On-line Table 1: Severity and chronicity^a

Articles		Mild			
(Patients)	Mild	Complicated	Moderate	Severe	Total
Acute	15 ^b (183)	2° (31)	6 ^d (161)	5 ^e (98)	27 (495)
Subacute	21 ^f (324)	7 ^g (38)	16 ^h (209)	26 ⁱ (446)	72 (1040)
Chronic	16 ^j (234)	10 ^k (87)	11 ^l (66)	21 ^m (291)	49 (678)
Total	53 (764)	19 (156)	30 (436)	47 (835)	

^aThe number of articles (patients) reported for each time frame at each level of injury severity. Articles were only included if there was sufficient information to determine both the severity and the chronicity of individual patient injuries. Articles may be included multiple times if they studied subjects with multiple severities and/or multiple chronicities. This Table corresponds to Fig 3 in the text.

^b Supplemental references 4, 6, 18, 27, 33, 45, 47, 52, 54, 56, 57, 83, 89, 94, 96.

^c Supplemental references 2, 37.

^d Supplemental references 37-39, 62, 67, 83.

^e Supplemental references 47, 55, 62, 83, 85.

f Supplemental references 3, 19, 23, 26-28, 31, 35, 40, 47, 49, 54, 56, 59, 65, 77-79, 83, 92, 100.

^g Supplemental references 1, 2, 26, 40, 78, 91, 93.

^h Supplemental references 1, 3, 5, 22, 25, 35, 38-40, 59, 67, 83, 86, 91-93.

ⁱ Supplemental references 1, 3, 7, 14-17, 22, 29, 30, 40, 43, 47, 50, 59, 63, 68, 70, 76, 82-86, 91, 93.

^j Supplemental references 8, 21, 23, 31, 33, 36, 41, 44, 46, 48, 51, 64, 65, 73, 98, 99.

^k Supplemental references 20, 46, 51, 64, 65, 71, 73, 74, 93, 98.

¹ Supplemental references 20, 22, 39, 41, 46, 71, 74, 75, 80, 93, 98.

^m Supplemental references 11, 13, 20, 22, 30, 34, 58, 68, 69, 71, 74-76, 80, 81, 87, 88, 93, 95, 97, 98.

On-line Table 2: Most common locations of abnormal FA by ROI analysis^a

Locations	No. of Findings
Corpus callosum, anterior/genu	22 ^{b,c,d} /30 ^e
Corpus callosum posterior/splenium	21 ^{f,g,d} /32 ^h
Posterior limb of the internal capsule	11 ⁱ /22 ^j
Corpus callosum, body	10 ^k /18 ^l
Frontal lobe	7 ^m /10 ⁿ
Corona radiata	6 ^{o,p,d} /10 ^q
Cingulum bundle	7 ^r /8 ^s
Centrum semiovale	6 ^t /11 ^u
Brain stem	5°/8 ^w
Cerebral peduncle	5 [×] /7 ^y

^a Values indicate the number of articles reporting abnormally low FA. Denominators represent the number of studies that assessed FA at these locations, including those that did not find abnormal changes in FA.

^b Supplemental references 1, 2, 13, 20, 36-39, 43, 48, 51, 52, 54, 58, 63, 64, 81, 86, 93, 95, 98, 99.

^c Supplemental reference 54.

^d Indicates that additional articles reported findings of abnormally high FA.

^e Supplemental references 1, 2, 4, 13, 20, 21, 33, 36-40, 43, 46, 48, 49, 51, 52, 54, 58, 59, 63, 64, 81, 86, 92, 93, 95, 98, 99.

^f Supplemental references 1, 2, 13, 20, 23, 32, 33, 36-39, 43, 52, 58, 62, 63, 76, 81, 86, 93, 95. ^g Supplemental reference 4.

^h Supplemental references 1, 2, 4, 13, 20, 21, 23, 32, 33, 36-40, 43, 46, 48, 49, 52, 54, 58, 59, 62, 63, 76, 81, 86, 92, 93, 95, 98, 100.

ⁱ Supplemental references 2, 11, 23, 32, 33, 38, 64, 76, 82, 95, 97.

¹ Supplemental references 1, 2, 4, 10-12, 23, 26, 32, 33, 38, 41, 46, 48, 52, 64, 76, 82, 86, 95, 97, 98.

^k Supplemental references 13, 20, 38-40, 43, 46, 52, 64, 93.

¹ Supplemental references 13, 20, 21, 36-40, 43, 46, 52, 54, 64, 81, 92, 93, 98, 100.

^m Supplemental references 34, 43, 49, 55, 66, 81, 92.

ⁿ Supplemental references 34, 38, 43, 49, 55, 66, 81, 92, 95, 100.

° Supplemental references 10, 36, 46, 51, 54, 64, 97.

^P Supplemental reference 54.

^q Supplemental references 10, 21, 36, 46, 51, 52, 54, 58, 64, 97.

^r Supplemental references 8, 36, 43, 49, 51, 64, 99.

