



Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

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Quarterly Highlight

VAMC Polytrauma Transitional Rehabilitation Program



By Candy Dunavan, RN, admissions officer, case manager

As the admissions officer and nurse case manager for the Richmond Veterans Affairs Medical Center (VAMC) Polytrauma Transitional Rehabilitation Program (PTRP), it is both an honor and a privilege to be entrusted to provide care and support for our active-duty service members and veterans.



I am often asked, “What is the Polytrauma Transitional Rehabilitation Program, affectionately known to us as PTRP (pronounced P-TRiP)?” The mission of the PTRP is

Hunter Holmes McGuire
VAMC, Richmond, Va
Photo courtesy of Shannon Dunavan, Polytrauma Transitional Rehabilitation Program volunteer

Continued on page 3



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About the Quarterly Newsletter

The Military TBI Case Management Quarterly Newsletter is published by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE). The quarterly newsletter is intended for case managers and other providers who support warriors with traumatic brain injury (TBI) and their families. Additionally, this quarterly newsletter is not intended to make more work for anyone, but to offer a means to share ideas, best practices and resources among the military TBI case management community.

The content will speak to the very best of TBI case management with the hopes of identifying and sharing best practices across the military.

Content suggestions, thoughts and ideas for future editions of quarterly newsletter can be sent to TBICM.Newsletter@tma.osd.mil.



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DCoE Outreach Center: Available 24/7 | 866-966-1020 | resources@dcoeoutreach.org | dcoe.health.mil/24-7help.aspx

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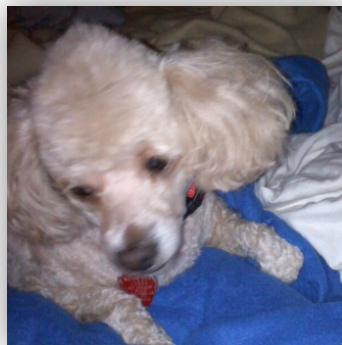
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Letter from the Editor Case Management Creativity

Case managers are often asked to think up solutions that are highly creative and individualized to meet patient and family needs. I used to work at a facility that had “pet therapy.” Family members were encouraged to bring pets to the hospital for a visit with their inpatient owners. Pets could visit freely outside on the hospital grounds or, after passing a certification physical, were allowed inside the hospital to visit. My disabled miniature poodle, Chlöe, was one of the dogs approved for inpatient visits. The effect on the patients was quite positive. Chlöe, with her arthritis and fused knees, brought smiles to many. One little boy, who had undergone surgery, had been afraid of dogs, but quickly warmed to Chlöe who kept him well distracted from his discomfort.

The needs of wounded warriors and their families dealing with traumatic brain injury are as varied as post-concussion symptoms — and can be mixed and matched many times over. It takes creative thinking, oceans of resources and the knowledge of how to apply those resources to best benefit the service members and their families. Complimentary alternative medicine, or CAM, has come to the forefront of potential therapies that may be helpful to patients with TBI. CAM therapies include massage therapy, acupuncture, biofeed-back and several others and anecdotally are having a positive impact for many of our nation’s wounded warriors, including those with TBI. There are other non-traditional therapies being used to assist wounded warriors, including music, white-water rafting, equestrian therapy and even dolphin therapy. This issue contains the story of a remarkable program in Florida that has positively impacted the lives of several wounded warriors, in conjunction with the Wounded Warrior Project. One of the take-away messages, for case managers, is not to be afraid of being creative when contributing to the recovery care plans of wounded warriors. It may be something other than a pill or high-tech machine that helps the service member turn the corner toward recovery. You just never know, it could be a dolphin named “Jax” or a poodle named Chlöe.

