

VA TBI Screening and Evaluation Program

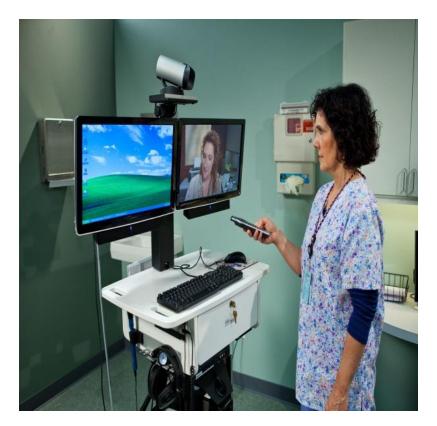
Joel Scholten MD National Director, Physical Medicine and Rehabilitation

Douglas Bidelspach MPT Rehabilitation Planning Specialist



Poll Question

- How familiar you are with diagnosis and treatment of TBI?
 - Not at all
 - A little
 - Moderately
 - Very familiar



Organization of Today's Presentation

- TBI Screening and Evaluation Background
- Implementation and Enhancements to Programming
- Research Findings
- Treatment following a TBI Diagnosis
 - Individualized Rehabilitation and Community Reintegration Care Plan (IRCR)
 - Mayo-Portland Participation Index (M2PI)
- Opportunities for future Investigation

TBI- to Screen or Not to Screen

- Initial focus at onset of OEF/OIF on returning Servicemembers with moderate and severe TBI, obvious injuries requiring inpatient rehabilitation.
- Increasing number of Servicemembers and Veterans noting multiple symptoms following deployment.
 - Evaluation and treatment was inconsistent.
 - Pressure on DoD and VA to develop a system to address this cohort.
- Collaboration through DVBIC to develop a screening tool.
 - Deployed by VA April 2007
- Debate on cause of symptoms: TBI vs. PTSD vs. both vs. ???

VHA Directive 2010-012 - Screening and Evaluation of Possible TBI in OEF/OIF(OND) Veterans

Outlines screening and evaluation requirements

- Screening and evaluation address OEF/OIF/OND deployment related injuries
- Positive screens must be offered referral for Comprehensive TBI Evaluation (CTBIE)
- CTBIE template should only be completed following a positive screen for OEF/OIF/OND deployment related injuries
- CTBIE is to be completed at Polytrauma Network Sites or Polytrauma Support Clinic Team sites by a TBI Specialist
 - Other sites (Polytrauma Point of Contacts) or use of other providers must be requested through an alternate plan submitted through VISN CMO for

VETERANS HEAD Proval by National Director PM&R

TBI Clinical Reminder

- Section 1:
 - Trauma Events
- Section 2:
 - Immediate Disturbance of Consciousness Symptoms after Events
- Section 3:
 - New or Worsening Symptoms after the event
- Section 4:
 - Current Symptoms

- Initial positive screens tracked for CTBIE:
 - After YES to Section 1-4 (Section 4 = Current Symptoms) the patient has the option to accept further evaluation
 - O Data Elements:
 - Presence of the national health factor <u>TBI-SECTION IV – YES</u> and <u>TBI-REFERRAL SENT</u> health factor OR
 - Presence of the national health factor <u>TBI-SECTION IV – YES</u> health factor and the <u>absence</u> of <u>TBI-</u> <u>REFERRAL DECLINED</u> health factor

Comprehensive TBI Evaluation (CTBIE)

- Face-to-face or telehealth evaluation completed by TBI specialist (protocol link below)
 - http://www.rstce.pitt.edu/VATBI/VATBI.html
- History of patient's present illness/symptoms
- Focused review of body systems
- Targeted physical exam
- Administration of the "Neurobehavioral Symptom Inventory (NSI)"

- Confirming diagnosis of deployment related TBI
- Develop interdisciplinary treatment plan
- Follow up



Poll Question

- In December 2015, VA completed the 1,000,000th screen for possible deployment related TBI?
 - True
 - False

