



UNIVERSITY OF WASHINGTON

TRAUMATIC BRAIN INJURY
MODEL SYSTEM

PATIENT CARE • RESEARCH • EDUCATION & TRAINING

TBI Model System Updates

Winter 2025

Volume 23

Issue 1



UW TBI Model System Study Grant 2022-2027

As we wrap up the second full year of this 5-year grant cycle, we want to thank everyone who supports our work, especially those taking part in the study. Thank you for continuing to help us improve care and treatments for people with TBI.

In this issue, you will find:

1. Information about changes to Medicare and Medicaid Services to recognize TBI as a chronic condition.
2. Mary Curran, the physical activity coach for the InMotion study tells us a little about the study and what people have thought after completing it.
3. Highlights from a paper on TBI as a chronic condition.
4. A brief summary of some of the accomplishments of the TBI Model System over the years.

Thank you again for your support. We are excited to share research results and continue to provide presentations and information. We value our role in connecting the TBI community.

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THIS
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**Centers for Medicare and
Medicaid Services officially
recognizes brain injury as a
chronic condition**

**Traumatic Brain Injury Recognized as a Chronic
Condition**

The Centers for Medicare and Medicaid Services recognized brain injury as a chronic condition in 2024. This recognition is the first step in ensuring that people with brain injuries can have insurance coverage for care for their brain injury throughout their lives, like people with heart disease or diabetes. This could also create more public health resources and better health insurance support. This change can benefit people with brain injuries and their families.

What does "chronic" mean?

A condition or disease is “chronic” when it lasts one year or more. This definition comes from the Centers for Disease Control and Prevention (CDC). The term chronic is used by care providers across the medical field. People with chronic conditions often need care from the time they find out they have a condition to the end of their life. Also, having a chronic condition may limit a person’s daily activities. Chronic conditions are common in the U.S. About 60% of adults have at least one chronic condition, and 40% have two or more.

This decision could also help healthcare workers become more aware of how TBI affects a person long after their injury. This can improve treatment and support for people with brain injuries during their life.

Unfortunately, people with brain injuries often face challenges without help after they leave the hospital. Page Melton Ivie at Brain Injury Association of America (BIAA) stresses the importance of providing continued support for them. The organization aims to show its supporters how health care can improve to better meet the needs of people with brain injuries.

“There is a lot of support in the hospital, but once you walk out the door, you’re on your own. We need to make sure we are continuing to support survivors and their families, because they are going to have a lot of needs that won’t be covered.”

[Read more about the importance of recognition here »](#)

The inMotion Study

Mood changes and depression are common in people who experience traumatic brain injury (TBI). These changes in mood can add extra challenges to a person's life after their injury. The InMotion study is looking at how physical activity affects depression in people living with TBI. Researchers want to know if more physical activity at home and in the community can improve mood and decrease feelings of depression.



What does participation look like?

Participants in the InMotion study are split into two groups. One group begins the program right away. The other group waits 12 weeks and can

choose to join the program after that. Participants meet with a physical activity coach eight times. These meetings are either through video calls or by phone. During meetings participants work with their coach to improve their skills. Examples of skills include setting goals, solving problems, and getting past things that make it hard to be active. The goal is to increase moderate to vigorous physical activity (MVPA) over time to 150 minutes per week or more.

Previous research has shown that reaching 150 minutes of MVPA weekly can lead to many benefits, including:

- Improved mood
- Reduced Fatigue (tiredness)
- Less pain
- Lower anxiety or stress
- Better overall quality of life

Even a few minutes of physical activity at a time can make a positive difference.

The InMotion study is created for each person individually. The physical activity coach helps participants set realistic and enjoyable goals and get over challenges. Activities might include brisk walking, dancing, or strength training. These activities will gradually increase in time and intensity. Participants also think of ways to get back to activities they enjoy or find meaningful.

[Click here to see Physical Activity Guidelines »](#)

Previous participants have noticed benefits!

Participants who have finished the program felt positive changes. People said both their energy and mood were improved. They also found value in the skills they learned during the program. They found goal setting and adding physical activity into their daily life to be useful.

[Click here to read more about staying active after TBI »](#)

Interested?

If you completed your inpatient rehabilitation for TBI at Harborview or UW Medical Center and enrolled in the TBI Model System study and would like to learn more about the study, email inmotion@uw.edu.

