Military Acute Concussion Evaluation 2 (MACE 2): Revision Update and Tutorial

Date
Time
<table>
<thead>
<tr>
<th>Presenters</th>
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UNCLASSIFIED  “Medically Ready Force...Ready Medical Force”
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Learning Objectives

At the conclusion of this training, participants will be able to:

- Distinguish high level changes in the Military Acute Concussion Evaluation 2 (MACE 2) including specific updates and evidence to support:
  - Red flags
    - Structural brain injury detection device
  - History questions
  - Expanded assessment by the addition of the Vestibular/Ocular-Motor Screening (VOMS), cervicogenic symptoms and enhanced balance assessment

- Show how MACE 2 improves the current standard of care for traumatic brain injury (TBI) management.
Key Changes

**Concussion screening:**
- Red flags added indicating when to stop the MACE 2 and immediately consult higher level of care and consider urgent evacuation
  - New observable signs checklist added
  - Symptoms checklist moved to screening section
  - More detailed history and follow-up instructions

**Neurologic exam:** expanded speech and balance testing

**Vestibular/Ocular-Motor Screening (VOMS):** added

**Updated diagnostic codes**
Card Features

- MACE 2 card design easier to use:
  - Black text → action
  - Gray text → Key questions (helpful hints & assessment tips - typically appear on the right side of the card)
  - *Italics* text → **Cue to read instructions exactly as written**
  - Check boxes □
    - New check boxes replaced bullets to ensure attention and action

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A. Record the event as described by the service member or witness.
Use open-ended questions to get as much detail as possible.

Key questions:
- Can you tell me what you remember?
- What happened?
- Who were you with?

B. Observable Signs

At the time of injury were any of these observable signs witnessed?

Visual clues that suggest a possible concussion include:
- Lying motionless on the ground
- Slow to get up after a direct or indirect blow to the head
- Disorientation, confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance difficulties, stumbling, or slow labored movements
- Facial injury after head trauma
- Negative for all observable signs

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**Trial 1 script:** Read the script exactly as written.
- "I am going to test your memory. I will read you a list of words and when I am done, repeat back to me as many words as you can remember, in any order."

**Trials 2 and 3 script:** Read the script exactly as written.
- "I am going to repeat that list again. Repeat back to me as many words as you can remember, in any order, even if you said them before."
How to Administer the MACE 2

- MACE 2 is most effective when used as close to the time of injury as possible. The MACE 2 may be repeated to evaluate recovery.
- Administer in sequence.
- Use scripts when provided.
- Use in conjunction with clinical judgment and clinical recommendations.
- Factors such as sleep deprivation, medications, or pain may affect MACE 2 results.
MACE 2 is to be used as close to time of injury as possible.
Concussion Screening

- Red Flags

- Concussion Screening
  - Description of incident (includes new observable signs list)
  - Alteration of conscious or memory
  - Symptoms
  - History

- Screening Results
  - Service Member (SM) Instructions
Identify Red Flags

**New Red Flag:** Abnormal result from structural brain injury detection device (if available)

**RED FLAGS**
Evaluate for red flags in patients with Glasgow Coma Scale (GCS) 13-15.

- Deteriorating level of consciousness
- Double vision
- Increased restlessness, combative or agitated behavior
- Repeat vomiting
- Results from a structural brain injury detection device (if available)
- Seizures
- Weakness or tingling in arms or legs
- Severe or worsening headache

**Defer MACE 2 if any red flags are present. Immediately consult higher level of care and consider urgent evacuation according to evacuation precedence/Tactical Combat Casualty Care (TCCC).**

- Negative for all red flags
  Continue MACE 2, and observe for red flags throughout evaluation.
Identifying Concussion

- Concussion screening should determine:
  - If emergent care should be provided to the SM
  - If the SM meets Department of Defense (DoD) concussion criteria

DVIDS photo by SSgt Dana Cable
Concussion Screening

1. Description of Incident

- Complete this section to determine if there is an injury event
- Establish details of the latest incident, including:
  A. Record the event as described by the SM or witness.
  B. Record observable signs.
  C. Record the type of event.
  D. Was there a blow or jolt to the head?
- Use “Key Questions” to get as much detail as possible
Concussion Screening

2. Alteration of Consciousness or Memory

A. Was there alteration of consciousness (AOC)?*

B. Was there loss of consciousness (LOC)?*

C. Was there post-traumatic amnesia (PTA)?*

D. Was an AOC/LOC/PTA witnessed or observed?

Reminder: Use the key questions to ensure the SM provides yes or no answers.