VA Screening for Mild Traumatic Brain Injury for OEF/OIF/OND Veterans

- VHA has screened over 1 Million Veterans for possible mild TBI
 - ~20% of Veterans screen positive and are referred for a comprehensive evaluation
- From April 2007 to September 30, 2015:
 - 137,810 completed comprehensive evaluation
 - 82,468 received confirmed diagnosis of mild TBI
 - ~8.4% of the total Veteran population screened receive a TBI diagnosis

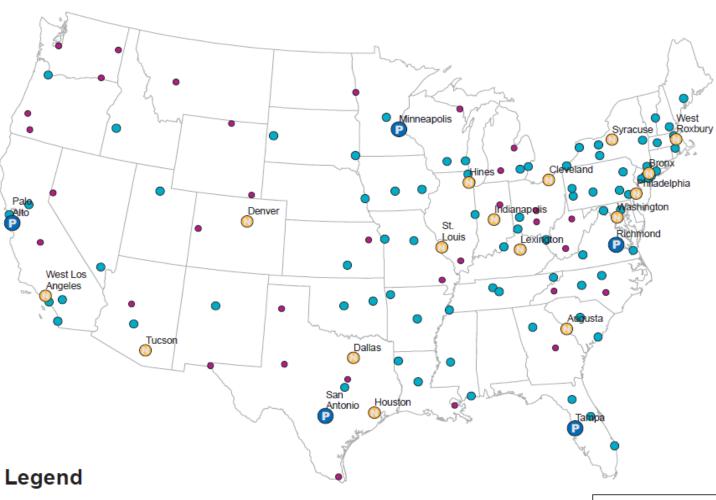
VA Polytrauma/TBI System of Care

- 110 Specialized Rehabilitation Sites
 - 5 Polytrauma Rehabilitation Centers (PRC)
 - All inpatient, residential, outpatient and telehealth care
 - 23 Polytrauma Network Sites (PNS)
 - Outpatient TBI and telehealth care, inpatient rehabilitation
 - 87 Polytrauma Support Clinic Teams (PSCT)
 - Outpatient TBI care
- TBI Screening and Evaluation Program
- Polytrauma Transitional Rehabilitation Program
- Emerging Consciousness Program

- Polytrauma Case Management
- Assistive Technology Labs
- Assisted Living TBI Pilot

Alaska

VHA Polytrauma/TBI System of Care



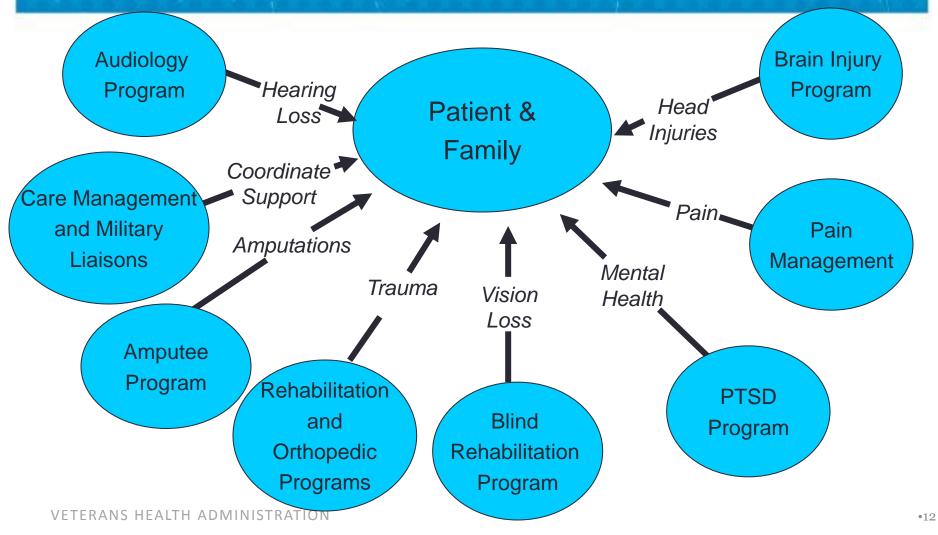


Hawaii

- Polytrauma Rehabilitation Center
- O Polytrauma Network Site
- Polytrauma Support Clinic Team
- Polytrauma Point Of Contact



