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ISSUE

TBI Updates

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UNIVERSITY OF WASHINGTON
TRAUMATIC BRAIN INJURY
MODEL SYSTEM



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After 25 years, Dr. Bell moves on...

Watch out Texas! It is with both sadness and excitement that Dr. Kathleen Bell made the difficult decision to leave the University of Washington. After 25 years here and 10 of those as Project Director for the UW TBI Model System, she has gone on to become the Chair of the Physical Medicine and Rehabilitation Department at the University of Texas Southwestern in Dallas. In addition to working to enhance their general research and clinical capabilities in rehabilitation, she will also be the Co-Director of the Texas Institute for Brain Injury and Repair.



She will be dearly missed by her patients and her coworkers alike! However, we are certain the UW TBI Model Systems is in good hands with Dr. Jeanne Hoffman at the helm as the Project Director and of course, the rest of the investigators and staff are still here as well. Dr. Bell will continue on as a consultant to our research projects and will definitely keep in touch. We'd like to thank Dr. Bell for her many years of service to the TBI community and wish her the best in the Lone Star State.



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TBI INFOCOMICS PROJECT UPDATE:
SEEKING YOUR INPUT!



What are the TBI Info-Comics? Good question!

The TBI InfoComics are actually comics that teach people about the symptoms of traumatic brain injury and how to deal with them. The idea came from Silas James who himself had a TBI. Silas became frustrated with the lack of easy-to-understand information about TBI available for those who had a TBI and their loved ones. Instead of just written out information sheets, Silas had visions of something more creative, more fun and overall more informative for the right audience. As a result, he came up TBI InfoComics. In addition to the support Silas receives from the TBI Model System, he has been awarded grants from the Veterans Training and Support Center, the TBI Council and the Brain Injury Alliance of Washington.

The release for the first three InfoComics as well as the four part series "*Understanding TBI*" online is coming up in January of 2015. Until then, evaluation of the content and presentation of these comics will be taking place and we could use your help. Individuals with TBI, caregivers/family members and service providers are all welcomed to be a part of this process. If you are interested in participating in a focus group to give feedback on the latest comic to be developed called "*Traumatic Brain Injury and Headaches*" just send an email to us at tbicomic@uw.edu. Thank you for your support!

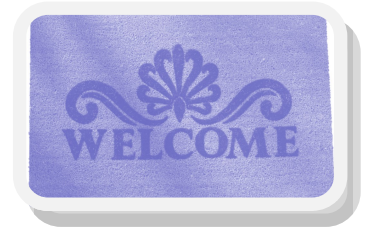




Who's Who?

Our New Project Director...

Jeanne Hoffman, Ph.D.!



Dr. Jeanne Hoffman has been involved in the UW TBI Model System since 2001 when she was a postdoctoral fellow. Dr. Hoffman, or Jeanne as she likes to be called, has been involved with a variety of research projects on the Model System over the years, such as examining access to inpatient rehabilitation for individuals with TBI and more recently as the lead investigator of a

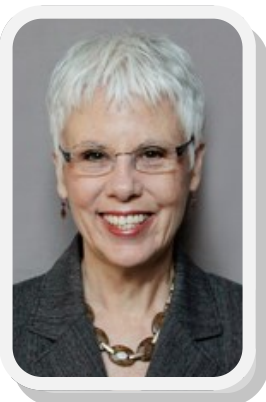
multi-center investigation on the natural history of headache. From the headache research, we now have a better understanding of the frequency and types of headaches people have after TBI. This research has led us to investigating possible preventive and treatment medications for headache after TBI. In 2012, Jeanne was awarded a grant funded by the Department of Defense to examine a telephone intervention for Veterans with TBI and pain. She is also the Psychosocial Co-Director of the Northwest Regional Spinal Cord Injury System and continues to be involved in health services research.

In addition to research, Jeanne is an attending psychologist at the University of Washington Medical Center (UWMC) in the Department of Rehabilitation Medicine. Clinically, she spends most of her time on our inpatient rehabilitation unit helping individuals cope with new disability and managing symptoms of depression and anxiety. For the past 4 years Jeanne has been a board member for the Brain Injury Alliance of Washington and serves on the Support Services Committee.

With Dr. Bell moving on to becoming the Chair of the Department of Physical Medicine and Rehabilitation at University of Texas Southwestern, we are truly fortunate to have such a clear choice for UW TBI Model System Project Director.



Next TBI Model System Forum



Janet Powell, Ph.D. is Head of the Division of the Occupational Therapy Department at UWMC. She was also the lead investigator on a telephone intervention study called “The Caregiver Study” that provided regular telephone information and problem solving sessions to caregivers between the years of 2008 - 2012. Dr. Powell and several other investigators at the University of Washington are currently analyzing and writing papers on the information that was learned during this study and will be presenting it for our next Quarterly TBI Model System Forum called **“Caregiving for Caregivers”** held **Wednesday, January 14th from 6:30pm - 8:00pm at the UW South Campus Center. Please join us for this exciting event!**



More information about the **“Caregiving for Caregivers”** forum will be available on our website: www.tbi.washington.edu

Our Quarterly TBI Model System Forums are located at the South Campus Center Building, just behind the University of Washington’s Medical Center. Parking is available just outside this building for a fee by entering through the Gate House for the S1 Parking lot.

