

Recurrent Concussion Evaluation

Traumatic Brain Injury Center of Excellence

THREE OR MORE DOCUMENTED IN 12-MONTH SPAN

1. Comprehensive neurological evaluation by neurologist or otherwise qualified provider
 - Review of prior concussion history with focus on timeline or resolution of symptoms
 - Assessment of symptoms (face-to-face interview by provider)
Consider:
 - ▶ Neurobehavioral Symptom Inventory ^E
 - Balance assessment ^M
2. Neuroimaging per provider judgement
3. Neuropsychological assessment by psychologist
 - Evaluate: attention, memory, processing speed and executive function
 - Perform a psychosocial and behavioral assessment
 - Include measure of effort
 - Consider Neurocognitive Assessment Tool per TBICoE clinical recommendation ^J
4. Functional assessment ^L completed by occupational therapy/physical therapy
5. Neurologist (or qualified provider) determines return to duty status

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E Available Resources ([Health.mil/TBIProviders](https://health.mil/TBIProviders)):

- Acute Concussion Pathway Fact Sheet
- Neurobehavioral Symptom Inventory
- Coding Guidance
- NCAT Clinical Recommendation
- More Clinical Recommendations and Support Tools for Mild TBI

J NCAT Clinical Recommendation:

Current DOD policy is that all service members must be tested with a neurocognitive assessment tool (NCAT) prior to deployment. Among several tests that are available, the DOD has selected the Automated Neuropsychological Assessment Metrics (ANAM) as the NCAT to use for both pre-deployment baseline testing and for post-concussion assessment in theater. Detailed instructions for administering a post-injury ANAM are provided in the NCAT clinical recommendation at health.mil/TBIProviders.

For ANAM baseline results send requests to:
usarmy.jbsa.medcom.mbx.otsg--anam-baselines@mail.mil

L Functional Assessment:

Assess the service member's performance of military-relevant activities that simulate the multi-system demands of duty in a functional context. Selected assessment activities should concurrently challenge specific vulnerabilities associated with mild TBI including cognitive (such as executive function), sensorimotor (such as balance and gaze stability), and physical endurance. Rehabilitation providers should not only evaluate the service member's performance but also monitor symptoms before, during and after functional assessment.

M The Balance Error Scoring System (BESS - Modified):**

Stand on flat surface, eyes closed, hands on hips in 3 positions:

1. On both feet (20 seconds)
2. On one foot (20 seconds)
3. Heel-to-toe stance (20 seconds)

For each position, score 1 point for any of the following errors:

1. Stepping, stumbling or falling
2. Opening eyes
3. Hands lifted above the iliac crests
4. Forefoot or heel lifted
5. Hip moved > 30 degrees flexion or abduction
6. Out of test position > 5 seconds

Score 10 points if unable to complete

Total Balance Score _____

** Guskiewicz KM, Ross SE, Marshall SW. Postural Stability and Neuropsychological Deficits After Concussion in Collegiate Athletes. J Athl Train. 2001 Sep;36(3):263-273.