

Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

Five Year Anniversary of the "Warrior Resilience after a Concussion Program" at Camp LeJeune

By Deborah Waun, MA, LPC, BCPC, Defense and Veterans Brain Injury Center (DVBIC) Program Manager, Regional Education Coordinator



Deborah Waun and Laurel Schaefer, co-leaders of the "Warrior Resilience after a Concussion Program" at Camp LeJeune promoting the DVBIC program in Jacksonville. Photo courtesy of Deborah Waun

For five years, I have been facilitating a TBI education/therapy group that is unique to Camp LeJeune. "Warrior Resilience after a Concussion" is a 10-day outpatient program that uses a multidisciplinary team approach to help combat veterans by equipping them with the information, knowledge

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About the Quarterly Newsletter

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

DVBIC is the TBI operational center of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. For more information visit DVBIC.org.

Content suggestions, thoughts and ideas for future editions of the quarterly newsletter can be sent to info@dvbic.org.

Views expressed are not necessarily those of the Department of Defense. The appearance of external hyperlinks does not constitute endorsement by the Department of Defense of the linked websites, or the information, products or services contained therein.

Greetings TBI case management colleagues,

I wanted to share a few words about certification for brain injury specialists:

Efforts to improve the knowledge base of TBI practitioners and thereby the care of service members with TBI can lead the provider to a national certification as a brain injury specialist (BIS) through the Academy of Certified Brain Injury Specialists. The Department of Defense policy document for case managers, DoDI 6025.20, "Medical Management (MM) Programs in the Direct Care System (DCS) and Remote Areas," promotes national certification although it does not specify a preference. A unique feature of BIS certification is that it is not targeted to any one medical or psycho-social discipline, but geared for the overall care of the brain-injured patient.

Whether to improve one's own knowledge base or rise to the level of a brain injury specialist trainer, this certification is a worthwhile effort for several reasons:

- It affords a learning opportunity in a holistic approach to caring for the brain-injured patient for multi-disciplines
- It is relatively cost effective, with lower rates for four or more individuals taking the exam as a group
- Maintenance of the certification requires continuing education or retaking of the exam on an annual basis

With the ever-changing landscape of brain injury treatment and care, this certification process helps to ensure that those working in the field are accountable to maintain a level of education and expertise.

For additional information on how to become a certified brain injury specialist, go to

www.acbis.pro/index.html

Very respectfully,

*Sue Kennedy, RN BSN CCM
Editor*

Hyperbaric Oxygen Treatment: Snake Oil or Proven Therapy?

by Capt. Cynthia Spells, United States Public Health Service, Chief, Defense and Veterans Brain Injury Center Care Coordination Program

COL Scott Miller, M.D., FACP, FIDSA, Assistant Professor of Medicine, USUHS, Director, Hyperbaric Oxygen Research Program, U.S. Army Medical Materiel Development Activity located at Ft. Detrick, Md., presented a stimulating brief on the research portfolio “Hyperbaric Oxygen For Persistent Post-Concussion Symptoms After Mild Traumatic Brain Injury” to the TBI Quad Service Work Group on May 30.

The goal of the project is to determine the efficacy of hyperbaric oxygen (HBO₂) as an intervention to treat or minimize post-concussion symptoms following a mild traumatic brain injury. HBO₂ involves placing patients inside a chamber that is pressurized to higher than sea level.

HBO₂ is an FDA-cleared treatment for 14 indications, including decompression sickness, intracranial abscess, carbon monoxide poisoning/smoke inhalation, exceptional blood loss and crush injuries. It is most widely used in wound healing for diabetic ulcers.

