



VA/DoD Clinical Practice Guidelines for Management of Concussion/mTBI

**USA Medical Command
Quality Management Division
Office of Evidence-Based Practice
Fort Sam Houston, Texas 78234**



Objectives

- **Review the status of the VA/DoD mTBI CPG**
- **Discuss overview, assumption and scope of the VA/DoD mTBI CPG**



Overview

- **mTBI CPG is designed to guide the provider in the management of mTBI symptoms seen 7 days or longer after injury**
- **The review of the literature and the recommendations of the CPG focus on symptom management**
- **This CPG recommends use of the term concussion in discussion with patients and families.**



Overview (cont.)

- **The CPG focuses on early assessment and proactive symptom management for the first 4-6 weeks after initial evaluation**
- **Includes rehabilitation components to address disability, return to work and community reintegration/participation**



This CPG does not cover:

- **Moderate or severe TBI**
- **Mild TBI presented as polytrauma and managed in an inpatient setting.**
- **Management of Mild TBI in acute phase (7 day post injury)**
- **mTBI in children**



VA/DoD mTBI CPG

Definition of TBI

- **A traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs, immediately following the event:**
 - **Any period of loss of or a decreased level of consciousness (LOC)**
 - **Any loss of memory for events immediately before or after the injury (Post-traumatic amnesia [PTA])**
 - **Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking, etc.) (Alteration of consciousness/mental state [AOC])**
 - **Neurological deficits (weakness, loss of balance, change in vision, praxis, paresis/plegia, sensory loss, aphasia, etc.) that may or may not be transient**
 - **Intracranial lesion**



TBI Classification of Severity Level

Criteria	Mild	Moderate	Severe
Structural imaging	Normal	Normal or abnormal	Normal or abnormal
Loss of Consciousness (LOC)	0–30 min*	>30 min and < 24 hours	> 24 hrs
Alteration of consciousness/mental state (AOC)	a moment up to 24 hrs	>24 hours. Severity based on other criteria	
Post-traumatic amnesia (PTA)	0–1 day	>1 and <7 days	> 7 days

* An inconsistency currently exists between this published guidance and the published V codes for mild TBI when loss of consciousness is between 30 and 59 minutes. Until this inconsistency is resolved, Services are to report in the attached format using the criteria published above.



Key Points

- **Concussion injury improves with no lasting clinical sequelae in the vast majority of patients**
- **Most patients recover within hours to days, with a small proportion taking longer and some may have ongoing symptoms beyond years**
- **Patients should be reassured and encouraged that the condition is transient and a full recovery is expected. The term 'brain damage' should be avoided. A risk communication approach should be applied**



