

Marine Corps Traumatic Brain Injury Program

MARADMIN 294/12 provides policy guidance for a comprehensive program to address Traumatic Brain injury (TBI). The MARADMIN outlines four lines of operation: Prevent, Provide, Track and Train. The following programs and policies can assist commanders in meeting the requirements outlined in the MARADMIN.

Pre-Deployment Period. Several programs are in place in to ensure Marines and Sailors suffering from significant TBI problems are not deployed. All Marines must have an ANAM prior to deployment (MARADMIN). This provides a baseline of neurocognitive ability. It also screens for existing TBI and related symptoms. Any Marine or Sailor found to have a positive screen is referred to the unit Medical Officer for further evaluation. The pre-deployment Health Assessment (Pre-DHA) is completed. This now includes specific mental health screening questions and should also include a medical record screening to look for existing TBI.

All Unit Medical Personnel are required to have TBI training prior to deployment. Each unit should have a cadre of trainers to perform this task. All Marines should have TBI training provided by unit medical staff as part of the PTP curriculum.

Deployment. CENTCOM and MARCENT policy provides specific guidance and initial management and treatment of blast related TBI in the combat environment. Units should also ensure good documentation of these events in the Theater Medical Information Program (TMIP) to allow tracking and follow-up upon return to home station.

Post-Deployment. All Marines and Sailors diagnosed with a TBI during deployment must have a follow-up evaluation after returning home. Commanders should be notified of all personnel with a deployment related TBI and should have the unit medical staff arrange for these follow-up visits with the designated base clinic. At Camp Pendleton these are done by the DVBIC and the Warrior Recovery Center. At 29 Palms these are completed by the Deployment Health Center at the Naval Hospital.

After the post-deployment screening, Marines and Sailors may be referred for specialty care to treat ongoing problems. If no problems are identified, these individuals are tracked for 2 years by DVBIC and referred for care if symptoms develop.

The Post-Deployment Health Re-Assessment (PDHRA) is completed 90-180 following deployment. The PDHRA provides an opportunity for medical staff to discover previously undisclosed TBI. If a TBI is discovered during this process, the Marine or Sailor can be referred directly to the MTF concussion clinic or if having no symptoms, can be referred for the usual follow-on evaluation via DVBIC.

Unit Medical staffs have a clinical practice guideline for the identification, treatment and referral of Sailors and Marines with persistent symptoms associated with TBI. This helps to ensure a uniform standard of care throughout the force.

Specialty Treatment. The Naval Hospitals have specialty resources to treat a range of problems resulting from TBI. These services are modeled after the National Intrepid Center of Excellence (NiCOE) at Bethesda. Marines and Sailors may be referred to these services by unit medical staff.