^s Supplemental references 8, 21, 36, 43, 49, 51, 64, 99.

^t Supplemental references 33, 34, 64, 76, 82, 97.

^u Supplemental references 1, 11, 23, 26, 33, 34, 58, 64, 76, 82, 97.

^v Supplemental references 26, 63, 64, 82, 97.

^w Supplemental references 10, 12, 26, 48, 63, 64, 82, 97.

× Supplemental references 11, 15, 49, 64, 97.

^y Supplemental references 10-12, 15, 49, 64, 97.

On-line Table 3: Most common locations of abnormal FA by tractography analysis^a

Locations	No. of Findings
Corpus callosum, total	10 ^{b,c,d} /11 ^e
Corpus callosum, anterior/genu	8 ^f /8 ^g
Corpus callosum, posterior/splenium	7 ^h /8 ⁱ
Cingulum bundle	6 ^j /10 ^k
Fornix	5 ^l /7 ^m
Corpus callosum, body	4 ⁿ /6 ^o
Fronto-occipital fasciculus	4 ^p /5 ^q
Inferior longitudinal fasciculus	4 ^r /5 ^s
Uncinate fasciculus	4 ^t /5 ^u
Hippocampus	3 ^v /3 ^w

a Values indicate the number of articles reporting abnormally low FA. Denominators represent the number of studies that assessed FA at these locations, including those that did not find abnormal changes in FA.

^b Supplemental references 9, 29, 42, 47, 67, 73, 75, 80, 84, 95.

^c Supplemental reference 89.

^d Indicates that 1 additional article reported findings of abnormally high FA.

^e Supplemental references 9, 29, 41, 42, 47, 67, 73, 75, 80, 84, 95.

^f Supplemental references 42, 50, 58, 72, 75, 77, 84, 88.

^g Supplemental references 42, 50, 58, 72, 75, 77, 84, 88.

^h Supplemental references 42, 50, 58, 72, 77, 84, 88.

ⁱ Supplemental references 25, 42, 50, 58, 72, 77, 84, 88.

^j Supplemental references 7, 50, 55, 67, 73, 91.

^k Supplemental references 7, 25, 41, 50, 55, 67, 73, 75, 77, 91.

¹ Supplemental references 50, 58, 67, 77, 80.

^m Supplemental references 41, 50, 58, 67, 77, 80, 84.

ⁿ Supplemental references 42, 50, 84, 88.

° Supplemental references 42, 50, 72, 77, 84, 88.

^P Supplemental references 7, 50, 67, 77.

⁹ Supplemental references 7, 50, 67, 75, 77.

^r Supplemental references 7, 50, 67, 77.

^s Supplemental references 7, 50, 67, 75, 77. ^t Supplemental references 7, 50, 55, 77.

- ^u Supplemental references 7, 50, 55, 75, 77.
- ^v Supplemental references 17, 50, 77.

^w Supplemental references 17, 50, 77.

On-line Table 4: Most common locations of abnormal FA by whole-brain analysis^a

Locations	Findings
Superior longitudinal fasciculus	7 ^b /25 ^c
Corpus callosum, anterior/genu	7 ^d
Inferior longitudinal fasciculus, inferior	7 ^e
Posterior limb of the internal capsule	6 ^f
Fronto-occipital fasciculus	6 ^g
Cingulum bundle	5 ^h
Corona radiata	5 ⁱ
Corpus callosum, overall	5 ^j
Corpus callosum, body	5 ^k
Fornix	5 ¹
Frontal lobe	5 ^m
Temporal lobe	5 ⁿ

^a Values indicate the number of articles reporting low FA in these locations. Twentyfive articles used whole-brain analysis to assess FA throughout the entire brain. Whole-brain analysis examines all brain regions; therefore, the denominators are all equal.

^b Supplemental references 5, 31, 35, 50, 53, 95, 98.

^c Supplemental references 5, 6, 12, 18, 27, 31, 33, 35, 44-46, 50, 53, 56, 58, 68, 70, 71, 74, 78, 80, 86, 95, 98, 100,

^d Supplemental references 27, 35, 44, 53, 58, 95, 98.

^e Supplemental references 31, 35, 50, 68, 70, 95, 98.

^f Supplemental references 4, 12, 33, 35, 86, 95.

^g Supplemental references 5, 35, 50, 68, 78, 98.

^h Supplemental references 5, 35, 68, 80, 95.

Supplemental references 5, 35, 50, 53, 95.

^j Supplemental references 5, 35, 50, 68, 74.

^k Supplemental references 27, 35, 58, 80, 95.

¹ Supplemental references 35, 50, 68, 80, 95.

^m Supplemental references 31, 44, 45, 74, 80.

ⁿ Supplemental references 31, 44, 74, 78, 80.