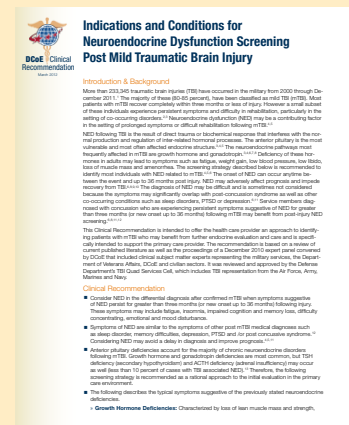
Very respectfully,
Sue Kennedy, RN BSN CCM
Editor



Chlöe photo courtesy of Sue Kennedy

HOT OFF THE PRESS

Neuroendocrine Dysfunction (NED) Clinical Recommendation



Indications and Conditions for Neuroendocrine Dysfunction Screening Post Mild Traumatic Brain Injury

Introduction & Background

More than 200,000 traumatic brain injuries (TBI) have occurred in the military from 2000 through October 2011. The majority of these (80-90 percent) have been classified as mild TBI (mTBI). Most of these individuals experience persistent symptoms and difficulty in rehabilitation, particularly in the setting of non-injuring disorders. Neuroendocrine dysfunction (NED) may be a contributing factor in the setting of persistent symptoms or difficult rehabilitation following mTBI.

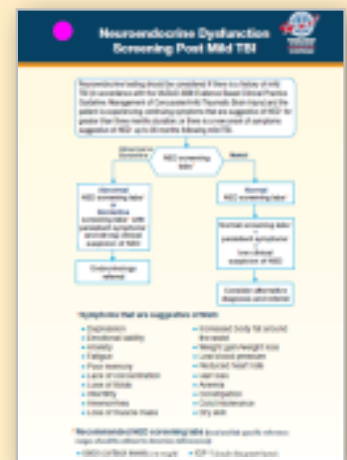
NED following TBI is the result of direct trauma or biochemical response that involves with the normal production and regulation of other related hormonal processes. The anterior pituitary is the most vulnerable and most affected endocrine structure. The neuroendocrine response most frequently affected in mTBI are growth hormone and gonadotropin. Cadency of these hormones is linked to the hypothalamus, which in turn, signals the pituitary gland. Low blood pressure, low blood count, low testosterone, low thyroid, and low cortisol levels are common findings in mTBI. The hypothalamus and pituitary gland may identify individuals with NED related to mTBI. The onset of NED can occur anytime but based on onset and up to 24 months post-injury. NED may also occur in a delayed and insidious manner from TBI. The diagnosis of NED may be difficult and a sometimes not considered because the symptoms may frequently overlap with post-concussion symptoms as well as other related conditions such as depression, PTSD, or anxiety. Service members who are diagnosed with concussion who are experiencing persistent symptoms suggestive of NED for greater than three months (or more) should be considered for NED screening.

The Clinical Recommendation is intended to offer the health care provider an approach to identifying patients with TBI who may benefit from further endocrine evaluation and care and to identify individuals to request the primary care provider. The recommendation is based on a review of current published literature as well as the proceedings of a December 2010 expert panel convened by DCoE that included clinical subject matter experts representing the military services, the Defense and Veterans Affairs, DCoE and other agencies. It was reviewed and approved by the Defense Department's TBI Case Management Community of Interest and approved by the Defense Department's TBI Case Management Community of Interest.

Clinical Recommendation

- Consider NED in the differential diagnosis after confirmed TBI when symptoms suggestive of NED persist for greater than three months or more (up to 24 months) following injury. These symptoms may include fatigue, memory impairment, and memory loss, difficulty concentrating, attention and mood disturbances.
- Symptoms of NED are similar to the symptoms of other post-TBI medical diagnoses such as sleep disorders, memory difficulties, depression, PTSD and/or post-concussion syndrome. Considering NED may assist in diagnosis and better prognosis.
- Atypical pituitary deficiencies account for the majority of chronic neuroendocrine dysfunction following mTBI. Growth hormone and gonadotropin deficiencies are most common. Low TSH (thyroid-stimulating hormone) and ACTH (adrenocorticotropic hormone) may occur as well as low levels of cortisol in cases with TBI associated NED. Therefore, the following screening strategy is recommended as a rational approach to the initial evaluation in the primary care environment.
- The following describes the typical symptoms suggestive of the previously stated neuroendocrine deficiencies:
 - Growth Hormone Deficiency:** Characterized by loss of lean muscle mass and strength.