It is great for us to hear and learn first hand
from those whose lives are
affected by TBI.

All are welcome to attend.

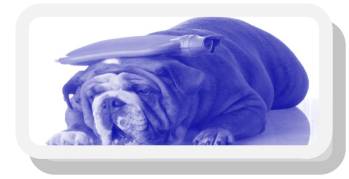
Please join us!

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Research Studies Focusing on Headache after TBI



The TWIST Study

Study Contact: Leslie Kempthorne, ette@uw.edu or by phone at 206-543-0219

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The TWIST Study is looking at whether Sumatriptan (also known by the brand name Imitrex™) an FDA-approved medication for treatment of migraine, shows similar effectiveness for treatment of chronic post-traumatic headache. Eligible subjects must be within **3 -24 months of their TBI**. Subjects will keep a headache diary while enrolled.

The APP Study

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Study Contact: Danielle Lozier, dlozier7@uw.edu or by phone at 206-744-5196

The APP Study is looking at whether early treatment with Amitriptyline, an FDA-approved medication can help prevent the development of chronic headache after mild traumatic brain injury. Eligible subjects must have had a **concussion/mild- TBI, within the last 12 weeks**, and have experienced headache after injury. Subjects will keep a headache diary while enrolled.

The Botox Study

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Study Contact: Elisa McGee, emcgee@uw.edu or by phone at 206-598-9260

The Botox Study is looking at whether the use of BOTOX®, an FDA-approved therapy for treatment of chronic migraine, shows similar effectiveness for treatment of chronic post-traumatic headache. Eligible subjects must be within **3 months to one year of a mild traumatic brain** injury with recurring migraine headaches. Subjects will receive injections of study medication every 3 months, for 9 months, and will keep a headache diary while enrolled. This study requires five visits to the UWMC Headache Clinic.

All studies are voluntary and will not affect the care you receive at the University of Washington.

New study aims to start treating a TBI before arrival to hospital!

As part of the Resuscitation Outcomes Consortium, researchers at Harborview Medical Center are joining a national study to determine what role tranexemic acid (TXA) plays in decreasing mortality for patients with traumatic brain injury (TBI). Tranexemic acid is a synthetic analog of the amino acid lysine, and it was first used in 1966. Currently, it is FDA approved to treat or prevent excessive blood loss during certain surgeries (intravenously) and for certain conditions that involve heavy bleeding (in oral tablet). Dentists have also used TXA mouth rinses after extractions or surgery in patients with prolonged bleeding time (e.g. in patients that have hemophilia or other clotting disorders).

By having First Responders give a dose of TXA as soon as possible after stabilizing the patient, researchers hope to see whether this early dose could reduce the number of fatal deaths from TBI.

This study has been approved by the University of Washington's Human Subjects Division. Since the study involves administration of a medication during times in which someone may not be able to give consent for enrolling in the study, individuals from the community are required to be informed and be asked for their input. An online survey has been set up to give people a place to provide feedback.

[Click here to be directed to the survey.](#)

For those who want to opt out of participating, they can wear a bracelet that reads "NO STUDY"; in the event that there was an injury, medical care providers will exclude that person from the research study. Enrollment is planned to begin this fall, if you have questions or would like additional information about this study, the contact for this Research Team is pklotz@uw.edu or at 206-744-7724.





The Lystedt Law in Action

An interview with Dr. Stanley Herring, M.D.

By Erin Manhardt

It is hard for us to believe it has already been five years since the passing of the [Lystedt Law](#) in the State of Washington. For those who aren't familiar with this law, it received its name from Zackery Lystedt, who suffered a severe head injury while playing middle school football. The law as written requires athletes under the age of eighteen who are suspected of having sustained a [concussion](#) (also known as a mild traumatic brain injury or MTBI) to be removed immediately from play. Return-to-play is allowed only once a written authorization is obtained from a medical professional.

Since the bills passing, more than 60,000 coaches and 90,000 athletes have been educated on concussion symptoms and signs. Awareness of concussion seems to have improved as a result. But, we were wondering, has it really improved?

We wanted to check in with [Stanley Herring, M.D.](#), a major contributor to successful passage of the bill, to see how things have changed from his perspective since the bill was enacted into law.

Dr. Herring is UW Clinical Professor in the Departments of Rehabilitation Medicine, Orthopaedics and Sports Medicine, and Neurological Surgery. He is medical director of Sports, Spine and Orthopedic Health for UW Medicine and co-medical director of the Sports Concussion Program, a partnership between UW Medicine and Seattle Children's. He is also team physician for the Seattle Seahawks and Seattle Mariners and a consultant to the UW Sports Medicine Program and the Seattle Storm. He is also actively involved in educating medical providers, parents, coaches, athletes, and patients on the diagnosis

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and management of concussions. Although the Lystedt Law has improved the resources available and increased interest on the topic, according to him, there are still many challenges that need to be overcome. To begin with, Dr. Herring believes that all types of traumatic brain injury (TBI), including concussion, is a topic that needs to be better covered in medical schools. Ideally, sports teams at all levels, would designate at least one person to be a “safety player coach”; someone educated on concussion who would specifically be watching athletes for signs and symptoms of concussion and making sure they receive the proper treatment if one was sustained.

