Our mission is to provide each service member or veteran with compassionate, patient-centered services intended to promote post-deployment readjustment, enhance coping skills and initiate treatment. Community reintegration and a comprehensive plan for restoration and recovery of function are paramount. By utilizing comprehensive rehabilitative and mental health treatments, we strive to maximize resilience in order to help individuals readjust to life stateside.

Utilizing an inpatient setting, PREP offers the benefit of efficiency, such that comprehensive evaluations can be completed quickly, rather than spread over several months. In addition, an interdisciplinary team with expertise in mild TBI, chronic pain and post-deployment stress offers integrated and holistic feedback. We have found that patients are often confused about the reasons why their symptoms persist or even get worse over time. Providing consistent and holistic feedback about why they are experiencing their symptoms is an integral part of helping them move forward. By working with an interdisciplinary team, individuals benefit from one consistent message that can provide a sound foundation for continued recovery.

TBI is one of the most common injuries resulting from recent military conflicts in Iraq and Afghanistan. This has led many to refer to TBIs as the “hallmark injury” of these wars. According to the Military Health System, 266,810 service members sustained a TBI between 2000 and 2012. Among those with severity classification, 82.4 percent were mild in nature (i.e. concussion). Symptoms associated with concussion include dizziness, headaches, visual difficulties, tinnitus, irritability, poor sleep, fatigue, concentration difficulties and mood disturbance.



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While the majority of post-concussive symptoms are temporary in nature and return to functional baseline is expected, some individuals continue to experience debilitating and persistent post-concussive symptoms that can be difficult to manage. This may be particularly so when post-deployment stressors are also present. It is the overlap of these symptom complaints that can make it difficult to ascertain the primary etiology and determine the best treatment plan of care. Given the multiple medical, cognitive and emotional sequelae present in this population, obtaining appropriate and coordinated care can be challenging especially when intensive care is required by multiple providers.

By including both mental health and rehabilitation providers with expertise in TBI and post-deployment stress, PREP is able to provide comprehensive evaluations and treatment. Upon admission, individuals undergo specialized evaluations by psychiatry (rehabilitation medicine), physical/vestibular therapy, occupational therapy, speech therapy, recreational therapy, vocational therapy, pain specialists, audiology, vision therapy, social work, psychiatry, sleep medicine, neuropsychology and psychology. Based on team findings, an individualized treatment plan is developed.

For appropriate candidates, admission into our extended rehabilitation and mental health program are offered. Both traditional and unique treatment paradigms can be provided. For example, traditional interventions such as vestibular, visual and cognitive rehabilitation, psychiatric management and prolonged exposure therapy for PTSD are provided. Specialized and interdisciplinary therapies may also be provided, for example, yoga for strength and relaxation training, and an advanced cognitive-physical therapy group that focuses on helping individuals improve their

multi-tasking abilities. Ultimately, treatment is individualized, based on the patient's identified goals. In addition, resources and education are provided to ensure continued care and long-term recovery.

Since the beginning of PREP in fall 2008, we have had the privilege to work with both active duty service members (55%) and veterans (45%). We consider it an honor to be able to provide the needed care that our military men and women deserve. Following discharge, the large majority of our patients report that they were extremely satisfied with PREP and their overall progress. Additional outcomes listed below highlight the improvements patients report in specific symptoms between admission and discharge.

- 85% rated their cognitive abilities as improved
- 78% rated their physical abilities as improved
- 62% rated their emotional functioning as improved
- 64% rated their sleep as improved
- 20% reduction in headache and general pain ratings
- 20% reduction in dizziness complaints
- 43% improvement in self-efficacy

Patients admitted to PREP stay an average of three weeks, however, in appropriate cases patients are admitted into our intensive treatment program, which further targets mental health and rehabilitation needs. We accept patients from around the country, both active duty and veteran. For admission and referral information, please contact Debbie Shepherd, CRRN (Admission Coordinator): Debbie.Shepherd@va.gov, (813) 972-2000, ext. 6149 or toll free (866) 643-3889.

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The Computer/Electronic Accommodations Program Goes Mobile



The Computer Electronic Accommodations Program (CAP) has just released a free Android mobile application!

The CAP mobile app is now available in the [Google Play Store](#). CAP created this app to provide you with information about the program and the disability community on the go! The CAP Android mobile app follows the recent release of the [iPhone version](#), which can be found on iTunes.