Neuroendocrine Dysfunction Screening Post Mild TBI Reference Card



Neuroendocrine Dysfunction Screening Post Mild TBI

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- Growth Hormone Deficiency:** Characterized by loss of lean muscle mass and strength.

For hard copies, submit your request to DCoEProducts@tma.osd.mil

Training slides are available for the Indications and Conditions for Neuroendocrine Dysfunction Screening Post Mild TBI



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Quarterly Highlight

Polytrauma Centers

to use best rehabilitative practices to maximize each individual's optimal level of functioning and social participation so that he or she is able to participate in a meaningful and satisfying life. PTRP is a live-in residential rehabilitation program designed to address and treat disabilities resulting from polytrauma.

Polytrauma is defined as two or more injuries sustained in the same incident that affect multiple body parts and organ systems and result in physical, cognitive, psychological and/or psychosocial impairments and functional disabilities. Traumatic brain injury (TBI) frequently occurs as part of the polytrauma spectrum in combination with other disabling conditions such as amputations, burns, pain, fractures, auditory and visual impairments, and posttraumatic stress disorder (PTSD) and other mental health conditions.

Our program is individually tailored to the specific needs of our veterans and service members to assist them in regaining independence in basic and advanced living skills, social readjustment, community reintegration and vocational rehabilitation.

Case management within this program is highly varied. From the referral to the discharge summary, coordination of care for the patient is closely monitored by the PTRP nurse case manager.

Referrals for active-duty service members may be received from a military health care provider or from a military case manager from a military treatment facility. Referrals for veterans may be generated by other providers or case managers within and outside of the medical center.

It is the duty of the admissions officer to screen referred active-duty service members or veterans to ensure they meet the admission criteria and are suitable candidates for the PTRP program. The screening process includes intensive scrutiny of medical records, receipt of completed referral forms from the point of contact, and open communication between the referral

Admission Criteria: PTRP

- » Veteran or active-duty service member patient with a clearly defined disability limiting community independence and participation
- » Deficits from brain injury and/or polytrauma that are treatable within the scope of services provided by the program
- » Requires transitional residential living support
- » Medically stable
- » Potential to successfully participate in groups and community activities, and to benefit from interdisciplinary services with physical medicine and rehabilitation oversight
- » Individual agrees in writing to adhere to the expected patient responsibilities and specific written rules of the program
- » Patient is at least at a supervision/set-up level for basic activities of daily living (ADLs) and has the potential to become independent with basic ADLs
- » No active illicit substance or alcohol use
- » Agreement to abstain from alcohol/illicit drugs, to abstain from non-prescribed drugs and to use prescribed medications as directed
- » Has ability to make own medical/financial decisions or has an identified decision-maker in place
- » Individual does not have active psychiatric issues or behaviors that are primary diagnosis or would be significantly disruptive to the group program (active suicidal/homicidal intent, PTSD requiring specialized inpatient treatment)
- » Does not exhibit behaviors posing risk/safety threat to self or others or exhibit behaviors that require more intensive mental health services in a more restrictive and protected environment
- » Patient has basic tolerance for participation in community-based activities and is able to leave home and feel comfortable in public environments



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source and the medical providers regarding the specifics of the case. After carefully reviewing the information provided, the case is presented to Dr. Gary Goldberg, PTRP medical director. Once a decision has been made to admit a patient, the PTRP interdisciplinary team may host a teleconference with the candidate and family to answer questions and discuss rehabilitation goals and resources.

