

Annual Report

2025



Traumatic Brain Injury
Center of Excellence



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Letter from the Chief



Katie Stout, DPT

Dear Colleagues and Collaborators,

Our warfighters face extraordinary challenges, and brain health is essential to their readiness and resilience. At the Traumatic Brain Injury Center of Excellence (TBI CoE), our mission is clear: to unify the system and advance the science of military TBI health care, and to prepare for future brain health challenges. In 2025, we took critical steps to fulfill this mission, helping ensure Service members receive the ready, reliable care they deserve. You can read more about these achievements in the pages that follow, but first I'll highlight a few areas you'll be hearing a lot more about in 2026.

This year marked a significant milestone for the Department of Defense (DoD) Cognitive Monitoring Program when administrative oversight moved from the U.S. Army to the Defense Health Agency (DHA). It's the first step in DHA's goal of restructuring the program to better serve our warfighters and their health care providers. TBI CoE is honored to lead this critical initiative, and we are working with Office of the Assistant Secretary of War for Health Affairs and our service partners to continue the transition. Future plans include conducting regular cognitive assessments for Service members; evaluating both assessment tools and existing data; and modernizing our system of managing this data.

Another area of focus this year was blast overpressure exposure research and support. Bridging the gap between operational and medical communities, TBI CoE shared expertise at major conferences like the Military Health System Research Symposium (MHSRS) and the Special Operations Medical Association (SOMA) Scientific Assembly. At the Fifth Annual Warfighter Brain Health Blast Overpressure Summit, we introduced [new blast exposure resources for providers and Service members](#). In addition, we supported DHA's work with the Centers for Medicare & Medicaid Services to establish new coding guidance for blast exposure. The new ICD-10-CM codes took effect in October, and our team [developed a tool](#) to help providers use them effectively.

And finally: We completed a landmark [15-year longitudinal study](#) with the support of several partners, including the National Intrepid Center of Excellence (NICoE) and the James A. Haley Veterans' Hospital. This congressionally mandated research examined the long-term effects of TBI on those who served in Operation Iraqi Freedom and Operation Enduring Freedom, as well as the impact on their families and caregivers. The findings will help military medical providers improve outcomes for warfighters and their families, boosting operational readiness and force lethality.

These accomplishments — and many others — are a testament to the amazing team of brain warriors I'm privileged to lead. The passion, innovation, and expertise of these men and women is truly inspiring. I'm already looking forward to sharing their 2026 achievements with you!

Thank you for your continued support as we work to protect, treat, and optimize the brain health of our nation's warfighters.

Sincerely,

Katie Stout, DPT

Chief, Traumatic Brain Injury Center of Excellence
Defense Health Agency

Advancing the DHA Mission

As part of the DHA, TBICoE aligns priorities to the broader mission of improving health and building readiness. Our work significantly impacts both the clinical and operational communities, as well as other agencies. We join the unrelenting pursuit of excellence by lending subject matter expertise and leadership to agency-level efforts as well as to collaborations with partners both inside and outside the DoD.

Warfighter Brain Health

Identifying and treating TBI is a critical priority for the DoD. TBICoE has supported, initiated, or completed several major efforts this year, including:

- **Warfighter Brain Health Initiative Strategy and Action Plan:** The plan, released in 2022, aims to unify and prioritize brain-health efforts across the DoD. Led by DHA organizations, the plan addresses concerns such as blast exposure, repetitive head impacts, and their long-term effects. This year marked the completion of 34 out of 36 actions, with TBICoE leading the closure of 8 and supporting the closure of 5. As of December 2025, an updated Warfighter Brain Health 2.0 initiative, designed to advance brain health and optimize care for warfighters, is in leadership review.
- **Brain Injury Awareness Campaign:** The annual DHA campaign seeks to increase stakeholder understanding of the signs and symptoms of TBI. Using the theme “Be a Brain Warrior: Protect, Treat, Optimize,” TBICoE publicized TBI research, clinical support, and education efforts with a [full slate of activities and products](#).
- **Fifth Annual Warfighter Brain Health Blast Overpressure Summit:** Several TBICoE staff presented at this September event, which drew military leaders, researchers, and medical experts to Bethesda, Maryland. Over three days, attendees discussed the medical effects of blast exposure; advancements in preventing, assessing, and treating TBI; and many other topics focused on optimizing force readiness.



TBICoE Chief Katie Stout was one of several TBICoE presenters at the Fifth Annual Warfighter Brain Health Blast Overpressure Summit in September. (TBICoE photo)

DoD TBI Advisory Committee

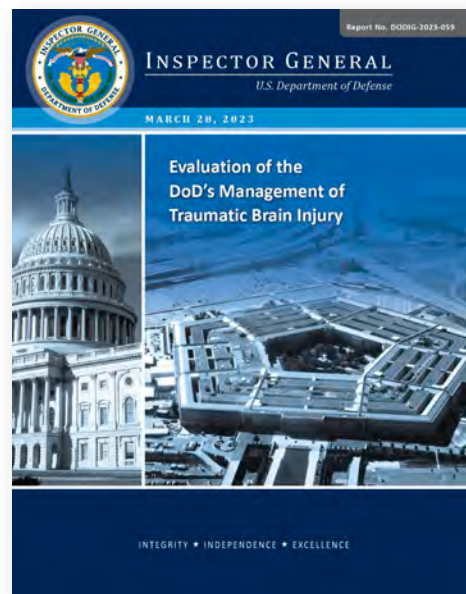
The TBI Advisory Committee (TAC) is the DoD’s coordinating body for promoting and addressing enterprise-wide coordination of the TBI pathway of care for the warfighter. TBICoE has chaired the TAC since 2014, when the committee was established. Members represent key components of the DoD TBI community, including the DHA, U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Special Operations Command, and the Defense Intrepid Network.

