



Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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The ICE questionnaire allows you to tell us more about your awareness and satisfaction with the newsletter. Thank you for your participation.

Quarterly Highlight

Now Available: Managing Headache after Concussion Clinical Recommendation

More than 339,000 service members sustained a traumatic brain injury (TBI) between 2000 and third quarter 2015. Most (approximately 82 percent) were classified as mild traumatic brain injury (mTBI), also known as concussion. Headache is the most common symptom reported following a concussion. In a study of Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans, 74 percent reported post-traumatic headaches occurring within 30 days of sustaining a concussion. The Armed Forces TBI specialty leaders worked with Defense and Veterans Brain Injury Center (DVBIC) to address the issue of headache after mTBI and created a new clinical recommendation (CR) tailored to the needs of primary care managers. The CR standardizes the approach to treatment of post-traumatic headaches after mTBI in order to optimize patient recovery.

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About the Quarterly Newsletter

Military TBI Case Management Quarterly Newsletter is published by the Defense and Veterans Brain Injury Center (DVBIC), the traumatic brain injury (TBI) operational component of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). It is intended for case managers and other providers who support warriors with TBI and their families. The newsletter is a forum to share best practices, ideas and resources among the TBI care community. Comments and content suggestions for future editions of the newsletter and subscription updates may be sent to [Mary Ellen Knuti](#), editor.

If you need TBI resource assistance or transition support for your patients, contact the DVBIC [TBI Recovery Support Program](#). You can also request an onsite or video teleconferencing presentation about the program.





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The CR package consists of four products: clinical recommendation, clinical support tool, provider education slide deck and patient fact sheet. This clinical recommendation and supporting tools can be found on the DVBIC [website](#).

Questions? Contact Gary McKinney, Chief of Clinical Practice and Clinical Recommendations, DVBIC, gary.l.mckinney.civ@mail.mil.

Managing Headaches:
Concussion/Mild Traumatic Brain Injury

What is Integrative Medicine?

By Justin Heesakker M.S., Dipl.OM, L.Ac.
Regional Education Coordinator, DVBIC

The use of integrative approaches to health and wellness has grown in care settings across the United States. Researchers are currently exploring the potential benefits of integrative medicine in a variety of situations, including pain management for military personnel and veterans, relief of symptoms in cancer patients and survivors, and programs to promote healthy behaviors.

According to the [National Center for Complementary and Integrative Health](#) (NCCIH), there are many definitions of “integrative” health care, but all involve bringing conventional and complementary approaches together in a coordinated way. NCCIH generally uses the term “complementary health approaches” to describe practices and products of non-mainstream origin. The term “integrative health” refers to incorporating complementary approaches into mainstream health care. Most complementary health approaches fall into one of two subgroups: natural products or mind and body practices.



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Cognitive Rehabilitation after TBI

Posted by Nina Corin, DCoE Public Affairs on December 21, 2015

Providers should rely on the evidence base for cognitive rehabilitation of patients with TBI rather than solely on “clinical intuition,” an expert told attendees at the 2015 DCoE Summit.

“Please use the available materials” to guide cognitive rehabilitation for mild TBI, commonly known as concussion,” urged Linda Picon, the VA liaison for TBI at DCoE. “There is still much to learn about the most effective treatments for this patient population, but using the wealth of provider tools available means that care can be standardized to help advance the science and optimize patient outcomes,” she said.

Although existing practice standards are primarily based on studies of patients with moderate to severe TBI rather than concussion, Picon said the VA and DoD have a number of concussion resources to guide the assessment and treatment of problems with attention, memory, executive function, social competence and other common cognitive complaints. These include:

- VA/DoD Clinical Practice Guideline: [Management of Concussion/Mild Traumatic Brain Injury \(2016\)](#)
- [Consensus Conference on Cognitive Rehabilitation for Mild Traumatic Brain Injury](#), DCoE and Defense and Veterans Brain Injury Center
- [Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence](#)
- [Mild Traumatic Brain Injury Rehabilitation Toolkit](#)

Picon encouraged practitioners to provide interventions that address underlying problems and focus on the individual needs of the patient. Computer programs, apps and workbooks alone are not enough. “Therapy is what you provide,” she said.

