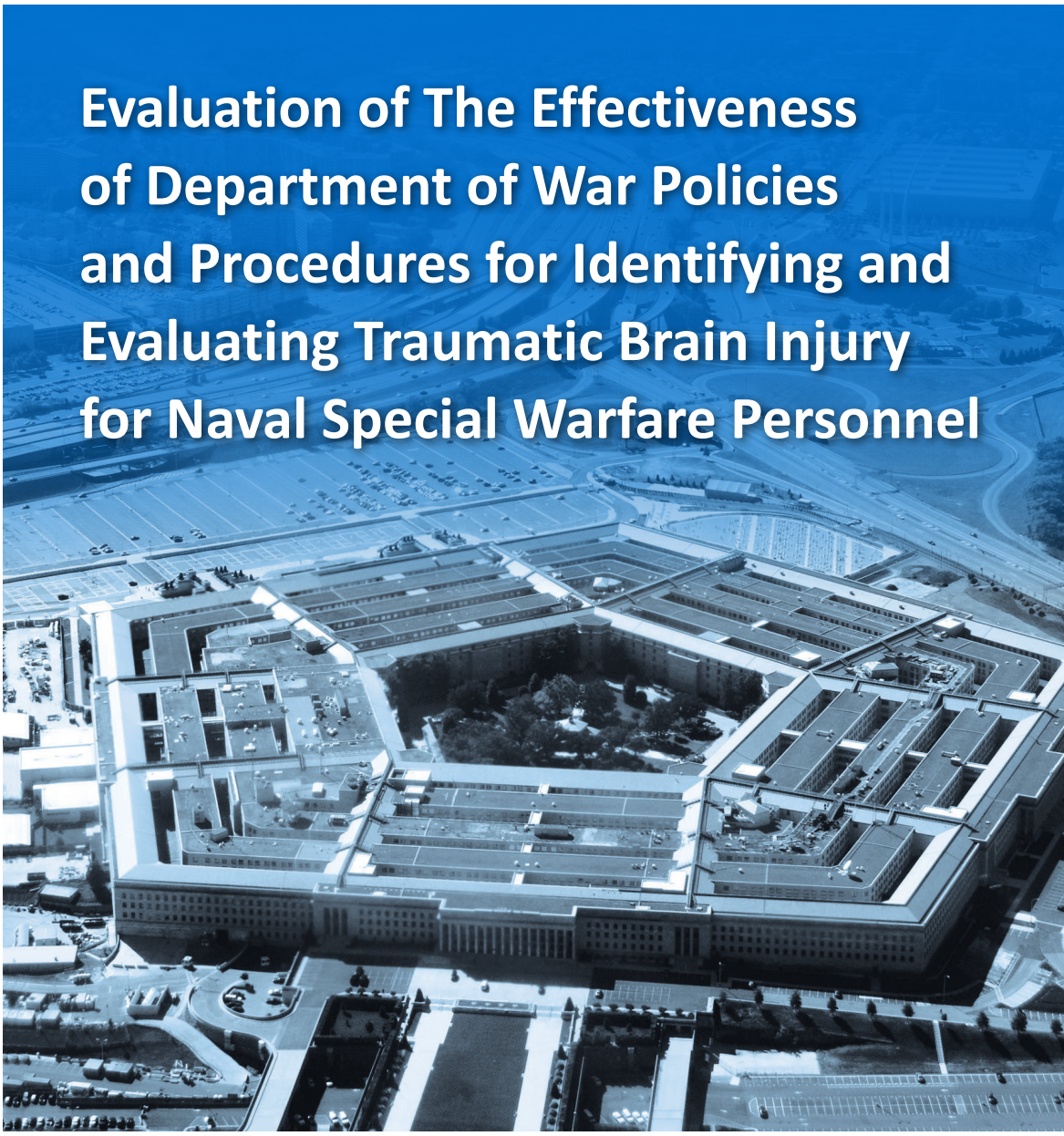
Report No. DOWIG-2026-124

INSPECTOR GENERAL

U.S. Department of War

SEPTEMBER 30, 2026

Evaluation of The Effectiveness of Department of War Policies and Procedures for Identifying and Evaluating Traumatic Brain Injury for Naval Special Warfare Personnel



INDEPENDENCE ★ INTEGRITY ★ EXCELLENCE ★ TRANSPARENCY

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Executive Summary

Why We Did This Evaluation

Traumatic brain injury (TBI) policy and implementation in the DoW primarily focuses on blast exposure to Service members. However, the DoW has done limited research and policy development to address repetitive, subconcussive, non-blast head injuries such as wave impacts and the vulnerability and impact of those injuries in the military.[1] We reviewed DoW processes for identifying, evaluating, and providing follow-up care to special warfare combat crewmen (SWCCs) exhibiting symptoms of TBI. We initiated this evaluation specifically because of the lack of focus on non-blast TBI.

What We Found and Impact

The Naval Special Warfare Command did not consistently implement DoW and Naval Special Warfare Group Four (NSWG-4) policies regarding the identification, clinical evaluation, and subsequent care of SWCCs presenting symptoms of TBI. Specifically, Special Boat Teams did not:

- adhere to the mandatory reporting requirements for mild TBI (mTBI), such as filling out mandatory mTBI Injury Exposure Report forms;
- complete the Military Acute Concussion Evaluation, Version 2, (MACE-2) immediately after a potentially concussive event; and
- identify accurate TBI symptoms and attend follow-up appointments.