Features include:

- A running accommodometer of solutions provided since CAP's inception in 1990
- News and tips on the latest assistive technology
- Information about events in the disability community, both CAP-related and others
- Ability to download CAP event presentations and materials
- Videos to learn about assistive technology and how it can help you
- Easy access to CAP contacts for questions
- and MORE!

Not a federal employee or wounded service member? CAP's app is a great starting point to learn more about current assistive technology that can help you get the job done!



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PREP program graduates. Photo by Mary Donovan.

Admission Criteria: PREP

- Appropriate candidates for admission to this program must have had (or be suspected of having had) a mild traumatic brain injury, with functional impairments in everyday life. Individuals with history of moderate TBI with mild residual symptomatology may also be considered
- Patient agrees to undergo a comprehensive evaluation of medical, physical and psychological (including substance abuse, PTSD) issues and is willing to participate in the program and adhere to facility rules
- Candidates should be no more than 10 years post injury (exceptions made at the team's discretion)
- Patients should be independent with basic activities of daily living (ADLs) or only require occasional supervision/set up and/or have the potential to be independent with basic ADLs
- Medical stability and physical capability consistent with ability to participate in activities required in the program
- Cognitive capacity enabling the patient to benefit from most program components
- Psychological stability, defined as having had no acute psychiatric hospitalizations within the past three months. Furthermore, patients do not exhibit behaviors posing risk/safety threat to self or others or exhibit behaviors that require more intensive mental health services
- Completion of needed medical work-up prior to admission per the specifications of PREP team providers
- Patient is not a primary substance abuser

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- Willingness to be admitted for a one to three-week stay, and commitment to adhere to program rules and requirements during the admission. Additional requirements must be met to be admitted into our extended treatment program
- Availability of and arrangements previously made for stable housing situation post-discharge
- Agreement to abstain from alcohol/illicit drugs, and to abstain from non-prescribed drugs and to use prescribed medications as directed. Random urine drug specimens may be collected
- It should be expected that attempts to reduce polypharmacy may be initiated
- In some cases, patients already involved in PTSD psychotherapeutic treatment will need to be cleared by their mental health treatment provider, prior to admission, to ensure that disruption in their treatment does not result in symptom exacerbation

This work was supported with resources and the use of facilities at the James A. Haley Veterans Hospital. The contents of this article do not represent the views of the Department of Veterans Affairs or the United States Government.



PREP program fun and exercise. Photo by Mary Donovan.

HISTORICAL STUDIES OF TBI IN THE MILITARY: VOLUNTEERS NEEDED

By Deanna Pruitt, Defense and Veterans Brain Injury Center

Are you currently serving in the U.S. military? Are you a veteran that served in the U.S. military since October 2001? If so, your fellow service members and veterans may need your help! Your participation in a voluntary research study could help improve health care for you and other service members and veterans.

The study is called the “Natural History of TBI Study” and was created to address elements of a Congressional mandate. The purpose of the study is to increase our understanding of the long-term effects of mild, moderate and severe traumatic brain injury (TBI) on service members and veterans. The study is currently being conducted by the Defense and Veterans Brain Injury Center. The findings and recommendations from the study will be reported back to Congress. This knowledge could potentially improve the health care that is provided to service members and veterans.

We are currently recruiting participants for three groups:

- 1) Service members or veterans who have incurred a TBI since 2001. This injury may have occurred while stateside or deployed
- 2) Service members or veterans who have incurred a bodily injury that was not a TBI since 2001. This injury may have occurred while stateside or deployed
- 3) •Service members or veterans who have served since 2001, but were not injured

Participation in the study will include the completion of telephone interviews and web-based, self-report measures. These can be done from the comfort of your home. The total time commitment will be 1 1/2 to 2 1/2 hours a year, for up to 15 years. You may be compensated for your participation!

If you or someone you know may be interested in participating in the Natural History of TBI Study or know a service member or veteran who may be interested, please contact us by calling 855-993-8242 or emailing natural.history2@DVBIC.org. Thank you for your interest in helping your fellow service members!

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Update on Wounded Warrior Project and the Dolphin Research Center

By Joan Mehew, Director, Special Needs Department, Dolphin Research Center

In the summer 2012 issue of this newsletter, we introduced you to a very special Dolphin Research Center program, “Project Odyssey,” in conjunction with the Wounded Warrior Project. The feature of this program and a very special hero is “Jax,” a disabled dolphin who not only overcame his disability, but brings hope and positive change to wounded warriors. Following are comments made by participants in the most recent project event held last fall.

“The environment was completely safe and engaging so that the warriors were truly able to open up. Many I believe experienced some well-deserved happiness.”