Dr. Herring emphasized that a common misconception of the Lystedt Law is that it is only for football; it is really for every sport. Other misconceptions include that you can’t have a concussion without a loss of consciousness. However, there hasn’t been to date, a discussion about what happens if the law isn’t followed. Another common mis-



Dr. Herring allows the author to wear his Super Bowl ring from the 2014 Seahawks’ Super Bowl win.

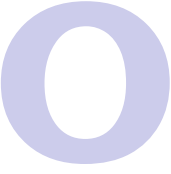
conception is that the law is somehow meant to discourage kids from participating in sports. Dr. Herring frowns at this, and explained that the goal of the law is to “raise awareness about concussion, not at all to prevent kids from participating in sports”; something he feels is important for building character and lessons in teamwork. He is a big fan of sports himself. When asked for his prediction for the next Super Bowl, it’s no surprise that he is projecting another big year for the Seahawks.

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We figure, if anyone would know, it’s Dr. Herring !

Return to driving after TBI

By Erica Wasmund

ur team gets asked all the time about returning to driving after TBI. Driving can be an important part of a person's independent lifestyle and their re-integration into their community. The TBI survivor, family members and health professionals should all be included in this important decision. Once a decision is made, it's not quite as simple as getting behind the wheel again.



Physicians are not required by law to report patients with medical conditions that could impair driving to the [Department of Licensing](#) (DOL). However, if a physician does notify the DOL, then the DOL has the authority to require a medical certificate and a written and driving test must be passed before re-issuing the license. In most cases, it is advised that the driver report their own injury to DOL. If insurance and the DOL were not notified and that person is involved in an accident and they did not report their head injury, they can be sued by another injured party for not reporting.

In Washington State, when applying or renewing a license, everyone is asked if they have had a loss of consciousness or control in the last six months which could impair the ability to operate a motor vehicle. If the answer is yes, then the person is required to get a medical certificate from a competent medical provider stating that they are cleared for driving. If you have had seizures since your injury, you must be seizure free for six months before taking the written and driving test.

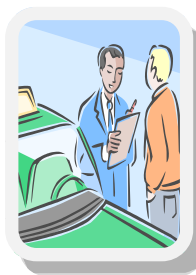
Ultimately, the DOL is responsible for determining the eligibility of all persons to be licensed. However, research has shown that most TBI survivors are not thoroughly evaluated before returning to driving. This may put them at greater risk for a crash. A driving evaluation may be crucial step in determining a person's ability to driving following recovery from a TBI.



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Ready to take the test?

Depending on your injury severity, time since injury, and if your physician notified the DOL, you may have only a few steps to do. If you need to get your license [re-instated](#), you can go in person to a DOL site, or [online](#). Be aware that there are often fees. If you need to retake the written and driving test, you will need to register at a driving school. DOL no longer administers these tests in the State of Washington. (A list of schools is on the [DOL website](#).) Once you have passed, take these certificates back to the DOL and get your license. While there is no standardized assessment, a typical evaluation has 2 parts:



Preliminary Evaluation: Takes about 4 hours and includes a review of cognitive abilities including reaction time. They will also give any recommendations regarding the need for adaptive equipment and any additional skills training .

On-the-Road Test: A test of mechanical operations of a vehicle either using a driving simulator or driving a vehicle on the roadway in the presence of an evaluator.

The tests vary in price, and you should make sure a trusted medical provider or rehabilitation provider like an Occupational or Physical Therapist is overseeing them. The University of Washington's Driving Rehabilitation Program 206-598-4833 offers this service for a fee. (Note: Medicare, Medicaid, and most commercial insurances **do not** cover the cost.)

Alternatives to driving

Accessible, reliable transportation is the most critical part of community integration after a TBI, but there are other ways to get around other than driving yourself. If you are not able to or don't want to drive, try asking family or friends for a ride, or using [public transportation](#). Many communities offer free-of-charge public transport options for disabled riders. If you live in King County, find out if you are eligible for these [here](#).

Whatever your destination, the most important piece to all of this is to arrive safe!

The Washington Traumatic Brain Injury Resource Center

BIAWA is first and foremost a source of support for those affected by Brain Injury, and the

Resource Center is a critical part of this. Services through the Resource Center include:

[Statewide Toll-Free Resource Line](#)

[In-Person Resource Management](#)

[Pediatric Services](#)



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UNIVERSITY OF WASHINGTON TRAUMATIC BRAIN INJURY MODEL SYSTEM



TBI Updates

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The Traumatic Brain Injury Model Systems (TBIMS) program, sponsored by the [National Institute on Disability and Rehabilitation Research](#) (NIDRR), supports innovative projects and research in the delivery, demonstration, and evaluation of medical, rehabilitation, vocational, and other services designed to meet the needs of individuals with traumatic brain injury.



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