This occurred because, according to the NSWG-4 senior medical officer, completing the mandatory, detailed paperwork upon returning from long underways (time spent at sea) keeps personnel at the command for excessive hours, hindering rest, recovery, and preparation for the next underway. In addition, medical providers relied on subjective judgment to decide whether symptoms warranted a MACE-2, and DoW Instructions do not contain an objective assessment tool for wave impact-related events because most wave impact events are subconcussive. Furthermore, NSWG-4 did not provide oversight to ensure that SWCCs attended their required follow-up appointments.

As a result, SWCCs may be returning to high-risk environments with undiagnosed or untreated cumulative mTBI. This increases the risk of long-term cognitive impairment and degrades health and readiness by continuing to severely injure or disable operators.

[1] Subconcussive head impacts or blows are "hits to the head that do not reach the threshold of a concussion and do not cause an alteration or loss of consciousness or loss of memory for the injury event." Traumatic Brain Injury Center of Excellence Frequently Asked Questions, "DoD Chronic Traumatic Encephalopathy," March 2023.

Recommendations Table

Responsible Management Official	Recommendation	Implementation Status
Commander, Naval Special Warfare Group Four	1. Review and update Commander, Naval Special Warfare Group Four Instruction 6010.2, "Concussion Management Plan," to include a more efficient and effective means of identifying and evaluating TBI among SWCCs because the current mTBI Injury Exposure Report form, is not effective.	**In Progress (March 31, 2027)**
	2. Direct the senior medical officer to coordinate with the Branch Chief of the Traumatic Brain Injury Center of Excellence to create a standardized, objective, wave-impact TBI checklist, similar to the Injury/Evaluation/Distance (I.E.D.) Checklist referenced in DoD Instruction 6490.11, Enclosure 3, and require medical personnel to use it when assessing SWCCs involved in subconcussive wave-impact activities.	**In Progress (December 31, 2027)**
	3. In coordination with the Special Boat Teams' medical staff, identify roadblocks to SWCCs receiving treatment for mTBI and create a mechanism to enforce accountability for SWCCs to complete required follow-up treatment and mitigate potential gaps in unit readiness.	**In Progress (March 31, 2027)**

NOTE: The estimated completion dates are included in parentheses in the Implementation Status column. Additionally, In Progress, Unresolved, and No Response recommendations are considered open recommendations.

Implementation Status

- **Closed** – The DoW OIG has verified that DoW management completed the corrective actions.
- **In Progress** – The DoW OIG and DoW management have agreed on corrective action(s) that will address the recommendation. This recommendation is considered resolved in accordance with M-25-01, "Revised OMB Circular A-50, Audit, Inspection, or Evaluation Follow-Up," November 7, 2024.
- **Unresolved** – The DoW OIG determined that the proposed actions described in DoW management comments do not address the recommendation.
- **No Response** – DoW management did not respond.

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Background

According to the Traumatic Brain Injury Center of Excellence, traumatic brain injury (TBI) is a significant health issue that affects Service members during times of both peace and war. The high rate of TBI and blast-related concussion events resulting from combat operations directly impact the health and safety of individual Service members and, subsequently, the level of unit readiness and troop retention. From 2000 to 2025, the DoW tracked approximately 533,519 Service members worldwide diagnosed with TBI. According to the human performance manager for the Naval Special Warfare Command (NAVSPECWARCOM), between January 2020 and March 2026, Naval Special Warfare Group Four (NSWG-4) medical staff tracked 65 SWCCs diagnosed with TBI in the Soldier Performance Education for Advanced Readiness and Resilience system.

Furthermore, TBI is a complex condition that can affect physical, cognitive, and behavioral functions. Specifically, the four categories of TBI are mild, moderate, severe, and penetrating. DoD Instruction (DoDI) 6490.13 defines TBI as "a traumatically induced structural injury or physiological disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of [the following] clinical signs following the event."

- "Any alteration in mental status," such as confusion, disorientation, and slowed thinking
- "Any loss of memory for events immediately before or after the injury"
- "Any period of loss of or a decreased level of consciousness, observed or self-reported"[2]

Process of Identifying and Evaluating SWCC TBI

According to Commander Naval Special Warfare Group Four Instruction 6010.2, "Concussion Management Plan," (Concussion Management Plan) upon return from an underway, all SWCCs will complete a mild TBI (mTBI) Injury and Exposure Report form (TBI Exposure Form), which is a type of incident report.[3] On it, SWCCs must record all mTBI injury and exposure symptoms. The unit's independent duty corpsman then reviews the TBI Exposure Forms within 24 hours and before the next underway.[4] In accordance with Defense Health Agency (DHA) Procedural Instruction (DHA-PI) 6490.04, if a SWCC experiences a potentially concussive event, medical personnel perform a medical evaluation of that SWCC.[5] During this medical evaluation, medical personnel also administers a Military Acute Concussion Evaluation, Version 2, (MACE-2), as required

[2] DoDI 6490.13, "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services," May 28, 2024.