Integration of Comprehensive Rehabilitation Care



Implementation/Enhancements

Clinical Program Development

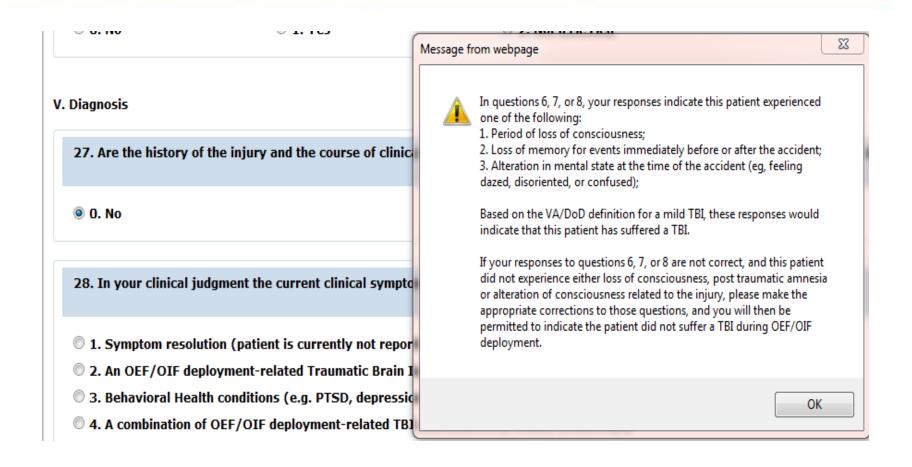
- PSC Development
 - o PRC Enhancement
 - PNS and PSCT Designation
 - o Education, Training, and Oversight roles to establish a System of Care
- Partnership with Primary Care
 - Handoff from screening to evaluation
 - Primary Care models for Post-deployment care
 - Collaboration with Mental Health and Dental

TBI Screening and Evaluation: Implementation/Enhancements

- IT Dates
 - April 2007 TBI screen
 - October 2007 VSSC TBI evaluation template
 - June 2012 IT supported TBI evaluation template (CTBIE)
 - Responses linked to consensus TBI definition
 - October 2013 Transition to CTBIE Reports
 - February 2014 Concussion Coach (self care app)
 - August 2015 Expanded use of TBI Instruments
 - December 2015 TBI Clinical Decision Support (CDS) Pilot



Comprehensive TBI Evaluation (CTBIE): Compliance with Consensus Definition for mTBI July 1, 2012



TBI Instruments – Expanded form availability

Select the Instrument that you want to submit:

Instrument Name	
COMPREHENSIVE TBI EVALUATION	Select
Functional Mobility Assessment	Select
Mayo-Portland Adaptability Inventory-4	Select
MPAI-4 PARTICIPATION INDEX (M2PI)	Select
Quebec User Evaluation of Satisfaction with Assistive Technology	Select
REHABILITATION AND REINTEGRATION PLAN	Select
TBI FOLLOW-UP ASSESSMENT	Select
VA Low Vision Visual Functioning (VA LV VFQ 20) Survey	Select

CTBIE Data-Monitoring Access to CTBIE and Clinical Services

- TBI Screening Report
 - Goal metric of 95% of all eligible OEF/OIF/OND Veterans have TBI screen completed if accessing VHA for care
- Quarterly CTBIE Reports
 - Timeliness to measure Access to a TBI Specialist- target less than 30 days
 - Percentage of +TBI screens completing CTBIE- target >75%
- Sites failing the measure submit a corrective action plan through 10N. Persistent concerns result in a virtual site visit with CMO and PM&R Program Office.
- Previously a Performance Measure, now a Quality Indicator

