MHS Military Health System
health.mil

Recurrent Concussion Evaluation

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]
     - ▶ Acute Stress Reaction Questionnaire [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 NCAT per TBICoE clinical recommendation[J]

4. Functional assessment [L] completed by occupational therapy/ physical therapy

5. Neurologist (or qualified provider) determines RTD status

MHS Military Health System
health.mil

Recurrent Concussion Evaluation

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

- Acute Concussion Educational Brochure
- Neurobehavioral Symptom Inventory
- Line Leader Fact Sheet
- Coding Guidance
- DCoE Neurocognitive Assessment Tool (NCAT) Recommendation

[J] DCoE Neurocognitive Assessment Tool (NCAT) 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 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 mTBI 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.

Released: April 2018 | Revised August 2021
by Traumatic Brian Injury Center of Excellence.
This product is reviewed annually and is current until superseded.
4780.1.2.15