[3] Commander Naval Special Warfare Group Four Instruction 6010.2, "Concussion Management Plan," June 15, 2020. The mTBI Injury Exposure Report form, which we refer to in this report as the TBI Exposure Form, is known in the Navy as the TIER form.

[4] An independent duty corpsman serves independent of a medical officer as the medical department representative aboard surface ships and isolated duty stations to perform diagnostic procedures, advanced first aid, basic life support, nursing procedures, minor surgery, basic clinical laboratory procedures, and other routine health care. For the purposes of this report, corpsman refers to an independent duty corpsman.

[5] DHA-PI 6490.04, "Required Clinical Tools and Procedures for the Assessment and Clinical Management of Mild Traumatic Brain Injury (mTBI)/Concussion in Non-Deployed Setting," April 26, 2021.

by the DHA-PI. The MACE-2 is a standardized screening tool to quickly identify and diagnose TBIs following an injury and to initiate treatment. The MACE-2 consists of elements such as symptom descriptions, a word list recall, and concentration and balance tasks.

If the MACE-2 results indicate a concussion, the SWCC is sent for a medical evaluation in accordance with the Concussion Management Plan. Lastly, if the MACE-2 does not indicate a suspected concussion, the SWCC must attend a follow-up appointment within 2 weeks of returning to activity.

Roles and Responsibilities for the Identification, Evaluation, and Follow-up Care of TBI in SWCCs

Defense Health Agency

According to the DHA, it enhances the medical capabilities of combatant commands and Military Services. The DHA is responsible for facilitating the implementation and monitoring of the TBI clinical tools at all facilities providing care for patients with mTBI or concussion.

The Military Health System's website states that the TBI Center of Excellence supports the Military Health System and DHA with TBI research initiatives, including gap-driven analyses and congressionally directed programs. The TBI Center of Excellence's collaborations allow for clinical innovation and research along the TBI continuum of care—from initial injury, to rehabilitation, and ultimately, a return to family, community, and work or continued duty.

Navy Bureau of Medicine and Surgery

According to Navy Bureau of Medicine and Surgery Instruction 6310.13A, it provides program guidance and support to the Navy Neurocognitive Assessment Program across Navy Medicine.[6] Its Medical Operations provides oversight and guidance for the TBI training requirement.

Naval Special Warfare Command

According to its website, NAVSPECWARCOM recruits, organizes, trains, equips, educates, sustains, secures, maintains combat readiness of, and deploys active and Reserve Component Naval Special Warfare forces and personnel for special warfare missions.

NSWG-4 is responsible for organizing, training, and equipping assigned Naval Special Warfare personnel to deploy combat-ready forces and maritime mobility systems in support of fleet and joint commanders. NSWG-4 is the command headquarters for the Special Boat Teams (SBTs) and primarily composed of SWCCs, Navy SEALs, and direct support staff. According to the NSWG-4 senior medical officer, they have a dual role as the Medical Department Head and staff advisor to the Commodore. NSWG-4 has three SBTs to which SWCC personnel are assigned: SBT-12, SBT-20, and SBT-22.[7]

[6] Navy Bureau of Medicine and Surgery Instruction 6310.13A, "Guidance for Conducting Baseline Pre-Deployment Neurocognitive Functional Assessments," April 4, 2023.

[7] The scope of this evaluation focused on wave-slamming events, so SBT-12 and SBT-20 were the primary sources because their mission is coastal operations.

A 2025 TBI Center of Excellence information paper states that SWCCs make up a small special operations force with about 800 active duty crewmembers and 50 to 125 Reservists.[8] The SWCC mission is to expertly operate specialized surface combatant craft and provide weapon support and tactics in support of full-spectrum special operations missions worldwide.[9] Many crewmembers of high-speed boats, and particularly boats used by the military in large bodies of water, report chronic injuries. A common way for those injuries to occur is wave–slamming-induced hull impacts that can cause TBI.

For a list of applicable criteria and their relevance to this evaluation, see Appendix B.

[8] TBI Center of Excellence, "Information Paper on Military High-Speed Boat Injuries," February 2025.

[9] Navy SEALs Webpage, "Navy SWCC—The Navy's Elite Boat Warriors," accessed September 9, 2026, https://www.navy.com/careers-benefits/careers/special-operations/special-warfare-combat-crewman.

Evaluation Results

The Naval Special Warfare Command Did Not Consistently Identify Crewmembers Exhibiting Symptoms of TBI

Between January 1, 2026, and April 1, 2026, only 24 SWCCs completed TBI Exposure Forms, representing 21 of 193 underways reported by SBT-12 and SBT-20. NSWG-4 and SBT-12 medical personnel confirmed that the SBTs did not consistently complete the mandatory TBI Exposure Form after every underway, as required by the Concussion Management Plan. According to the NSWG-4 senior medical officer, the requirement to complete the TBI Exposure Form was never tied to an inspectable program, which resulted in highly inconsistent use. Also, no indication exists that commanders or senior leaders held SWCCs accountable for completing the TBI Exposure Forms.