PTRP employs a holistic approach to address patient needs and concerns using an interdisciplinary team of highly-skilled rehabilitation professionals. The therapeutic environment is set up to feel more like a community-based, home-like residence rather than a hospital to help guide the process of transition from hospital to community. The focus of the program is to uncover and develop a patient's residual strengths and to use those strengths to help address the challenges injuries may have caused in effective ways. Patients who have experienced a TBI or anoxic brain injury, compounded by insults to other organ systems, emerge from their injuries and recover function in a sequence of stages or recovery phases. Our treatment team provides assistance to both the patient and family to recognize the full extent of the support that is available to them, assist them with grieving losses, and address the challenges they face during the process of coming to terms with the injury. Additionally, we help patients learn to redefine themselves, recognize their enduring strengths and abilities to overcome their challenges, and finally, to empower them to use and apply these strengths and abilities in their lives in meaningful ways. Ultimately, the goal of treatment is to holistically address the impact of the injury and to help the injured person to progress in a functionally-optimal way.

After service members or veterans have been accepted into our program, they are provided with individualized weekly schedules of both group and one-to-one treatment sessions to meet their specific needs. The schedule is reviewed, revised and updated by the treatment team on a weekly basis. Service members or veterans are assigned their own rooms which resemble a one-room apartment with its own bathroom. They participate in a self-medication program to help understand their medications and how to properly take them. Patients are provided with multiple therapists to meet both their physical needs and their psychological and emotional needs. Patients are also evaluated to help program therapists create a plan of care to help them meet goals successfully.

The program is 100 percent voluntary and the average length of stay is 78 days. As patients engage in the program, they face personal challenges with support and learn to overcome these challenges. Our staff are passionate about the care provided to our patients. They are diligent in their efforts to include the patient and family in the treatment plan to ensure that the patient's goals are important and pertinent. Patient goals are addressed in a pragmatic and realistic manner and include not only rehabilitative treatment for the patient but also education for family members.

Upon completion of the program, the active-duty service members will return to a military medical facility, WTU or wounded warrior battalion to await medical board evaluation. In some instances, they may be cleared upon discharge for direct return to their units. Veterans generally will return to their home communities or may be referred to an out-patient VA rehabilitation program that will continue to address their long-term needs in an outpatient setting.

For more information on the VA Polytrauma System of Care, www.polytrauma.va.gov

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Spotlight

Dolphin Research Center Teams with Wounded Warrior Project for Project Odyssey

By Joan Mehew, Dolphin Research Center, Military Programs Special Needs Department director



Jax photo courtesy of Dolphin Research Center

Dolphin Research Center (DRC) has worked in partnership with Wounded Warrior Project (WWP) since 2009, supporting goals that promote a healthy transition to civilian life for our severely wounded heroes. In May 2012, we collaborated with WWP on one of their combat stress recovery programs called Project Odyssey. It was named after Homer's "Odyssey" – a

legendary saga about a hero's journey home. The experiences gained from Project Odyssey help warriors work through challenges related to combat stress and improve their mental attitudes and outlook.

DRC, a not-for-profit education and research facility located on Grassy Key in the Florida Keys, is open to the general public every day for educational presentations and a variety of programs where people can interact with the dolphins. Founded in 1984, the center is home to a family of Atlantic bottlenose dolphins and California sea lions. Our dolphin and sea lion family lives in 90,000 square feet of pristine seawater lagoons with low fences separating them from the open waters of the Gulf of Mexico. Generous donors helped fund DRC's partnership with Wounded Warrior Project.

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A three-day retreat was designed for 11 male warriors diagnosed with traumatic brain injury and post-traumatic stress disorder. Project Odyssey's core goals of helping people bond with others on similar journeys, connect with nature and learn new skills in a novel setting are tailor-made for experiences with intelligent, social dolphins at DRC.