*If the SM responds “yes” ask how long they were affected (seconds, minutes)
Concussion Screening

3. Symptoms

Screens for common concussion symptoms:

- Read list of symptoms to the SM
- Check the box if they answer "yes" (symptoms are either present or not)
- Check “Negative for all symptoms” if no symptoms are present
Ask the SM if they had a concussion during the last 12 months, had headaches prior to the injury and if they have been diagnosed with depression, anxiety or another behavior disorder.

- The answer to question 4.A impacts minimum mandatory recovery time and overall rest and recovery time.
Positive concussion criteria:

- A blow or jolt to the head \(1D\) and
- If the patient experienced any **one** of these conditions: (answered Yes)
  - An alteration of consciousness (AOC) \(2A\)
  - A loss of consciousness (LOC) \(2B\)
  - Post traumatic amnesia (PTA) \(2C\)
  - The patient’s AOC/LOC/PTA was observed by someone at the scene of the injury event or during the screen \(2D\)
Practice Activity 1

Please refer to workbook

Red Flags

Concussion Screening:
- Description of Incident
- Observable Signs
- Alteration of Consciousness or Memory
- Symptoms
- History
- Screen Results
CONDUCTING COGNITIVE EXAM

“Medically Ready Force...Ready Medical Force”
Cognitive Exam

5. Orientation

- The first part of the cognitive exam assesses orientation (i.e. how aware the SM is of the time, where they are, and who they are).
- Words in *italics* are said exactly as written.
- Score a point for each correct answer; maximum score is 5.
- This cognitive exam is most reliable within 12 hours of injury.
The second part of the cognitive exam tests immediate memory: The ability to remember a small amount of information over a few seconds/minutes.

Example:
- Select a word list
- Use the same word list (matching color and letter) for the remainder of the MACE 2
Cognitive Exam
6. Immediate Memory (continued)

- Read the script as written in immediate memory section.
- Three trials are required, even if all answers are correct in Trial 1 and 2.
- Score a point for each correct word recalled; the maximum score is 15.
- Read the words at a rate of one word per second.
Practice Activity 2

Please refer to the workbook
Cognitive Exam (part 1):
- Orientation
- Immediate Memory
CONDUCTING NEUROLOGICAL TESTS

Concussion Screening → Cognitive Exam Part 1 → Neurological Exam → Cognitive Exam Part 2 → VOMS → Summary

7. Speech Fluency
8. Word Finding
9. Grip Strength
10. Pronator Drift
11. Single Leg Stance
12. Tandem Gait
13. Pupil Response
14. Eye Tracking
Neurological Exam

- The neurological exam tests overall sensory and motor functions. It is placed in the middle of the cognitive exam to allow time to pass to test delayed recall accurately.
- The exam consists of:
  - Speech Fluency
  - Word Finding
  - Grip Strength
  - Pronator Drift
  - Single Leg Stance
  - Tandem Gait
  - Pupil Response
  - Eye Tracking
Neurological Exam

7. Speech Fluency

- Note abnormal speech during conversation.

- During open-ended questions, listen for pauses or unnatural breaks in speech.

- Stuttering or struggling to speak is abnormal.
Neurological Exam
8. Word Finding

Assess word finding difficulties:

- Does service member have trouble coming up with the name of a common object?
- Ask the SM to repeat a sentence or name an object in view. Example: “I got a haircut today and they did it way too short.”

Courtesy photo by Melanie Sexton
Neurological Exam

9. Grip Strength

Assess grip strength

- Grip strength should be strong and equal on both sides.
- Unequal or weak limb strength is abnormal.
Neurological Exam

10. Pronator Drift

- Direct patient to stand with eyes closed and arms extended forward, parallel to the ground with palms up. Assess for five to 10 seconds:
  - Does either palm turn inward?
  - Does either arm drift down?
  - Any arm or palm drift is abnormal.