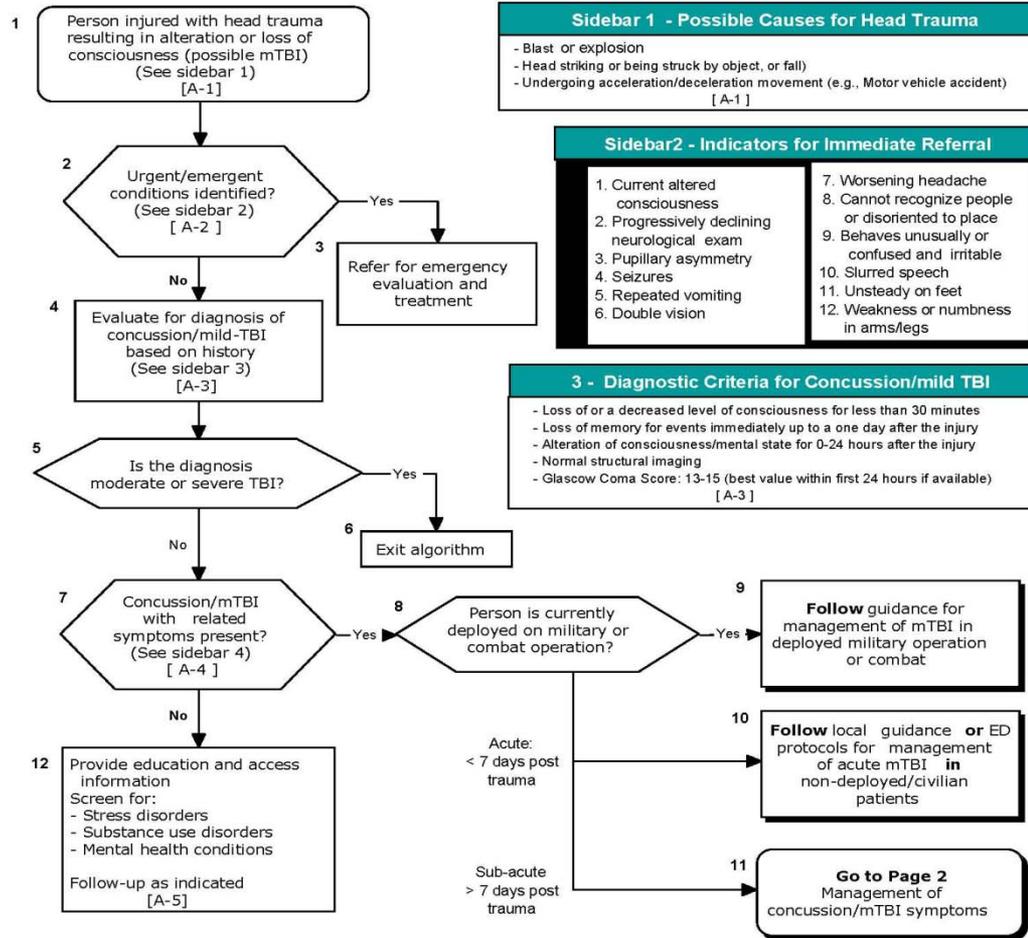
Key Points (cont.)

- **Treatment of patients with persistent difficulties beyond 4-6 weeks focuses on the management of the specific symptoms**
- **The symptoms commonly seen in Post Concussive Syndrome (PCS) are not unique to TBI and may be seen in other conditions.**
- **Psychological and social adjustment issues, especially in the context of combat, play a critical role in the overall care of the troop/veteran with mTBI.**



Algorithms

- **Algorithm A: Initial Presentation**
- **Algorithm B: Management of Symptoms**
- **Algorithm C: Follow-up Persistent Symptoms**



Sidebar 1 - Possible Causes for Head Trauma

- Blast or explosion
- Head striking or being struck by object, or fall)
- Undergoing acceleration/deceleration movement (e.g., Motor vehicle accident)

[A-1]

Sidebar 2 - Indicators for Immediate Referral

1. Current altered consciousness	7. Worsening headache
2. Progressively declining neurological exam	8. Cannot recognize people or disoriented to place
3. Pupillary asymmetry	9. Behaves unusually or confused and irritable
4. Seizures	10. Slurred speech
5. Repeated vomiting	11. Unsteady on feet
6. Double vision	12. Weakness or numbness in arms/legs