The retreat was designed with the warriors' diagnoses in mind, with careful thought given to how we could optimize the participants' experiences and help them accomplish the retreat's goals. The dolphin sessions were scheduled in a sequence that we felt would allow and invite the men to smoothly move from their inner world to connect with their outer world in a stress-free, nurturing environment. The warriors flew into Key West from various parts of Florida and nearby states, ready to meet their peers on a parallel journey.

For day one, we scheduled a dolphin swim. As the dolphins invited the men to enter their environment, the men encouraged each other to take part in a variety of dolphin interactions and learn about dolphin behavior and anatomy. This encounter proved to be the perfect icebreaker! It was a comfortable way to meet the dolphins who moved in and interacted with the men individually and in-group. The natural curiosity and unconditional acceptance from the dolphins helped the warriors relax, enjoy the moment and have fun. The smiles, laughter and bonding began!

Day two, we scheduled dock sessions. Small groups were formed, consisting of two warriors at each dock with a trainer and a dolphin. The men learned hand signals that trainers use to communicate with the dolphins, with each signal broken down into four steps: stationing the dolphin, or asking for their attention; showing the hand signal that asked for a particular behavior; blowing a whistle to tell the dolphin that the requested behavior was correctly performed; and then cheering and applauding to positively reinforce the dolphin. The dock sessions were specifically



Jax photo courtesy of Dolphin Research Center

structured to be stress-free and fun for all involved while allowing the warriors to learn new skills. The trainers coached, but it was up to each warrior to communicate.

It is a unique experience; slowing down communication with another species and having them look at you, wondering what you are going to "say". Being in the moment and fully present may be the first small step for the warriors to bridge back into their personal lives. At the end of this day, one of the men commented, "I thought I had forgotten how to play, and today the dolphins reminded me. I can go back home and play with my wife and kids again."

Day three, we scheduled a new experience called enrichment. In the past, this was something only trainers did to enrich the dolphins' lives in fresh, new ways. The trainers demonstrated the activity first by entering the lagoons on flotation devices like rafts, surfboards, or an inflatable boat. They brought ice, gelatin cubes and toys and devised a

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game or interaction that got the dolphins' attention. Together, dolphins and humans enjoyed each other in novel ways. Now it was the warriors' turn! The men knew this was a DRC first! They were excited by the challenge and felt a responsibility to do this activity.

Once the warriors felt comfortable in their new role and the dolphins sized them up, the interactions began. It was emotionally moving to watch them use what they learned about the dolphins to create a playful connection. Some splashed water, which invited the dolphins to splash them back. Others used hand signals they'd learned the day before to ask the dolphins for a certain behavior. Often, a dolphin positioned itself alongside the board or boat, and offered its dorsal fin. The warriors' experience in the previous swim encounter prepared them to grasp the fin so that the dolphin could pull them across the lagoon. The respect and enjoyment they gave and received from their new dolphin relationships brought an overwhelming feeling of joy to the staff. The warriors and dolphins connecting was an incredible sight to behold.



Jax photo courtesy of Dolphin Research Center

During lunch after each day's session, the men and staff shared stories about their dolphin experiences. Laughter, warm conversation and bonding created a sense of friendship and family.

During their visit, the group was introduced to a very special dolphin named Jax. When Jax was a baby, he was orphaned and rescued in March 2007 from the St. Johns River in Jacksonville, Fla. He was missing half of his dorsal fin, part of his right fluke and a portion of his right pectoral fin. On Jan. 8, 2008, Jax arrived at DRC to join his new family. The Jax survivor's tale resonated with the men. On the last day, each warrior was given a silver replica of Jax's tail on a black leather cord as a keepsake of his visit.

WWP staff Russell Dean and Nancy Schiliro shared that since Project Odyssey was such a success they want to schedule yearly retreats here at DRC. The feedback from the warriors was overwhelmingly positive. Dolphin Research Center is deeply committed to serving our country's military. We have pledged to secure funding for subsequent retreats. It has been a privilege to be a part of our heroes' journey home.

