



TRAUMATIC BRAIN INJURY

FACT SHEET

TRAUMATIC BRAIN INJURY (TBI), more commonly known as a concussion, has become one of the signature injuries of the OEF/OIF conflict. The source of this injury is often exposure to a concussive blast (i.e. IEDs, RPGs, land mines, mortar and artillery detonations). However, TBI can also stem from a traumatic event to the head in the way of a fall, motor vehicle accident or firearm injury. It is believed that 15-30% of deployed service members may have suffered from some form of TBI.

Symptoms can be mild to moderate to severe, depending on the extent of the damage. Symptoms may include behavioral changes, headaches, dizziness, blackouts, tunnel vision, difficulty speaking, lack of muscle control, unconsciousness and seizures. If left untreated, TBI may result in permanent disability or even death.

Mild TBIs are the most prevalent TBI and often go unreported at the time of initial injury. 15% of people with mild TBI may have symptoms that last one year or more. Mild TBI is defined as an injury to the brain resulting from an external force and/or acceleration/deceleration mechanism from an event, such as a blast, fall, direct impact, or motor vehicle accident which causes an alteration in mental status.

Moderate TBI is defined as an injury involving loss of consciousness for more than 30 minutes and up to 24 hours, with post traumatic amnesia greater than one day up to seven days.

Severe TBI is defined as an injury resulting in loss of consciousness for more than 24 hours, with post traumatic amnesia for greater than seven days.

TBI prognosis varies based on the individual and the brain injury. Recovery can be seen months, and even years after the initial injury. Most mild TBI injuries will resolve spontaneously with time, education, and reduction of exposure to additional head injuries within a close span of

time. Moderate to severe TBI, may require coordination of the TBI stabilization teams, rehabilitation teams, occupational therapist and other specialist in conjunction with the TBI patient and his/her family to ensure the TBI patient's success.

WWR CLINICAL SERVICES STAFF

The WWR Clinical Services Staff (CSS), composed of a psychological health program coordinator, TBI program coordinator, licensed clinical care consultants, mental health advisor, regimental surgeon and other staff, is available to assist Wounded, Ill and Injured (WII) Marines, their families and Commands with the following:

- Coordination of assistance and care at varying medical facilities and with charitable organizations
- Providing outreach education about TBI
- Assisting commands in evaluating the needs of a WII Marine and answering questions about medical symptoms and diagnosis
- Discussing coping and resiliency resources with Marines and family members after deployment
- Screening Marines with TBI for possible inclusion in research studies
- Reviewing the Post-Deployment Health Reassessment (PDHRA) and addressing any questions or unresolved issues

For assistance or to receive additional information contact:

Sergeant Merlin German
Wounded Warrior Call Center
24/7 toll free at 1-877-487-6299

THE WOUNDED WARRIOR REGIMENT

The Wounded Warrior Regiment (WWR) stood up in April 2007 and immediately began to assume responsibilities for non-medical Wounded Warrior care. **The mission of the WWR is to provide and facilitate assistance to WII Marines, Sailors attached to or in direct support of Marine units, and their family members, throughout the phases of recovery.** The Regimental Headquarters element, located in Quantico, Virginia, coordinates the operations of two Wounded Warrior Battalions located at Camp Pendleton, California, and Camp Lejeune, North Carolina. The Regimental Headquarters provides unity of command and unity of effort through a single Commander who provides guidance, direction, and oversight to the Marine Corps WII non-medical care process and ensures continuous improvements to care management and the seamless transition of recovering Marines.



UNITED STATES MARINE CORPS WOUNDED WARRIOR REGIMENT

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