In 2025, the TAC convened 23 times to discuss advancements in the field and provide guidance on establishing, standardizing, and implementing evidence-based TBI clinical care, research, and training across the DoD. Key highlights of the committee’s work included:

- Delivering actionable feedback on new blast exposure and mitigation legislation and key Health Affairs policies such as the Warfighter Brain Health DoD Instruction, which was undergoing stakeholder review at the end of 2025.
- Reviewing and advising on several TBICoE provider support tools and coding guidance.
- Providing strategic guidance to advance initiatives supporting the DHA Cognitive Monitoring Program, which has begun transitioning to TBICoE.

Response to DoD Office of Inspector General Report

The TAC also continued to align efforts to address the four recommendations from the March 2023 report on TBI management in the DoD. The recommendations were to update DoD policy on managing concussion in a deployed setting; to develop an oversight plan for TBI care management; to establish a TBI Program of Record; and to create a joint profiling system for DHA providers. TBICoE has provided input on the first two recommendations and is actively supporting the third and fourth by engaging stakeholders. TBICoE is working with the Deputy Assistant Director for Medical Affairs (DAD-MA) and the NICoE to develop a plan for the TBI Program of Record. We are also collaborating with the DHA Informatics team to establish a joint profiling system.



Collaborative Partnerships

TBICoE built and strengthened significant working relationships, collaborating with the DAD-MA; the Research and Engineering TBI Portfolio; the Warfighter Readiness, Performance, and Brain Health Project Management Office; the Defense Centers for Public Health in Aberdeen; the NICoE and the Defense Intrepid Network; the Blast Injury Research Coordinating Office; the Joint Trauma Analysis and Prevention of Injury in Combat; the Uniformed Services University (USU) Brain Tissue Repository; and the USU Military TBI Initiative to streamline Warfighter Brain Health Initiative efforts.

TBICoE’s longstanding partnerships with other DHA Centers of Excellence jointly address TBI and its impact on mental health, hearing, and vision. Our subject matter experts are regularly invited to brief or join various TBI-related working groups, contributing knowledge to the shared goal of improving the lives of warfighters with TBI and their families and caregivers.

Research

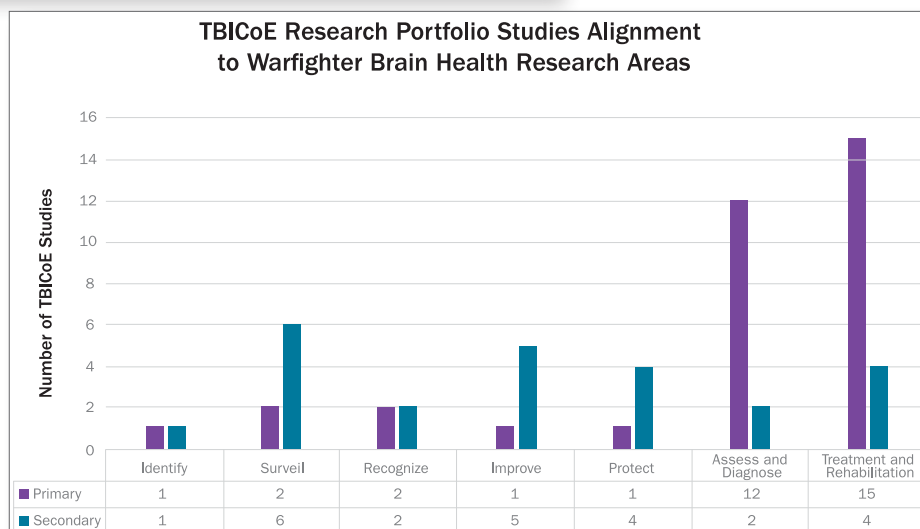
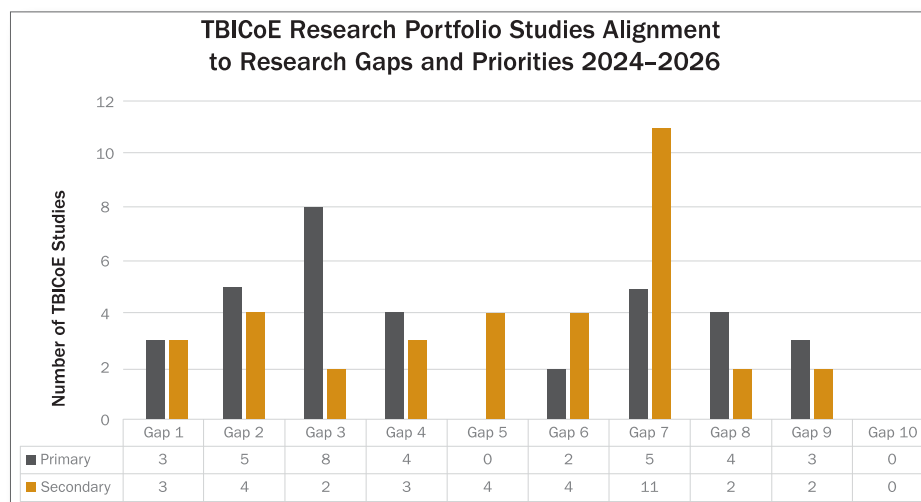
The TBICoE Research section maintains active research capabilities in military hospitals and clinics to produce clinically and operationally focused translational studies with near-to mid-term applicability for warfighters. The Research section also identifies and addresses knowledge gaps in the scientific literature; solicits stakeholder feedback on clinical and operational needs to shape studies; responds to congressional mandates for TBI-related studies; and evaluates emerging brain health technology and clinical tools.



