

TBI Updates

TRAUMATIC BRAIN INJURY MODEL SYSTEM
UNIVERSITY OF WASHINGTON
DEPARTMENT OF REHABILITATION MEDICINE



Volume 4

Number 4

Center for Polytrauma Care at the VA Puget Sound Health Care System By Jay Uomoto

The war conflict in Iraq and Afghanistan has been associated with a significant number of combat- and non-combat related injuries and resultant disability. Blast injuries are one of the most frequent cause of injury, suffered from improvised explosive devices, rocket propelled grenades, roadside and suicide bombs and landmines. Advances in body armor and rapid delivery of medical care in the war-zone improve the survival rate, but those with multiple severe injuries require complex rehabilitation. Blast injuries can result in multiple system injuries, and most commonly, traumatic brain injury. Other simultaneous injuries include traumatic amputations, fractures, spinal cord injury, hearing loss, visual impairment and blindness, burns, respiratory dysfunction, and posttraumatic stress disorder. The term “polytrauma” describes these conditions and is defined as injury to several body areas or organ systems that occur at the same time and where one or more is life threatening. Due to the severity and complexity of injuries, polytrauma may result in physical, cognitive, psychological, or psychosocial impairments and functional disability.

In response to this situation the Veterans Health Administration issued a directive in 2005 to create the Polytrauma System of Care that includes the designation of four VA Polytrauma Rehabilitation Centers (Palo Alto, Minneapolis, Richmond, Tampa), and twenty one Polytrauma Network Sites (PNS) that cover each VA region of the United States. The Center for Polytrauma Care at the VA Puget Sound Health Care System is the regional PNS for the Pacific Northwest that includes Washington, Oregon, Idaho, and Alaska. This program delivers local comprehensive life-long interdisciplinary rehabilitation and regional care coordination for veterans and military services members. The PNS team has specialized expertise to provide a full range of rehabilitation services to treat veterans and their families and assist with transition to the home community. The team also serves as a clinical resource to other facilities in Pacific Northwest to provide the appropriate continuum of care for the veteran and collaborate in the plan of care to achieve the best outcome for both patients and their families.

Leadership Team:

The leadership team for the Center for Polytrauma Care includes Jay Uomoto, Ph.D. (Director and Neuropsychologist), Joseph Czerniecki, M.D. (Acting Medical Director), Mercedes Gross, OTR (Administrative Officer), and Tara Stablein, MSW (Point of Contact). They are located at the VA Puget Sound Health Care System – Seattle VA Medical Center.

In This Issue

VA Polytrauma Unit	1
Mild TBI	2-4
Recruitment.....	2
Who's Who	2
What's Hot	3
DVD on Sale.....	3

Who's Who



Jason Chan

Jason is a Research Study Assistant (RSA) for the TBI Model System Study, the goal of which is to identify ways of helping individuals increase their success at dealing with complex challenges experienced after a TBI. The major duties of the RSA include phone interviewing, testing, and enrolling new TBI survivors.

Jason graduated from the University of Washington (UW) with degrees in Psychology and Biology with an emphasis in Physiology. He loves research and has been involved with an anti-depressant adherence study headed by Dr. Robert Kohlenberg at the UW and with a melanoma study at the Fred Hutchinson Cancer Research Center. Jason is also currently involved in the Adolescent Emotions Study headed by Dr. Theodore Beauchaine at the UW, Children's Hospital, and Regional Medical Center investigating emotion dysregulation in parasuicidal adolescents.

Jason is fascinated with German culture and has studied abroad in Berlin, Germany. He hopes to return to Germany in the near future to explore more of the country.

What is Mild TBI (MTBI)? by Dr. Kathy Bell

Mild traumatic brain injury (also known as concussion) makes up 80-90% of all brain injuries in the United States. The number of emergency room visits for MTBI or concussion is well over 1,000,000 each year. Although this is a very high number of cases, there may even be more MTBIs than that. We don't know for sure because of unreported cases and because many people are never treated in emergency rooms. However, it is certain that the rate of MTBI or concussion is high.

The term "mild" may be misleading in reference to brain injury. Although someone may only be dazed or confused or have a brief loss of consciousness in MTBI, evidence of impaired brain activity is clear. These effects on the brain may include temporary nerve cell damage, reduced blood flow in the brain, and reduced information handling speed. The actual harmful effects on daily functioning of persons with MTBI may be large depending on what type of activities that person must do on a daily basis.

After MTBI, persons often report symptoms in the first days, weeks, and perhaps months following MTBI but do improve over time. These include complaints of trouble sleeping, poor memory, sensitivity to light and sound, tiredness, headaches, slow performance, poor concentration, anxiety, irritability, word-finding problems, distractibility, poor balance, and difficulty in thinking. On formal testing, persons with MTBI show problems in information processing speed, memory, and distractibility.

Research Volunteers Needed

The Effect of Community-Based Exercise on Symptoms of Depression in People with Head Injury study is examining the effects of aerobic exercise on depression and anxiety in people who have had a TBI, stroke, or other brain injury in the previous 6 months to 5 years. The study offers a supervised 10-week exercise program to participants along with education and motivational components. If you are interested in participating in the study, or for more information, contact Aaron Scrol at 206-731-5196. Recruitment ends March 1st, 2006.

over days and weeks after injury. By one month, the effects are usually mild in young persons with no previous problems with health or thinking. By about three months, these problems resolve in most cases, although a few will continue to have problems.