3 - Diagnostic Criteria for Concussion/mild TBI

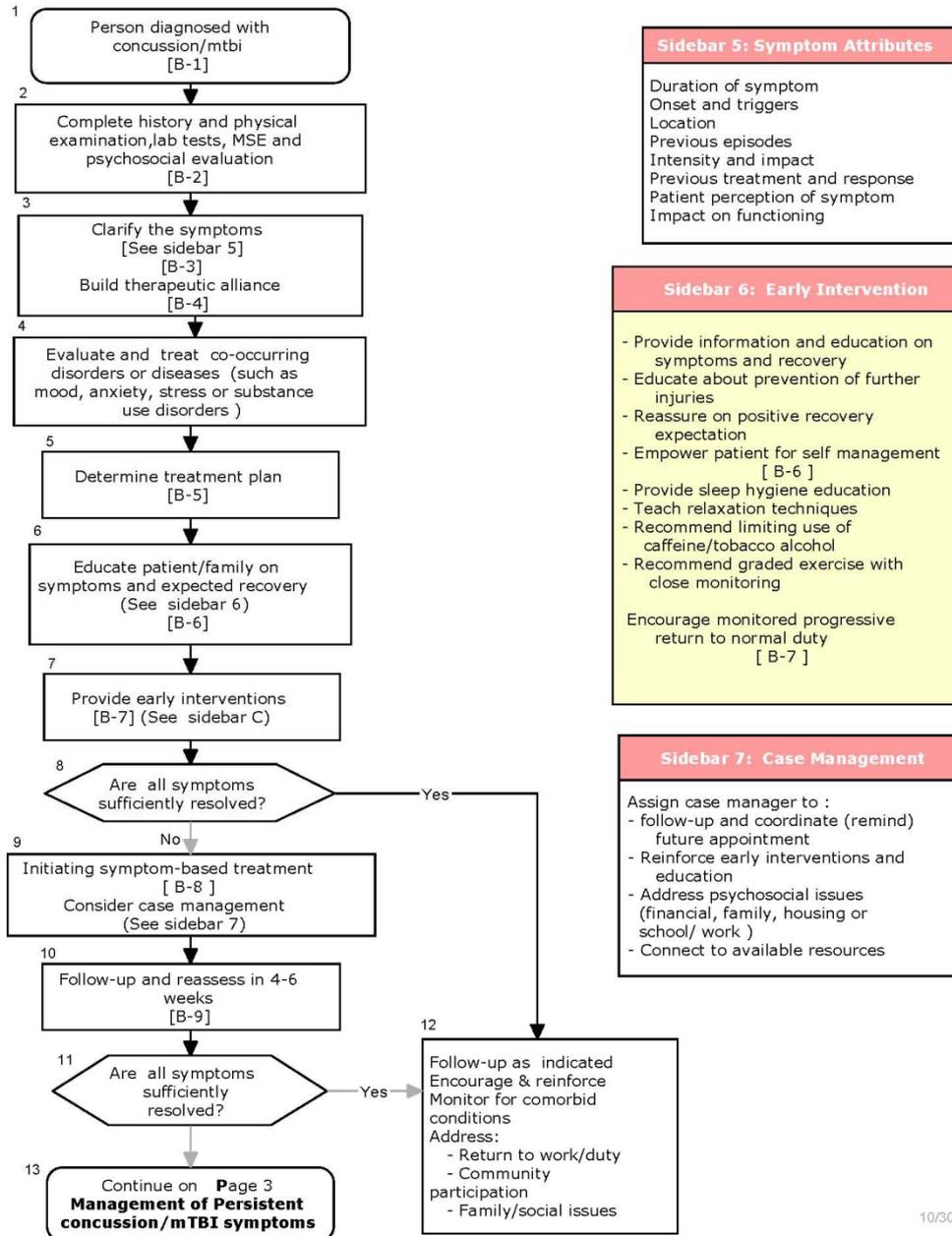
- Loss of or a decreased level of consciousness for less than 30 minutes
- Loss of memory for events immediately up to a one day after the injury
- Alteration of consciousness/mental state for 0-24 hours after the injury
- Normal structural imaging
- Glasgow Coma Score: 13-15 (best value within first 24 hours if available)

[A-3]