For more information about this program contact Joan Mehew at joan@dolphins.org

Dolphin Research Center

58901 Overseas Highway
Grassy Key, Fla. 33050
305-289-1121 ext. 228



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Spotlight



Federal Recovery Care Program

FEDERAL RECOVERY COORDINATION PROGRAM

In 2007, the President's Commission on Care for America's Returning Wounded Warriors recommended the creation of a comprehensive patient-centered recovery plan for every seriously injured OEF/OIF service member or veteran. In response, the Federal Recovery Coordination Program (FRCP) was created in January 2008. The FRCP is a joint program of the Departments of Defense and Veterans Affairs.

The federal recovery coordinator (FRC) assists in identifying and coordinating the medical and non-medical care and services needed to support the service member's or veteran's transition through recovery, rehabilitation and reintegration into the community. Every individual enrolled in the FRCP will have a federal individual recovery plan. The plan is created by a FRC in collaboration with the service member or veteran, family members and the multidisciplinary treatment team. The plan identifies the benefits and services required to meet the service member's or veteran's personal and professional goals.

FRCs are located at the following military treatment facilities, VA medical centers and Wounded Warrior Program headquarters : Walter Reed National Military Medical Center, Bethesda, Md.; San Antonio Military Medical Center, San Antonio, Texas, Naval Medical Center San Diego, San Diego.; Eisenhower Army Medical Center, Fort Gordon, Ga.; Providence VAMC, Providence, R.I.; Michael E. DeBakey VAMC, Houston; James A. Haley VAMC, Tampa, Fl.; Hunter Holmes McGuire VAMC, Richmond, Va.; Palo Alto VAMC, Palo Alto, Calif.; U.S. Marine Corps Wounded Warrior Battalion-West, Camp Pendleton, Calif.; U.S. Special Operations Command Care Coalition, MacDill Air Force Base, Fla.; and Navy Safe Harbor, Washington, D.C.

To meet its goal of providing assistance to recovering service members, veterans and their families, the FRCs work and interact with the following programs and their staff:

- Military treatment facility command, multidisciplinary staff and case managers
- Military services' wounded warrior programs
- Recovery care coordinators
- Veterans Health Administration multidisciplinary staff and case managers
- Veterans Benefit Administration coordinators
- Various other government organizations
- Nongovernment organizations

For additional Information please call 877-732-4456 or visit www.oefoif.va.gov/fedrecovery.asp

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NICoE Update

NICoE's Speech-Language Pathology Program: Helping, Educating and Empowering Patients

by Joshua Stueve, NICoE Public Affairs

Today, Erin Mattingly, a speech-language pathologist at the National Intrepid Center of Excellence (NICoE), is evaluating a patient and assessing his communication and cognitive abilities. "Now," she says to him, "let's take a look at this picture, can you tell me what this is?" This is part of a typical speech-language pathology evaluation session at NICoE. The information gathered during this session will be shared with the interdisciplinary care team responsible for painting a comprehensive picture of each patient's needs, with the goal of designing a treatment care plan that paves the way toward recovery.

Service members at NICoE face an array of complications resulting from their comorbid traumatic brain injury (TBI) and psychological health conditions. These complications often include short-term memory problems, an inability to concentrate or multi-task and difficulty with goal-setting and problem-solving. According to Mattingly, "Many of our patients have difficulty organizing thoughts, using words [or] remembering where they put things. When you have TBI and comorbidity, these symptoms are exaggerated." As a result, the speech-language pathology program is a vital aspect of the care provided at NICoE.

Following each initial evaluation session, the speech-language pathologist provides recommendations to the interdisciplinary care team, which works to design a customized treatment plan. This spirit of collaboration is also fostered with military treatment facilities (MTFs) across the United States.