Additionally, the NSWG-4 senior medical officer stated that SWCCs did not consistently fill out the mandatory TBI Exposure Forms because the paperwork takes several hours to complete, hindering rest, recovery, and preparation for the next underway. The senior medical officer stated that TBI Exposure Forms are not completed uniformly across the SBTs, and the requirement lacked command-level oversight mechanisms, further contributing to noncompliance.

Recommendation 1. We recommend that the NSWG-4 Commander review and update Commander Naval Special Warfare Group Four Instruction 6010.2, "Concussion Management Plan," to include a more efficient and effective means of identifying and evaluating TBI among SWCCs because the current TBI Exposure Form is not effective.

Medical Providers Used Subjective Measures to Assess Crewmembers Exhibiting TBI Symptoms and Did Not Complete Required Evaluations

We asked for and received all TBI Exposure Forms completed by SWCCs from SBT-12 and SBT-20 between 2020 and 2026. A total of 144 SWCCs completed 634 TBI Exposure Forms during that time, documenting symptoms of TBI such as those from subconcussive wave-impact events. However, none of the medical records included a completed MACE-2.

This occurred because the Concussion Management Plan requires the corpsman to administer a MACE-2 only to SWCCs that the corpsman suspects have a concussion. However, the NSWG-4 senior medical officer stated that deciding to perform a MACE-2 is difficult because no objective measure exists to definitively identify a concussion. In addition, the NSWG-4 senior medical officer stated that symptoms listed on TBI Exposure Forms are not specific to a concussion and can be caused by other things, such as sea sickness, dehydration, sleep deprivation, underlying headache disorders, or various other underlying conditions. The NSWG-4 senior medical officer

further stated that medical personnel do not administer a MACE-2 unless the SWCC or their leadership requests the initial medical evaluation. As a result, assessing SWCCs for mTBI relies on the corpsman's subjective judgment to decide whether symptoms indicate a concussion and warrant a MACE-2.

Without administering and documenting a MACE-2 assessment following TBI Exposure Forms that indicate potentially concussive symptoms, the NSWG-4 medical team may not have the information needed to determine whether a concussion is present or how serious symptoms may be, which means SWCCs may return to duty too soon. Additionally, the medical team is unable to determine how many SWCCs may have remained untreated and undiagnosed.

SWCCs Masked TBI Symptoms and Missed Follow-up Appointments

During interviews, SWCCs explained that they can mask TBI and concussion symptoms by memorizing portions of the MACE-2, potentially reducing the accuracy of the assessment. Although the DHA does not have a requirement to update these tests, NSWG-4 medical personnel stated that the MACE-2 administrators may change the numbers or word sets to prevent SWCCs from memorizing answers and therefore masking symptoms. However, this practice is not a requirement or consistently implemented.

This vulnerability in the assessment process exists because the DoW does not have an objective, standardized test for wave-impact events, even though DoDI 6490.11 provides a clear protocol for other TBIs.[10] Specifically, DoDI 6490.11 requires an assessment using the "Injury/Evaluation/Distance (I.E.D.) Checklist" (IED Checklist) for all Service members involved in potentially concussive events, such as vehicle blasts, direct blows to the head, or being within 50 meters of an explosion. The IED Checklist requires medical referrals for any "Yes" responses regarding injuries; specific symptoms, such as headaches, vomiting, or amnesia; or proximity to a blast. However, even though DoDI 6490.11 requires the IED Checklist for all potentially concussive events, including non-blast injuries, the checklist does not contain questions tailored to wave-impact events. This leaves the policy without objective, mechanism-specific criteria for assessing wave-impact subconcussive events, which results in a greater reliance on symptom recognition and the subjective judgment of medical personnel.

Additionally, NAVSPECWARCOM did not consistently implement processes to provide follow-up care for crewmembers exhibiting symptoms. SWCCs reported missing follow-up appointments for TBI care upon returning to duty, citing scheduling conflicts and high operational tempo. However, the Concussion Management Plan states that when a member returns to duty, a mandatory follow-up must occur within 2 weeks, which includes completing a symptom checklist and being examined

[10] DoDI 6490.11, "DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting," September 18, 2012 (Incorporating Change 3, October 1, 2021).

by a physician or designee. Specifically, of the 634 TBI Exposure Forms on which SWCCs recorded exhibiting symptoms of TBI, none included documentation showing follow-up within 2 weeks. Without follow-up care after sustaining a TBI, a SWCC could return to work too soon.

For example, one SWCC stated that during high operational tempos, a fear exists of being removed from their operational duty on the boat, which would shift the workload to another detachment. They explained that SBTs operate on a demanding 24-month deployment cycle, with the 6-month Unit Level Training being the most strenuous phase. With limited manning and four troops in different stages of the cycle, SWCCs feel they cannot consistently report their symptoms without impacting deployment exercises.

Medical personnel corroborated these challenges, stating that rest and recovery are critical for a SWCC but very difficult to achieve, especially during the Unit Level Training phase. The NSWG-4 senior medical officer explained that although crewmembers in the TBI rehabilitation process are supposed to have follow-ups with a medical professional, tracking down the SWCCs is one of their biggest challenges because of the heavy schedule of events, training, and deployments.

SWCCs missed appointments and may have returned to duty while still suffering from TBI symptoms because NSWG-4 did not provide oversight to ensure SWCCs attended their required follow-up appointments within 2 weeks.