4 - Post-Concussion/mTBI Related Symptoms **

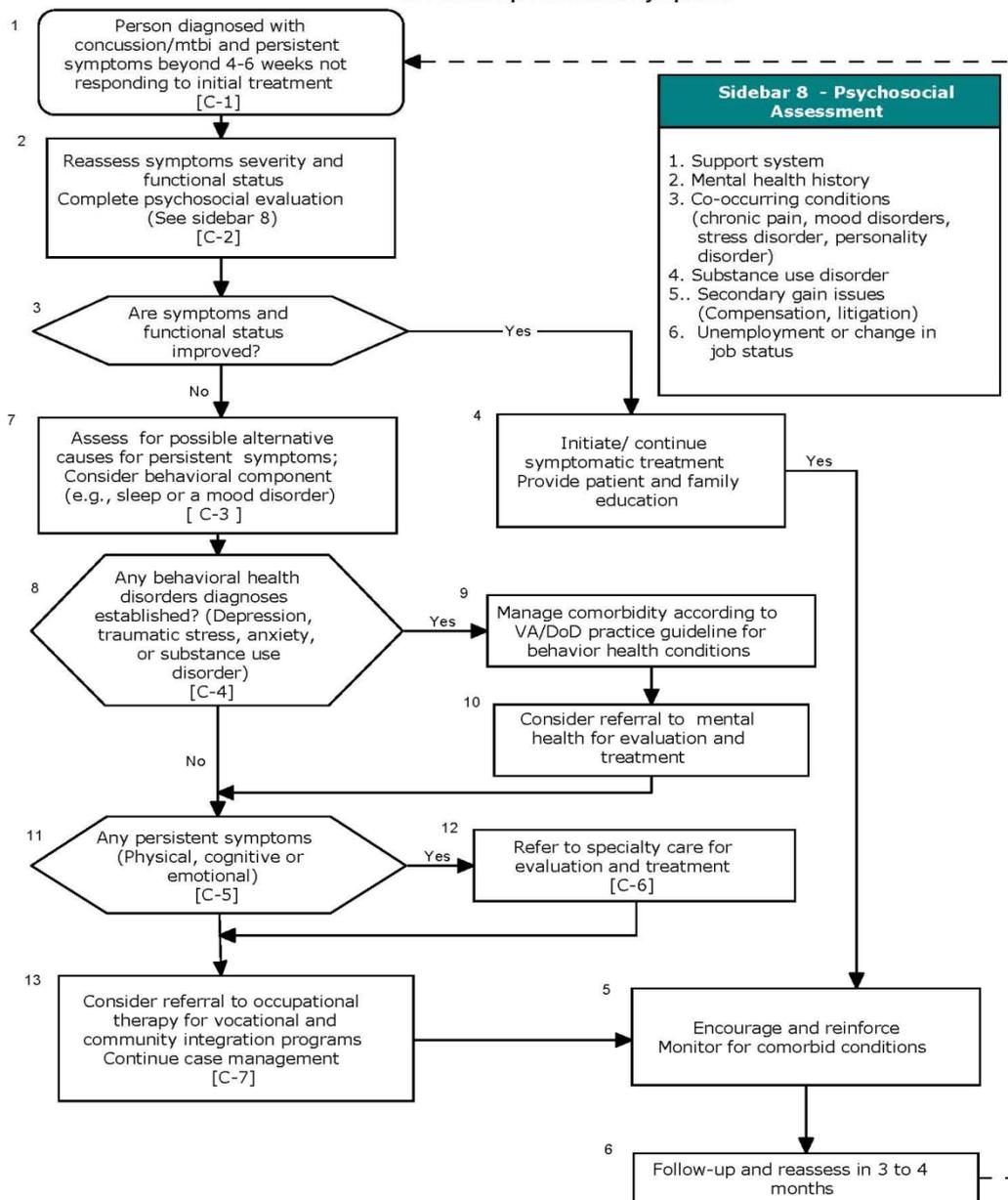
<p>Physical Symptoms : Headache, dizziness, balance disorders, nausea, fatigue, sleep disturbance, blurred vision, sensitivity to light, hearing difficulties/loss, sensitivity to noise, seizure, transient neurological abnormalities, numbness tingling</p>	<p>Cognitive Symptoms : Attention, concentration, memory, speed of processing, judgment, executive control.</p>	<p>Behavior/Emotional Symptoms : Depression, anxiety, agitation, irritability, impulsivity, aggression.</p>
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** Symptoms that develop within 30 days post injury