Picon outlined cognitive rehabilitation therapy practices that are supported by the literature and put some of the evidence into perspective for the audience through anecdotes she called “clinical pearls.” Her presentation can be viewed at the [DCoE Summit](#) website by clicking on session T2003. Continuing education credits are available through April 2016.



DVBIC photo by Carlson Gray



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Natural Products

This group includes a variety of products, such as herbs (also known as botanicals), vitamins and minerals, and probiotics. They are widely marketed, readily available to consumers and often sold as dietary supplements.

Mind and Body Practices

Mind and body practices include a large and diverse group of procedures and techniques administered or taught by a trained practitioner or teacher. According to *National Health Statistics Reports*, February 10, 2015, the 2012 National Health Interview Survey showed that yoga, chiropractic and osteopathic manipulation, meditation, and massage therapy are among the most popular mind and body practices used by adults. The popularity of yoga has grown dramatically in recent years, with almost twice as many U.S. adults practicing yoga in 2012 as in 2002. Other mind and body practices include acupuncture, relaxation techniques (such as breathing exercises, guided imagery and progressive muscle relaxation), tai chi, qi gong, healing touch and hypnotherapy, as well as movement therapies, such as Feldenkrais method, Alexander technique, Pilates, Rolfing Structural Integration and Trager psychophysical integration.

Evidence

The Department of Veterans Affairs (VA) [Health Services Research and Development Service](#) works to identify and evaluate innovative strategies that lead to accessible, high quality, cost-effective care for veterans and the nation. The VA [Evidence-based Synthesis Program](#) (ESP) was established to provide timely and accurate syntheses of targeted healthcare topics of particular importance to clinicians, managers and policymakers as they work to improve the health and healthcare of veterans. The four VA ESP Centers are affiliated with universities and generate evidence syntheses reports on important clinical practice topics. These reports help stakeholders:

- Develop clinical policies informed by evidence
- Implement effective services to improve patient outcomes and support VA clinical practice guidelines and performance measures
- Set the direction for future research to address gaps in clinical knowledge

The ESP disseminates these findings throughout the VA, and some evidence syntheses have informed the clinical guidelines of large professional organizations.

In 2014, the ESP produced evidence maps of [Mindfulness](#), [Acupuncture](#), [Yoga](#) and [Tai Chi](#). Such evidence maps provide a visual overview of the distribution of evidence (both what is known and where there is little or no evidence base) and a set of executive summaries that can help stakeholders interpret the state of the evidence to inform policy and clinical decision making.

Integrative Medicine in the VA and DoD

In October 2015, *Medical Acupuncture* published [Integrative Medicine Interventions for Military Personnel: The North Atlantic Treaty Organization \(NATO\)](#). This special edition features original research and commentary on integrative medicine topics and highlights findings throughout the NATO alliance, including a full article about integrative medicine in the Department of Defense.

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The [VA Office of Patient-Centered Care and Cultural Transformation](#) (OPCC&CT) was established in 2010. The OPCC&CT is working with Veterans Health Administration (VHA) leadership and other program offices to transform the system of health care from a traditional medical model to a personalized, proactive, patient-driven model. The office exists to provide resources and advance evidence-based strategies that enhance the health and well-being of the veterans we serve. The OPCC&CT Office is working with the Office of Personnel Management (OPM) and other government agencies to pioneer new occupational series for complementary and integrative medicine providers and practitioners.

Integrative Medicine in the TBI Population

The TBI population can be a challenging population with whom to work. Common comorbidities include PTSD, subsyndromal PTSD, other mental health diagnoses, chronic pain and substance abuse disorder. Integrative medicine approaches are being implemented in TBI clinics as non-pharmacological treatment opportunities. These treatment options address the whole person and offers a "best of both worlds" approach to managing symptoms after a TBI.. There are passive (acupuncture) and active (self-care) approaches to integrative medicine therapies whereby patient education can be addressed with a new perspective—to engage and empower our service members and veterans and optimize well-being. The new DVBIC clinical recommendation, [Management of Headache Following Concussion/mTBI](#), addresses non-pharmacological treatment options such as biofeedback, massage and acupuncture, depending on the headache type.