CTBIE Template Reports –

http://vssc.med.va.gov/tbireports/comprehensivetbi.aspx

Summary of CTBIEs Completed via Approved Template (1V05) (688) Washington, DC

CTBIE Quarter	Median Days to Exam	Median Sample Size	Change in Median Days (Previous Qtr)	Requested CTBIEs	Completed CTBIEs	Outstanding CTBIEs	Pct Completed CTBIEs	Change in Pct completed (Previous Qtr)
FY16 Q1	24	33	6	237	171	66	72.15 %	-5.88 %
FY15 Q4	19	62	4	223	174	49	78.03 %	3.15 %
FY15 Q3	15	32	-23	203	152	51	74.88 %	0.00 %
FY15 Q2	38	39	11	203	152	51	74.88 %	-0.47 %
FY15 Q1	27	33	3	219	165	54	75.34 %	0.81 %
FY14 Q4	24	31	-1	212	158	54	74.53 %	-0.47 %
FY14 Q3	25	33	4	216	162	54	75.00 %	-1.25 %
FY14 Q2	22	40	3	240	183	57	76.25 %	0.16 %

For a listing of outstanding CTBIEs, click here.....

For a listing of all CTBIEs, click here.....

Outstanding CTBIEs and overall results accessible through main results page.

IRCR/M2PI Reports



TBI Care Plan And M2PI Summary Report

VSSC Help Desk

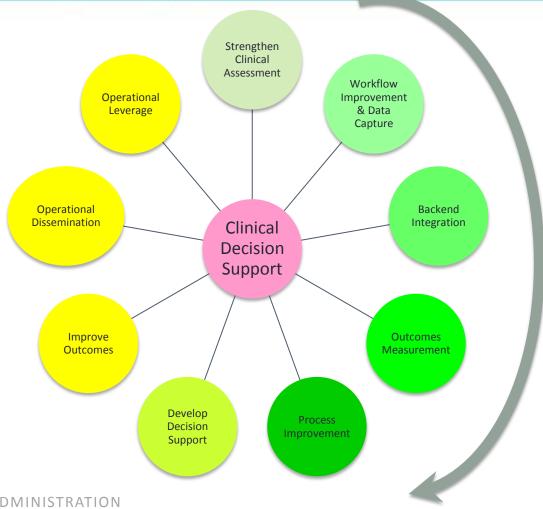
Data Definitions

Rate this Report

Last Care Plan or M2PI fou

VHA								
Fiscal Year	Fiscal Otr	Month	Total Care Plans / M2Pl	Distinct Patients	Care Plans	M2PI	TBI Ev als	Positiv e TBI
⊞ FY 16			3,958	3,051	2,399	1,559	2,068	1,772
☐ FY 15			15,208	9,500	9,543	5,665	6,349	5,459
	□ FY 15 Q4		3,772	3,005	2,365	1,407	1,978	1,708
		September 2015	1,131	989	684	447	660	562
		August 2015	1,260	1,098	789	471	701	621
		July 2015	1,381	1,174	892	489	750	639
	⊞ FY 15 Q3		3,838	3,007	2,345	1,493	1,963	1,710
	⊞ FY 15 Q2		3,906	3,068	2,469	1,437	2,001	1,723
	⊞ FY 15 Q1		3,692	2,870	2,364	1,328	1,931	1,678

TBI Clinical Decision Support - Where are we today?



TBI Screening and Evaluation: Context

- TBI screen implemented in 2007
 - Timeline for implementation precluded research on the TBI screen before implementation or an implementation trial
 - Unlike the mental health screens, lack of evidence on psychometrics prior to implementation
 - GAO noted this gap in 2008 (GAO-08-276)
- Research to support and improve VHA's TBI screening/evaluation program became PT/BRI QUERI's highest priority
 - Research on psychometric properties of TBI screen
 - Evaluation of implementation

Research Activities Utilizing CTBIE Data

- Sensitivity/specificity of screen
 - Sensitivity 85-94%
 - Specificity 13-59%
- Gender differences
 - Women less likely than Men to screen positive for possible TBI.
 - Women report higher degree of symptom interference on CTBIE compared to men.
- Cost/Utilization
 - QUERI Utilization Reports
- TBI Screening Fact Sheet
 - http://www.polytrauma.va.gov/TBIReports/vha-tbi-screening-eval.pdf

Table 2. Postconcussive Symptoms by Severity in the N = 55,070 Veterans Evaluated for TBI^*