Meeting and greeting — dolphin dockside session. Photo courtesy of Dolphin Research Center.

“Your sequencing of activities was right on. It really enabled the warriors to take one step at a time and feel completely supported. The dolphins worked their magic.”

“I felt very honored to be part of such a special journey.”

Project Odyssey Case Manager



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Dolphin “foot-push” powered surfing! Photo courtesy of Dolphin Research Center.

“Can't thank you guys enough for the experience that I had while there. I truly feel that your partnership with Wounded Warrior Project will change many lives. I feel like it has mine. I am so excited about my family coming down next year and being able to share with them what you have/ are doing for such amazing and wonderful dolphins. Thank you so much and I look forward to seeing all the smiling faces of all of the wonderful staff there.”

Wounded Warrior Project participant

“Thank you so much, this is awesome. And getting to know the amazing staff and the wonderful animals was something I will cherish forever.”

Wounded Warrior Project participant



“Dolphin enrichment” fun for both the warriors and the dolphins. Photo courtesy of Dolphin Research Center.

For more information about the Wounded Warrior Project and the Dolphin Research Center please contact:

Dolphin Research Center
58901 Overseas Highway
Grassy Key, FL 33050

joan@dolphins.org
305-289-1121 ext. 228
Fax 305-289-8902



A goodbye kiss, until next time... Photo courtesy of Dolphin Research Center.

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Yellow Ribbon Program

The Yellow Ribbon Reintegration Program for reserve components celebrates five years of service to our nation's military. Please visit the program's [website](#) to learn about the program's resources, services and events.



Webinars DCoE/DVBIC

The 2013 DCoE webinar series began January 24 with the topic, "Substance Abuse and TBI." View this [post](#) for information about the series and announced topics and dates.

If you have missed a webinar and would still like to learn about the topic, go to the DCoE [website](#) to view archived webinars. DVBIC is currently holding a winter webinar series "Hot Topics in Traumatic Brain Injury" for providers. All past webinars are available online. Read more about [DVBIC webinars](#) and other educational materials.



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Question from the Field

By Sue Kennedy RN BSN CCM

In light of the recent fall and concussion sustained by recently retired Secretary of State Hillary Clinton, I have been asked how to tell if a concussion is “bad” and how to predict the presence of a blood clot or future cognitive issues. I asked Dr. Don Marion, senior clinical consultant for the Defense and Veterans Brain Injury Center, to comment. “In many cases it is not clear, although there is some evidence that those with subtle axonal injury detected on special MRI studies and those with prolonged post-traumatic amnesia are more likely to have persistent symptoms following their concussion that can include cognitive issues as well as headaches and balance problems,” said Marion. “The kind of blood clot Secretary Clinton had was extremely rare and contained within a blood vessel (2).”

Most vascular or structural changes in the brain tissue itself are not typical of concussions (by definition, if there is an abnormality, it is no longer considered a concussion, but a higher level of traumatic brain injury (1). Unless there are accompanying symptoms or circumstances related to the cause of the concussion at the time of injury that indicate a need for imaging studies, these types of studies are not routinely obtained. The recognition of symptoms and prevention of further sequelae are essential elements to recovery, and this is done via baseline assessment and follow-up assessments as well as patient and family education. Learning what is to be expected after a concussion, as well as signs and symptoms to look for that tell you when things are not returning to normal are essential knowledge bytes that every case manager and practitioner should know and pass on to the patient and the family and caregivers. According to the VA/DoD clinical practice guideline for concussion/mild TBI, post-concussive symptoms subside within hours or a few days in approximately 85-90 percent of cases. The most common symptoms in those with persistent problems are headache, nausea, dizziness and sleep problems, and these subjects typically benefit from further medical evaluation and follow-up care. DCoE has developed a wide variety of concussion-related educational tools available online and in some cases in hard copy for families, patients and providers. To access educational materials, visit both the [DCoE](#) and [DVBIC](#) websites.

Reference:

[VA/DoD Clinical Practice Guideline for Management of Concussion/Mild Traumatic Brain Injury \(mTBI\). 2009.](#)

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CE Events

Case Management Society of America's Annual Conference.

It's not too early to start planning for this year's 23rd annual conference in New Orleans, the week of June 25-28. For details, check out the conference [website](#).

Latest TBI Numbers

Latest TBI numbers courtesy of DVBIC. Total TBI since 2000: 266,810. For a breakdown by severity and services, please visit this [DVBIC site](#).