Recommendation 2. We recommend that the NSWG-4 Commander direct the senior medical officer to coordinate with the Branch Chief of the TBI Center of Excellence to create a standardized, objective, wave-impact TBI checklist, similar to the IED Checklist referenced in DoDI 6490.11, Enclosure 3, and require medical personnel to use it when assessing SWCCs involved in subconcussive wave-impact activities.

Recommendation 3. We recommend the NSWG-4 Commander, in coordination with the SBT medical staff, identify roadblocks to SWCCs receiving treatment for mTBIs and create a mechanism to enforce accountability for SWCCs to complete required follow-up treatment and mitigate potential gaps in unit readiness.

The Naval Special Warfare Command's Lack of Consistent Processes Increases Risks to Operators

As a result of inconsistently completing TBI Exposure Forms to identify TBI symptoms; not having an objective, standardized test to evaluate for TBI; and months-long delays in follow-up care, such as missed appointments because of operational or training requirements, SWCCs may be returning to high-risk environments with undiagnosed or untreated cumulative mTBI. This increases the risk of long-term cognitive impairment and degrades health and readiness by continuing to severely injure or disable operators.

SWCCs repeatedly endure severe wave-slamming forces. Without an objective, standardized testing mechanism to identify injuries early, symptoms may be masked as routine fatigue. Sending Service members back to high-risk maritime and riverine environments with undiagnosed mTBI can result in degraded operational decision-making. When operational and training tempos take precedence over medical follow-ups, SWCCs miss critical appointments and may prevent medical staff from properly evaluating conditions.

Recommendations, Management Comments, and Our Response

Commander, Naval Special Warfare Group Four

Recommendation 1

We recommend that the Commander of Naval Special Warfare Group Four review and update Commander Naval Special Warfare Group Four Instruction 6010.2, "Concussion Management Plan," to include a more efficient and effective means of identifying and evaluating traumatic brain injury among special warfare combat crewmen because the current mild Traumatic Brain Injury, Injury Exposure Report form, is not effective.

Management Comments

The NAVSPECWARCOM Force Inspector General, responding for the NAVSPECWARCOM Commander, agreed and stated that NSWG-4 is conducting a complete revision of the Concussion Management Plan, estimated to be complete by March 31, 2027. The update will address operations feasibility by providing operator education on concussions, rescinding mTBI Injury Exposure Report forms and requiring event-driven evaluations, and enhancing tracking of medical encounters and appointments in Military Health System GENESIS and the Naval Special Warfare Human Performance Data Management System.

Our Response

Comments from the Inspector General addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close this recommendation when NSWG-4 provides the revised instruction and we verify that it includes a more efficient and effective means to identify TBI in SWCC.

Recommendation 2

We recommend that the Commander of Naval Special Warfare Group Four direct the senior medical officer to coordinate with the Branch Chief of the Traumatic Brain Injury Center of Excellence to create a standardized, objective wave-impact traumatic brain injury checklist, similar to the "Injury/Exposure/Distance (I.E.D.) Checklist" referenced in DoD Instruction 6490.11, Enclosure 3, and require medical personnel to use it when assessing special warfare combat crewmen involved in subconcussive wave-impact activities.

Management Comments

The NAVSPECWARCOM Force Inspector General, responding for the NAVSPECWARCOM Commander, agreed and stated that NSWG-4, in coordination with the DHA's TBI Center of Excellence as a supporting partner, will develop a standardized and objective screening tool tailored to SWCC's unique operational environment, including wave-impact and other non-blast concussive events, with an estimated completion date of December 31, 2027.

Our Response

Comments from the Inspector General addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when we verify that NSWG-4, in coordination with the DHA's TBI Center of Excellence, developed a standardized and objective screening tool tailored to SWCC's unique operational environment, including wave-impact and other non-blast concussive events.

Recommendation 3

We recommend that the Commander of Naval Special Warfare Group Four, in coordination with the Special Boat Team medical staff, identify roadblocks to special warfare combat crewmen receiving treatment for mild traumatic brain injuries and create a mechanism to enforce accountability for special warfare combat crewmen to complete required follow-up treatment and mitigate potential gaps in unit readiness.

Management Comments

The NAVSPECWARCOM Force Inspector General, responding for the NAVSPECWARCOM Commander, agreed and stated that the updates to the NSWG-4 Management Plan will address treatment roadblocks and accountability by ensuring command-level visibility through NSWG-4 Binnacle, reinforcing mandatory follow-up appointments, and establishing a 30-day escalation protocol assessment of unresolved symptoms for Service members removed from duty.[11] These actions are estimated to be complete by March 31, 2027.

Our Response

Comments from the Inspector General addressed the specifics of the recommendation; therefore, it is resolved but will remain open. We will close the recommendation when NSWG-4 provides the revised instruction and we verify that it addresses treatment roadblocks and accountability.

[11] According to the SBT-12 Medical Officer, the Binnacle is an internal list that contains the injuries and limitations of SWCCs that require follow up care.

