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New Protocol to Provide Early Brain Injury Detection

Christen N. McCluney | Special to American Forces Press Service

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The Defense Department is rolling out a new set of guidelines for the treatment of mild traumatic brain injury among servicemembers in combat areas.

"We're morphing from a symptom-based approach in theater to an incident-based approach," a senior official said recently during a "DoDLive" bloggers roundtable.

"The tenet behind this is we strongly believe that early detection and early treatment decrease the complaints of post-traumatic brain injury after sustaining an injury," said Kathy Helmick, interim senior executive director for traumatic brain injury and director of TBI clinical standards of care at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury.

The new protocol will go into effect soon and will make head injury evaluations mandatory for servicemembers who have been involved in incidents such as being close to explosions or blasts. In the past, Helmick explained, servicemembers simply decided for themselves whether to report symptoms. Moving forward, the medical staff will check everyone involved in such incidents.

To get the incident-based protocols going, officials are using an "educate, train, track and treat" sequence, Helmick said. This involves:

- Ensuring awareness at all levels in recognizing symptoms of brain injuries;
- Training health care providers in evidence-based treatments;
- Treating incidents early; and
- Tracking progress to yield metrics that would show where improvements are needed.

"We are fast-tracking our research portfolios so that we can translate the findings from research being done into clinical practice and improve care on the battlefield as soon as possible," Helmick said.

Researchers are looking at blast dynamics related to the direction of explosions and relationships between the magnitude of explosions in enclosed and open locations, Helmick explained. This could help in determining ways to decrease the incidents of brain injury along with examining the nature of attacks, she said.

Research also is under way to explore psychological health and TBI, Helmick said.

"We are trying to really help bring the disciplines together so that we can provide more clarity to the timing of treatment for specific psychological health conditions and how that marries up with traumatic brain injury," she said.

If a patient is being treated for post-traumatic stress disorder, she noted, traumatic brain injury clinicians need to be in sync so that therapy can be maximized.

The department also is working with the National Football League to share information on TBI research. Helmick noted that both the NFL and the Defense Department have stepped up efforts to learn more about brain injuries and implement measures for prevention and treatment. "So the groups are working on creating a change in attitude so that servicemembers, like athletes, don't discount symptoms but get early treatment, which will lead to early recovery," Helmick said.

Part of the Defense Department's effort focuses on educating commanders and supervisors. "We've really stressed with the line command that this is not about taking someone away from mission," Helmick said. "This is about keeping them in the safe zone while they are vulnerable for a second injury -- making sure they get checked out and then getting them back to doing what they love."

Helmick added that one of the strongest initiatives in treating TBI is educating servicemembers about the importance of sharing their symptoms, knowing what to expect for a natural recovery and developing strategies to deal with the symptoms. This, she said, has been shown repeatedly to help in decreasing symptom reporting and enhancing recovery.

"Our real message to send out to everyone is, 'Protect your greatest weapon -- your brain,'" Helmick said. "The cornerstone is early detection and early treatment, and that these are recoverable injuries."