Center of Excellence

Defense and Veterans Brain Injury Center

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The Defense and Veterans Brain Injury Center was founded by Congress in 1991 and enacted in 1992 through a DoD appropriations bill to support an initiative for military personnel who had sustained head and neck injuries. While it has grown much since then, its mission of serving current and former service members with traumatic brain injury has remained strong.



The Defense and Veterans Brain Injury Center (DVBIC) marked 20 years of service in 2012 and congratulates Federal Practitioner on reaching its 30-year milestone!

ederal health care practitioners can tap in to the Defense and Veterans Brain Injury Center's (DVBIC) clinical and educational resources to better serve their patients, some of whom may be members or former members of the U.S. Armed Forces.

The work of the DVBIC falls into 3 categories: clinical care, research, and education. Its central office, in Washington, DC, supports a network that includes 11 military treatment facilities (MTFs), 2 neurorehabilitation and community reintegration sites, and 5 VAMCs where staff perform clinical research. Nationwide and in Germany, DVBIC trains medical professionals and educates service members, veterans, families, and the public about traumatic brain injury (TBI). The DVBIC personnel provide care coordination to service members who may be moving to another base or in to the VA system.

Ms. Helmick is deputy director of the Defense and Veterans Brain Injury Center.

On behalf of the DoD, DVBIC monitors and reports the number of TBI cases throughout the military. Since 2000, more than 262,000 TBIs have been diagnosed among service members. Of those, about three-quarters are mild (mTBI), also known as concussion. Of all diagnosed TBIs, more than 80% are not deployment-related, meaning they occur in training stateside or in ways common to the civilian population, such as sports or falls.

A major focus of DVBIC's work throughout the last several years has been to standardize care for TBI. The DVBIC helped set in place policies and procedures that help service members. When a service member in a deployed setting encounters a potentially concussive event, such as a vehicle rollover or an explosion, there is a set of rules that medics, corpsmen and other health care professionals (HCPs) follow. The DVBIC helped develop the Military Acute Concussion Evaluation (MACE), which HCPs carry and use in the field. The MACE helps the initial HCP gather specific information about the event and the service member's reaction to it, including information about cognitive functioning.

The DOD's goal is to provide ap-

propriate care as close to the point of injury as possible. Immediately after a potentially concussive event in a deployed setting, the service member is required to rest for 24 hours and then be reevaluated, successfully pass physical and cognitive tests, before being allowed to return to duty. In Afghanistan, there are concussion care centers where service members get care, such as neurologic assessments, and physical, speech, or occupational therapy that may be needed to optimize full recovery.

Most service members who sustain a concussion recover fully and are back to duty within 7 to 10 days. At some of its network sites DVBIC and DoD personnel help some of the most severely injured service members, using new therapies, such as leveraging video gaming, common in the younger age groups. One DVBIC site has a "Brain Fitness Center." Service members use computer programs to improve their cognitive functioning. Another DVBIC is testing the use of a metronome (remember those piano lessons?) to assist with information processing. At each site and in all cases. DVBIC works to ensure that a service member's care is coordinated and the entire medical team is working in tandem.

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The DVBIC's work can aide the work of federal practitioners everywhere. The DVBIC is increasing its Internet educational outreach to medical professionals—offering webinars, Internet courses, and links to additional resources to help patients. Also available are materials for HCPs and families that can be downloaded or ordered for free from http://www .DVBIC.org and information that includes personal stories and social media connections at http://www .BrainLine.org and http://www .BrainLineMilitary.org. The DVBIC's parent organization, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, has tools and educational opportunities for professionals as well, at http://www.dcoe.health.mil.

DVBIC has been on a steady mission for more than 20 years to improve the lives of those who sustain TBI, whether mild or severe. The DVBIC will continue to offer the field of TBI advances in treatment, based on research as well as numerous educational products that represent the state of the science for TBI.

Author disclosures

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