	Symptom Severity					
	Moderate to		Mild		None	
	Very Se					
	N	%	N	%	N	%
Symptoms in last 30 days						
Irritability, easily annoyed	45,389	82	6,282	11	2,299	6
Sleep disturbance	44,920	82	5,233	10	4,917	9
Forgetfulness	42,441	77	8,071	15	4,558	8
Anxious or tense	42,284	77	7,502	14	5,284	10
Headaches	39,762	72	9,914	18	5,394	10
Poor concentration	38,851	71	9,472	17	6,747	12
Poor frustration tolerance, easily	39,251	71	8,737	16	7,082	13
overwhelmed						
Fatigue	35,952	62	10,181	18	8,937	16
Hearing difficulty	33,522	61	11,537	21	10,011	18
Depressed or sad	33,223	60	10,750	20	11,097	20
Slowed thinking, difficulty organizing,	32,289	59	11,381	21	11,400	21
difficulty finishing things						
Sensitivity to noise	30,034	55	10,983	20	14,053	26
Sensitivity to light	27,867	51	12,298	22	14,905	27
Difficulty making decisions	27,877	51	11,615	21	15,578	29
Numbness of tingling in parts of body	25,921	47	11,922	22	17,227	31

[•]Scholten J, Sayer N, Vanderploeg R, Bidelspach D, Cifu D. "Analysis of US Veterans Health Administration Comprehensive Evaluations for TBI in OEF/OIF Veterans" Brain Injury September 2012; 26(10): 1177–1184.

TBI Utilization Reports:

http://www.polytrauma.va.gov/TBIReports/index.as

- Led by Brent Taylor, PhD, in close collaboration with PM&R
 - PM&R part of research team
- Leverage VHA administrative data to address the following questions:
 - What is the prevalence of clinician-diagnosed TBI in Afghanistan and Iraq war Veterans who used VHA?
 - Among those with clinician-diagnosed TBI, what is the rate of cooccurring mental health and pain-related conditions?
 - What is the cost of providing VHA care to Veterans with TBI?

First Publication from Utilization Reports

Prevalence and Costs of Co-occurring Traumatic Brain Injury With and Without Psychiatric Disturbance and Pain Among Afghanistan and Iraq War Veteran VA Users

Brent C. Taylor, PhD, MPH,*†‡ Emily M. Hagel, MS,* Kathleen F. Carlson, PhD,§|| David X. Cifu, MD,¶# Andrea Cutting, MA,* Douglas E. Bidelspach, MPT,** and Nina A. Sayer, PhD*†††

Medical Care. 2012; 50: 342-346

Prevalence of Diagnoses by TBI (FY 2009)

	TBI	No TBI	Total
Diagnoses	(n=22,053) 6.7%	(n=305,335) 93.3 %	(n= 327,388) 100%
Mental Health dx	89%	39%	42%
PTSD	73%	24%	28%
Depression	45%	20%	21%
Anxiety	22%	10%	11%
Substance Abuse	20%	8%	9%
Head/Back/Neck Pain	70%	30%	33%
Headache	47%	9%	12%
Back Pain	45%	23%	25%
Neck Pain	15%	5%	6%
PTSD and Pain	54%	11%	14%

Average VHA Medical Costs for Afghanistan and Iraq War Veterans by Diagnosis Group (FY2009)

ICD 9 Diagnoses	Proportion of OEF/OIF Veterans Seen in VHA 2009 (%)	2009 VHA Median Costs (IQR)
No TBI, pain, or PTSD	52.7	\$978 (\$439–\$2074)
Pain	17.9	\$1974 (\$953-\$3890)
PTSD	12.2	\$2763 (\$1345-\$5426)
Pain+PTSD	10.5	\$4978 (\$2655–\$9283)
TBI	0.7	\$2391 (\$1112–\$4770)
TBI + pain	1.1	\$3931 (\$2139–\$6899)
TBI+PTSD	1.3	\$5053 (\$2770-\$9075)
TBI, pain, and PTSD	3.6	\$7974 (\$4559–\$14,332)

Three Years of Utilization Reports Pooled Together



Volume 50, Number 9, 2013 Pages 1169–1176

Traumatic brain injury, posttraumatic stress disorder, and pain diagnoses in OIF/OEF/OND Veterans