NORMAL

ABNORMAL

TBICoE image by Kori Zick
Neurological Exam

11. Single Leg Stance

- Have service member remove shoes if possible and have them stand on one leg with arms across chest and hands touching shoulders, eyes open initially.
- Once patient is balanced, have them close their eyes and time for 15 seconds how long they can maintain their balance. Repeat test with opposite leg.
- If they lose their balance before 8 seconds, it is abnormal.
Neurological Exam

12. Tandem Gait

- Have service member remove shoes if possible and take six steps one foot in front of the other, heel-to-toe, with arms at side.
- Stumbling or shifting feet is abnormal.
Neurological Exam

13. Pupil Response

- Pupils should be equal size, normal is 2–6 mm.
- Pupils should be round.
- Pupils should get smaller with bright light and become larger in dim light or darkness.
- Pupils should quickly respond to changes in light.
- Unequal pupil size, dilation or constriction delay is abnormal.
14. Eye Tracking

Extra-ocular eye movement

- Check movement to all vision field areas in both “H” and “X” test patterns.
- Check that both eyes move together.
- Note if the head tilts or any abnormal eye movements such as repetitive, uncontrolled movements or nystagmus.
Acute Nystagmus

Video courtesy of Dr. Sue Whitney, University of Pittsburgh
https://www.youtube.com/watch?v=EzJCT72xGkl
Neurological Exam

Results

- If *all* sections are normal, check the **All Normal** box.

- If *any* section is abnormal, check the **Any Abnormal** box.
Practice Activity 3

Please refer to workbook

Neurological Exam:

• Speech Fluency
• Word Finding
• Grip Strength
• Pronator Drift
• Single Leg Stance
• Tandem Gait
• Pupil Response
• Eye Tracking
FINISHING THE COGNITIVE EXAM

Cognitive Exam Part 1 → Neurological Exam → Cognitive Exam Part 2

- Concentration
  - A. Reverse Digits
  - B. Months in Reverse Order
- Delayed Recall
  - L. Name
  - L. Mother

“Medically Ready Force...Ready Medical Force”
A. Reverse Digits
Tests concentration by having the SM repeat back a string of numbers in reverse order:

- Use the color number list (A-F) that matches the word list color you used before in the memory section (Question # 6).
- Read the script on the card word-for-word.
- Read the digits at a rate of one-per-second.
- Do NOT group the digits in any way.
- Allow the SM two attempts at repeating each digit string (trials 1 and trial 2).

List A

<table>
<thead>
<tr>
<th>Trial 1</th>
<th>Trial 2 (if Trial 1 is incorrect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>6-2-9</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>3-2-7-9</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>1-5-2-8-5</td>
</tr>
<tr>
<td>7-1-8-4-6-3</td>
<td>5-3-9-1-4-8</td>
</tr>
</tbody>
</table>
Cognitive Exam 15. Concentration Reverse Digits Correct Results

- If *correct* on 1st or 2nd attempts at that digit string:
  - Score one point for that string.
  - Move to the next longer string (4) in the Trial 1 column, in this case: “3-8-1-4.”

- If both attempts at a digit string are incorrect, **STOP** and record a zero for that string **AND** all the strings that remain.
Cognitive Exam 15. Concentration
Reverse Digits Incorrect

A. Reverse Digits

- Read the 1st 3-digit string: “4-9-3.”
  - Correct response would be: “3-9-4.”

- If incorrect on the 1st string:
  - Go to the 1st string in the Trial 2 column.
  - Read that 3-digit string: “6-2-9.”
  - Record the score after 2nd attempt.

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### Table: REVERSE DIGITS SCORE (15A)

<table>
<thead>
<tr>
<th>List A</th>
<th>Trial 1</th>
<th>Trial 2 (if Trial 1 is incorrect)</th>
<th>Incorrect</th>
<th>Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-9-3</td>
<td>6-2-9</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3-8-1-4</td>
<td>3-2-7-9</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6-2-9-7-1</td>
<td>1-5-2-8-5</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7-1-8-4-6-3</td>
<td>5-3-9-1-4-8</td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
B. Months in Reverse Order

- Instruct the SM to state the months of the year in reverse order.

  • Score 1 for correctly reciting the entire sequence.
  
  • Score 0 (zero) if 1 or more months is out of sequence or omitted.
Cognitive Exam
Concentration Scoring

- Total scores for 15.A and 15.B

  A. Reverse Digits: maximum score 4 points.

  B. Months in Reverse Order: entire sequence correct maximum score 1 point.

    • Recite the entire sequence correctly for a maximum score of 5 points.
16. Delayed Recall

- Use the same five-word-list as in earlier immediate memory test from page 5 of the MACE 2.