On-line Table 5: Most common locations of abnormal mean diffusivity by ROI analysis^a

Locations	Findings
Corpus callosum posterior/splenium	10 ^{b,c,d} /20 ^e
Corpus callosum anterior/genu	10 ^f /16 ^g
Frontal lobe	9 ^h /10 ⁱ
White matter	7 ^j /7 ^k
Thalamus	4 ¹ /6 ^m

^a Values indicate the number of articles reporting abnormally low MD. Denominators represent the number of studies that assessed MD at these locations, including those that did not find abnormal changes in MD.

^b Supplemental references 13, 23, 33, 43, 59, 62, 63, 81, 93, 95.

^c Supplemental reference 32.

^d Indicates that 1 additional article reported findings of abnormally high MD.

^e Supplemental references 2, 13, 23, 32, 33, 37, 38-40, 43, 48, 49, 59, 62, 63, 76, 81, 93, 95, 100.

^f Supplemental references 13, 37, 38, 43, 48, 59, 63, 81, 93, 95.

^g Supplemental references 2, 13, 33, 37, 38-40, 43, 48, 49, 59, 63, 81, 93, 95, 100.

^h Supplemental references 34, 43, 49, 55, 60, 66, 81, 95, 100.

Supplemental references 34, 38, 43, 49, 55, 60, 66, 81, 95, 100.

^j Supplemental references 10, 23, 59, 61-63, 90.

^k Supplemental references 10, 23, 59, 61-63, 90.

¹Supplemental references 23, 59, 60, 63.

^m Supplemental references 23, 26, 32, 59, 60, 63.

On-line Table 6: Most common locations of abnormal mean diffusivity by tractography analysis^a

Locations	Findings
Corpus callosum anterior/genu	4 ^b /4 ^c
Fronto-occipital fasciculus	4 ^d /5 ^e
Inferior longitudinal fasciculus	4 ^f /5 ^g
Uncinate fasciculus	4 ^h /4 ⁱ
Cingulum bundle	3 ^{j,k,l} /7 ^m

^a Values indicate the number of articles reporting abnormally low MD. Denominators represent the number of studies that assessed MD at these locations, including those that did not find abnormal changes in MD.

^b Supplemental references 42, 50, 72, 77.

^c Supplemental references 42, 50, 72, 77.

^d Supplemental references 7, 19, 50, 77.

^e Supplemental references 7, 19, 50, 67, 77.

^f Supplemental references 7, 19, 50, 77.

^g Supplemental references 7, 19, 50, 67, 77.

^h Supplemental references 7, 50, 55, 77.

Supplemental references 7, 50, 55, 77.

^j Supplemental references 7, 50, 55.

^k Supplemental reference 94.

¹ Indicates that 1 additional article reported findings of abnormally high MD.

^m Supplemental references 7, 50, 55, 67, 77, 91, 94.

On-line Table 7: Most common locations of abnormal mean diffusivity by whole-brain analysis^a

Locations	Findings
Cingulum bundle	6 ^b /13 ^c
Corpus callosum, total	5 ^d
Superior longitudinal fasciculus	4 ^e
Posterior limb of the internal capsule	4 ^f
Fronto-occipital fasciculus	4 ^g
Frontal lobe	4 ^h

^a Values indicate the number of articles reporting abnormally increased MD in these locations. Thirteen articles used whole-brain analysis to assess MD throughout the entire brain. Whole-brain analysis examines all brain regions; therefore, the denominators are all equal.

^b Supplemental references 5, 18, 35, 71, 74, 95.

^c Supplemental references 5, 18, 27, 35, 44, 45, 50, 56, 70, 71, 74, 78, 95.

^d Supplemental references 5, 27, 35, 50, 56.

^e Supplemental references 5, 35, 56, 95.

^f Supplemental references 5, 35, 50, 95.

^g Supplemental references 5, 35, 56, 95.

^h Supplemental references 18, 44, 45, 74.

On-line Table 8: Relationship of DTI metrics to cognitive outcome measures^a

DTI Measure	Correlation	Attention	Executive Function	Memory	Motor	Psychomotor/Processing	Visuospatial	IQ
FA	No correlation	2 ^b	6 ^c	6 ^d	1e	1 ^f	0	6 ^g
	Negative correlation	6 ^h	5 ⁱ	2 ^j	0	2 ^k	0	0
	Positive correlation	11 ¹	9 ^m	14 ⁿ	4°	5 ^p	4 ^q	2 ^r
MD	No correlation	1 ^s	4 ^t	3 ^u	1 ^v	2 ^w	0	0
	Negative correlation	4 [×]	6 ^y	7 ^z	0	1 ^{aa}	3 ^{bb}	0
	Positive correlation	3 ^{cc}	2 ^{dd}	2 ^{ee}	0	0	1 ^{ff}	0

Note:---IQ indicates intelligence quotient.

^a Total number of articles assessing relationships between DTI measures and cognitive outcomes. Cognitive outcome measures have been categorized into 7 domains (top row). Articles are classified as reporting positive correlation, negative correlation, or no correlation. Positive correlation indicates a correlation coefficient greater than zero. Negative correlation indicates a correlation coefficient less than zero. No correlation includes articles that reported analyzing relationships between the DTI measure and cognitive outcomes within a domain but either reported finding no correlation (correlation coefficient equal to zero) or a correlation with a P value > .05.