Most DVBIC sites at MTFs and VA Medical Centers offer some form of integrative medicine approaches to treatment after TBI. There are a number of DVBIC sites investigating the effects of integrative medicine. Fort Carson has two studies underway, one examining peripheral and central nervous system-based biofeedback training (neurofeedback), and a second study examining motor planning and sequencing training (interactive metronome therapy). Further study and interdisciplinary communication about these programs and how these interventions may benefit the TBI population seem like natural next steps.

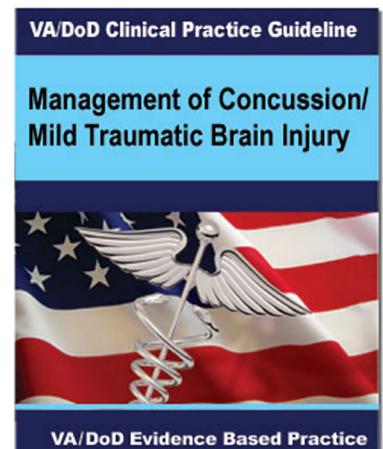
Editor's Note: Mr. Heesakker is available by email Justin.Heesakker@va.gov for further discussion on this topic.

Updated mTBI Clinical Practice Guideline

[Management of Concussion/Mild Traumatic Brain Injury](#) (updated 2016, now available online) describes the critical decision points in the clinical management of concussion/mild traumatic brain injury (mTBI) and provides clear and comprehensive evidence-based recommendations incorporating current information and practices for practitioners throughout the DoD and VA Health Care systems. The guideline is intended to improve patient outcomes and local management of patients with concussion/mTBI.

Know the Signs. Get Help. Remember we appreciate the work that you do and are very grateful for your participation.

What's next? Be on the lookout for A Head for the Future's Thunderclap campaign launching in May to support Motorcycle Awareness Month and the upcoming release of three new TBI champion videos!



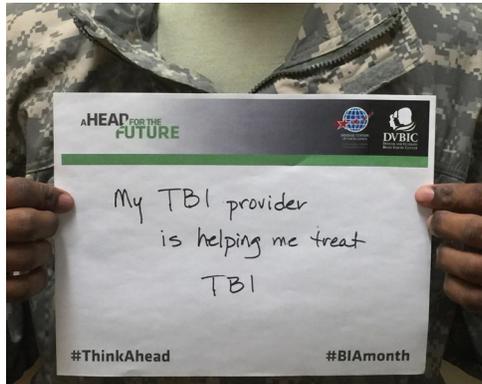


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Update from A Head for the Future

On behalf of DVBIC's A Head for the Future team, we thank all of you who have supported our #ThinkAhead hashtag campaign.



From the Joint Chiefs of Staff tweeting about our #BIAMonth resources, to the U.S. Department of Defense asking people to take a selfie with our hashtag card, contributions actively promoted and amplified our TBI awareness message: Be Safe. Know the Signs. Get Help. Remember we appreciate the work that you do and are very grateful



for your participation.

What's next? Be on the lookout for A Head for the Future's Thunderclap campaign launching in May to support

Motorcycle Awareness Month and the upcoming release of three new TBI champion videos!

And as always, please follow A Head for the Future on [Twitter \(@AHFTF_Page\)](#), like us on [Facebook \(@A Head for the Future\)](#) and do not hesitate to contact an A Head for the Future team member at usarmy.ncr.medcom-usarmrmc-dcoe.mbx.dvbic-tbi-initiative@mail.mil if you have any questions or suggestions.

2016 DCoE Summit

Health care professionals and academics involved in all aspects of psychological health and traumatic brain injury care, education and research for the military population are invited to take part in the 2016 DCoE Summit - State of the Science: Advances, Current Diagnostics and Treatments of Psychological Health and Traumatic Brain Injury in Military Health Care September 13 - 15. Registration opens July 11. Visit [DCoE Summit 2016](#) for more information.

