

WARFIGHTER BRAIN HEALTH AFTER TBI

GUIDANCE FOR LEADERS

Traumatic Brain Injury Center of Excellence

Leaders play an important role in optimizing warfighter brain health after traumatic brain injury. This fact sheet provides guidance on leaders' responsibilities to ensure service member readiness after an injury event.

HIGH-RISK ACTIVITIES

Concussion, also known as a mild TBI, is a head injury resulting from a hit, blast, blow, or jolt to the head. The Department of Defense identifies the following as potentially concussive events:

- Direct blow to the head or witnessed loss of consciousness
- Involvement in a vehicle blast event, collision, or rollover
- Presence within 50 meters of a blast
- Exposure to more than one blast event

SIGNS, SYMPTOMS, AND OPERATIONAL CONSEQUENCES OF TBI



Signs—what may be seen at time of injury

- Slow to get up
- Confusion
- Blank or vacant look
- Stumbling
- Labored movements
- Inability to respond appropriately to questions



Symptoms—what service member may report

- Headache
- Visual disturbances
- Ringing in the ears
- Dizziness/balance problems
- Nausea/vomiting
- Memory problems
- Difficulty concentrating
- Irritability



Operational Consequences

- Poor marksmanship
- Slower reaction time
- Decreased concentration
- Decreased situational awareness
- Difficulty performing quickly under pressure
- Difficulty multitasking

WHAT STEPS SHOULD I TAKE AFTER A SERVICE MEMBER IS EXPOSED TO A POTENTIALLY CONCUSSIVE EVENT?

- ✓ Report all service members involved to Joint Trauma Analysis and Prevention of Injury in Combat, if deployed.

- + [DOD instruction](#) outlines the minimum required content to report.
- + Submit report within 24 hours using the [Concussive Event Reporting System](#) (<https://jincs.army.mil/>).

- ✓ Ensure service members receive prompt medical evaluation.

- + Since an exposure can impact the reliability of a service member, medical evaluation is essential.
- + Early detection using the [MACE 2](#) fosters optimal outcomes.

- ✓ Direct a minimum of 24 hours of rest or downtime, if deployed.

This is required regardless of TBI diagnosis or presence of symptoms.



HOW CAN I ASSIST A SERVICE MEMBER WHO IS DIAGNOSED WITH A TBI?

- ✓ Assure service members follow the medically directed [Progressive Return to Activity](#) protocol.

- + By slowly increasing physical and cognitive demands, the PRA is a stepwise process shown to return service members to full duty as quickly and safely as possible.
- + Returning to normal activities too soon can increase risk of another injury, worsen symptoms, or lengthen recovery time.

- ✓ Maintain open lines of communication with the medical team.

- + Routinely review the [Patient and Leadership Guide](#), used by the medical team to communicate PRA progression and recommend duty modifications.
- + Notify medical team of symptoms affecting service member's ability to work.

- ✓ Assist the medical team in making the return to duty determination.

- + The medical team will evaluate physical and cognitive readiness by using a physical exertion test and [Automated Neuropsychological Assessment Metrics](#), known as ANAM.
- + Service members who sustain three or more TBIs in a year require a specialty referral for a comprehensive medical evaluation before returning to duty.

To learn more, watch this [Warfighter Brain Health for Leaders video](#)