Katie Stout
Research Section Chief (Acting)

Research Gaps and Priorities

TBICoE research focuses on improving outcomes and quality of life for Service members and veterans with TBI; reducing the burden to their caregivers and families; and supporting DHA clinicians and operational leaders. Every 2 years, we identify 10 research gaps and priorities in military TBI and brain health and adjust our research priorities as needed to ensure alignment within the DHA and relevance to the warfighter. The 34 active studies in the TBICoE research portfolio align to both the current list of gaps and priorities and to the DoD Warfighter Brain Health Initiative research areas.



Longitudinal Studies

In 2007, Congress directed the Secretary of Defense to conduct a [15-year study](#) on the long-term effects of TBI on members of the armed services serving in Operation Iraqi Freedom and Operation Enduring Freedom. The mandate required study on physical and mental health effects of TBI; health care needs and rehabilitation service availability; and the effects of TBI on family members and caregivers. In 2010, TBICoE — then known as the Defense and Veterans Brain Injury Center, or DVVIC — established the Section 721 Longitudinal Studies of TBI.

Over the past 15 years, study investigators have published 240 peer-reviewed manuscripts and delivered 505 conference presentations with critical findings impacting TBI care, risk factors associated with long-term outcomes, assessment best practices, and the importance of family member engagement in treatment. This year, Section 721 researchers published 10 peer-reviewed manuscripts on service needs and symptoms after TBI, lifetime blast exposure assessment, and family functioning and risk factors related to warfighter brain health.

In 2025, TBICoE drafted the final report, fulfilling the mandate outlined in Section 721 of the John Warner National Defense Authorization Act for Fiscal Year 2007. The accumulated knowledge in this report offers valuable insight into the long-term effects of TBI, informing patient care for warfighters, veterans and their families while also helping to shape future policies, programs, and critical areas for continued research. In 2026, the report will be available on the [TBICoE website](#), along with several knowledge products and resources related to key study findings. Prior updates to Congress are available there as well.

Traumatic Brain Injury Center of Excellence
DVBIC-TBICoE 15-Year Studies and IMAP* Conclusion Summary

In 2007, the Secretary of Defense chose TBICoE—then known as the Defense and Veterans Brain Injury Center—to direct research into the long-term effects of TBI among those who served in Operation Iraqi Freedom or Operation Enduring Freedom. This study, required by Congress, also looked at how those injuries affect their families.

Four elements shaped the research effort to understand the effects of TBI on service members, veterans, and their families.

ELEMENT 1
Characterizes the long-term physical and mental health effects of TBI

- TBI outcomes can vary based on injury characteristics and individual recovery progression.
- Co-occurring medical conditions, especially PTSD and sleep problems, play a critical role in TBI outcomes.
- Clinicians should continue to treat the symptoms, per the current [VA/DOD Clinical Practice Guidelines](#).

ELEMENT 2
Assesses the health care and rehabilitation needs after inpatient treatment

- Chronic rehabilitation needs persist after TBI and may change over time.
- The most critical needs are related to improving memory, mood, and physical and mental health.
- Medical and operational leaders must collaborate to ensure a ready fighting force.

ELEMENT 3
Explores the type and availability of long-term care rehabilitation programs

- TBI treatment spans from acute care through long-term care and rehabilitation.
- Multidisciplinary care models enable holistic and successful treatment of TBI.
- MHS and VA healthcare systems support TBI patients by:
 - Rapidly adopting evidence-based best practices
 - Proactively addressing barriers to care
 - Facilitating high-quality TBI care programs


ELEMENT 4
Researches the impact of TBI on family member and caregiver health-related quality of life

- Military TBI impacts the whole family.
- A service member or veterans' TBI symptoms influence and are influenced by family distress.
- Treatment focal points should continue to include family dynamics and resilience.

Find out more by visiting health.mil/TBICoE15YearStudies

*Improved Understanding of Medical and Psychological Needs in Veterans and Service Members with Chronic TBI

Released July 2025 by the Traumatic Brain Injury Center of Excellence
This product is reviewed annually and is current until superseded. | [Health.mil/TBICoE](https://health.mil/TBICoE)