^b Supplemental references 38, 57.

^c Supplemental references 3, 25, 35-37, 54.

^d Supplemental references 3, 5, 46, 54, 58, 74.

^e Supplemental reference 12.

^f Supplemental reference 35.

^g Supplemental references 3, 12, 14, 54, 58, 92.

^h Supplemental references 36-38, 51, 92, 93.

ⁱ Supplemental references 5, 6, 32, 66, 98.

^j Supplemental references 36, 94.

^k Supplemental references 51, 96.

¹ Supplemental references 8, 23, 36-38, 46, 50, 54, 65, 67, 88.

^m Supplemental references 4, 38, 41, 42, 46, 50, 57, 80, 92. ⁿ Supplemental references 7, 14, 21, 28, 35, 41, 43, 50, 51, 55, 65, 67, 80, 81.

° Supplemental references 9-11, 20.

^P Supplemental references 4, 12, 23, 64, 67. ^q Supplemental references 37, 38, 39, 67.

^r Supplemental references 20, 80.

^s Supplemental reference 36.

^t Supplemental references 4, 36, 39, 42.

^u Supplemental references 35, 36, 50.

^v Supplemental references 36.

^w Supplemental references 35, 74.

* Supplemental references 8, 38, 50, 67.

^y Supplemental references 5, 25, 35, 38, 50, 60.

^z Supplemental references 5, 17, 28, 41, 55, 67, 81.

^{aa} Supplemental reference 67.

^{bb} Supplemental references 38, 39, 67.

^{cc} Supplemental references 37-39.

^{dd} Supplemental references 37, 91.

ee Supplemental references 7, 74.

^{ff} Supplemental reference 73.

On-line Table 9: Relationship of DTI metrics to general clinical assessments^a

DTI		Global		Postconcussive
Measure	Correlation	Outcome	GCS	Symptoms
FA	No correlation	3 ^b	8 ^c	6 ^d
	Negative correlation	4 ^e	1 ^f	3 ^g
	Positive correlation	11 ^h	5 ⁱ	3 ^j
MD	No correlation	0	0	1 ^k
	Negative correlation	5 ¹	4 ^m	2 ⁿ
	Positive correlation	1°	1 ^p	1 ^q

^a Total number of articles assessing relationships between DTI measures and global outcome measures, GCS, or postconcussive symptoms. Articles are classified as reporting positive correlation, negative correlation, or no correlation. Positive correlation indicates a correlation coefficient greater than zero. Negative correlation indicates a correlation coefficient less than zero. No correlation includes articles that reported analyzing relationships between the DTI measure and cognitive outcomes within a domain but either reported finding no correlation (correlation coefficient equal to zero) or a correlation with a P value >.05.

- ^b Supplemental references 14, 57, 80.
- ^c Supplemental references 1, 3, 20, 37, 61, 62, 87, 91.
- ^d Supplemental references 18, 21, 54, 80, 81, 92.
- ^e Supplemental references 20, 32, 59, 66.
- ^f Supplemental reference 42.
- ^g Supplemental references 41, 53, 78.
- ^h Supplemental references 1, 42, 50, 58, 63, 70, 76, 81, 82, 84, 88.
- ⁱ Supplemental references 5, 6, 32, 66, 98.
- ^j Supplemental references 4, 89, 99
- ^k Supplemental reference 81.
- ¹ Supplemental references 42, 50, 59, 63, 81.
- ^m Supplemental references 5, 42, 66, 91.
- ⁿ Supplemental references 4, 18.
- ° Supplemental reference 81.
- ^p Supplemental references 32.
- ⁹ Supplemental references 78.

SUPPLEMENTAL REFERENCES

- 1. Akpinar E, Koroglu M, Ptak T. Diffusion tensor MR imaging in pediatric head trauma. J Comput Assist Tomogr 2007;31:657–61
- Arfanakis K, Haughton VM, Carew JD, et al. Diffusion tensor MR imaging in diffuse axonal injury. *AJNR Am J Neuroradiol* 2002;23: 794–802
- Babikian T, Marion SD, Copeland S, et al. Metabolic levels in the corpus callosum and their structural and behavioral correlates after moderate to severe pediatric TBI. J Neurotrauma 2010;27: 473–81
- 4. Bazarian JJ, Zhong J, Blyth B, et al. Diffusion tensor imaging detects clinically important axonal damage after mild traumatic brain injury: a pilot study. *J Neurotrauma* 2007;24:1447–59
- Bendlin BB, Ries ML, Lazar M, et al. Longitudinal changes in patients with traumatic brain injury assessed with diffusion-tensor and volumetric imaging. *Neuroimage* 2008;42:503–14
- Benson RR, Meda SA, Vasudevan S, et al. Global white matter analysis of diffusion tensor images is predictive of injury severity in traumatic brain injury. J Neurotrauma 2007;24:446–59
- Bigler ED, McCauley SR, Wu TC, et al. The temporal stem in traumatic brain injury: preliminary findings. Brain Imaging Behav 2010;4:270-82
- Bonnelle V, Leech R, Kinnunen KM, et al. Default mode network connectivity predicts sustained attention deficits after traumatic brain injury. J Neurosci 2011;31:13442–51
- Caeyenberghs K, Leemans A, Coxon J, et al. Bimanual coordination and corpus callosum microstructure in young adults with traumatic brain injury: a diffusion tensor imaging study. J Neurotrauma 2011;28:897–913
- Caeyenberghs K, Leemans A, Geurts M, et al. Correlations between white matter integrity and motor function in traumatic brain injury patients. *Neurorehabil Neural Repair* 2011;25:492–502