Commander, Naval Special Warfare Group Four

DEPARTMENT OF THE NAVY
NAVAL SPECIAL WARFARE COMMAND
2000 TRIDENT WAY
SAN DIEGO CALIFORNIA 92155-5599

19 Aug 2026

MEMORANDUM

From: Force Inspector General, Naval Special Warfare Command

Subj: Stakeholder Response to Evaluation of The Effectiveness of Department of War Policies and Procedures for Identifying and Evaluating Traumatic Brain Injury for Naval Special Warfare Personnel

Ref: (a) Project No. D2025-DEV0HB-0129.000

1. (U) Ref (a) is the draft report of investigation into the Evaluation of the Effectiveness of Department of War (DoW) Policies and Procedures for Identifying and Evaluating Traumatic Brain Injury (TBI) for Naval Special Warfare Personnel. This report identified that Naval Special Warfare Command did not consistently implement DoW and Naval Special Warfare Group FOUR (NSWG-4) policies regarding the identification, clinical evaluation, and subsequent care of Special Warfare Combatant Craft Crewmen (SWCCs) presenting symptoms of TBI. Specifically, Special Boat Teams did not:

a. (U) Adhere to the mandatory reporting requirements for mild TBI (mTBI), such as filling out mandatory mTBI Injury Exposure Report forms

b. (U) Complete the Military Acute Concussion Evaluation, Version 2, (MACE-2) immediately after a potentially acute concussive event.

c. (U) Identify accurate TBI symptoms and attend follow-up appointments

The following recommendations were proposed by DoW OIG:

a. (U) Recommendation One: Review and update Commander, NSWG-4 Instruction 6010.2,"Concussion Management Plan," June 15, 2020, to include a more efficient and effective means of identifying and evaluating traumatic brain injury among special warfare combatant-craft crewmembers, since the current Traumatic Brain Injury Exposure Report form is not effective.

b. (U) Recommendation Two: NSWG-4 Medical Department in coordination with the Traumatic Brain Injury Center of Excellence Branch Chief, create a standardized, objective, wave-impact traumatic brain injury checklist, similar to the Injury Exposure Distance Checklist referenced in DoDI 6490.11, Enclosure 3, as a requirement to assess all Service members involved in sub-concussive wave impact activities.

c. (U) Recommendation Three: Commander of NSWG-4, in coordination with the Special Boat Team medical staff, identify roadblocks to special warfare combatant-craft crewmembers receiving treatment for mild traumatic brain injuries, and create a mechanism to enforce

accountability for special warfare combatant-craft crewmembers to complete required follow-up treatment and mitigate potential gaps in unit readiness.

2. (U) Response to Recommendation One: Commander, Naval Special Warfare (CNSWC) concurs with the recommendation. NSWG-4 is conducting a complete revision of the Concussion Management Plan. The updated instruction addresses the operational feasibility concerns by implementing the following:

a. Education: NSWG-4 provides education to the operators on brain health, concussions, and the concussion protocol. These educational presentations specifically cover what a concussion is, how to identify it in yourself and your teammate, and the potential long-term consequences for not reporting.

b. More Efficient Identification: The NSWG-4 mandate to complete a TBI Injury Exposure Report (TIER) form after every underway has been rescinded. The updated policy now initiates evaluation when a service member experiences a clear mechanism of injury and exhibits signs or symptoms of a concussion. This targeted, event-driven approach significantly reduces the administrative burden on operators, ensuring those at risk are properly evaluated without unduly affecting the opportunity for post-operation crew rest and recovery.

c. Enhanced Reporting: NSWG-4 policy continues to emphasize the responsibility of the individual, their peers, and leaders to report any suspected concussion to medical staff for immediate evaluation. All medical encounters, screenings, and follow-up appointments will be documented in the MHS GENESIS electronic health record and the Naval Special Warfare Human Performance Data Management System (i.e., SPEAR), when applicable, to improve tracking and continuity of care.

The estimated completion date for Recommendation One is 31 March 2027.

3. (U) Response to Recommendation Two: CNSWC concurs with the recommendation. NSWG-4 will take the lead in this effort, in coordination with the Traumatic Brain Injury Center of Excellence (TBI CoE) as a supporting partner, to develop a standardized and objective screening tool tailored to the unique operational environment of SWCCs, including wave-impact and other non-blast concussive events.

NSWG-4 recognizes the limitations of purely subjective assessments and the need for objective data. This initiative will therefore focus on exploring emerging and objective assessment technologies (such as balance metrics and ocular-motor function) immediately following exposure. While NSWG-4 recognizes that no single device can independently diagnose a concussion, integrating these objective screening aids will augment provider evaluation. The goal is to create a data-driven tool that provides a more accurate, real-time indication of TBI risk, reduces the potential for masked symptoms, and enables quicker, more effective medical intervention.

Commander, Naval Special Warfare Group Four (cont'd)

While this long-term tool is under development, the newly updated Concussion Management Plan, implemented in recommendation one, immediately implements a more objective and standardized diagnostic and recovery process through:

a. A Standardized Nutrition Protocol: A non-subjective, command-wide intervention initiated for every confirmed concussion.

b. Multidisciplinary Assessments: Mandatory referrals to Performance Dieticians and Cognitive Enhancement Practitioners to add layers of professional, objective oversight.

c. Data-Driven Return-to-Duty: Integration of aerobic and strength and conditioning sessions monitored by human performance personnel will provide objective data on physical tolerance and recovery. Service Members cannot return to duty until they are asymptomatic, their baseline scores return to normal, and evaluated by a physician or physician assistant.