- Do **NOT** repeat the word list this time or indicate how many words are on the list.

- Ask the SM to recall as many words as they can in any order.

- Allow only one trial.

- Score 1 point for each word remembered correctly for a maximum score of 5.
Practice Activity 4

Please refer to the workbook Cognitive Exam (part 2):

- Concentration
  - Reverse Digits
  - Months in Reverse Order
- Delayed Recall
CONDUCTING
VESTIBULAR/OCULAR-MOTOR SCREENING

VOMS Contraindication: Unstable Cervical Spine

17. VOMS
A. Baseline Symptoms
B. Smooth Pursuits
C. Saccades
   1) Horizontal Saccades
   2) Vertical Saccades
D. Convergence
E. Vestibular-Ocular Reflex VOR
   1) Horizontal VOR Test
   2) Vertical VOR Test
F. Visual Motion Sensitivity VMS
Vestibular/Ocular-Motor Screening (VOMS)

Goal: **Symptom provocation**

VOMS consists of these **seven** tests after evaluating for baseline symptoms (HDNF):

- Smooth Pursuits
- Saccades
  - Horizontal Saccades
  - Vertical Saccades
- Convergence
- Vestibular-Ocular Reflex (VOR)
  - Horizontal VOR Test
  - Vertical VOR Test
- Visual Motion Sensitivity (VMS)

![VOMS Table]

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Vestibular/Ocular-Motor Screening

Instructions

VOMS Contraindication: Unstable Cervical Spine

- Consider deferring VOMS if:
  - patient is overtly symptomatic or
  - trained provider is unavailable.
- VOMS must be completed before return to duty.
- Use the comment section of score card to record any observed difficulties the patient has performing the VOMS tasks.
The VOMS tool measures symptom provocation after each assessment of 5 domains

- Smooth pursuits
- Horizontal and vertical saccades
- Convergence
- Horizontal and vertical VOR
- Visual motion sensitivity
Vestibular/Ocular-Motor Screening

Recording Results

- Perform each of the VOMS test as described in the MACE 2, and in the order they appear in the table.

- Record the answers in the applicable rows for each test. If any VOMS test was not performed, indicate that in “Not Tested” column.

- Any score above the baseline scores, or convergence $\geq 5$ centimeters (cm) is abnormal.
## Vestibular/Ocular-Motor Screening Scoring Chart

<table>
<thead>
<tr>
<th>Vestibular/Ocular Motor Test:</th>
<th>Not Tested</th>
<th>Headache 0-10</th>
<th>Dizziness 0-10</th>
<th>Nausea 0-10</th>
<th>Fogginess 0-10</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASELINE SYMPTOMS:</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smooth Pursuits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saccades – Horizontal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saccades – Vertical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convergence (Near Point)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Near Point in cm): Measure 1: _____ Measure 2: _____ Measure 3: _____</td>
</tr>
<tr>
<td>VOR – Horizontal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VOR – Vertical</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Motion Sensitivity Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any score above baseline is considered abnormal

**VOMS RESULTS**

- □ All Normal
- □ Any Abnormal

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Vestibular/Ocular-Motor Screening

A. Baseline Symptoms

First ask the patient to rate their headache, dizziness, nausea, and fogginess (HDNF) on a scale of 0 to 10 to establish a baseline before testing begins.

<table>
<thead>
<tr>
<th>Vestibular/Ocular Motor Test:</th>
<th>Not Tested</th>
<th>Headache 0-10</th>
<th>Dizziness 0-10</th>
<th>Nausea 0-10</th>
<th>Fogginess 0-10</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASELINE SYMPTOMS:</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vestibular/Ocular-Motor Screening Equipment

To perform the VOMS tests, you need the following:

- A target with a 14-point font in size (for the Convergence and VOR tests)
- A tape measure with centimeter increments (for the Convergence test)
- A metronome (for the VOR and VMS tests)

Note: a 14pt target and a cm scale can be found on the last page of the MACE 2.
Vestibular/Ocular-Motor Screening