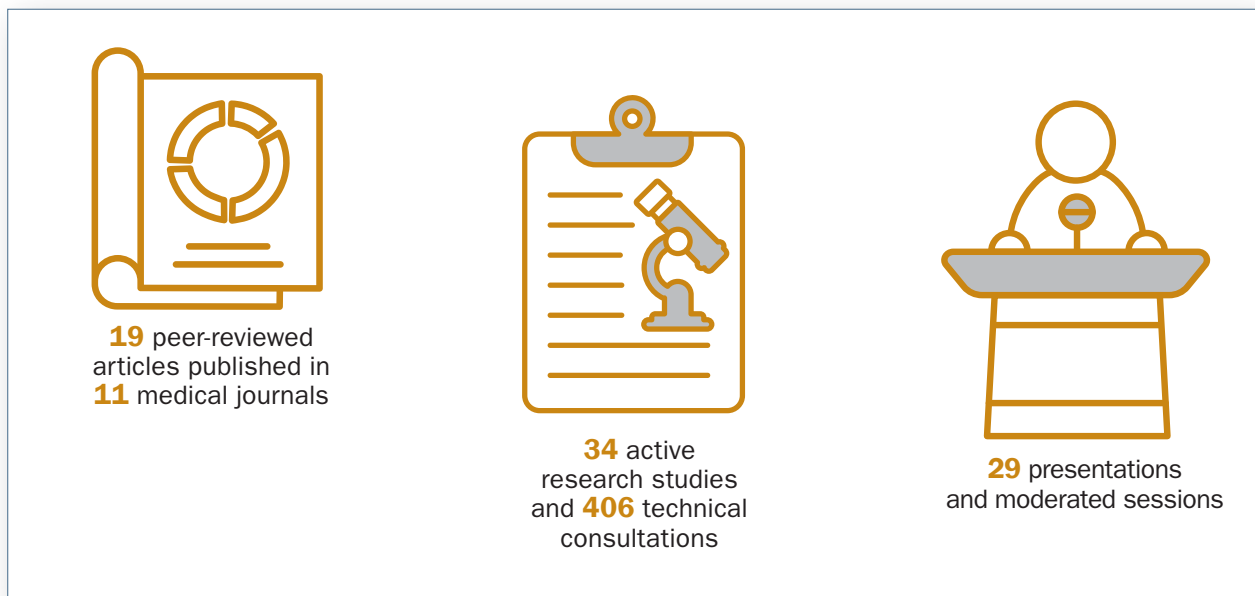
Publications and Partnerships

Collaborations

During the past year, TBICoE worked with over 40 internal and external collaborators on grant applications and research studies. These included academic and industry partners, DoD and non-DoD federal collaborators, and civilian medical research foundations, organizations, and hospitals.

Technical Consultation Requests

External stakeholders and organizations seek the expertise and professional judgement of our TBI subject matter experts. These consultation requests include manuscript reviews for journals, abstract reviews for conferences, grant reviews for funding organizations, chapter reviews for books, and participation in external meetings as TBI subject matter experts.



Clinical Translation Office

The Clinical Translation Office (CTO) creates knowledge translation products that synthesize the state of the science on TBI research and analyze topics relevant to warfighter brain health. The CTO tailors its products based on level of evidence and stakeholder need. We address questions on emerging TBI research and brain health technology to inform best practices for researchers, clinicians, and the operational community.

The CTO works collaboratively with the military services, the MHS, and other federal partners to track emerging topics related to brain injury and brain health, like nutraceuticals, supplements, and sex hormones. In 2025, we contributed to the national conversation on brain health by releasing 15 knowledge translation products on such trending topics as creatine, post-traumatic stress disorder (PTSD), hyperbaric oxygen therapy, diagnostic devices, and high-speed boat injuries.

Military Conferences

Conferences are an opportunity for TBICoE researchers to engage with external stakeholders, foster relationships, discuss important advances in the field, and represent our organization’s expertise and study findings. TBICoE researchers attended 12 national and international conferences, external meetings, and seminars during 2025. Meetings with other DoD and VA entities throughout the year were intended to cultivate and strengthen relationships across the broader research network, promote stakeholder awareness and engagement, and encourage collaboration to ensure the advancement of the DHA mission and vision.

Military Health System Research Symposium

The 2025 MHSRS was held August 4–7 in Kissimmee, Florida, emphasizing the medical needs of the deployed warfighter. MHSRS is the leading platform for TBICoE researchers to present their findings, exchange ideas, and foster relationships and meaningful collaborations with other military and civilian stakeholders. Our research was featured in 4 oral presentations and 11 poster presentations; in addition, TBICoE researchers moderated two sessions. Presentation topics included:

- Blast exposure
- Blood-based biomarkers of brain injury
- Cognitive rehabilitation
- Quality of life
- Mental health
- Implementation science practices
- Somatic and vestibular rehabilitation
- Innovative approaches and technology in TBI care



TBICoE Chief Katie Stout (fifth from left) joined other TBICoE leaders and researchers at MHSRS 2025. (TBICoE photo)

Special Operations Medical Association Scientific Assembly

The 2025 SOMA Scientific Assembly, held May 6–8 in Raleigh, North Carolina, was an opportunity for military medical providers (especially from special operations forces [SOF]), civilian medical providers, academia, and industry partners from around the world to showcase findings and discuss ideas related to tactical and deployed medicine. TBICoE organized and led the brain health track, which included six speakers from TBICoE along with members of the U.S. military and foreign military. TBICoE personnel from Research, Clinical Affairs, and the Mission Support Office (MSO) gave eight oral and poster presentations on the following topics:

- Cognitive effects of low-level blast
- Biomarkers and diagnostic devices for concussion
- TBI demographics and self-reported effects of TBI in Army SOF
- TBI outcomes for warfighters
- Impact of TBI history, PTSD, and fatigue in the training environment
- The new Tactical Military Acute Concussion Evaluation, the T-MACE
- Military occupational specialties associated with TBI
- The future for TBI recovery



In May, staff from TBICoE's Research, Clinical Affairs, and MSO sections presented at the annual SOMA Scientific Assembly, held in Raleigh, N.C. (TBICoE photo)

Clinical Affairs

The Clinical Affairs section has three main functions:

- Provide Warfighter Brain Health-related and TBI-related epidemiological and surveillance data support to military leaders and the DoD community
- Develop state-of-the-science clinical recommendations and tools for military health care providers treating those exposed to brain health threats and potentially concussive events
- Promote optimal brain health outcomes for the warfighter through superior analysis and reporting of relevant TBI programs, policies, and strategies