VA/DoD clinical Practice Guideline for
Management of Post Concussion / m-TBI Symptoms
C: Follow-up Persistent Symptoms





VA/DoD Clinical Practice Guidelines and Tools to Assist with Implementation in the Military Health System

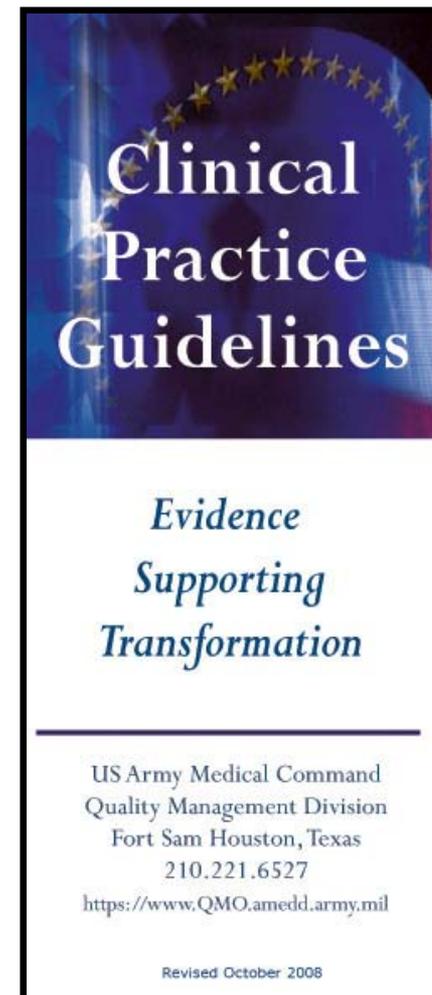


VA/DoD CPGs Available for Use



CPGs posted to the Agency for Healthcare Research & Quality National Clearing House

- Amputation
- Asthma*
- Chronic Kidney Disease
- Chronic Heart Failure*
- Chronic Obstructive Pulmonary Disease
- Diabetes Mellitus*
- Dyslipidemia*
- Dysuria in Women
- GERD
- Hypertension*
- Ischemic Heart Disease*
- Low Back Pain*
- Major Depressive Disorder
- Management of Overweight and Obesity
- Management of Tobacco Use*
- Medically Unexplained Symptoms:
Chronic Pain & Fatigue*
- Opioid Therapy for Chronic Pain
- Post-Deployment Health*
 - Screening Health Exam
- Post-Operative Pain*
- Post-Traumatic Stress Disorder
- Psychosis
- Stroke Rehabilitation
- Substance Use Disorder*
- Uncomplicated Pregnancy*



* Has supporting tool kit



New or Updated CPGs

- **New CPGs in Development**
 - **Mild Traumatic Brain Injury (Concussion)**
- **CPGs Being Updated Currently**
 - **Stroke Rehab**
 - **Asthma**
 - **Major Depressive Disorder**
 - **Substance Use Disorder**
 - **Uncomplicated Pregnancy**
- **CPGs Being Updated in FY 09**
 - **MUS**
 - **PTSD**
 - **Diabetes**
 - **Opioid Therapy for Chronic Pain**
 - **Tobacco Use Cessation**



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Go to Musculoskeletal SRT Home Page for More Information

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Go to PDH Home Page for More Information
- V/DoD AMPUTATION CLINICAL PRACTICE GUIDELINE
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- MANAGEMENT OF OVERWEIGHT & OBESITY
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CPG Shopping Cart

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CPG Product Selection and Shopping Cart