David X. Cifu, MD; ^{1-3*} Brent C. Taylor, PhD; ⁴⁻⁵ William F. Carne, PhD; ^{2-3,6} Douglas Bidelspach, MPT; ^{1,7} Nina A. Sayer, PhD; ^{4-5,8} Joel Scholten, MD; ^{1,9} Emily Hagel Campbell, MS⁴

¹Physical Medicine and Rehabilitation Program Office, Department of Veterans Affairs (VA), Washington, DC;

²Department of Physical Medicine and Rehabilitation, Virginia Commonwealth University, Richmond, VA; ³Hunter Holmes McGuire VA Medical Center (VAMC), Richmond, VA; ⁴Center for Chronic Disease Outcomes Research, Minneapolis VA Health Care System, Minneapolis, MN; ⁵Department of Medicine, University of Minnesota, Minneapolis, MN; ⁶Defense and Veterans Brain Injury Center, Richmond, VA; ⁷Rehabilitation and Prosthetics Services, Lebanon VAMC, Lebanon, PA; ⁸Department of Psychiatry, University of Minnesota, Minneapolis, MN; ⁹Department of Physical Medicine and Rehabilitation, Washington VAMC, Washington, DC; and Department of Physical Medicine and Rehabilitation, Georgetown University Medical Center, Washington, DC

Proportion of Iraq and Afghanistan War Veterans with Diagnoses of TBI, Pain of the Head, Neck or Back, and/or PTSD Over Time

Diagnosis	VHA User FY2009	VHA User FY2010	VHA User FY2011	VHA User FY2009 to FY2011
	N=327,388	N=398,453	N=471,383	N=613,391
ТВІ	6.70%	6.80%	6.50%	9.60%
Pain	33.60%	34.10%	33.70%	40.20%
PTSD	27.60%	27.90%	28.20%	29.30%

Polling Question

- The best way to differentiate etiology of symptoms in an individual with a history of mTBI and PTSD is:
 - Brain MRI
 - Brain SPECT scan
 - \circ DTI
 - Neuropsychological Testing
 - Clinical Interview

Treatment following TBI Diagnosis

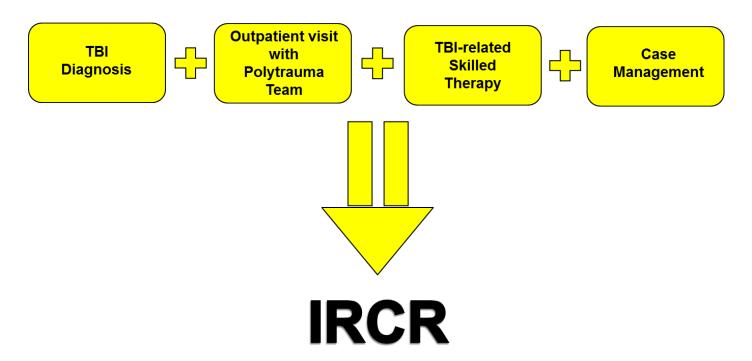
- What is "standard of care" treatment for mild TBI?
- Clinical Practice Guidelines (CPG)
 - Developed from best available evidence and consensus opinion for treatment of symptoms following mild TBI
 - Published in 2009, updated CPGs will be published in 2016
 - http://www.healthquality.va.gov/guidelines/Rehab/mtbi/

The Individualized Rehabilitation and Community Reintegration (IRCR) Care Plan

- Mandated by Congress in 2010 (38 U.S.C. 1710C, 2010).
 - Required for all Veterans and Service Members receiving inpatient or outpatient rehabilitation for TBI at a VA facility.
 - Encourages collaboration amongst Veterans , their families, and providers from diverse disciplines
 - Plan must be communicated to the Veteran in writing, containing:
 - Comprehensive Evaluation
 - Goals focused on physical, cognitive, and vocational functioning to ultimately facilitate community reintegration
 - Details means to access care
 - o Type, frequency, duration, and location of all rehabilitative treatments
 - Name of case manager
 - Dates when plan will be reviewed
- VHA Handbook 1172.01 Polytrauma System of Care

IRCR Algorithm

 Developed by the Physical Medicine & Rehabilitation Program Office to assist clinicians in identifying Veterans in need of an IRCR



Also required for every patient discharged from Polytrauma Rehabilitation Centers (PRC) or Polytrauma Transitional Rehabilitation Program (PTRP).