Stephanie Maxfield Panker
Clinical Affairs Section Chief

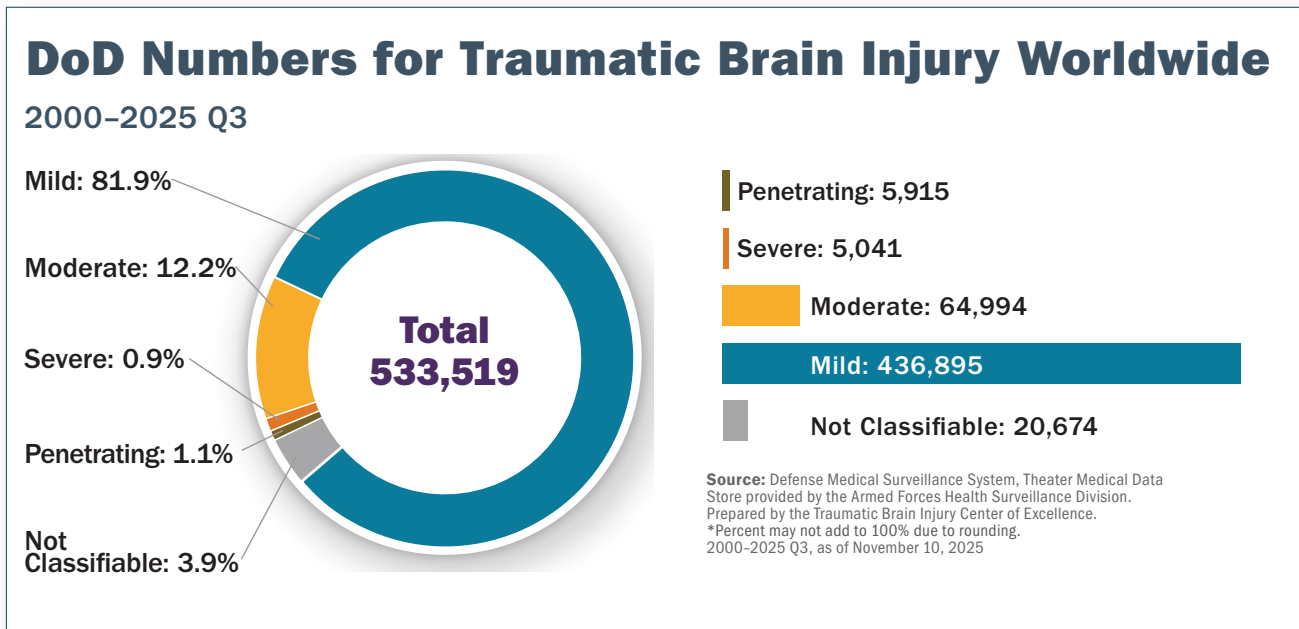
Surveillance

In 2025, our Surveillance team analyzed variations in TBI patient encounters across military hospitals and Intrepid Spirit Centers to identify the factors contributing to these variations. In addition, the team responded to requests for data and analysis from multiple stakeholders in the DHA and other organizations. Of note, the 75th Ranger Regiment requested assistance with a long-term tracking solution for head injuries. The Surveillance team completed a data analysis of Service members' medical records for TBI diagnosis with assigned cause of injury codes from 2000–2025.

They also participated in the 2025 SOMA Scientific Assembly, where they presented

and demonstrated one of TBICoE's five new CarePoint Information Portal dashboards, Military Occupational Specialties Associated with Traumatic Brain Injury, 2012–2023.

Since 2007, TBICoE has been responsible for reporting the official tally of Service members who have sustained TBIs. To accomplish this mission, we use data from the Armed Forces Health Surveillance Division to publish a [quarterly update](#) of the number of active duty Service members with a first-time TBI. As of November 2025, the total since 2000 was 533,519. The team also generates quarterly reports on TBI-related medical encounters among Service members and beneficiaries.



Clinical Practice and Clinical Recommendations

TBICoE’s Clinical Practice and Clinical Recommendations (CPCR) team develops practical, easy-to-use clinical tools to support health care providers in assessing and treating Service members and veterans who have sustained a TBI. Providers can access clinically relevant information that addresses common symptoms associated with mild TBI, such as headache, sleep disturbances, and vision problems. All resources are available to download at health.mil/TBIProviders.

In 2025, the CPCR team released the [Blast Overpressure Provider Support Tool](#) and began drafting the Cognitive Monitoring Program Provider Support Tool. In addition, the team completed minor revisions to the [clinical recommendation Assessment and Management of Dizziness and Visual Disturbances Following Concussion/Mild Traumatic Brain Injury: Guidance for the Primary Care Manager](#). TBICoE subject matter experts also contributed to the *Special Operations Forces Medic Handbook* by reviewing and updating sections on brain injury and blast exposure to enhance the SOF medic training materials.

Blast Overpressure Provider Support Tool

Traumatic Brain Injury Center of Excellence

What is Blast Overpressure?

Blast overpressure is defined as the sudden onset of a pressure wave, above normal atmospheric pressure, which occurs from blast, such as explosions and weapons firing events. The pressure wave is caused by the energy released during explosions and weapons firing.

What Are the Types of Blast Overpressure?

High-Level Blast is overpressure generated by incoming munitions, such as improvised explosive devices or rocket-propelled grenades, primarily in combat environments. HLB exposure may result in acute injury, such as traumatic amputation, TBI, or auditory injury. If concussion, or mild TBI, is suspected, refer to [Health.mil/TBIProviders](https://health.mil/TBIProviders).

Low-Level Blast is overpressure generated by firing weapon systems or detonating explosives, such as a 0.50 caliber weapons or breaching charges, in training or combat environments. LLB exposure does not typically result in mild TBI. However, service members who are exposed may experience symptoms such as:

<ul style="list-style-type: none"> • Concentration problems • Difficulty hearing • Dizziness • Fatigue 	<ul style="list-style-type: none"> • Headaches • Irritability • Memory problems • Sleep problems 	<ul style="list-style-type: none"> • Slowed reaction time • Slowed thinking • Tinnitus
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What Should Medical Providers Do to Address LLB Exposure?

