

LIMBIC-CENC Clinical Care Monographs: **Disability Ratings and mTBI**

Key Finding: LIMBIC-CENC researchers found differences in service-connected disability ratings¹ and medical service use,² depending on elements of mild TBI history, specifically service-connected disability ratings and medical service use were highest for Veterans with blast-related mild TBI, next highest for blunt mild TBI, and lowest for Veterans without TBI.

Perspective: Veterans with mild TBI appear to be utilizing the VA system for health care services as intended. Differences in clinical services received may confound outcome comparisons. Further prospective research is needed to better understand factors contributing to disability after mild TBI.

Clinical Pearl: To optimize functional status and life participation, Veterans and Servicemembers with mild TBI may need a rehabilitation approach in addition to a medical model of symptom and disease management.

References:

1. Dismuke-Greer CE, Nolen TL, Nowak K, Hirsch S, Pogoda TK, Agyemang AA, Carlson KF, Belanger HG, Kenney K, Troyanskaya M, Walker WC: *Understanding the impact of mild traumatic brain injury on veteran service-connected disability: results from Chronic Effects of Neurotrauma Consortium. Brain Inj.* 2018;32(10):1178-1187. doi: 10.1080/02699052.2018.1482428. Epub 2018 Jun 11. PMID: 29889561.
2. Dismuke-Greer CE, Hirsch S, Carlson KF, Pogoda TK, Nakase-Richardson R, et al. *Health Services Utilization, Healthcare Costs, and Diagnoses by Mild Traumatic Brain Injury Exposure: A Chronic Effects of Neurotrauma Consortium Study. IN PRESS.*

n.b.: The 'Perspectives' and 'Clinical Pearls' expressed are based on interpretation of findings from the described Long-term Impact of Military-related Brain Injury Consortium/Chronic Effects of Neurotrauma Consortium (LIMBIC-CENC) research studies and their assimilation with the extant literature. These views are endorsed by LIMBIC-CENC leadership but may vary across individual researchers. All findings involve Service Members (SMs), Veterans (Vs) or both.

LIMBIC-CENC research and its KT products were supported financially and is based upon work supported by the U.S. Army Medical Research and Materiel Command and from the U.S. Department of Veterans Affairs Chronic Effects of Neurotrauma Consortium under Award No. W81XWH-13-2-0095, the U.S. Department of Veterans Affairs Long-term Impact of Military-related Brain Injury Consortium/Chronic Effects of Neurotrauma Consortium under Award No. 1I01CX002097-01, the U.S. Department of Defense Chronic Effects of Neurotrauma Consortium (CENC) Award W81XWH-13-2-0095 and the U.S. Department of Defense Long-term Impact of Military-relevant Brain injury Consortium Award No. W81XWH-18-PH/TBIRP-LIMBIC. The U.S. Army Medical Research Acquisition Activity, 820 Chandler Street, Fort Detrick MD 21702-5014 is the awarding and administering acquisition office. Any opinions, findings, conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the U.S. Government, or the U.S. Department of Veterans Affairs, and no official endorsement should be inferred.