Uncertainty as to how well these guidelines apply to blast-related concussion particularly sports-related

Majority of concussion-related information and guidelines relate to impact events, particularly TBI-related care for follow-up and rehabilitation.

Helps ensure that those who remain impaired are suffering persistent TBI.

Continue some form of post-deployment screening during or later military service.

Education of service members and their families, unit commanders and fellow service members.

Systematic follow-up assessment and medical management.

Efficient/effective documentation of acute injury assessment.

Effective disposition assessment.

Standard methods of acute-on-the-field concussion/TBI assessment.

Improve personal protective equipment.

August 06: AFEF letter to HA; Recommendations

March 06: AFEF meets on TBI

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AFE F Recommendations
Responses

- Improve personal protective equipment
  - Blast Injury DoDD
  - JTAPIC
- Standard methods of acute on-the-field concussion/TBI assessment
  - JTTS CPG on in-theater management of Mild TBI August 06
    - Includes Military Acute Concussion Assessment
- Efficient/effective documentation of acute injury assessment
  - Work in progress
- Effective disposition assessment
  - Work in progress
- Systematic follow-up assessment and medical management
  - Work in progress
- Education of service members and their families, unit commanders and fellow service members, individuals in a position to encounter and care for soldiers at risk for TBI during or after military service
  - Work in progress
    - Army ALARACT and USMC equivalent 2006
    - DoD/VA education panel: DVBIC lead
Response

- Continue some form of post-deployment screening
  - Helps ensure that those who remain impaired or are suffering persistent TBI-related health problems are identified for follow-up care
  - Subject of much discussion
  - Mandated by HA March 2007: PDHA, PDHRA, PHA, June 2007 start

- Additional TBI research, particularly as it relates to blast associated events
  - Majority of concussion-related information and guidelines relate to impact events, particularly sports related
  - Uncertainty as to how well these guidelines apply to blast related concussion
  - Work in progress
Additional actions

- September 2006: Navy hosts TBI summit
- November 2006: DVBIC hosts mTBI assessment/field treatment conference: validates JTTS CPG and MACE
- VA announces veteran screening for TBI
- March 2007: HA mandates TBI screen and comprehensive DoD TBI program: JEC agrees VA and DoD screen should be the same
- March/April 2007: DoD SG/M&RA/DASD level meetings re: comprehensive DoD TBI program (Embrey, ADM Arthur)
- May 2007: DoD/VA meeting on comprehensive plan for TBI (ADM Arthur)
  - Definition
  - Testing and evaluation
  - Treatment
  - Disability and long term care
  - Education and training
  - Research (1) blast physics and monitoring
  - Research (2) clinical and other
  - (strategic communication)
- Expectation: actionable plan for DoD/VA management of service members with TBI
Additional Actions

- May 2007: HA cell for management of TBI/PTSD programs/policy (not approved)
- May 2007: comprehensive plan-in-progress approved, implementation begun
- May 2007: spend plan for supplemental funds, TBI/PTSD
- June 2007: DoD/VA conference with civilian experts and advocacy groups
- Various groups: Rand, IOM etc provide input
Comprehensive program. Other personnel with expertise in TBI may be used to respond
Department in response to questions on the Department’s progress in implementing the
response to TBI. In this role, he will represent the Department in
issues pertaining to TBI. In this capacity, he will serve as the primary medical spokesperson for the
Navy. Admiral Arkin, the Surgeon General of

Information collected by all Services

office of responsibility for the coordination of all TBI-related incidence and prevalence

and the Defense and Veterans Brain Injury Center (DVNIC) is designated as the single

Research and Materiel Command, will coordinate all DoD-wide research related to TBI.

research program, protocols, and guidelines that make up this comprehensive program.

In that
case, all medical research conducted, the United States Army Medical

effect from a policy standpoint and to work hand-in-hand with you and your staff to shape the

Health Promotion and Readiness, Mr. Ellen P. Emery, is designated to lead this overall

To effect this coordinated effort, the Deputy Assistant Secretary of Defense for Force

response to the Congress, to the media, and to senior administration officials to this

To assure a common Department-wide approach to implementation of this

term and advance therapeutic methods

research, treatment, and design research that will clarify clinical case

factors, decrease clinical and sub-clinical signs and symptoms of TBI, share our

establish methods to properly identify causative factors, minimize the effects of these

follow up those who have suffered a TBI while other deployed. In addition, we must

Consultative Brain Injury (TBI); whether mild, moderate, or severe, is a significant

Department

SUBJECT: Consultation of Traumatic Brain Injury Initiatives in the Department of

Surgeon General of the Air Force

Surgeon General of the Navy

Army

Assistant Secretary of the Navy (MRA)

Assistant Secretary of the Army (MRA)

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MRA)

The Assistant Secretary of Defense

WASHINGTON, DC 20301-1200
1200 Defense Pentagon
THE ASSISTANT SECRETARY OF DEFENSE

MAR 2, 2007
Defense and Veterans Brain Injury Center

USDVA VAMC
PDASD (Public Affairs)
ASD (Public Affairs)
ASD (Legislative Affairs)
PDUSSD (Personal and Readiness)
USD (Personal and Readiness)

cc

William Winkenwerder, Jr, M.D.

