

Military Acute Concussion Evaluation (MACE)

Availability	Please email the authors for information about obtaining the instrument: info@DVVIC.org
Classification:	Supplemental for Traumatic Brain Injury (TBI)
Short Description of Instrument:	The Military Acute Concussion Evaluation (MACE) ("MACE – Military Acute Concussion Evaluation," 2012) is the most widely used screening evaluation for acute concussion in military personnel. The MACE is conducted up to 72 hours following an injury and only if alteration of consciousness or loss of consciousness is present. The evaluation consists of a history section, neurological evaluation, and a scored cognitive screen of orientation, immediate and delayed recall, and concentration. Alternate forms can be used to monitor recovery and aid in decisions about returning to duty. It is currently undergoing additional validation.
Scoring:	Total score possible is 30 points. In studies of non-concussed patients, the mean total score was 28. Therefore, a score less than 30 does not imply that a concussion has occurred. However, scores below 25 may represent clinically relevant neurocognitive impairment and require further evaluation for the possibility of a more serious brain injury. The scoring system also takes on particular clinical significance during serial assessment where it can be used to document either a decline or an improvement in cognitive functioning.

Military Acute Concussion Evaluation (MACE)

References:	<p>Coldren, R. L., Kelly, M. P., Parish, R. V., Dretsch, M., & Russell, M. L. (2010). Evaluation of the Military Acute Concussion Evaluation for use in combat operations more than 12 hours after injury. <i>Mil Med</i>, <i>175</i>(7), 477–481.</p> <p>French, L., McCrea, M., & Baggett, M. (2008). The Military Acute Concussion Evaluation (MACE). <i>J Special Operations Med</i>, <i>8</i>(Edition 1), 68–77.</p> <p>MACE – Military Acute Concussion Evaluation. (2012). Retrieved 3/25, 2015, from https://www.jsomonline.org/TBI/MACE_Revised_2012.pdf</p> <p>McCrea, M., Pliskin, N., Barth, J., Cox, D., Fink, J., French, L., . . . Yoash-Gantz, R. (2008). Official position of the military TBI task force on the role of neuropsychology and rehabilitation psychology in the evaluation, management, and research of military veterans with traumatic brain injury. <i>Clin Neuropsychol</i>, <i>22</i>(1), 10–26.</p> <p>Schwab, K. A., Ivins, B., Cramer, G., Johnson, W., Sluss-Tiller, M., Kiley, K., . . . Warden, D. (2007). Screening for traumatic brain injury in troops returning from deployment in Afghanistan and Iraq: initial investigation of the usefulness of a short screening tool for traumatic brain injury. <i>J Head Trauma Rehabil</i>, <i>22</i>(6), 377–389.</p> <p>Terrio, H., Brenner, L. A., Ivins, B. J., Cho, J. M., Helmick, K., Schwab, K., . . . Warden, D. (2009). Traumatic brain injury screening: preliminary findings in a US Army Brigade Combat Team. <i>J Head Trauma Rehabil</i>, <i>24</i>(1), 14–23.</p>
-------------	---