



# Fact Sheet: Case Management for Concussion/Mild Traumatic Brain Injury Guidance Document

**Goal: To assist military case managers with case management for service members experiencing persistent symptoms related to concussion/mild traumatic brain injury (mTBI)**

**Applicability: The guidance contained in this document may be utilized by all military treatment facilities (MTFs) within the Military Health System (MHS) that encounter and offer services to service members (and their support systems) who have been identified as having sustained a concussion/mTBI with persistent post-concussive symptoms (PPCS) resulting in multi-disciplinary needs.**

- The document is divided into five sections:
  1. Basic TBI information
  2. Guidelines with critical case management interventions
  3. Staffing
  4. Training
  5. Procedures (case management interventions) related to treatments
- The document also includes a list of helpful resources for TBI case managers
- The full guidance document may be accessed at <http://www.dcoe.health.mil>

## Key Points to Consider for Case Management of Concussion/mTBI

- No two mTBIs are the same no matter how similar the events
- Building a trust relationship with the service member is essential for promoting compliance to the recovery care plan
- Knowledge of any co-morbid conditions is essential for holistic care
- Review all possible medical record sources for clinical and psychosocial information including the Post-deployment Health Assessment (PDHA) and Post-deployment Health Re-assessment (PDHRA)
- The recovery care plan for the service member should encompass short-term, long-term and ongoing needs and goals and be developed with input from the multidisciplinary team (MT)
- Reinforcing education, timely multi-directional communication, patience and empathy are required to build trust and destroy perceptions of stigma. This will allow the service member to successfully return to work or experience a seamless transition to the Department of Veterans Affairs (VA) if separation or medical retirement from the military becomes necessary
- Ideally, one case manager should take the lead to ensure that clear, consistent multi-directional communication with the MT, service member and family, line commanders, and other case management staff, such as the Federal Recovery Care Coordinators and the Defense and Veterans Brain Injury Center's Regional Care Coordinators, is accomplished to avoid duplication of services and confusion for the service member and family
- Any active duty service member who is diagnosed with mTBI and has symptoms refractory to six months of conventional therapy may be eligible for referral to the National Intrepid Center of Excellence (NICoE) located in Bethesda, Maryland on the campus of the National Naval Medical Center. Please contact: The Defense Centers of Excellence 24 hour Outreach Center to initiate a referral. 1-866-966-1020

## Critical Case Management Interventions Specific for Individuals with Concussion/mTBI

- Provide early education to manage expectations and prevent symptom development
- Identify and engage a “battle buddy” or other support person to assist the service member with memory issues
- Provide verbal and written information related to patient education, instructions or appointments and provide follow up reminders
- Provide encouragement, de-emphasize stigma
- Communicate with chain of command as appropriate
- Assess for co-morbid conditions such as post-traumatic stress disorder and ensure appropriate referrals
- Facilitate necessary referrals to specialty care at the direction of the primary care manager

## Staffing

- Staffing needs will vary based on number of service members seen at each MTF's TBI Clinic
- The number of cases per case manager has been established at 30 or less per Directive-type Memorandum (DTM) 08-033: Interim Guidance for Clinical Case Management for the Wounded, Ill, and Injured Service Member in the Military Health System

## Training

- Per DTM 08-033, clinical case managers will complete required education and training modules listed on MHS Learn. These modules are located under the section “Case Management” at the following link: (<https://mhslearn.satx.disa.mil>)
- There may be additional training and education/continuing education that is branch specific and or location specific

## Case Management Procedures (Interventions)

Concussion/mTBI case management uses the nationally recognized case management processes in determining appropriate case management interventions for service members with PPCS. The case management guidance document for concussion/mTBI correlates with the management of PPCS as identified in the VA/DoD Clinical Practice Guideline for the Management of Concussion/mTBI and provides examples of case management interventions based on the identified physical, behavioral and/or cognitive symptoms. Each service member receives a review of the medical record and case management assessment. Some examples of case management procedures for mTBI with a persistent physical symptom such as **headache** are (but are not limited to):

- Discussion with the service member:
  - Daily activities
  - Follow through with recommended physical therapy
  - Relaxation techniques
  - Required hours of sleep
  - Effectiveness of pain medications and side effects such as drowsiness or interference with work
- Discussion with the service member's provider or MT:
  - The need for a functional assessment

**Click below to download the full guidance document and newsletter:**

[Case Management of Concussion /Mild TBI Guidance Document](#)

[Military TBI Case Management Quarterly Newsletter](#)