B. Smooth Pursuits

- Service member and examiner are seated.
- Hold **fingertip 3 feet** from patient.
- Service member focuses on target as examiner moves target smoothly *horizontally* 1.5 feet *right* and *left* of midline at rate requiring **two seconds** to go fully from left to right and right to left. **Perform twice.**
- Repeat in *vertical* direction 1.5 feet *above* and 1.5 feet *below* midline, *up and down* moving eyes **two seconds** fully up and two seconds down. **Perform twice.**
- Re-assess and record **HDNF** on zero to 10 scale.
Practice Activity 5

Please refer to workbook
VOMS: Smooth Pursuits
C. 1 Horizontal Saccades

- Service member and examiner are seated.
- Hold 2 fingertips *horizontally* at a distance of three feet from service member, and move hand 1.5 feet to the right and 1.5 feet to the left of midline, so service member must gaze 30° to the left and 30° to the right.
- Instruct service member to move eyes as quickly as possible from *point-to-point*.
- Perform 10 times from point to point.
- Re-assess and record HDNF on a zero to 10 scale.
Vestibular/Ocular-Motor Screening
C. 2 Vertical Saccades

- Service member and examiner are seated.
- Repeat with two fingertips held *vertically three* feet from service member, and **1.5** feet *above* and **1.5** feet *below* midline, so service member gazes **30°** upward and then **30°** downward.
- Service member moves eyes as quickly as possible from point-to-point.
- Perform *10* times from point to point.
- Re-assess and record **HDNF** on a zero to 10 scale.
Practice Activity 6

Please refer to workbook

VOMS: Saccades
Vestibular/Ocular-Motor Screening

D. Convergence

- Seated service member faces examiner.
- Service member focuses on target (MACE 2 page 14) at arm’s length and slowly brings toward tip of nose.
- Service member stops target when two distinct images are seen, or when outward deviation of one eye is observed. Repeat and measure three times.
- Record centimeters between target and tip of nose for each trial. A near point of convergence ≥ 5 centimeters from the tip of the nose is considered abnormal.
- Re-assess and record HDNF on a zero to 10 scale.
Practice Activity 7

Please refer to workbook VOMS: Convergence
1) Horizontal VOR test:

- Service member and examiner are seated.
- Examiner holds font target **three** feet in front of service member at midline, and sets metronome to **180** beats per minute (bpm).
- While focusing on target, service member turns head **20°** to each side (horizontally) in time to the beat of the metronome.
- Perform **10 times**.
- **Wait 10 seconds**, re-assess and record HDNF score.
2) Vertical VOR test:

- Service member and examiner are seated.
- Examiner holds target three feet in front of service member at midline, and sets the **metronome** to 180 beats per minute (bpm).
- While focusing on target, service member moves head up 20° and down 20° (vertically).
- Perform 10 times.
- Wait 10 seconds, re-assess and record HDNF score.
Practice Activity 8

Please refer to workbook
VOMS: VOR test
Vestibular/Ocular-Motor Screening

F. VMS Test

- Service member stands with feet shoulder width apart, facing a busy area.
- Examiner stands next to and slightly behind service member. Sets metronome to 50 bpm.
- Service member outstretches arm. Focusing on their thumb, the service member turns head, eyes and trunk as a unit 80° right and 80° left in time to the metronome.
- Perform five times.
- Record HDNF on a zero to 10 scale.
Practice Activity 9

Please refer to workbook
VOMS: VMS test
Final MACE 2 Scoring

- **Exam Summary**
  Guides provider through scoring

- **Cognitive Results**
  Scoring and results = __/30

- **Neurological Results**
  Check + (Abnormal) or - (Normal)

- **Symptom Results**
  Check + (1 or more symptoms) or – (No symptoms)

- **History Results**
  Check + (Positive) or - (Negative)

- **VOMS Results**
  Check + (Positive) or - (Negative) or (Deferred)

- **MACE 2 RESULTS**
  Check + (Positive) or - (Negative)
Medical Provider Screening and Diagnostic Coding

TBI Screening

Positive TBI screen?

