

Traumatic Brain Injury Center of Excellence

Podcast Transcript

Picking Your Brain: Collaborating on Dizziness and Vision (Ep. 8)

EPISODE DETAILS		
PODCAST:	Picking Your Brain	Interviews <ul style="list-style-type: none">• Maj. Allen Johnson (NBC)• Brig Gen. Simonson (DHA)• Dr. Joanne Gold (TBICoE)• Dr. Mike Pattison (VCE)• Dr. Amy Boudin-George (HCE)
FEATURES:	Host: Kate Perelman	
RUN TIME:	10:23	

Narrator: Welcome to the Picking Your Brain podcast, a series from the Traumatic Brain Injury Center of Excellence, or TBICoE, that focuses on the care and recovery of service members and veterans who have sustained a TBI. In this episode, we introduce our revised Dizziness and Vision clinical recommendation and how it helps medical providers treat overlapping symptoms associated with traumatic brain injury. We also discuss the fear of stigma that keeps service members from seeking treatment for these symptoms.

NBC News: This is an NBC News Special Report. Good evening. We're coming on the air with breaking news. The Pentagon confirming that Iran has launched a series of ballistic missiles targeting American forces in Iraq.

Narrator: In January of 2020, more than a dozen ballistic missiles were fired at the U.S. troops stationed at the Al-Assad airbase in Iraq. Although there were no American lives lost, some service members noticed the effects of an invisible injury.

Maj. Johnson: I'd lost my hearing. My left eye wasn't really working all that great. Everybody had suffered some level of traumatic brain injury from this.

Narrator: Army Major Allen Johnson recalled the symptoms of his traumatic brain injury, or TBI, on the CBS news program 60 Minutes.

Maj. Johnson: All of these soldiers—127, 130 of them—their main focus was to literally get the mission back up and running, which masked a lot of their TBI symptoms. Our symptoms were insignificant to what we'd experienced all night long. I'll take some Advil, I'll rehydrate, and this headache will go away, my nausea will go away. I'll try to eat some food, it'll go away. Those symptoms just kept getting worse.

Narrator: One way TBICoE has sought to help the military address these symptoms is through its revised clinical recommendation, Assessment and Management of Dizziness and Visual Disturbances Following Concussion. This clinical recommendation, or CR, assists primary care managers in caring for service members and veterans with dizziness and visual disturbances commonly related to mild TBI. It also contains fact sheets that help patients to better understand the vision changes and dizziness they may experience after a concussion. These symptoms can often overlap, presenting a challenge for both the medical providers and service members in treatment and recovery.

BG Simonson: Well, I have suffered from a head injury myself.

Narrator: Brigadier General Catherine Simonson is the Deputy Assistant Director of the Research and Engineering Directorate at the Defense Health Agency, or DHA. After her injury, Brigadier General Simonson experienced some inner ear pain that caused debilitating vertigo.

Traumatic Brain Injury Center of Excellence

Podcast Transcript

BG Simonson: So [I], like any soldier, then went to seek care. And during the assessment for that they gave me some techniques that are fantastic for self-care. So, there are medications that you can treat this kind of vertigo with, there are preventative measures that you can teach soldiers. And then there's treatment that's non-invasive that soldiers can perform themselves, to get them out of the vertigo and to prevent the vertigo from happening. Had I not gone to seek care, I could have been in a position where vertigo would have been dangerous for me. So, I'm happy that I had an indication that I needed to get some help for that. And fortunately, I'm back to my normal self.

Narrator: A challenge many leaders in the DHA and operational forces face is making sure service members with TBI seek immediate medical care to improve recovery times and ensure military readiness in the forces.

BG Simonson: Because as we know, some soldiers won't come forward for some of these issues thinking they will resolve themselves. And we know if there's treatment to be had, we want them to have it early on so that they can get back to their full working capacity.

Narrator: This Brain Injury Awareness Month, TBICoE is emphasizing being “TBI ready.” This means recognizing that health care providers and others in the military community need to be aware of the available resources to identify, diagnose, and treat TBI. Medical readiness is an important part in ensuring our nation’s security. TBICoE helps DHA maintain a medically ready and a ready medical force to commands all over the world. Clinical recommendations like the Dizziness and Vision CR ensure that providers in the Military Health System feel supported when they treat America’s 1.7 million active-duty and reserve personnel. TBICoE’s Dr. Joanne Gold experienced the value of a ready medical force firsthand.