"I have made strong contacts with MTFs which allow me to collaborate and discuss referrals," said Mattingly. "Developing partnerships is important for the work that I do." While this is still an ongoing and



NICoE photo courtesy of Joshua Stueve

"I just can't think of a more deserving group than these [service members]. I really love this patient population."

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evolving learning process, NICoE speech-language pathologists are committed to their work with MTFs to allocate resources, discuss referrals and figure out ways to ensure patients' success.

"The main concern is to provide our service members with tools that will improve their day-to-day experience," said Mattingly.

With this in mind, speech-language pathology follow-up sessions provide concise strategies for use in everyday life and with interpersonal interactions. "I teach our [service members] internal memory strategies using acronyms, visualization and association," said Mattingly. By engaging her patients in exercises designed to improve concentration and attention difficulties, Mattingly works with service members to improve accuracy in recalling information and improving their attention. These exercises, however, are not always easy. They require practice and repetition, which Mattingly achieves with a stop-watch and time-related goals. "They call me 'the tyrant' but I know they like a good challenge," Mattingly said with a grin.

In addition to helping find treatment options that improve a service member's quality of life, the speech-language pathologists at NICoE are dedicated to educating and empowering patients. "To me, education is critical in helping our service members navigate what they are experiencing," said Mattingly.

Service members report feelings of frustration and confusion in their inability to carry out tasks that were once so easy to tackle. Confronting this is complicated – especially while trying to explain it to one's significant other. "Spouses often tell me 'he doesn't listen to me,' so I am then able to explain

that there may be an underlying cause to this behavior and we work together to come up with solutions," said Mattingly.

Group classes form a significant part of this education. As part of the speech-language pathology program, Mattingly and her coworkers convene a weekly cognitive group class session developed to provide patients with general information about the program and the factors that affect cognitive ability and performance. "I want to focus on giving our service members confidence and empowering them. That's why education is so important," said Mattingly.

So, what is the best part of Mattingly's job as a NICoE speech-language pathologist? "I just can't think of a more deserving group than these [service members]. I really love this patient population," said Mattingly.

As the child of an Army parent herself, Mattingly is familiar with aspects of her patients' lifestyles and the sacrifices their family members are often asked to make. She has genuine empathy for her patients and knows this is something to embrace. Still, she remains humble. "I don't want to pretend I know what it's like for my patients because I don't, but I am here for them and that's what's most important," she said.

During her tenure at NICoE, Mattingly has evaluated close to 200 service members and continues to learn and grow while giving her patients the confidence they need to continue on their journey. As she proudly said, "Each individual is unique, which is challenging. My job is not cookie-cutter – it's interesting, inspiring and I love it."

For additional information about NICoE and to download a referral form, visit www.nicoe.capmed.mil

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Spotlight



Living with traumatic brain injury (TBI):
 help for service members, veterans,
 national guard, reserve, and families

Traumatic brain injury (TBI) is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Each year there are a reported 1.7 million civilian brain injuries in the United States. In the military between 2000 and the first quarter of this year, 244,217 service members have sustained a TBI. Most brain injuries are mild, and most people recover in a matter of weeks. Brainlinemilitary.org provides military-specific information and resources on traumatic brain injury to veterans, service members in the Army, Navy, Air Force, Marines, National Guard, and Reserve; and their families. With the debut of its mobile site, Brainlinemilitary has become more accessible, reaching members of the military community wherever they are with the information they need. For more information, please go to www.brainlinemilitary.org.

Additional Resources: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury maintains a vast library of helpful, downloadable resources. For downloadable fliers, go to dcoe.health.mil/Resources.

Continuing Education Unit Opportunities

DCoE 2012 Webinar Series Schedule

Aug. 23	Psychological Health 101: Education for the Civilian Health Care Provider Treating Service Members
Sept. 27	Managing Suicide Behaviors
Oct. 25	Learning from Real Cases; Military Medicine Supplement
Nov. 15	Emerging Technologies to Address PTSD/TBI

Visit [DCoE webinars](#) online for additional information and instructions for signing up.

