KEY TAKEAWAY

Service members are at an increased risk of multiple lifetime TBIs due to their inherent occupational risk. Post-concussion symptoms (PCS) in service members with multiple lifetime TBIs occur at higher frequency and severity than in those with one or no TBIs.

CURRENT PERSPECTIVE FOR THE MILITARY CLINICIAN

The most common PCS in service members with multiple lifetime TBIs include sleep disturbances, headache, depression, PTSD, and anxiety. Clinicians should carefully screen for these symptoms and treat them according to the evidence-based Clinical Recommendations available at the TBICoE and the PHCoE. No pharmacological or nutritional treatments have been approved by the United States Food and Drug Administration to prevent the cumulative effects of multiple TBIs or accelerate recovery, but evidence-based treatment of the common symptoms can improve quality of life.

CLINICAL PEARLS

- Evaluate a service member’s TBI history by using the screening portion of the MACE 2 during a concussion evaluation. Follow up as clinically appropriate.
- Follow the evidence-based Clinical Recommendations when treating PCS, regardless of the number of concussions sustained.
- Consider the number and severity of concussions when determining the optimal rest period to promote recovery and prevent additional TBIs and long-term complications.
  - Follow the Progressive Return to Activity protocol for service members who have sustained two or less TBIs within the last year.
  - Utilize the Recurrent Concussion Evaluation protocol when service members have sustained three or more TBIs within one year.
- Ensure individuals who have sustained three or more concussions within the last 12 months are evaluated by a neurologist and undergo neuropsychological and military-relevant functional assessments before seeking clearance for return to duty.
- Advise service members who have sustained multiple TBIs to avoid participating in sports or other activities with risk of head injury during all stages of recovery.
- Perform additional recurrent concussion evaluations if symptoms continue to persist.

REFERENCES