11. Caeyenberghs K, Leemans A, Geurts M, et al. Brain-behavior rela-

20ms 12. Caeyenberghs K, Leemans A, Geurts M, et al. Brain-behavior relationships in young traumatic brain injury patients: fractional anisotropy measures are highly correlated with dynamic visuomotor

31:992-1002

tracking performance. Neuropsychologia 2010;48:1472-82
13. Chang MC, Jang SH. Corpus callosum injury in patients with diffuse axonal injury: a diffusion tensor imaging study. NeuroRehabilitation 2010;26:339-45

tionships in young traumatic brain injury patients: DTI metrics

are highly correlated with postural control. Hum Brain Mapp 2010;

- Chang MC, Kim SH, Kim OL, et al. The relation between fornix injury and memory impairment in patients with diffuse axonal injury: a diffusion tensor imaging study. *NeuroRehabilitation* 2010; 26:347–53
- Cho HK, Hong JH, Kim SH, et al. Clinical usefulness of diffusion tensor imaging in patients with transtentorial herniation following traumatic brain injury. *Brain Inj* 2011;25:1005–09
- Choi GS, Kim OL, Kim SH, et al. Classification of cause of motor weakness in traumatic brain injury using diffusion tensor imaging. Arch Neurol 2012;69:363–67
- Christidi F, Bigler ED, McCauley SR, et al. Diffusion tensor imaging of the perforant pathway zone and its relation to memory function in patients with severe traumatic brain injury. J Neurotrauma 2011;28:711–25
- Chu Z, Wilde EA, Hunter JV, et al. Voxel-based analysis of diffusion tensor imaging in mild traumatic brain injury in adolescents. AJNR Am J Neuroradiol 2010;31:340–46
- Cubon VA, Putukian M, Boyer C, et al. A diffusion tensor imaging study on the white matter skeleton in individuals with sports-related concussion. J Neurotrauma 2011;28:189–201
- Ewing-Cobbs L, Prasad MR, Swank P, et al. Arrested development and disrupted callosal microstructure following pediatric traumatic brain injury: relation to neurobehavioral outcomes. *Neuroimage* 2008;42:1305–15
- Geary EK, Kraus MF, Pliskin NH, et al. Verbal learning differences in chronic mild traumatic brain injury. J Intern Neuropsychol Soc 2010;16:506–16
- Greenberg G, Mikulis DJ, Ng K, et al. Use of diffusion tensor imaging to examine subacute white matter injury progression in moderate to severe traumatic brain injury. *Arch Phys Med Rehabil* 2008; 89:S45–50
- Grossman EJ, Ge Y, Jensen JH, et al. Thalamus and cognitive impairment in mild traumatic brain injury: a diffusional kurtosis imaging study. J Neurotrauma 2012;29:2318–27
- 24. Gupta RK, Saksena S, Agarwal A, et al. Diffusion tensor imaging in late posttraumatic epilepsy. *Epilepsia* 2005;46:1465–71
- Hanten G, Wilde EA, Menefee DS, et al. Correlates of social problem solving during the first year after traumatic brain injury in children. *Neuropsychology* 2008;22:357–70
- Hartikainen KM, Waljas M, Isoviita T, et al. Persistent symptoms in mild to moderate traumatic brain injury associated with executive dysfunction. J Clin Exp Neuropsychol 2010:32:767–74
- Henry LC, Tremblay J, Tremblay S, et al. Acute and chronic changes in diffusivity measures after sports concussion. J Neurotrauma 2011;28:2049–59
- Holli KK, Waljas M, Harrison L, et al. Mild traumatic brain injury tissue texture analysis correlated to neuropsychological and DTI findings. Acad Radiol 2010;17:1096–102
- 29. Hong JH, Jang SH, Kim OL, et al. Neuronal loss in the medial cholinergic pathway from the nucleus basalis of Meynert in patients with traumatic axonal injury: a preliminary diffusion tensor imaging study. J Head Trauma Rehabil 2012;27:172–76
- Hong JH, Kim OL, Kim SH, et al. Cerebellar peduncle injury in patients with ataxia following diffuse axonal injury. *Brain Res Bull* 2009;80:30–35
- 31. Huang MX, Theilmann RJ, Robb A, et al. Integrated imaging approach with MEG and DTI to detect mild traumatic brain injury in military and civilian patients. J Neurotrauma 2009;26:1213–26