The current Defense Department TBI hyperbaric oxygen portfolio consists of three studies:

- **U.S. Air Force Placebo Controlled Trial for Post-Concussion Syndrome** — randomized, single-blind, sham (placebo) controlled trial — 50 volunteers. Subjects recruited from TBI clinics across the country for an eight-week TDY to San Antonio. Subjects were given high dose HBO₂ daily for six weeks (30 sessions) or placebo.
- **Three arm, randomized, double-blind, sham-controlled trial** — 24 volunteers/arm (n=72). Subjects received routine local TBI care (medication/psychological interventions; local care plus sham (40 sessions); local care plus HBO₂ (40 sessions). Subjects were gathered from four military treatment facilities: Evans Army Community Hospital, Fort Carson, Colo.; Eisenhower Army Medical Center, Fort Gordon, Ga.; Naval Hospital Camp Lejeune, N.C.; Naval Hospital, Camp Pendleton, Calif.
- **Three arm, single center, double blinded, dose-ranging study with sham control** — 60 active service members recruited from Camp Lejeune. Trial held in Pensacola, Fla., subjects randomly assigned to one of three conditions: 10.5%, 75% or 100% O₂; optimal sham design used same pressure to fully mask potential differences from the dive profile of the other studies.

Outcome measures with the trials for co-primary measures included the Rivermead Post-Concussion Symptom Questionnaire and the Neurobehavioral Symptom Inventory. Secondary outcome measures included PCL-M and Neuropsych (ANAM).

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Results groups showed significant improvement with both the HBO₂ interventions as well as the sham (placebo) control. There was no statistical improvement in the HBO₂ groups over sham in any of the studies suggesting a strong placebo effect.

Formal results are to be released in August 2013, and an independent review by the Undersea and Hyperbaric Medical Society will take place in July.

Despite a series of anecdotes and advocacy efforts by the hyperbaric industry, there remains no definite medical evidence that HBO₂ has a therapeutic role in the relief of symptoms or brain dysfunctions for warriors with post-concussion syndrome/mild TBI or PTSD.

RAND Corporation Report:

“Military Caregivers: Cornerstones of Support for Our Nation’s Wounded, Ill and Injured Veterans”

by Capt. Cynthia Spells, United States Public Health Service,
Chief, Defense and Veterans Brain Injury Center Care Coordination Program

Study of Interest

RAND Corporation Report (Mar 2013): “Military Caregivers: Cornerstones of Support for Our Nation’s Wounded, Ill and Injured Veterans.” Terri Tanelian, Rajeev Ramchand, Michael P. Fisher, Carrie S. Sims, Racine Harris, and Margaret C. Harrell.

This report was commissioned by the Elizabeth Dole Foundation to assess the needs of military caregivers, identify and assess the services available to them, and “describe how their needs are — and are not — being met.” It examines existing research on the needs of caregivers in general, and how lessons learned can be applied, specifically, to military caregivers.

The report concludes that, “despite the need, no national strategies for supporting military caregivers exist. Government agencies and other organizations are trying to help, but most programs are in their infancy and inadequate to meet the needs of this growing population.” TBI is included among the health-related problems that may present or worsen post-deployment. An increasing number of affected service members are returning home to family and other military caregivers.

For the complete RAND Report, please refer to www.RAND.org.

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Upcoming Conferences

31st Annual Neurotrauma Symposium

Aug. 4-7, 2013
Nashville, Tenn.

5th Annual Warrior Resilience Conference

Optimizing Physical and Psychological Resilience and Performance

Aug. 12-16, 2013

WRC-V is a virtual training conference that enables participants to attend live and on-demand sessions from their own desks or mobile devices.

North American Brain Injury Society 11th Annual Conference

Sept. 18-21, 2013
New Orleans, La.

CEU Opportunities

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Aug. 15, 2013
Traumatic Brain Injury 101

Sept. 26, 2013
Evidenced-based Treatment for Depression and Suicidal Behavior

DVBIC Online Education

Sept. 18, 2013
Back-to-School Challenges and Resources for Veterans Who Sustained TBI

Current Military TBI Numbers

For more information regarding military TBI statistics go to dvbic.org