NSWG-4 is committed to pioneering these efforts to better protect our force and will continue to partner with TBI CoE to ensure our tools and protocols are at the forefront of medical innovation.

Estimated completion date for Recommendation Two is 31 December 2027.

4. (U) Response to Recommendation Three: CNSWC concurs with the recommendation. The updated NSWG-4 Concussion Management Plan directly addresses treatment roadblocks and accountability with the following mechanisms:

a. Centralized Tracking and Oversight: All diagnosed individuals are tracked on the NSWG-4 Binnacle, which is reviewed no less than monthly by NSWG-4 medical leadership. This ensures command-level visibility on every case and its progression is mostly sufficient.

b. Mandatory Follow-Up and Reminders: The instruction reinforces mandatory follow up appointments at the two-week, three-month, and six-month marks. To ensure compliance and comprehensive visibility, automated appointment reminders will be integrated through the command's enterprise scheduling and calendar systems, directly notifying the service member, HP staff, medical staff, and the member's direct supervisor.

c. Escalation of Care Protocol: A key roadblock—prolonged, unresolved symptoms—is now addressed with a new protocol. Individuals with a suspected concussion will be removed from duty and not allowed to return to duty/physical activity until cleared by a physician or physician assistant. Service members unable to complete the return to duty protocol after 30 days will have a mandatory clinical exam by a physician or physician assistant, who shall determine the need for additional specialty referrals (i.e. TBI Clinics, Neurology, etc.), with the assistance of the broader organic medical, psychological, and human performance experts. This will ensure no individual is left with lingering symptoms that could impact readiness or long-term health.

The estimated completion date for Recommendation Three is 31 March 2027.

3

Commander, Naval Special Warfare Group Four (cont'd)

5. The point of contact for NSWC is [redacted]

C.K. Whitehouse
CAPT, USN
Force Inspector General
By direction

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Appendix A: Project Overview

Objective

The objective of this evaluation was to determine whether DoW Components effectively identified, evaluated, and provided follow-up care for SWCCs exhibiting symptoms of TBI.

Project Timeline and Professional Standards

We conducted this evaluation from July 2025 through July 2026 in accordance with the "Quality Standards for Inspection and Evaluation," published in December 2020 by the Council of the Inspectors General on Integrity and Efficiency. Those standards require that we adequately plan the evaluation to ensure that objectives are met and that we perform the evaluation to obtain sufficient, competent, and relevant evidence to support the findings, conclusions, and recommendations. We believe that the evidence obtained was sufficient, competent, and relevant to lead a reasonable person to sustain the findings, conclusions, and recommendations.

Scope and Methodology

To answer the objective of this evaluation, we focused on non-blast TBI policies from FY 2020 to FY 2025 and the entire non-blast TBI lifecycle, from initial injury to long-term management, affecting SWCCs from SBTs 12 and 20.

We reviewed policies from the DHA, Navy Bureau of Medicine and Surgery, and NAVSPECWARCOM to determine organizational roles and responsibilities regarding non-blast TBI. Specifically, our review focused on the oversight of non-blast TBIs, the support available for SWCCs who sustain these injuries, and the established protocols for identifying, evaluating, and providing follow-up care to SWCCs exhibiting non-blast TBI symptoms.

To evaluate TBI protocols, we conducted a series of interviews with key military and health officials. We met with DHA officials to determine policy oversight, examine their relationship with the National Intrepid Center of Excellence, and define the TBI Center of Excellence's role across the care lifecycle from prevention to follow-up. Additionally, we interviewed Navy Bureau of Medicine and Surgery officials to determine whether they differentiate between blast and non-blast TBI. We also interviewed National Intrepid Center of Excellence officials to gain an understanding of their specific roles and responsibilities regarding TBI clinical care and research. Finally, we interviewed NAVSPECWARCOM officials, NSWG-4 medical personnel, and SBT personnel to determine if SWCCs are aware of and understand how to use screening tools, as well as to assess their understanding of current education and training programs.

We analyzed policies from the DHA, Navy Bureau of Medicine and Surgery, and NAVSPECWARCOM to determine their effectiveness in identifying and evaluating TBI in the SWCC community. This analysis assessed whether current screening tools and protocols effectively detect non-blast TBI in diagnosed patients while also reviewing established TBI prevention training programs.

Furthermore, we identified specific protective measures that may contribute to TBI affecting SWCCs and evaluated the methods used to collect and report TBI data.

Specifically, we reviewed the following criteria.

- DoDI 6490.11, "DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting"
- DHA-PI 6490.04, "Required Clinical Tools and Procedures for the Assessment and Clinical Management of Mild Traumatic Brain Injury (mTBI)/Concussion in Non-Deployed Setting"
- Navy Bureau of Medicine and Surgery Instruction 6310.16, "Navy Medicine Traumatic Brain Injury Training Requirement for Healthcare Personnel," June 1, 2022
- NAVSPECWARCOM Instruction 6000.1C, "Naval Special Warfare Medical Department Manual," August 11, 2023
- Commander Naval Special Warfare Group Four Instruction 6010.2, "Concussion Management Plan"
- Commander Naval Special Warfare Group Four Instruction 6260.1, "Interdisciplinary Care Evolution for Readiness Program," September 12, 2022

We conducted a medical records review to determine whether NAVSPECWARCOM consistently followed the requirements in the above instructions to identify, evaluate, and conduct follow-up care for SWCCs exhibiting TBI symptoms.