- 32. Huisman TA, Schwamm LH, Schaefer PW, et al. Diffusion tensor imaging as potential biomarker of white matter injury in diffuse axonal injury. *AJNR Am J Neuroradiol* 2004;25:370–76
- 33. Inglese M, Makani S, Johnson G, et al. Diffuse axonal injury in mild traumatic brain injury: a diffusion tensor imaging study. J Neurosurg 2005;103:298–303
- Kennedy MR, Wozniak JR, Muetzel RL, et al. White matter and neurocognitive changes in adults with chronic traumatic brain injury. J Int Neuropsychol Soc 2009;15:130–36
- 35. Kinnunen KM, Greenwood R, Powell JH, et al. White matter damage and cognitive impairment after traumatic brain injury. Brain 2011;134:449–63
- Kraus MF, Susmaras T, Caughlin BP, et al. White matter integrity and cognition in chronic traumatic brain injury: a diffusion tensor imaging study. *Brain* 2007;130:2508–19
- 37. Kumar R, Gupta RK, Husain M, et al. Comparative evaluation of corpus callosum DTI metrics in acute mild and moderate traumatic brain injury: its correlation with neuropsychometric tests. *Brain Inj* 2009;23:675–85
- Kumar R, Husain M, Gupta RK, et al. Serial changes in the white matter diffusion tensor imaging metrics in moderate traumatic brain injury and correlation with neuro-cognitive function. J Neurotrauma 2009;26:481–95
- 39. Kumar R, Saksena S, Husain M, et al. Serial changes in diffusion tensor imaging metrics of corpus callosum in moderate traumatic brain injury patients and their correlation with neuropsychometric tests: a 2-year follow-up study. J Head Trauma Rehabil 2010;25: 31–42
- Lange RT, Iverson GL, Brubacher JR, et al. Diffusion tensor imaging findings are not strongly associated with postconcussional disorder 2 months following mild traumatic brain injury. J Head Trauma Rehabil 2012;27:188–98
- Levin HS, Wilde E, Troyanskaya M, et al. Diffusion tensor imaging of mild to moderate blast-related traumatic brain injury and its sequelae. J Neurotrauma 2010;27:683–94
- Levin HS, Wilde EA, Chu Z, et al. Diffusion tensor imaging in relation to cognitive and functional outcome of traumatic brain injury in children. J Head Trauma Rehabil 2008;23:197–208
- Levin HS, Wilde EA, Hanten G, et al. Mental state attributions and diffusion tensor imaging after traumatic brain injury in children. Dev Neuropsychol 2011;36:273–87
- 44. Lipton ML, Gellella E, Lo C, et al. Multifocal white matter ultrastructural abnormalities in mild traumatic brain injury with cognitive disability: a voxel-wise analysis of diffusion tensor imaging. *J Neurotrauma* 2008;25:1335–42
- 45. Lipton ML, Gulko E, Zimmerman ME, et al. Diffusion tensor imaging implicates prefrontal axonal injury in executive function impairment following mild traumatic brain injury. *Radiology* 2009;252:816-24
- Little DM, Kraus MF, Joseph J, et al. Thalamic integrity underlies executive dysfunction in traumatic brain injury. *Neurology* 2010; 74:558–64
- 47. Ljungqvist J, Nilsson D, Ljungberg M, et al. Longitudinal study of the diffusion tensor imaging properties of the corpus callosum in acute and chronic diffuse axonal injury. *Brain Inj* 2011;25:370–78
- Lo C, Shifteh K, Gold T, et al. Diffusion tensor imaging abnormalities in patients with mild traumatic brain injury and neurocognitive impairment. J Comput Assist Tomogr 2009;33:293–97
- Mac Donald CL, Johnson AM, Cooper D, et al. Detection of blastrelated traumatic brain injury in U.S. military personnel. N Engl J Med 2011;364:2091–100
- Marquez de la Plata CD, Yang FG, Wang JY, et al. Diffusion tensor imaging biomarkers for traumatic axonal injury: analysis of three analytic methods. J Int Neuropsychol Soc 2011;17:24–35
- Maruta J, Suh M, Niogi SN, et al. Visual tracking synchronization as a metric for concussion screening. J Head Trauma Rehabil 2010; 25:293–305
- 52. Matsushita M, Hosoda K, Naitoh Y, et al. Utility of diffusion tensor

imaging in the acute stage of mild to moderate traumatic brain injury for detecting white matter lesions and predicting long-term cognitive function in adults. J Neurosurg 2011;115:130–39