Document	Manage	Code
<ul style="list-style-type: none"> • Document in the medical record: • Estimated total of LLB exposures, including duration, number of blasts, and type of weapon system(s) • Occupational specialty • Number of years in high-risk occupational specialty, assigned units, or duties • Symptoms associated with LLB exposure • Access Individual Longitudinal Exposure Record (ILER) through MHS GENESIS to identify any additional LLB exposure. 	<ul style="list-style-type: none"> • Symptoms typically resolve with time. If indicated, further management includes the following: <ul style="list-style-type: none"> • Review the What You Should Know About Blast Overpressure Service Member Fact Sheet with the patient. • Conduct a thorough patient history and assess for comorbid conditions. • Refer to Symptom Guided Management Table (see pages 3–4) for initial treatment and referral recommendations. • Screen for PTSD using the PCL-5, especially for individuals in high-risk occupational specialties, and refer as appropriate. 	<ul style="list-style-type: none"> • Record the ICD-10 code(s) for the presenting condition(s) first in the coding sequence. • Assign the applicable Y code* next in the coding sequence: <ul style="list-style-type: none"> – Y37.A1 LLB overpressure in military operations – Y37.A2 HLB overpressure in military operations • Deployed: <ul style="list-style-type: none"> – Y36.A1 LLB overpressure in war operations – Y36.A2 HLB overpressure in war operations <p style="font-size: x-small; margin-top: 5px;">* Available Oct. 1, 2025</p>

Research is still emerging on the full impact of BOP on brain health and performance outcomes.

Scan the QR code for more BOP resources.

Released September 2025 by the Traumatic Brain Injury Center of Excellence
This product is reviewed regularly and is current until superseded | [Health.mil/TBICoE](https://health.mil/TBICoE)

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TBI Outcomes and Assessment

The Outcomes and Assessment team evaluates clinical documentation and provides feedback to TBI clinical communities across the DHA. In 2025, the team led a joint effort with the Surveillance team to complete a report to Congress addressing the status of screening, diagnosis, and assessment of TBI among Service members. In addition, they supported a Surveillance team effort by reporting on all MHS GENESIS MACE 2 PowerForm data entered for Service members attached to 75th Ranger Regiment as part of an ongoing collaboration.

Mission Support Office

The MSO provides administrative and operational support to advance TBI mission priorities across the organization’s 13 sites. Much of this work is done behind the scenes at TBICoE’s national headquarters in Silver Spring, Maryland, including regulatory compliance, process improvements, and business operations. The MSO’s public-facing work streams disseminate, communicate, and educate about our research findings, surveillance data, products, and tools to improve the care of Service members with TBI.



USPHS Capt. Tricia Booker
Mission Support Office
Section Chief



USPHS Capt. Booker (center) and the MSO staff gather at TBICoE’s headquarters in Silver Spring, Maryland. (TBICoE photo)

Brain Injury Awareness Campaign

TBICoE takes the lead in shaping and amplifying the DHA's annual Brain Injury Awareness Campaign (BIAC) every March. The MSO coordinated activities to publicize TBI research, clinical support, and education efforts throughout TBICoE. Teams conducted virtual DHA-wide events; hosted in-person events across the nine [Defense Health Networks](#); and used various digital platforms to promote the “Be A Brain Warrior: Protect. Treat. Optimize” theme. Network dissemination coordinators (NDCs) hosted TBICoE's Annual Brain Health Symposium as well as several other virtual enterprise-wide events on topics ranging from TBI care in austere environments to promoting resiliency and recovery.

- NDCs hosted 310 training, education, and outreach events during BIAC 2025, engaging 7,505 stakeholders. Attendance for TBICoE's flagship event, the Annual Brain Health Symposium, increased 27% from last year.
- Specialty DHA-wide education events continue to receive high praise from participants, with about 95% of respondents reporting that they were “very” or “completely” satisfied.
- Continuing a tradition that began in 2002, TBICoE staff helped support the 25th annual observance of Brain Awareness Week at the National Museum of Health and Medicine (NMHM). On March 15, during the NMHM's [Brain Awareness Day](#), our Fort Belvoir-based NDC demonstrated for visitors how TBI can affect visual and motor processing.
- TBICoE also partnered with the NMHM to produce [Transforming TBI Detection](#), a Science Café series featuring advancements in TBI diagnostics and clinical decision-making. The series featured an [11-minute flagship video](#) that was divided into 10 segments and published on the Defense Visual Information Distribution Service (DVIDS). Among the topics covered were biomarkers, FDA-cleared tools, military-specific testing needs, biomarkers, return-to-duty considerations, and innovation over the past 25 years. In total, the series generated over 4,300 views across various platforms such as the NMHM's and TBICoE's Facebook page, DVIDS, and YouTube.

BIAC Event Numbers



TBICoE Virtual Training Events

BRAIN INJURY AWARENESS MONTH 2025

MAR 6 Duty, Honor, Healing: Promoting Resilience and Recovery after Return to Duty

MAR 12 TBICoE Annual Brain Health Symposium

MAR 19 Facilitating TBI Rehab: Using the Progressive Return to Activity in a Clinic Setting

MAR 25 Navigating the Aftermath: Evaluating TBI Care Response in Austere Environments and the Way Forward

MAR 31 Endocrine System Dysfunction Following TBI: 2025 TBICoE Quarterly Education Series

Visit health.mil/BIAMonth to learn more about these events.

DHA TRAUMATIC BRAIN INJURY CENTER OF EXCELLENCE



Communications

The Communications team provides expertise in strategic planning, content development, and consistent messaging in various platforms about TBICoE and its research activities, clinical recommendations, provider trainings, and educational information for all stakeholders. The team coordinates with all TBICoE sections; the DHA Communications team and partners; and other DoD organizations to grow engagement of current communications channels.