Replacement parts for the Clinical Practice Guideline ToolKit

Part #	Description	Per Package		Shopping Cart	
L-002--10-06	Low Back Pain Implementation Binder - Packaged as Single Binder WHEN CURRENT STOCK IS GONE, MATERIALS WILL BE AVAILABLE ON THE WEB SITE ONLY Contains all CPG related print materials - LBP practice guideline and metrics, implementation manuals, Power Point presentations, samples of provider and patient materials, pharmacy resources, and web site information	1	Add to Cart	L-006	"Managing Low Back Pain" (Korean) 3.5 x 8 Pamphlet - 50 per Package Patient-focused information presented in Korean with treatment options for LBP and self-care guidelines and treatments, including exercise and body mechanics illustrations 50 per Package
L-004--10-07	"Managing Low Back Pain" (English) 3.5 x 8 Pamphlet - 50 per Package Patient-focused information on treatment options for LBP and self-care guidelines and treatments, including exercise and body mechanics illustrations	50	Add to Cart	<input type="text" value="1"/>	<input type="checkbox"/>
L-006	"Managing Low Back Pain" (Korean) 3.5 x 8 Pamphlet - 50 per Package Patient-focused information presented in Korean with treatment options for LBP and self-care guidelines and treatments, including exercise and body mechanics illustrations	50	Add to Cart		
L-007	"Managing Low Back Pain" (German) 3.5 x 8 Pamphlet -50 per Package Patient focused information presented in German with treatment	50	Add to Cart		

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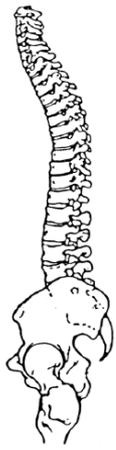


Patient Tools

Managing Low Back Pain



등하부 통증 관리



The key to managing low back pain is to understand what you can do to help from a doctor. This brief overview of how to successfully treat your low back...

등하부 통증을 관리하는 열쇠는 그것을 이해하고 언제 의사에게 도움을 청할지 알고 있는 것입니다. 이 안내 자료는 간단한 이해를 증진시키고 안전하게 등하부 통증을 처리하는 방법에 대한 개요를 제공 합니다.

Managing Your Asthma: A Patient's Guide

- ▶ What is Asthma?
- ▶ How is Asthma Diagnosed?
- ▶ Protecting Yourself From Asthma Triggers

Management and Treatment of Your Asthma
 Treatment Goals
 Flow Monitoring
 How Asthma Zones
 Action Plans
 Care for Asthma Self-Management
 An Inhaler
 How to Work With Your Doctor
 When Medical Help is Needed
 More Information

Help you work with your doctor to develop an asthma plan. With the right action plan—that includes lifestyle and medical care—you can live a normal, active life.

YOU CAN QUIT USING TOBACCO

Quitting Spitting

TYPE 1 & TYPE 2 Your Guide to Diabetes

The Many Faces of Diabetes

ASTHMA AND YOUR CHILD

Helping Your Child Stay Healthy & Active

Brochures

Depression

Treat it as if your life depended on it.

Little Interest or Pleasure in Activities?	Thoughts of Suicide?	Fatigue or No Energy? Feeling Worthless?
Too Little or Too Much Sleep?		Trouble Making Decisions?
Recent Weight Loss or Gain?		Hard to Think or Concentrate?
Feeling Bad About Yourself?	Thoughts of Death?	Feeling Restless or Nervous?

If You Are Experiencing Any of These Symptoms, Talk To Your Primary Care Manager.

ALL ABOUT ASTHMA

WHAT I CAN DO TO FEEL GOOD

Pregnancy and Childbirth

A Goal Oriented Guide to Prenatal Care



System Support Tools

<https://www.QMO.amedd.army.mil>

www.OQP.med.va.gov/cpg/cpg.htm

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ENDOCRINE

EYE

GENITOURINARY TRACT

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PULMONARY

OTHER

Military Health System Population Health Portal

MHSHP

Taking Care of Our Population

Version 1.0.1

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Password:

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AN AMEDD AT WAR

Summary

Category	Value
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76006 (18.00%)	
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Military Health System Population Health Portal

CMS