- 53. Matthews SC, Strigo IA, Simmons AN, et al. A multimodal imaging study in U.S. veterans of Operations Iraqi and Enduring Freedom with and without major depression after blast-related concussion. *Neuroimage* 2011;54(suppl 1):S69–75
- Mayer AR, Ling J, Mannell MV, et al. A prospective diffusion tensor imaging study in mild traumatic brain injury. *Neurology* 2010;74: 643–50
- McCauley SR, Wilde EA, Bigler ED, et al. Diffusion tensor imaging of incentive effects in prospective memory after pediatric traumatic brain injury. J Neurotrauma 2011;28:503–16
- 56. Messé A, Caplain S, Paradot G, et al. Diffusion tensor imaging and white matter lesions at the subacute stage in mild traumatic brain injury with persistent neurobehavioral impairment. *Hum Brain* Mapp 2011;32:999–1011
- Miles L, Grossman RI, Johnson G, et al. Short-term DTI predictors of cognitive dysfunction in mild traumatic brain injury. *Brain Inj* 2008;22:115–22
- Nakayama N, Okumura A, Shinoda J, et al. Evidence for white matter disruption in traumatic brain injury without macroscopic lesions. J Neurol Neurosurg Psychiatry 2006;77:850–55
- 59. Newcombe V, Chatfield D, Outtrim J, et al. Mapping traumatic axonal injury using diffusion tensor imaging: correlations with functional outcome. *PloS One* 2011;6:e19214
- 60. Newcombe VF, Outtrim JG, Chatfield DA, et al. **Parcellating the** neuroanatomical basis of impaired decision-making in traumatic brain injury. *Brain* 2011;134:759–68
- Newcombe VF, Williams GB, Nortje J, et al. Concordant biology underlies discordant imaging findings: diffusivity behaves differently in grey and white matter post acute neurotrauma. Acta Neurochir Suppl 2008;102:247–51
- 62. Newcombe VF, Williams GB, Nortje J, et al. **Analysis of acute traumatic axonal injury using diffusion tensor imaging.** *Br J Neurosurg* 2007;21:340–48
- 63. Newcombe VF, Williams GB, Scoffings D, et al. Aetiological differences in neuroanatomy of the vegetative state: insights from diffusion tensor imaging and functional implications. J Neurol Neurosurg Psychiatry 2010;81:552–61
- 64. Niogi SN, Mukherjee P, Ghajar J, et al. Extent of microstructural white matter injury in postconcussive syndrome correlates with impaired cognitive reaction time: a 3T diffusion tensor imaging study of mild traumatic brain injury. *AJNR Am J Neuroradiol* 2008; 29:967–73
- 65. Niogi SN, Mukherjee P, Ghajar J, et al. **Structural dissociation of** attentional control and memory in adults with and without mild traumatic brain injury. *Brain* 2008;131:3209–21
- 66. Oni MB, Wilde EA, Bigler ED, et al. Diffusion tensor imaging analysis of frontal lobes in pediatric traumatic brain injury. J Child Neurol 2010;25:976–84
- Pal D, Gupta RK, Agarwal S, et al. Diffusion tensor tractography indices in patients with frontal lobe injury and its correlation with neuropsychological tests. Clin Neurol Neurosurg 2012;114:564–71
- Palacios EM, Fernandez-Espejo D, Junque C, et al. Diffusion tensor imaging differences relate to memory deficits in diffuse traumatic brain injury. *BMC Neurol* 2011;11:24
- Palmer HS, Garzon B, Xu J, et al. Reduced fractional anisotropy does not change the shape of the hemodynamic response in survivors of severe traumatic brain injury. J Neurotrauma 2010;27: 853–62
- 70. Perlbarg V, Puybasset L, Tollard E, et al. Relation between brain lesion location and clinical outcome in patients with severe traumatic brain injury: a diffusion tensor imaging study using voxelbased approaches. *Hum Brain Mapp* 2009;30:3924–33
- Porto L, Jurcoane A, Margerkurth J, et al. Morphometry and diffusion MR imaging years after childhood traumatic brain injury. *Eur J Paediatr Neurol* 2011;15:493–501

