Therapy Development for TBI and Related Symptoms

Healthcare Provider Training for Acute Treatment of Blast Exposure with Battle Field Acupuncture (BFA) to Help Manage Headache

The acute treatment of blast exposure can be complicated by many factors not typically experienced in the civilian healthcare arena. Some of the factors are: 1) The blast exposure can occur in an austere environment with limited medical resources and healthcare providers who are Navy corpsmen or their equivalents in other services- far away from a hospital with doctors, nurses, other healthcare professionals, and there are no imaging modalities such as CT or MRI available to help with diagnosis; 2) It may not be clear if the symptoms experienced by the patient are due to a TBI, a stress reaction to the blast exposure, or some other cause entirely; 3) There is a risk from pharmacological interventions that medication side effects, such as drowsiness, may make assessment of mental status difficult, or make it difficult for the individual to return to full duty after the blast exposure. BFA is an ideal treatment modality to add to the toolbox of providers involved in the acute treatment of blast exposure because the needles are easily transportable, virtually any healthcare provider can be trained in administrating BFA; there is no harm to the individual, though there is potential benefit if he/she is experiencing a headache due to causes other than blast exposure; and there is no risk of medication overdose or harmful side effects. Naval Hospital Camp Lejeune has hosted several BFA training sessions, and in May of 2015 trained two providers to be BFA instructors. In August 2015, Naval Hospital Camp Lejeune conducted its first class run completely by its own staff, training approximately 10 general medical officers and corpsmen in the use of BFA. It was well-received, and the tentative plan is to have quarterly BFA training. This training was provided to healthcare providers who are in the field, oftentimes attached to the Service Member's unit, enabling providers to administer BFA after a blast exposure. This gives providers another modality to treat the Service Member, potentially minimizing risk of pharmacological intervention and increasing the number of Service Members who can return to the fight sooner.