Dr. Gold: I did suffer a TBI myself, a concussion, in 2016. And I remember being very dizzy, disoriented, and this occurred for weeks following the concussion...I felt very uncomfortable in crowded places, like the grocery store would really get me.

Narrator: Dr. Gold is a neuroscience clinician who experienced a traumatic brain injury on active duty. She served in the Air Force for seven years as a pharmacist in the Biomedical Sciences Corps. She was also part of the TBICoE workgroup that developed the Dizziness and Vision CR.

Dr. Gold: I ended up being seen at Walter Reed by a physical therapist and by an occupational therapist. And ultimately, I learned that you can only do so much with the actual clinician—you also have to do your homework. But if you do these things, you listen to your clinicians, you will see benefits. It's pretty obvious how dizziness and a visual disturbance can affect mission readiness. Of all the things that can occur post-concussion, dizziness, visual disturbances, that can affect, I mean pretty much every aspect of life.

Narrator: Many service members experience dizziness and vision problems during the first couple of weeks after concussion. These symptoms usually resolve on their own without the need for additional treatment. However, persistent, untreated symptoms caused by TBI can be debilitating and keep service members out of the fight. Here’s Dr. Gold again to explain.

Dr. Gold: But thinking specifically about military responsibilities. Like a pilot, you can’t fly. If you’re security forces, you can't arm up. It just would really impact, not just your way of life, but your ability to do your job. And I think that that is very demoralizing for service members and veterans.

Narrator: When TBICoE developed this CR, it did so in collaboration with other centers of excellence in the DHA. This collaboration brought a wide range of perspectives and expertise to aid medical providers in delivering the best possible care to our men and women in uniform.

Traumatic Brain Injury Center of Excellence

Podcast Transcript

Dr. Pattison: I'm Dr. Mike Pattison, and I work at the Vision Center of Excellence...I was active duty for just over 30 years.

Narrator: Dr. Pattison, an ophthalmologist and program manager of Readiness and Operations Optometry at the Vision Center of Excellence, also worked with TBICoE to develop the Dizziness and Vision CR. He explains that the Military Health System relies on adaptability, and teamwork to provide unwavering service to millions of beneficiaries worldwide.

Dr. Pattison: In private practice, you have to do everything yourselves. And that doesn't work very well, because my expertise, for example, is not assessing TBI. Mine is vision. So, it's important that you have everybody collaborate to figure it out. So, who is our best asset for doing certain testing and evaluation? Plus, if we keep having primary care do everything, they just don't have the time. They're probably one of the busiest providers that we have. So, it's important that we all continue to work together.

Narrator: Dr. Amy Boudin-George, a clinical audiologist at the Hearing Center of Excellence, agrees.

Dr. Boudin: Absolutely, the collaboration is very important. Brain injuries can be very different from person to person, depending on the specific injury, each person's perception of their own injury, and many other factors. Oversight from an organization like the TBICoE helps maintain focus on the overall condition. And then experts in specific disorders such as dizziness or vision problems helps add the details that can improve clinical care outcomes and fitness for duty.

Narrator: DHA leadership also sees research collaboration as an essential part of the Research and Engineering Directorate, formerly called J-9, which leads the discovery, development, and delivery of innovative improvements in patient outcomes and military health and readiness. Brigadier General Simonson agrees.

BG Simonson: Collaboration amongst the CoEs is a critical strategy for the DHA. We need to be efficient in how we get to provide those solutions to ensure a ready medical force. We're fortunate that we in DHA J-9 have all the Centers of Excellence in our Directorate. So, the Vision Center of Excellence, the Traumatic Brain Injury Center of Excellence, Hearing and Psychological Health, all within our organization, enables us to use those areas of expertise to collaborate when they have cross-cutting challenges.

Narrator: This collaboration is key for creating products like the Dizziness and Vision CR and its comprehensive clinical resources for medical professionals and fact sheets that address managing visual changes and dizziness after a concussion for patients and their caregivers. Together, the centers of excellence can help providers give the best possible care to our service members and veterans and maintain medical readiness. To download the clinical recommendations and related fact sheets, visit www.health.mil/TBICoE.

Picking Your Brain is a podcast series from the Traumatic Brain Injury Center of Excellence, or TBICoE that focuses on the care and recovery of service members and veterans who have sustained a TBI. It's produced and edited by Vinnie White and hosted by me, Kate Perelman.