No

Coding Sequence:
1. Code Z13.850
2. Primary symptom code, if applicable
3. Deployment code, if applicable*
4. Place of occurrence code, if applicable
5. Activity code, if applicable

Yes

Initial Visit Type

Coding Sequence:
1. Primary TBI diagnostic code: S06. ELSE
2. Primary symptom code, if applicable: (e.g., H53.2 - diplopia)
3. Deployment status code, if applicable**: (e.g., Z56.82 for deployed or Z91.82 for history of military deployment)
4. TBI external cause of morbidity code: (For example, Y36.290A [A- use for initial visit] for war operations involving other explosions and fragments, military personnel, initial encounter)
5. Place of occurrence code, if applicable
6. Activity code, if applicable
7. Personal history of TBI: (e.g., Z87.820- personal history)

Subsequent Visit Type

Coding Sequence:
1. TBI diagnostic code: S06. ELSE** Code first if asymptomatic. If symptomatic, code after symptom code.
2. Primary symptom code, if applicable: Code first if symptomatic starting with the most significant symptom (e.g., G43.9 - migraine, unspecified)
3. Deployment status code, if applicable**: *
4. TBI external cause of morbidity code: (For example, Y36.290D [D- use for subsequent visit] for war operations involving other explosions and fragments, military personnel, subsequent encounter)
5. Personal history of TBI: (e.g., Z87.820- personal history)
Summative Clinical Case Scenario

Please refer to the workbook

- Symptom Screening
- Summary
- MACE 2 Results
- Concussion History
22-year-old SM engaged in physical fitness training when he fell from the pull up bar and hit his face on the ground. The medic/corpsmen conducts an initial evaluation 30 minutes after injury.
Observable signs: 3 cm diameter bruise to left cheekbone, confusion during questioning.

AOC or Memory: SM does not recall how he was injured and reports “seeing stars.”

Symptoms: Slow speech. Unsteady gait. Complaints of headache and dizziness

Concussion History: Had two other concussions in the last 12 months.
Clinical Case Scenario

Exam

Part 2:

After the positive concussion screen, the medic/corpsmen proceeds with the MACE 2 exam (starting on page 5).
Clinical Case Scenario

Exam Findings

**Cognitive 1:** Missed one orientation question. Incorrectly stated two words in each immediate memory trial.

**Neurological:** Slow and delayed speech. Unsteady balance on single leg stance and tandem gait.

**Cognitive 2:** Unable to correctly state the months backwards. Reverse Digits he was able to get to four digits, then failed on five digits. Could not remember three of the delayed recall words.

**VOMS:** 8 cm for convergence, and symptom provocation of +2 on two visual tests.
## Clinical Case Scenario

### Exam Summary

**EXAM SUMMARY**
Record the data for correct MACE 2 documentation.

<table>
<thead>
<tr>
<th>Cognitive Summary</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Total Score - Q5</td>
<td>4/5</td>
</tr>
<tr>
<td>Immediate Memory Total Score (all 3 trials) - Q6</td>
<td>9/15</td>
</tr>
<tr>
<td>Concentration Total Score (Sections A and B) - Q15</td>
<td>2/5</td>
</tr>
<tr>
<td>Delayed Recall Total Score - Q16</td>
<td>2/5</td>
</tr>
</tbody>
</table>

**COGNITIVE RESULTS**
≤ 25 is abnormal

17/30

<table>
<thead>
<tr>
<th>Neurological Results (Q 7-14)</th>
<th>Abnormal (+)</th>
<th>Normal (-)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Symptom Results (Q 3)</th>
<th>1 or more symptoms (+)</th>
<th>No symptoms (-)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>History Results (Q 4A-4C)</th>
<th>Positive (+)</th>
<th>Negative (-)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>VOMS Results (Q 17)</th>
<th>Abnormal (+)</th>
<th>Normal (-)</th>
<th>Deferred</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MACE 2 Results</th>
<th>Positive (+)</th>
<th>Negative (-)</th>
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</thead>
</table>
Key Takeaways

- MACE 2 is to be used as close to time of injury as possible.
- Evaluate for red flags, including abnormal result from structural brain injury detection device (if available).
- Ask the SM if they had a concussion during the last 12 months, had headaches prior to the injury and if they have been diagnosed with depression, anxiety or another behavior disorder (impacts minimum mandatory recovery time and overall rest and recovery time).
- VOMS, Single Leg Stance, and Tandem Gait are new additions to the MACE 2 that support assessment in the vestibular and oculomotor domains.
Questions?
Contact

Insert presenter contact information

- The MACE 2 in PDF format can be downloaded from the TBICoE website, www.health.mil/TBICoE

- If you have questions regarding the content of this presentation, please contact dha.TBICOEinfo@mail.mil