William Winkenwerder, Jr, M.D.

Our capabilities in dealing with this important health risk

Please work with MS Embrey and Admiral Arthur as we work together to improve

planning sessions, should be submitted to my office not later than 45 days from today

a coordinated Department effort. The results of this planning effort, and any additional

dependent involved in TDL research, screening, and treatment to plan the specifics of

involving additionally the Surgeons General of the Army and Air Force, and all relevant

Finally, I am requesting that MS Embrey and Admiral Arthur convene a meeting

the public affairs officer for my office, Admiral Arthur and MS Embrey

to prepare, conduct media interviews, etc., but this should be done in coordination with
Section 1: Are you CURRENTLY having any of the symptoms from section 3?

Yes, one or more of the above. This answer will result in the next section.
No, none of the above.

Opening:

Headache
Vertigo
Sensitivity to bright light
Balance problems or dizziness
Memory problems or lapses

Section 3: Did any of the following problems begin or get worse afterwards?

Yes, one or more of the above. This answer will result in the next section.
No, none of the above.

Opening:

Not remembering the injury
Being dazed, confused, or "securing shots"
Losing consciousness/knocked out

Check all that apply:

Section 2: Did you have any of these symptoms IMMEDIATELY afterwards?

Yes, one or more of the above. This answer will result in the next section.
No, none of the above.

Opening:

Fall
Puncture wound or bullet wound above the shoulders
Vertebral fracture/shock (any vehicle including aircraft)
Blunt or explosion (IED, RPG, land mines, grenade, etc.)

Section 1: During your deployment did you experience any of the following?
Function immediately following the exposure

Even when there is no immediate evidence of structural brain injury on immediate studies or altered brain

3. Behavioral: For example, depression, anxiety, agitation, irritability, impulsivity,

3. Interpersonal: In vision, other sensory alterations, aphasia (that may or may not be transient;

2. Neurological deficits (e.g., weakness, balance disruption, praxis, parasthesia, change

1. Immediately following clinical signs, immediately following the event;

A traumatic brain injury is defined as a traumatic injury to the brain function as a

MAY 2007

TRB/DEFINITION, CLASSIFICATION, AND TAXONOMY WORKING GROUP

TRD/TRAUMATIC BRAIN INJURY CONSENSUS CONFERENCE
Chapter: DOD/VA TBI Definition and Taxonomy Working Group

M. Moreland, Psy. D.
Very Respectfully Submitted.

Relationship with traumatic stress disorders.

Effect of Trauma on the Continuum of Traumatic Brain Injury and the Complex

Criteria for TBI by proposing a symptom classification system. This classification system will

With the above definition, this working group will now focus its efforts on developing diagnostic

Criteria for TBI and PTSD is required for accurate diagnosis and treatment.

It is recognized that the cognitive symptoms associated with post traumatic stress disorder

PTA - Post Traumatic Amnesia
LOC - Loss of Consciousness
MOA - Alteration of Consciousness
Mild

<table>
<thead>
<tr>
<th>PTA</th>
<th>AOC</th>
<th>LOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 7 days</td>
<td>≤ 7 days</td>
<td>&gt; 24 hrs</td>
</tr>
<tr>
<td>&gt; 7 days</td>
<td>&gt; 7 days</td>
<td>≤ 24 hrs</td>
</tr>
<tr>
<td>PTA ≤ 1 day</td>
<td>AOC = Normal up</td>
<td>LOC = 0-30 min</td>
</tr>
<tr>
<td>Normal or Abnormal</td>
<td>Normal or Abnormal</td>
<td>Normal or Abnormal</td>
</tr>
</tbody>
</table>

To make a determination of the severity of the brain injury,

It is not clinically possible to determine the brain injury level of severity of because of

categories of severity, the higher severity level of severity is assigned:

level below within a particular severity level. If a patient meets criteria in more than one

The patient is classified as mild/moderate/severe if he or she meets any of the criteria

Injury Severity (ACUTE): Injury severity is determined at the time of the injury, but this severity

Function, if it is recognized that several assessments of the patient's cognitive, emotional, behavioral

level while having some functional value does not necessarily reflect the patient's ability to