- Rutgers DR, Fillard P, Paradot G, et al. Diffusion tensor imaging characteristics of the corpus callosum in mild, moderate, and severe traumatic brain injury. AJNR Am J Neuroradiol 2008;29: 1730-35
- Rutgers DR, Toulgoat F, Cazejust J, et al. White matter abnormalities in mild traumatic brain injury: a diffusion tensor imaging study. AJNR Am J Neuroradiol 2008;29:514–19
- 74. Salmond CH, Menon DK, Chatfield DA, et al. Diffusion tensor imaging in chronic head injury survivors: correlations with learning and memory indices. *Neuroimage* 2006;29:117–24
- 75. Scheibel RS, Newsome MR, Wilde EA, et al. Brain activation during a social attribution task in adolescents with moderate to severe traumatic brain injury. Soc Neurosci 2011;6:582–98
- Sidaros A, Engberg AW, Sidaros K, et al. Diffusion tensor imaging during recovery from severe traumatic brain injury and relation to clinical outcome: a longitudinal study. *Brain* 2008;131:559–72
- 77. Singh M, Jeong J, Hwang D, et al. Novel diffusion tensor imaging methodology to detect and quantify injured regions and affected brain pathways in traumatic brain injury. *Magn Reson Imaging* 2010;28:22–40
- Smits M, Houston GC, Dippel DW, et al. Microstructural brain injury in post-concussion syndrome after minor head injury. *Neuroradiology* 2011;53:553–63
- 79. Sponheim SR, McGuire KA, Kang SS, et al. Evidence of disrupted functional connectivity in the brain after combat-related blast injury. *Neuroimage* 2011;54(suppl 1):S21–29
- Sugiyama K, Kondo T, Oouchida Y, et al. Clinical utility of diffusion tensor imaging for evaluating patients with diffuse axonal injury and cognitive disorders in the chronic stage. J Neurotrauma 2009;26:1879–90
- 81. Tasker RC, Gunn Westland A, White DK, et al. Corpus callosum and inferior forebrain white matter microstructure are related to functional outcome from raised intracranial pressure in child traumatic brain injury. Dev Neurosci 2010;32:374–84
- Tollard E, Galanaud D, Perlbarg V, et al. Experience of diffusion tensor imaging and 1H spectroscopy for outcome prediction in severe traumatic brain injury: preliminary results. *Crit Care Med* 2009;37:1448–55
- Wang JY, Bakhadirov K, Abdi H, et al. Longitudinal changes of structural connectivity in traumatic axonal injury. *Neurology* 2011;77:818-26
- Wang JY, Bakhadirov K, Devous MD Sr, et al. Diffusion tensor tractography of traumatic diffuse axonal injury. Arch Neurol 2008; 65:619–26
- 85. Warner MA, Marquez de la Plata C, Spence J, et al. Assessing spatial relationships between axonal integrity, regional brain volumes, and neuropsychological outcomes after traumatic axonal injury. *J Neurotrauma* 2010;27:2121–30
- 86. Wei CW, Tharmakulasingam J, Crawley A, et al. Use of diffusiontensor imaging in traumatic spinal cord injury to identify con-

comitant traumatic brain injury. *Arch Phys Med Rehabil* 2008;89: \$85–91

- Wilde EA, Bigler ED, Haider JM, et al. Vulnerability of the anterior commissure in moderate to severe pediatric traumatic brain injury. J Child Neurol 2006;21:769–76
- Wilde EA, Chu Z, Bigler ED, et al. Diffusion tensor imaging in the corpus callosum in children after moderate to severe traumatic brain injury. J Neurotrauma 2006;23:1412–26
- Wilde EA, McCauley SR, Hunter JV, et al. Diffusion tensor imaging of acute mild traumatic brain injury in adolescents. *Neurology* 2008;70:948–55
- Wilde EA, Newsome MR, Bigler ED, et al. Brain imaging correlates of verbal working memory in children following traumatic brain injury. Int J Psychophysiol 2011;82:86–96
- Wilde EA, Ramos MA, Yallampalli R, et al. Diffusion tensor imaging of the cingulum bundle in children after traumatic brain injury. Dev Neuropsychol 2010;35:333–51
- Wozniak JR, Krach L, Ward E, et al. Neurocognitive and neuroimaging correlates of pediatric traumatic brain injury: a diffusion tensor imaging (DTI) study. Arch Clin Neuropsychol 2007;22: 555–68
- Wu TC, Wilde EA, Bigler ED, et al. Longitudinal changes in the corpus callosum following pediatric traumatic brain injury. *Dev Neurosci* 2010;32:361–73
- 94. Wu TC, Wilde EA, Bigler ED, et al. Evaluating the relationship between memory functioning and cingulum bundles in acute mild traumatic brain injury using diffusion tensor imaging. J Neurotrauma 2010;27:303–07
- 95. Xu J, Rasmussen IA, Lagopoulos J, et al. Diffuse axonal injury in severe traumatic brain injury visualized using high-resolution diffusion tensor imaging. *J Neurotrauma* 2007;24:753–65
- 96. Yallampalli R, Wilde EA, Bigler ED, et al. Acute white matter differences in the fornix following mild traumatic brain injury using diffusion tensor imaging. J Neuroimaging 2010 Nov 17. [Epub ahead of print]
- 97. Yasokawa YT, Shinoda J, Okumura A, et al. Correlation between diffusion-tensor magnetic resonance imaging and motor-evoked potential in chronic severe diffuse axonal injury. J Neurotrauma 2007;24:163–73
- 98. Yuan W, Holland SK, Schmithorst VJ, et al. Diffusion tensor MR imaging reveals persistent white matter alteration after traumatic brain injury experienced during early childhood. AJNR Am J Neuroradiol 2007;28:1919–25
- 99. Yurgelun-Todd DA, Bueler CE, McGlade EC, et al. Neuroimaging correlates of traumatic brain injury and suicidal behavior. J Head Trauma Rehabil 2011;26:276–89
- 100. Zhang K, Johnson B, Pennell D, et al. Are functional deficits in concussed individuals consistent with white matter structural alterations: combined FMRI & DTI study. Exp Brain Res 2010;204: 57–70