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury 2016 SUMMIT <small>Defense Health Headquarters Falls Church, Virginia</small>	SAVE THE DATE SEPTEMBER 13, 14 & 15
	STATE OF THE SCIENCE: Advances in Diagnostics and Treatments of Psychological Health and Traumatic Brain Injury in Military Health Care



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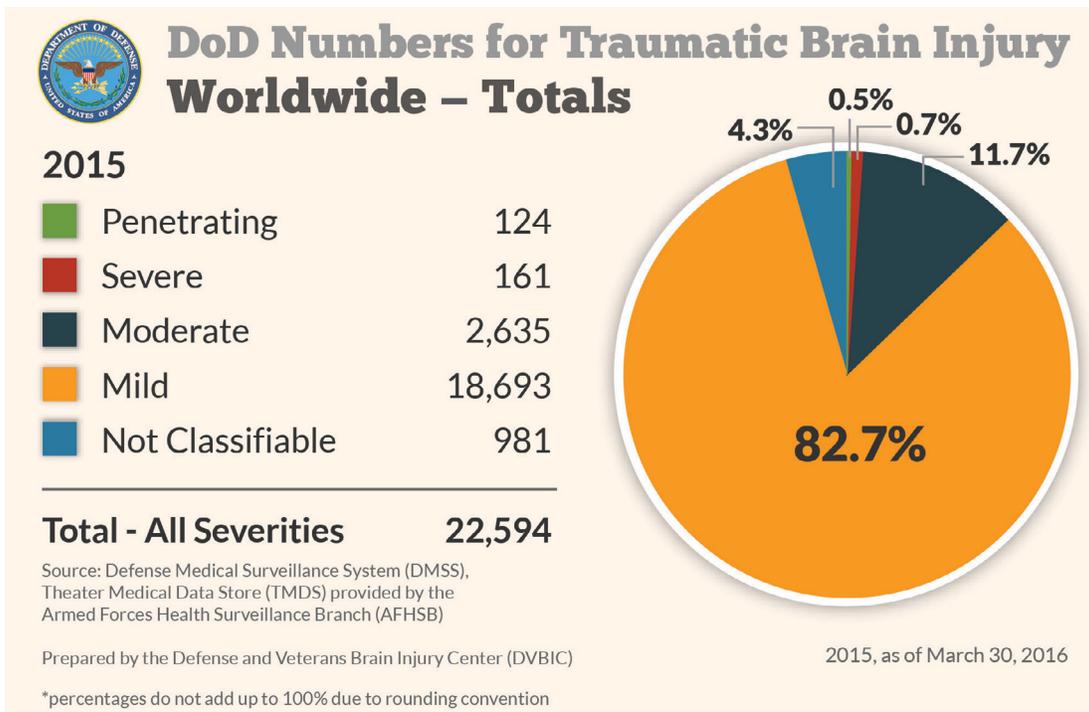
DCoE/DVBIC 2016 Webinar Series

- April 28 – Prevention of Sexual Assault in Children
- May 26 – Facilitating Help-seeking Behaviors for Mental Health Concerns
- June 9 – Cognitive Rehabilitation in mTBI: Applications in Service Members and Veterans
- June 23 – Depression in Men in the Military
- July 14 – Performance Triad: Sleep, Nutrition and Exercise
- July 28 – Technological Updates in the Treatment of Mental Health Conditions
- August 11 – Complementary and Integrative Medicine and TBI
- August 25 – Compassion Fatigue

Continuing education credit is available. For more information about webinars and creating an account, go to http://dcoe.mil/Training/Monthly_Webinars.aspx.

Latest TBI Numbers

Latest TBI Numbers (Source: DVBIC (<http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>) and Defense Medical Surveillance System, Theater Medical Data Store provided by the Armed Forces Health Surveillance Center)



Worldwide numbers represent medical diagnoses of TBI that occurred anywhere U.S. forces are located including the continental United States since 2000.