Compliance with the IRCR Algorithm at a single Polytrauma Network Site

- Retrospective Chart Review of 546 Veterans with a TBI diagnosis in 2013 seen at the DC VAMC PNS.
 - Work supported by Polytrauma/Blast Related Injury QUERI QLP 56-012



Ensuring Quality

- Mayo-Portland Participation Index (M2PI) and Interdisciplinary Rehabilitation Care Plan (IRCR)
 - Monitor IDT planning and outcomes for outpatients in Polytrauma clinics
 - 9,500 unique Veterans with M2PI or IRCR in FY15
 - o 9,543 total IRCR plans
 - 5,665 total M2PI entries



Opportunities for Future Investigation

- Further study to define "standard of care" treatment
- Quantify rehab "dose"
- Monitor Clinical Practice Guideline (CPG) adherence and link to outcomes
- Care models to maximize Veteran engagement
- Future of TBI Screen
 - Transition to a Symptom screen vs. De-implementation study
- Maximize efficiency of Interdisciplinary teams
- Manage TBI in a chronic Disease Model
- Care Coordination
 - Patient Aligned Care Team, Mental Health, Care Management

Selected References and Resources

Cifu DX, Taylor B, Carne WF, Bidelspach D, Sayer NA, Scholten J, Hagel C. Traumatic brain injury, posttraumatic stress disorder and pain diagnoses in OEF/OIF/OND Veterans. <u>J Rehabil Res Dev</u>. 2013;50:1169–76.

Ford JH, Wise M, Krahn D, Oliver KA, Hall C, Sayer NA. Family Care Map: Sustaining Patient and Family Centered Care in Polytrauma Rehabilitation Centers. <u>J Rehabil Res Dev.</u> 2014; 51(8): 1311-1324.

Friedemann-Sanchez G, Sayer NA, Pickett T. Provider perspectives on rehabilitation of patients with polytrauma. <u>Arch Phys Med Rehab</u> 2008; 89(1): 171-178.

Hall C, Sigford B, Sayer NA. Practice changes associated with the Department of Veterans Affairs Family Care Collaborative. <u>J Gen Intern Med</u> Supplement 1 2010; 25: 18-26.

Scholten J, Sayer NA, Bidelspach D, Vanderploeg R, Cifu DX. Analysis of U.S Veterans Health Administration Comprehensive Evaluations for Traumatic Brain Injury in Operation Enduring Freedom and Operation Iraqi Freedom Veterans. <u>Brain Injury</u>. 2012; 26 (10): 1177-1184

Selected References and Resources (continued)

Taylor BC, Hagel EM, Carlson KF, Cifu DX, Cutting A, Bidelspach DE, Sayer NA. Prevalence and Costs of Co-Occurring Traumatic Brain Injury with and without Psychiatric Disturbance and Pain among Iraq and Afghanistan Veteran VA Users. Medical Care. 2012; 50: 342-346

Taylor B, Sayer NA. Guest Editorial: Annual Reports on VHA Healthcare Utilization among Iraq and Afghanistan War Veterans with TBI and Co-morbidities to Inform Policy, Research and Practice. J Rehabil Res Dev. 2014; 51(7): VII-VIII.

Websites:

Clinical Practice Guideline for management of concussion/mild TBI available at http://www.healthquality.va.gov/guidelines/Rehab/mtbi/concussion_mtbi_full_1_0.pdf

Family Care Map available at http://www.polytrauma.va.gov/FCM/

PT/BRI QUERI Utilization Reports for OEF/OIF Veterans diagnosed with TBI available at http://www.polytrauma.va.gov/TBIReports/index.asp

PT/BRI QUERI TBI Screening and Evaluation Fact Sheet available at http://www.polytrauma.va.gov/TBIReports/vha-tbi-screening-eval.pdf

Contact Information

Joel Scholten, MD
 Joel.Scholten@va.gov

Douglas Bidelspach, MPT
 <u>Douglas.Bidelspach@va.gov</u>

Guidance for completion of the CTBIE by Community Providers

1. What providers can complete the Comprehensive TBI Evaluations (CTBIE)?

Given the expertise required to establish a diagnosis of TBI and implement appropriate treatment the community provider should be a physiatrist, neurologist, or neuropsychiatrist with experience in interdisciplinary TBI care.

