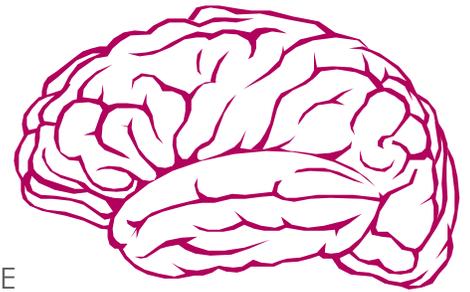


TBI Updates

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



Volume 4

Number 2

Including People with Disabilities in Emergency Planning

In light of natural disaster events in the past few years, from energy outages to hurricanes to earthquakes, we must be prepared for these potentially disastrous events. We all should have an emergency response plan in place, but there are certain additional considerations to take into account if you have a disability. Included in the next few pages are emergency response tips, both general preparations tips* and information about earthquakes**, since that is the most likely natural disaster to occur in the Pacific Northwest.

* Reprinted with permission from the Fall 2005 issue of Spinal Cord Injury Update, the newsletter of the Northwest Regional Spinal Cord Injury System, University of Washington Department of Rehabilitation Medicine, Box 356490, Seattle, WA 98195; 206-685-3999; scirehab@u.washington.edu

**The Center for Disease Control and Prevention (CDC) has created some emergency preparedness tips for before, during and after an earthquake. Please refer to their website for more comprehensive information (CDC, <http://www.bt.cdc.gov/disasters/earthquakes/disabilities.asp>).

DISASTER & DISABILITY: Emergency Preparedness Resources

Here are some resources that address the unique concerns of people with disabilities:

Prepare.org, an American Red Cross Web site to help the public prepare for a natural and human-caused disasters, emphasizing vulnerable populations. Go to www.prepare.org

- **Disaster Preparedness for People with Disabilities** is a step-by-step guide to getting ready and gathering supplies. Read or download the 48-page booklet at www.prepare.org/disabilities/disabilitiesprep.htm, or call your local Red Cross chapter (below) for a copy

American Red Cross

- National headquarters, 2025 E Street, NW Washington DC 20006; 202-303-4498; www.redcross.org
- King or Kitsap Counties office: 206-323-2345.
- Find a local chapter: www.redcross.org/where/chaps.asp

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Who's Who



Heather Porter

Heather is a Research Care Manager (RCM) for the TBI Model System Telephone Study. The RCM provides supportive counseling, educational information about TBI, problem-solving assistance and referrals to community resources. The goal is to help individuals increase their success at dealing with multiple, complex challenges experienced after a TBI.

Heather graduated from Western Washington University with a degree in psychology and spent the summers of those college years fighting wildland fires in Central Washington. Since then she has worked with children in therapeutic foster care and interned as a child and family therapist. Heather is a soccer fanatic, playing both indoor and outdoor soccer for four co-ed teams. She is also passively learning about string theory and reading as much Davis Sedaris as she can get her hands on.

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City of Seattle Emergency Management, helpful information about preparing for and responding to disasters for Seattle residents. 206-233-5076; sem@seattle.gov; www.cityofseattle.net/emergency_mgt/

READYAmerica, U.S. Department of Homeland Security has information about preparing for all kinds of disasters and publishes a 16-page booklet *Preparing Makes Sense: Get Ready Now*. Call 800-237-3239 or download from www.ready.gov

Washington State Department of Health has preparedness tips specific for various disabilities (i.e. visual disabilities, hearing impairment, mobility disabilities, etc.). Go to: <http://www.doh.wa.gov/phepr/factsheets.htm>

Preparedness Basics:

- Create a personal support network of people who will help you in an emergency. Include at least three people at each location where you regularly spent time (home, work, etc.)
- Make a family and support group communication plan.
- Complete a detailed personal assessment of your capabilities, limitations and assistance requirements.
- Compile a portable, accessible disaster kit that includes a minimum three-day supply of food and water and a two-week supply of medications, personal and medical supplies, and anything related to your disability.
- Prepare an emergency kit for your service animal or pet.

Preparing for an Earthquake

BEFORE:

- Write down any specific needs, limitations, and capabilities that you have, and any medications you take. Make a copy of the list and put it in your purse or wallet.

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- Find someone (a spouse, roommate, friend, neighbor, relative, or co-worker) to help you in case of an emergency. Give them the list. You may wish to provide a spare key to your home, or let them know where they can find one in an emergency.

DURING:

- If you are confined to a wheelchair, try to get under a doorway or into an inside corner, lock the wheels, and cover your head with your arms. Remove any items that are not securely attached to the wheelchair.
- If you are able, seek shelter under a sturdy table or desk. Stay away from outer walls, windows, fireplaces, and hanging objects. If you are able, seek shelter under a sturdy table or desk. Stay away from outer walls, windows, fireplaces, and hanging objects.
- If unable to move from a bed or chair, protect yourself from falling objects by covering up with blankets and pillows.
- If you are outside, go to an open area away from trees, telephone poles, and buildings, and stay there.