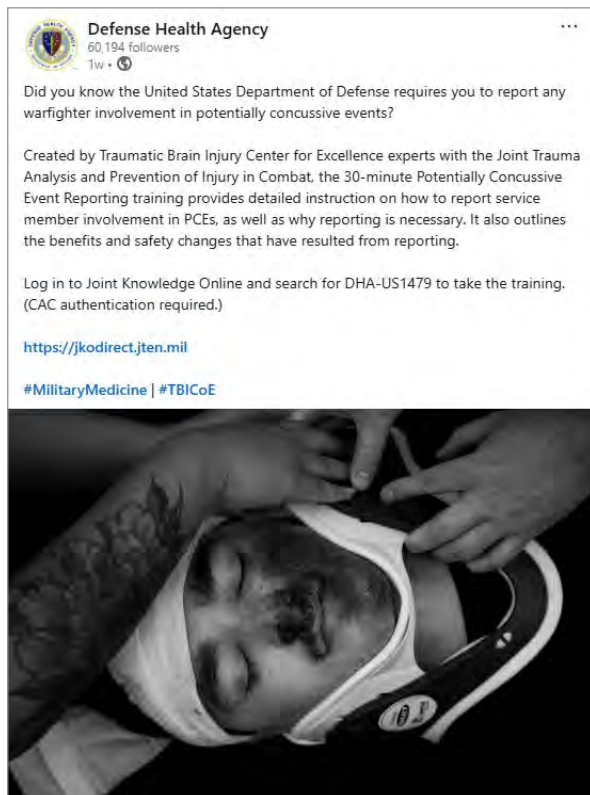
Social Media

This year, collaboration drove TBICoE’s social media strategy. On [Facebook](#), we engaged other DoD, MHS, and government organizations to raise awareness of our mission, research, clinical tools, fact sheets, and trainings. DHA also featured our posts about presenters, research, staff, and products on [LinkedIn](#), garnering 2,601 engagements. We also created posts and graphics for DHA’s [Instagram](#) account beginning in November.

In March, the DHA senior enlisted leader (then Air Force Chief Master Sgt. Tanya Y. Johnson) stopped by our booth at the Operational Medicine Symposium and spoke to NDC

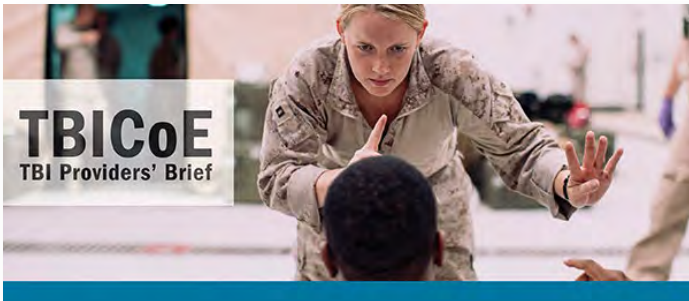
Tonisha McCall about TBI. Johnson’s LinkedIn post following the chat called TBICoE an organization “doing the truly invaluable work of caring for our warfighters” (bottom right).

Short-form videos featuring TBICoE staff have been some of our most successful content. This mobile device-friendly video format provides TBICoE a way of engaging with our audiences using concise and easy-to-understand information about military TBI. Topics range from discussions about FDA-approved TBI diagnostic devices to our new products for medical providers, Service members, veterans, and their families.



Email Newsletters

Each month, TBICoE keeps stakeholders in the loop regarding TBI news, tools, and education with two newsletters. The [TBI Providers' Brief](#) targets military health care providers, researchers, and leaders, and the [TBI Resources Update](#) goes to patients, families, and other general audiences. In 2025, both newsletters got a fresh redesign and a new platform, with engagement rates rising to an average of 25% in 2025. If you're interested in supporting or learning more about warfighter brain health, click the links to subscribe.



Dissemination

The Dissemination team oversees developing TBI educational products and training for providers, patients, and caregivers. Among these are training products for the clinical tools identified in the *DHA-PI 6490.11 Required Clinical Tools and Procedures for Assessment and Clinical Management of Mild Brain Injury (mTBI)/Concussion in Non-Deployed Setting*, which are the [MACE 2](#) and the [Progressive Return to Activity](#) (PRA) for the assessment, management, and rehabilitation of all Service members with mild TBI.

Dissemination and training on TBICoE clinical recommendations, products and resources is vital: TBICoE [researchers have found](#) that patients of health care providers with intensive training on the PRA clinical recommendation experienced a reduction in symptoms after one week and overall improved recovery at one month and three months when compared to patients who had been treated by providers without training. For more information on training opportunities, please see the [Regional Training](#) section, visit health.mil/NDC, or email dha.TBICoEDissemination@health.mil.

Dissemination and Implementation

The Dissemination and Implementation (D&I) team works to strengthen the vital connections between TBICoE and its stakeholders. Through its efforts, the D&I team has played a pivotal role in helping TBICoE better understand the clinical and operational communities it serves, ensuring these partners are equipped with user-centered clinical tools and products that support their daily work.

This year, a key accomplishment was conducting a comprehensive needs assessment to identify facilitators, barriers, and opportunities for improving concussion management within the DHA. The team also expanded TBICoE capabilities to evaluate new technologies for adoption into the DHA, increasing its impact and extending support to partners like DHA's Operational Medical Systems Program Management Office.

The D&I team's reach has grown beyond DHA, engaging with external partners at local and national conferences including AMSUS and SOMA to share ideas and build connections. Within TBICoE, the team has improved collaboration by developing processes to expand implementation efforts, strengthen research protocols, and secure grant funding to promote evidence-based clinical practices across the enterprise.