Research on treatment for MTBI has not come up with a single treatment. Most people recover without any formal treatment. A few things to consider are:

- Cut back on work and duties for a week or two
- Get plenty of rest
- Avoid activities that might end up in another concussion (like football, or snowboarding) until symptom-free
- Stay away from alcohol and non-prescribed drugs
- Simplify your life and activities
- Write things down
- Do one thing at a time
- Eat healthy food
- Stretch and keep your body moving
- If you have questions, speak to your health care provider

Resources for Mild TBI Sufferers

There are many people who can help you and your family during recovery from a concussion or mild TBI. You don't have to do it alone. Meet with your doctor or health care provider and talk with them about your concerns. Ask your doctor whether you or your loved one need specialized treatment and about the availability of rehabilitation programs. Your doctor may be able to help you find a health care provider

Continued on next page...

Videoconference Tapes on Sale!

The Fall 2005 Session, Pediatric TBI, is now on sale through the National Clearinghouse of Rehabilitation Training Materials (NCRTM). Please contact:

Zan Merrill
NCRTM
6524 Old Main Hill
Logan, UT 84322-6524
Toll free: 866-821-5355

What's Hot

University of Washington/Harborview Project With Industry (PWI)

The Department of Neurology Vocational Services Unit (NVSU), at Harborview is in its second year of a federally funded Project With Industry (PWI) grant. NVSU has a target population of clients with neurological disabilities such as TBI, epilepsy, multiple sclerosis and stroke. The grant allows the program to help find meaningful and financially viable work for the unemployed and underemployed with neurological disabilities at no cost to the client. The goals of the grant include serving 450 clients with neurological disabilities over a three year period and assisting 270 to placement.

The Neurology Vocational Services Unit ended the first year of this grant with a 60% successful placement rate and an average hourly salary of \$12.00 for 30 hours a week. A significant segment of the clients seek part time work to complement Social Security subsidy. Work at our center suggests that two-thirds of clients with severe TBI can returned to work with specialized interventions. The PWI grant allows clients to attend twice weekly job club, receive job leads screened to match their needs and abilities, and have on going vocational advisement and follow-up. In addition to seven partner companies providing openings, the project has an incorporated employer board and a Business Advisory Council (BAC) which is building to 40 companies. Once hired clients have access to paid co-workers as trainers and follow up from date of hire for one year, to include quarterly dinner Career Enhancement sessions

New client referrals are welcome to meet one of our experienced vocational counselors any Tuesday morning at 10:30 for an individual intake meeting to consider entering the program. Individuals with TBI and seeking work are encouraged to come to the Pat Steel Building, 401 Broadway (corner of Broadway and Jefferson) Suite 2088. Please call 206-744-9130 for more information, website: nvsrehab.org.

who has special training in the treatment of concussion. Early treatment of persisting symptoms by professionals who specialize in concussion or Mild TBI may speed recovery. Your doctor may refer you to a physiatrist (specialty in rehabilitation, neurologist, or psychologist). Keep talking with your doctor, family members, and loved ones about how you are feeling, both physically and emotionally. If you do not think you are getting better, tell your doctor. But remember, it is usually the case that persons with concussion get better over weeks.

When someone close to you has a concussion or mild TBI, it can be hard to know how best to help. They may say that they are fine, but you can tell from how they are acting that something has changed. If you notice that your family member or friend has symptoms of concussion or mild TBI that are getting worse or are not getting better, talk to them and their doctor about getting help. They may also need help if you can answer YES to any of the following questions:

- Has their personality changed?
- Do they get angry for no reason?
- Do they get lost or easily confused?
- Do they have more trouble than usual making decisions?

You might also want to talk with people who have experienced what you are going through. Your local Brain Injury Association can put you in contact with people who can help.

Resources for Getting Help:

Several groups help people with concussion or mild TBI and their families. They provide information and put people in touch with local resources, such as support groups, rehabilitation services, and a variety of health care professionals. Among these groups, the Brain Injury Association (BIA) has a national office that gathers scientific and educational information and works on a national level to help people with concussion or mild TBI. In addition, 44 affiliated state Brain Injury Associations provide help locally. You can reach the BIA office by calling the toll-free BIA National Help Line at 1-800-444-6443. You can also get information through the national BIA Web site at www.biausa.org. Both the Help Line and the Web site can provide you with information about your closest state Brain Injury Association.

More information about concussion or mild TBI is available through the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/ncipc/tbi.

For More Information:

BIA National Help Line: 1-800-444-6443

BIA Web site: www.biausa.org

CDC Web site: www.cdc.gov/ncipc/tbi

Washington State Brain Injury Association Web site: www.biawa.org/

Washington State Brain Injury Association Help Line: 1-800-523-LIFT (5438)

If you would like to receive this newsletter by email contact us at:

uwtbi@u.washington.edu

Or visit our website at:

www.depts.washington.edu/rehab/tbi/
