



**UNITED STATES SPECIAL OPERATIONS COMMAND**  
**OFFICE OF THE CHIEF OF STAFF**  
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**JAN 18 2011**

**MEMORANDUM FOR**

**COMMANDER, UNITED STATES ARMY SPECIAL OPERATIONS COMMAND,  
2929 DESERT STORM DRIVE, FORT BRAGG, NC 28310-9110**

**COMMANDER, MARINE CORPS FORCES SPECIAL OPERATIONS COMMAND,  
PSC BOX 20116, CAMP LEJEUNE, NC 28542-0116**

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**COMMANDER, JOINT SPECIAL OPERATIONS COMMAND, P.O. BOX 70239,  
FORT BRAGG, NC 28307-5000**

**SUBJECT: United States Special Operations Command Interim Guidance for Management of  
Concussion/Traumatic Brain Injury in the Deployed Setting**

1. Purpose. This memorandum establishes the United States Special Operations Command (USSOCOM) interim guidance for the management of deployed service members exposed to concussion/Traumatic Brain Injury (TBI) events in accordance with Department of Defense (DOD) Directive Type Memorandum (DTM) 09-033 (enclosure 1). Publication of the USSOCOM concussion/MTBI policy memorandum is expected within 30 days of the DODI release on or about April 2011.

2. Applicability. This policy applies to all deployed service members assigned or attached to USSOCOM, including active and reserve/guard components.

3. Policy and Procedures. USSOCOM leaders and medical personnel will ensure maximum protection of deployed service members exposed to potentially concussive events. Exposed service members will be identified, assessed, and reported in accordance with DOD DTM 09-033. Service members that meet the criteria for medical referral will be sent for medical evaluation, treatment, and Electronic Medical Record documentation in accordance with DOD DTM 09-033. A report containing all identified service members/events will be submitted monthly by the Combatant Command to the Joint Trauma Analysis and Prevention of Injury in Combat program office. The procedures for policy implementation contain three component areas:

a. Training.

(1) Leaders and medical personnel will identify, coordinate, and complete all training requirements directed by their service component.

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(2) Leaders and medical personnel will consult the Geographic Combatant Command in which they are to deploy for identification, coordination, and completion of any additional training requirements. See enclosure 2 for the United States Central Command Guidance.

b. Tracking.

(1) Automated Tracking. This method of tracking will be completed using the Combined Information Data Network Exchange (CIDNE) Blast Exposure and Concussion Incident Report (BECIR). Automated tracking with the CIDNE BECIR module will be the enduring method once fully operational.

(2) Manual Tracking. This method of tracking will be accomplished in accordance with DOD DTM 09-033, attachment 3, item 3.

c. Treatment.

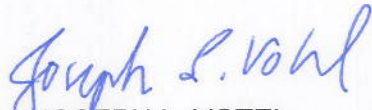
(1) Service member medical assessments/evaluations, rest periods, and duty determinations will be completed in accordance with DOD DTM 09-033, attachment 3.

(2) Leaders will ensure all personnel complete pre-deployment and post-deployment neuro-cognitive assessments.

(3) Medical personnel will review each service member's medical records upon redeployment to ensure all TBI assessments/treatments and any hazardous exposures are completely and accurately documented in their medical record.

4. Proponent. The proponent for this guidance is the USSOCOM, Command Surgeon. Point of contact is LTC Craig Myatt, (813) 826-7547, DSN: 299, SIPRNet email [craig.myatt@hq.socom.smil.mil](mailto:craig.myatt@hq.socom.smil.mil).

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JOSEPH L. VOTEL  
Major General, U.S. Army  
Chief of Staff