Research Round Up: TBI as a Chronic Condition

Dr. Jeanne Hoffman, Project Director of the UW TBIMS, along with colleagues from other TBIMS sites recently published an article. This article looks at findings from the TBIMS research program. It explores several factors that affect people's lives and recovery after a TBI. This includes things such as co-occurring medical conditions, substance use, and how much a person is involved in their community.

TBI is often called an "invisible disability". Someone with a TBI may face challenges that are not immediately obvious to others. They may have trouble thinking clearly during medical visits or forget key details. A person may also find it difficult to understand instructions or follow care plans. As a result, they could miss appointments or medications. People may face all, a few, or even none of these difficulties. Some people can manage their care independently without any support from others. A person's ability to manage their care is not related to whether their disability is visible or not.

Recognizing TBI as a chronic condition does not match how healthcare systems usually work. Typically, most resources go toward care right after the injury happens. As a result, much less attention goes toward care after leaving the hospital. This article aims to help make care providers aware of a range of factors that can affect long-term care needs.

[Interested in learning more? For the full article click here »](#)

TBIMS Accomplishments

Over 300 studies have used the TBIMS national database!

The Traumatic Brain Injury Model System (TBIMS) National Database is the biggest collection of information about people with traumatic brain injuries (TBIs) in the world. It is called a “longitudinal” database because researchers keep interviewing people for a long time after their brain injury. Some people have been a part of the study for over 30 years! As a result, over 300 studies have been published using the information from TBIMS.

[Click here to see an example of how studying the same people at different time points leads to new ideas »](#)



Practical Guidelines

The TBIMS study has led to the creation of practical guidelines in major areas of TBI care. These guidelines make it easier for doctors, families, and caregivers to give the best support possible. For example, researchers now know more about how to handle things like seizures, stiff muscles (spasticity), and feeling restless or upset (agitation). We understand more about how using alcohol or drugs can affect a person before and after a TBI. There is also new research backed ideas about driving and family interventions for people with TBIs.

[Click here to read a TBIMS publication about returning to driving! »](#)



The research has led to new ways to help people recover after a brain injury. One example is finding better ways to prevent dangerous blood clots called Deep Vein Thrombosis (DVT). DVT can happen when someone can't move around much after their injury. Doctors now use things like medicine, special socks, or devices to lower this risk. Another example is using a medicine called Amantadine. It was originally for Parkinson's disease but is now used to help with mood problems and recovery for people who are less alert (Disorders of Consciousness). There are also new ways to help older adults recover, support caregivers, and even check in with patients by phone.



Researchers have created better tools to figure out what's happening to a person's brain after TBI. For example, they have improved ways to measure confusion after a brain injury (called post-traumatic amnesia), track frustration (agitation), and test how well someone pays attention. There are also new surveys to learn how active people are in their communities and how their injury affects their daily lives. These tools help doctors and researchers understand people's experiences better and make improved plans for their care.

Finally, TBIMS has created easy-to-use online resources. These resources benefit people with brain injury, their caregivers, family members, and professionals. The goal of the TBIMS is to improve the lives of people with TBIs, and we are excited to continue adding to this list of accomplishments as our research continues!

[Click here for easy-to-use online resources »](#)

TBIMS Updates
Volume 23, Issue: 1



The contents of this newsletter was developed under a grant from the [National Institute on Disability, Independent Living, and Rehabilitation Research](#) (NIDILRR grants 90DPTB0008 and 90DPTB0024). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS).

UW TBIMS Anti-Racism Statement

The Traumatic Brain Injury Model System team does research to improve the health of people who have had traumatic brain injuries. Structural racism, which is any policy or procedure that contributes to inequality, can make people sicker, especially people who are Black, Indigenous, and other people of color, as well as LGBTQ+ communities, people with low income, and those with disabilities. We are committed to improve the lives and well being of people who have experienced traumatic brain injuries, and that includes using our research to increase awareness of the effects of racism.

Shared stories

Do you have a story you would like to share?

We would love to hear from you! Please email us at uwtbi@uw.edu

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If you would like to be added to the e-mail list for future publications and upcoming events, please email uwtbi@uw.edu. In the subject line, please type “subscribe newsletter”.

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If you would like a paper copy, contact us and we will send you a copy through the mail.

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