Educational Products

Working closely with the Research and Clinical Affairs sections and other DoD partners, the Dissemination team updates existing products and develops new ones to address identified knowledge gaps. In 2025, the team focused heavily on provider education, reporting requirements, and improved guidance for assessing and managing TBI in both clinical and operational settings. Highlights include:

- Developing the Management of Headache Following Concussion training. This Joint Knowledge Online (JKO) course (DHA-US1112) prepares health care providers to evaluate and manage post-traumatic headaches by reviewing TBICoE's 2024 [Assessment and Management of Headache Following Concussion clinical recommendation](#).
- Creating the Potentially Concussive Event (PCE) Reporting JKO training. This course (DHA-US1479) provides detailed instruction on how to report Service member involvement in PCEs and explains the importance of reporting, including improvements to safety and care that have resulted from increased compliance.
- Updating the [What You Should Know About Blast Overpressure](#) Service member fact sheet to align with evolving clinical guidance and stakeholder input.
- Completing a major revision to the [ICD-10 coding guidance](#) on warfighter brain injury and exposures. The new guidance integrates high-level and low-level blast overpressure codes to provide a single reference resource for providers and to support accurate and consistent coding.
- Renewing nine training courses in the DHA Continuing Education Management System, allowing TBICoE to keep offering continuing education credits to learners.
- Collaborating extensively with other MHS organizations to develop a JKO training on blast overpressure, which is expected to be released in 2026.

WHAT YOU SHOULD KNOW ABOUT BLAST OVERPRESSURE
Service Member Fact Sheet | Traumatic Brain Injury Center of Excellence

WHAT IS BLAST OVERPRESSURE?
Blast overpressure is defined as the sudden onset of a pressure wave, above normal atmospheric pressure, which occurs from blast, such as explosions and weapons firing events. The pressure wave is caused by the energy released during explosions and weapons firing.

WHAT ARE THE TYPES OF BLAST OVERPRESSURE?
High-Level Blast is overpressure generated by incoming munitions, such as improvised explosive devices or rocket-propelled grenades, primarily in combat environments. HLB exposure may result in acute injury, such as traumatic amputation, TBI, or auditory injury. If you have questions about HLB exposure, speak to your healthcare provider.
Low-Level Blast is overpressure generated by firing weapon systems or detonating explosives, such as 0.50 caliber weapons or breaching charges, in training or combat environments. LLB exposure does not typically result in mild TBI.

WHAT MILITARY OCCUPATIONS* AND WEAPON SYSTEMS CAN EXPOSE SERVICE MEMBERS TO LOW-LEVEL BLAST?

- Artillery, Artillery and Guntery, Combat Engineer
- Breaching Explosives
- Explosive Ordnance Disposal, Special Operations Forces
- Shoulder Mounted Weapons
- Infantry, Military Training Instructor
- 50 Caliber Weapons
- Medical Assets Attached to Expeditionary Units
- Indirect Fire Systems

*MOS terminology may vary by service.

Research is still emerging on the potential health effects of exposure to blast overpressure generated from firing weapon systems. This fact sheet is intended to raise awareness of low-level blast exposure and not meant to restrict mission-essential training.

Regional Training

TBICoE has 12 NDCs geographically dispersed across the Defense Health Networks. They provide education and training, conduct outreach, and disseminate TBI-related materials across DoD clinical and operational communities. NDCs promote TBI awareness among leaders across the U.S. uniformed services, prioritizing warfighter brain health by advocating early recognition, treatment, and prevention of injuries.

In accordance with policy, NDCs deliver essential training on the required clinical tools for the assessment and management of mild TBI, supporting readiness of the medical force.

QUARTERLY EDUCATION SERIES 2025
Traumatic Brain Injury Center of Excellence

- Endocrine System Dysfunction Following TBI**
March 31 • 2 to 4 p.m. ET
- Innovations in TBI Management**
June 12 • 1 to 3 p.m. ET
- Operational Advancements in Warfighter Brain Health**
Sep. 19 • Noon to 2 p.m. ET
- Insights into the Pathophysiology of TBI**
Nov. 13 • 2 to 4 p.m. ET

Learn more about this series at health.mil/TBICoE_QES.
Have questions? Email us at dha.TBICoEDissemination@health.mil.

The Quarterly Education Series is an enterprise-wide learning opportunity for Military Health System personnel. It provides a venue for TBI-related research and events that are relevant to the MHS, including security-focused and current research needs on TBI.

DHA
Defense Health Agency

Notable accomplishments in 2025 included:

- Conducting 3,485 training, education, and outreach events attended by 61,407 stakeholders.
- Launching the monthly Clinical Recommendation Training Series to train providers on a variety of topics impacting TBI patients, including [sleep](#), [neuroimaging](#), [headache](#), and [dizziness and visual disturbances](#).
- Hosting the popular [TBI Quarterly Education Series](#), which drew hundreds of participants to sessions on endocrine system dysfunction after TBI, innovations in TBI management, and operational advancements in warfighter brain health.
- Providing 169 local and virtual MACE 2 trainings to 3,489 participants.



NDC Katie Rodgers staffs a resource fair she helped organize at the James A. Haley Veterans' Hospital in Tampa, Florida. (Photo by Heidi Claypool, Paralyzed Veterans of America)



San Diego-based NDC Randi Sedigh leads a training at Marine Air Ground Task Force Training Command and Marine Corps Air Ground Combat Center, Twentynine Palms, California. (TBIcOE photo)



Fort Carson NDC Chris Lewandowski (left) briefs operators for the 10th Special Forces Group (Airborne) on blast overpressure and TBI care during a unit event in Colorado Springs, Colorado. (Photo by Army Lt. Nicholas Mackey, 10th SFG [A])



NDC Heather Kopf describes traumatic brain injuries to visitors at the National Museum of Health and Medicine's 2025 Brain Awareness Day. (NMHM photo by Kevin Sommer Giron)