CEUs and continuing medical education credits (CMEs) are available through St. Louis University. To obtain CEUs/CMEs you must pre-register.

MHS Learn

For the latest in TBI web-based case studies, #11 “[Putting it all together Part I](#)” and #12 “[Putting it all together Part II](#).”

National Center for PTSD

[Online Training for Providers](#), continuing education units (CEU) available.

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Conferences & Events

Conferences

[American Psychological Association Annual Conference](#)
Aug. 2-5, 2012
Orange County Convention Center, Orlando, Fla.

[National Guard Association of the United States General Convention](#)
Sept. 10-12, 2012
Reno, Nev.

Events

[National Veterans Summer Sports Clinic](#)
Sept. 16-21, 2012
San Diego
[Applications and forms](#) for the clinic.

[National Veterans Creative Arts Festival](#)
Oct. 8-14, 2012
Great Hall of Flags
24 Beacon Street, Boston, MA, 02133
For more information, contact Elizabeth Mackey at 320-255-6351 or visit the [Web page](#).

[Brain Injury Association of America Calendar of Events](#)
Visit us [online](#) for information on conferences, webinars and other events.

Reserve Component

The Yellow Ribbon Reintegration Program has a [new online look](#) and includes a page called “Your Comprehensive Event Search.” This new tool makes it easy to find Yellow Ribbon events for your service component during the various phases of deployment. [Check out the new tool!](#)



As of first quarter 2012 there have been **244,217 TBIs since year 2000**; 76.8 percent of these are mild TBI.

TBI numbers courtesy of Defense and Veterans Brain Injury Center. For more information on TBI statistics in the military, go to www.dvbic.org.

Military TBI Case Management Quarterly Newsletter

TBI Case Management Community of Interest

Question(s) from the Field

What exactly is complimentary alternative medicine (CAM)? How is it used for the military?

Courtesy of Marina Khusid, MD, ND, MS, DCoE Integrative Medicine Initiative chief medical officer

CAM is a group of diverse clinical and health practices and products that are not presently considered to be part of conventional medicine or accepted standard of care.

Complementary medicine — is used together with conventional therapies

Alternative medicine — is used in place of conventional therapies

Integrative medicine — combines treatments from conventional medicine and CAM intervention to provide synergistically safe and effective care

There are four classifications of CAM modalities:

- Traditional medical systems such as Chinese medicine, acupuncture, naturopathic medicine, homeopathy and others
- Mind-body medicine, such as meditation, breath-based practices, biofeedback and spiritual/prayer-based practices
- Body-based manipulative interventions such as osteopathic and chiropractic adjustments, massage and reiki
- Biologically based interventions such as botanical medicine and clinical nutrition therapy (therapeutic diets, supplements)

In the military, the most commonly used CAM modalities are acupuncture, mind-body interventions, clinical nutrition therapy, botanical medicine and chiropractic.

CAM Modality	Indications for Traumatic Brain Injury and Psychological Health Issues
Acupuncture	Depression, anxiety, insomnia, impulse control and withdrawal symptoms related to substance use disorder, PTSD, pain, headaches, dizziness, nausea/ vomiting, fatigue, ringing in ears, balance problems, poor memory and concentration
Mind-body interventions	Stress management, depression, anxiety, PTSD, pain control, insomnia, poor memory and concentration
Clinical nutrition therapy	Depression, anxiety, insomnia, mood stabilization, chronic pain related to inflammation, muscle spasm, osteoarthritis (as an adjunct only)
Botanical medicine	Depression, anxiety, insomnia, stress management, herbal anti-inflammatory properties for pain
Chiropractic	Back pain, neck pain, headaches, chronic pain, radiculopathy

For additional information on CAM, go to the [National Center for Complementary and Alternative Medicine](#).