AFTER:

- If you are trapped, try to attract attention to your location.
- Turn on your battery-operated TV or radio to receive emergency information and instructions.

RESEARCH UPDATE:

Pagulayan, K, Ph.D.; Temkin, NR, Ph.D.; Machamer, J, M.A.; and Dikmen, SS, Ph.D. (2006) *A Longitudinal Study of Health Related Quality of Life After Traumatic Brain Injury*. *Archives of Physical Medicine and Rehabilitation*, 87, 611-618.

This study looked at how people rate their quality of life after brain injury. People were contacted four times. The last contact was three to five years after injury. Each time they were asked questions about their quality of life as related to their health or injury. General trauma patients (those with injuries to other body parts but not the brain) and healthy friends of the people with brain injury were also asked these questions. There were 133 people with brain injury, 111 general trauma patients and 87 healthy friends in the study. The severity of brain injury ranged from complicated mild to severe.

People with brain injury improved considerably in the first 6 months. The most improvement was seen in physical abilities. By one year, the people with brain injury had clear difficulties compared their healthy friends. The level of difficulties at that time was similar to that of the people with general trauma. Communication, cognition, and emotional function improved less than other areas during the first few years after brain injury.

Research Volunteers Needed

The Effect of Community-Based Exercise on Symptoms of Depression in Persons with TBI study is examining the effects of aerobic exercise on depression and anxiety in persons who have had a mild to moderate TBI in the previous 6 months - 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 Nadya at 206-685-8354.

Videoconference Tapes on Sale!

The Fall 2006 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

Importance of Exercise After TBI, Part II

By Denise Hansen

Last issue, I introduced a series on the benefits of exercise following TBI. For a moment, I contemplated writing from the perspective of an Exercise Physiologist; providing a list of the benefits and describing the basics of an exercise program. In the past, this would have brought me satisfaction. I might have flaunted my academic credentials to legitimize the trite information I spewed to captive audiences and I wrongly believed that loading people with facts would inspire a life of joyful exercise. Worse, the competitive and vanity driven motives I had for exercise, those which allowed me to just do it, led me to critically judge those who didn't. Lacking empathy for those with barriers, I could offer no solutions. As I struggled with writing, I was confronted with the irony that since my accident, all of my knowledge fails to motivate even myself. How can I encourage anyone else when, for days at a time, pain or a night without sleep intrudes on my rowing schedule? Feelings of guilt urge me to confess that I am proof positive that knowledge does not equal behavior change. Those academic credentials are in fact weak, unimpressive, and in the end, add nothing to persuade a sophisticated TBI audience that exercise is crucial to one's emotional and physical health. Instead, that which allows me to be convincing is that because of a freak bicycling accident - I share in the unpredictable daily challenges and join in the defiant battle to not allow the injuries to define life. There is no choice but to courageously adapt. So, as I proceed to the didactic information regarding the benefits of exercise, it is with the understanding that I cannot do so without eventually exploring the significant barriers and the strategies one needs to negotiate these obstacles.

For individuals with TBI, we would expect to find the same general health benefits from aerobic exercise as seen in healthy individuals. These include reduced risk for diseases such as diabetes, heart attack and stroke. Calorie expenditure and increased muscle mass contribute to increased metabolism, weight loss and successful weight management. Exercise can prevent osteoporosis and guard joints from the dysfunction of arthritis. These are important, of course, but what may be most compelling for those with TBI is the contribution exercise may make in improving cognitive function and lowering levels of depression. Although little research exists to confirm or deny this, preliminary evidence suggests that the benefits include the following: Fewer physical, emotional and cognitive complaints, such as sleep, irritability, and better memory and organization skills. As a result of the chemicals released during aerobic workouts, TBI survivors may experience less depression and improved self esteem. Although I make no attempt to ascribe meaning to exercise beyond my own, the latter has become the benefit I most often use as motivation to overcome my impulse to avoid an exercise session. It is no longer about the size of muscles, the competition or the bike (which I finally sold). I daily renew my commitment to some sort of activity, even if it is not what I had planned. I consider the limitations of that day and focus on what I can do rather than on what I can't do. I like the feeling when I'm done more than the feeling I will have if I do nothing.

If this has not yet inspired a visit to the gym, I will not be surprised since it still is an attempt to provide information. In no way does it tackle the issues of motivation or how to overcome the harsh realities of the obstacles to exercise. For that, stay tuned for the next issue.

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/