2. What information should be communicated to the community provider?

It is important to communicate the intent of the process with the community provider, focusing on the Comprehensive TBI Evaluation (CTBIE) specific to OEF/OIF/OND deployment related injuries, and the significance of the questions on loss of consciousness, alteration of consciousness, and post traumatic amnesia at the time of injury for the historical diagnosis of deployment related TBI.

3. What is the primary method that the evaluator should use for deriving a TBI diagnosis?

The diagnosis of TBI involves documenting a historical event during deployment and its immediate sequelae. The TBI diagnosis is based entirely on history – either a credible history from the patient or medical record documentation that:

- i. There was an event that had the potential to cause a significant force to the head
- ii. This force to the head was immediately followed by:
 - a. Any period of loss of or a decreased level of consciousness
 - b. Any loss of memory for events immediately before or after the injury (post-traumatic amnesia)
 - c. Alteration in mental state at the time of the injury (mental confusion, disorientation, slowed thinking, etc.)
 - d. Neurological deficits (e.g., neurological signs such as weakness, loss of balance, sensory loss, aphasia, etc.) that may or may not be transient
 - e. Intracranial lesion on neuroimaging

Not all individuals exposed to an external force will sustain a TBI, but any person who has a history of such an event with immediate manifestation of any of the above signs or symptoms can be said to have had a TBI.

If the patient cannot reliably or believably provide this information, ask about what they were told by others who were at the scene. Were they lying on the ground and non-responsive (TBI)? Were they saying things that did not make sense (TBI)? Immediately afterward, while still at the scene, were they able to walk, talk, and function normally (unlikely to have had a TBI)?

4. How should the Comprehensive TBI Evaluation (CTBIE) completed by a community provider be documented?

The evaluations should be documented using the word version of the CTBIE, which is returned and scanned into CPRS. The local VA team can then access the CTBIE template in TBI Instruments, and check the first box indicating the evaluation was completed by a 'fee' provider, specify if the diagnosis was confirmed or ruled out, and outline the treatment plan in the template. If the MD does not enter the CTBIE note into TBI Instruments, the team member completing the entry (transposing the results of the three available sections from the CTBIE into the online template), should identify the MD of the team as a cosigner on the note, and ensure the individualized treatment plan is developed and carried out, as indicated.

5. When is neuropsychological testing indicated?

Neuropsychological testing cannot establish a diagnosis of TBI and is not indicated in all cases. It is only indicated when it will help document potential residual effects, assist in treatment planning, or help evaluate treatment response. However, because of rapid improvement expected following mild TBI, neuropsychological testing is not recommended during the first 30 days post injury, except in cases of acute concussion management when it may be used to monitor the recovery process and assist with determining return to work/school. Providers should consider referring patients for neuropsychological testing who have persistent cognitive complaints after treatment and if alternative explanation for these cognitive complaints, such as PTSD, depression and insomnia, have been ruled out. In these cases, neuropsychological testing may be indicated and useful in determining if there are objective findings to support the subjective symptom complaints; and if so, the nature, severity, and likely etiology of those objective cognitive problems.

6. Are there training resources the community provider should access?

Consistent with VA provider training, a community provider completing the Comprehensive TBI Evaluation should access the VHI training or the VA/DoD Clinical Practice Guideline for Concussion/mild Traumatic Brain Injury, which can be accessed through the links below.

VA/DoD Clinical Practice Guideline: Management of Concussion/Mild Traumatic Brain Injury

http://www.healthquality.va.gov/guidelines/Rehab/mtbi/

Veterans Health Initiative – Traumatic Brain Injury

http://www.publichealth.va.gov/vethealthinitiative/traumatic brain injury.asp