We conducted site visits to NSWG-4 and SBT-20 at Joint Expeditionary Base Little Creek-Fort Story and NAVSPECWARCOM and SBT-12 in San Diego, California. During these visits, we toured the Combat Craft Assault, Combat Craft Medium, and Combat Craft Heavy platforms, where Naval Special Warfare personnel described each craft's operational purpose and explained the physical impacts on SWCCs operating these boats.

Security Review Considerations

This report does not contain information that the DoW has identified as classified or Controlled Unclassified Information (CUI).[12] As we prepared this final report, we requested that the DoW Components associated with this oversight project review our draft report to identify any mismarked information that should be safeguarded and marked as classified or CUI. We considered any comments the DoW Components provided. If the DoW Components did not provide sufficient details about how to mark or handle their information, we handled the information as unclassified based on the available information and DoW- and Government-wide policies.

Report Contact Information

The DoW Office of Inspector General Evaluations Component produced this report. For questions, please contact Mr. Bryan T. Clark, Assistant Inspector General for Evaluations, Programs, Combatant Commands, and Operations, at [redacted]

[12] Classified information is information that, if disclosed, could reasonably be expected to cause damage, serious damage, or exceptionally grave damage to national security. It is marked and handled in accordance with laws, regulations, or DoW- and Government-wide policies.

CUI is Government-created or owned unclassified information that allows for, or requires, safeguarding and dissemination controls in accordance with laws, regulations, or Government-wide policies.

Appendix B: Criteria

DoD Instruction 6490.11

TBI symptoms must be identified, evaluated, and documented in accordance with the procedures outlined in DoDI 6490.11. Service members may exhibit headaches, vomiting, ear ringing, amnesia, altered consciousness, loss of consciousness, double vision, or dizziness or report that something is not right following a potentially concussive event. Commanders or their designated representatives are required to conduct the IED Checklist to determine whether a Service member requires a medical evaluation. DoDI 6490.11 does not include a specific checklist or objective assessment tool for wave-impact or subconcussive events, which results in greater reliance on symptom recognition and medical personnel judgment for those incidents. Regardless of the injury mechanism, any Service member with a "Yes" response on the IED Checklist or who demonstrates symptoms at any time following the event will be referred for a medical evaluation, and the results will be recorded and submitted in accordance with reporting requirements. Service members identified with a potentially concussive event are required to receive the mandated 24-hour rest period, or longer when clinically indicated, with additional restrictions applied for second or recurrent concussions within a 12-month period, as directed by DoDI 6490.11.

Defense Health Agency Procedural Instruction 6490.04

Medical personnel will evaluate individuals as soon as possible following a potentially concussive event, defined in accordance with DHA-PI 6490.04 as any incident that may result in a Service member experiencing mTBI or concussion. Potentially concussive events include involvement in a vehicle blast event, collision, or rollover; presence within 50 meters of a blast, whether inside or outside; a direct blow to the head or witnessed loss of consciousness; exposure to more than one blast event; falls; or sports-related head impacts. In accordance with DHA-PI 6490.04, medical personnel will complete the MACE-2 at the initial mTBI/concussion evaluation to document cognitive, neurological, and symptom-based findings. Following the initial assessment, medical personnel will initiate the Progressive Return to Activity protocol during follow-up encounters and continue monitoring until the Service member successfully completes exertional testing and is cleared up to normal activity or full duty. Required patient-reported outcome measures, including the Neurobehavioral Symptom Inventory, will be collected and documented to ensure symptoms improve with treatment. All MACE-2, Progressive Return to Activity, and Neurobehavioral Symptom Inventory assessments will be documented in the patient's electronic health record in accordance with DHA-PI 6490.04 or entered in the encounter notes if the electronic health record is unavailable.

Commander Naval Special Warfare Group Four Instruction 6010.2

In accordance with Commander Naval Special Warfare Group Four Instruction 6010.2, all members exposed to subconcussive impacts—such as those encountered during every underway event—are required to complete a TBI Exposure Form as soon as possible following the exposure. Each member will individually document their name, symptoms, and signature, and sea state and additional operational details will be completed by training, operations, or medical personnel, as applicable. The unit corpsman will review all completed TBI Exposure Forms before the next underway and within 24 hours to ensure timely identification of potential concussion symptoms and appropriate medical follow-up.

Acronyms and Abbreviations

DHA	Defense Health Agency
DHA-PI	Defense Health Agency Procedural Instruction
DoDI	DoD Instruction
IED	Injury/Evaluation/Distance
MACE-2	Military Acute Concussion Evaluation, Version 2
mTBI	Mild Traumatic Brain Injury
NAVSPECWARCOM	Naval Special Warfare Command
NSWG-4	Naval Special Warfare Group Four
SBT	Special Boat Team
SWCC	Special Warfare Combat Crewmen
TBI	Traumatic Brain Injury

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