COMMANDER'S CALL TOPICS		
NOTE: This product has embedded hyperlinks and is best viewed online. 05 —09 March 2018		
Priority Topic of the Week Brain Injury Awareness Month	 And is best viewed online. 05—09 March 2018 The Department of Defense and Brain Injury Association recognizes March as Brain Injury Awareness month to increase awareness of Traumatic Brain Injury. Air Force senior leadership chartered the Invisible Wounds Initiative to identify and implement ways to effectively support Airmen and their families with invisible wounds such as a TBI. A TBI is the result of a blow or jolt to the head that disrupts the normal function of the brain. Injuries can be closed or penetrating head wounds and may range in severity from mild to severe. Understanding the symptoms of TBI is crucial to ensuring a quick recovery and minimal impact to medical readiness. Brain Injury Awareness Brain injuries are a significant health issue affecting many Airmen; however, they are treatable and recovery is possible. Early diagnosis, evaluation and treatment of TBI shortens recovery time and impact to a unit. The vast majority of TBI cases are mild, with a complete recovery within seven to ten days. Approximately 51,000 active, Guard and Reserve Airmen have been diagnosed with a Traumatic Brain Injury since 2000, with most TBIs occurring in a non-deployed setting due to the nature of their training or participation in sports and leisure activities. Signs and Symptoms The first step in recovery from a TBI is recognizing the causes and symptoms, and then seeking medical advice as soon as possible. Common symptoms following a concussion include headaches, dizziness, sleep disturbances, vision and balance changes, fatigue, attention and memory problems, irritability, and mood changes. TBI symptoms can last for days, weeks or longer. Treatment One of the most important steps in TBI treatment is rest, allowing the brain to physically and menentally recover, while removing the risk of suffering another	

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Priority Topic of the Week Brain Injury Awareness Month	 Additional Facts The majority of Airmen experience a TBI from a non-deployed setting due to the nature of their training or participation in sports and leisure activities. Since 2000, more than 375,000 service members have been diagnosed with a TBI in training and combat situations, with the most common form being a mild TBI (also known as a concussion). It's estimated that 1.7 million people sustain a TBI annually. Of those diagnosed, approximately 50,000 die; 282,000 are hospitalized; and 2.5 million are treated and released from an emergency department. Unit readiness relies on early detection and timely treatment of brain injuries. The vast majority of TBI cases are mild with a complete recovery within seven to ten days. Your Military Treatment Facility has tools and resources to help educate Airmen, families, retirees and DoD civilians about the prevention and treatment of TBI. Additional Information AFMS – Traumatic Brain Injury Toolkit Air Force Wounded Warrior Program Defense and Veterans Brain Injury Center Invisible Wounds Initiative MHS - Brain Injury Awareness TBI – AF Center of Excellence for Medical Multimedia
Personnel Topics of Interest	 AF Chief Data Officer: Data is the future of the force (<u>AF.MIL</u>) AF to fund squadron innovation that improves mission effectiveness (<u>AF.MIL</u>) CMSAF discusses the innovative spirit in Airmen (<u>AF.MIL</u>) SECAF: This is about lethality and mission effectiveness (<u>AF.MIL</u>)
Monthly Observances	Brain Injury Awareness Month <u>(click link for additional information)</u> Women's History month <u>(click link for additional information)</u>

Commander's Call Topic Archive: http://www.af.mil/AboutUs/CommandersCallTopics.aspx

Commander's Call Topics is published weekly by SAF/PA to ensure leaders at all levels remain current on issues concerning Airmen and families. Requests for information to be included in future editions should be sent to SAF/PAX via <u>email</u>. Submissions should include:

1) 1-2 sentence synopsis of the issue

2) hyperlink to further details

3) a POC name and contact information.

*Only submissions that pertaining to the majority of Airmen or specifically to command leadership teams will be considered. Local or limited-interest items will not be included.