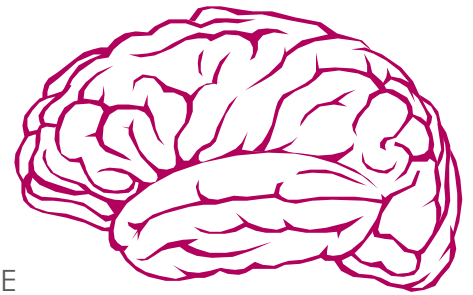


# TBI Updates

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



Volume 3

Number 3

## Notes from a Survivor: Beyond the Injury, Part II

By Stacy Rosevear

Want a glimpse of what it's like for a brain injury patient in rehab? Try moving just your pinky toe without moving any other toes. Feels next to impossible doesn't it? That frustration is a little like what I felt all day for several months and still do a bit to this day.

The day after my stroke I found myself paralyzed, in Intensive Care (ICU) with my husband by my side. The weeks in the ICU were arduous for us both. Often we slept only a few hours a night. I could only blink at first but eventually could nod yes or no. Conversations were frustratingly slow. A ventilator helped me breathe and they fed me through a tube. The fear of not knowing what my fate would be often overwhelmed me. I was scared but thankfully I was not alone. My husband was integral with helping maintain my mental health and the positive attitude I needed to make it out of intensive care and into rehab.

Rehabilitation is what I imagine running a marathon is like. After a while, the race becomes less about what you can do physically and more about the mental battle to get across the finish line. Like a marathon each passing mile marker becomes more of an

obstacle than the one before. And as the finish line approached each passing mile becomes a greater triumph.

Every day in rehab presented a new challenge. A new therapist might be added to the regimen or I had a new movement to try. The different rehabilitation therapies at the University of Washington Medical Center are amazingly coordinated. The big and little muscle group movements along with learning to talk and eat again during the day were of great importance. However, it was exposure to Recreational Rehab in the evenings that I loved the most. Feeling my body move freely under water on an outing to a local swimming pool filled me with hope that one day I could move like that out of the water. Going to football and soccer games in

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# Who's Who



## Jason Barber

Jason is pretty much the 'go-to' guy when it comes to anything involving databases, statistics, and graphical presentations. He consults on most of the current ongoing studies of TBI, including TBI Model Systems, Magnesium-Sulfate, Exercise and Depression, Scheduled Telephone Intervention, Sertraline and TBI, and Recovery from Concussion.

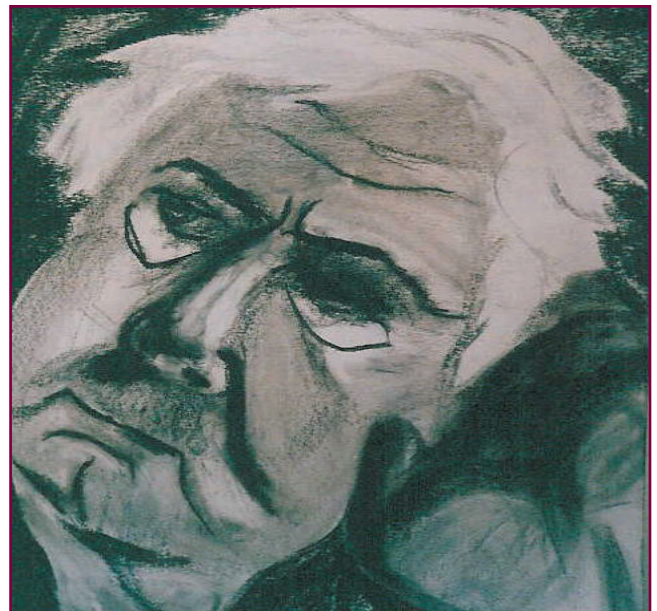
Jason received his M.S. in Biostatistics from the University of Washington, and has been working in TBI research since 1997. During that time he has worked the data side on dozens of projects pertaining to TBI, epilepsy, tumors, and other brain-related phenomena. For his Masters thesis Jason examined the ramifications of missing outcomes in studies of TBI and statistical methods devised to adjust for them. When Jason is not in front of a computer, you can find him trekking through the woods or watching baseball!

## Beyond the Injury continued...

a wheelchair with other patients helped ready me to be in public and try out regular life situations in a safe environment.

I'm fortunate in that I had support and encouragement from my husband, a world class rehab facility, and the medicine of laughter from friends and family who visited in the evening when the hard work was done. But even with all those resources, the mental challenge was still very great. And without doing the mental work to change my attitude daily and to keep going, I would still have more than a few deficits and a dependent pinky toe to remind me of my experience.

*Please stayed tuned for the next installment of this 4-part series...*



"Youth I"

Charcoal on paper, 18 x 24

Stacy Rosevear, Artist

For Sale

[stacy@yo-yodyne.com](mailto:stacy@yo-yodyne.com)

## ***Patient-Centered Resources***

If you are looking for a place to turn for information while you are a patient, a support group for managing a chronic illness, or a child safety class, your local hospital may be an excellent resource. Whether it is a large university based medical center or a small community hospital – most offer a broad range of free or low-cost education and support programs.

Harborview's Patient and Family Resource Center is an excellent example of where to turn with questions about health or for a variety of support groups and classes. Here are a few of the many resources they offer:

- Informational sources and tools, including books, videotapes, internet searches, and materials in a variety of languages.
- Group health education classes and support groups (scheduled as well as open drop-in).

- “Harborview On The Move” program to support patients and staff who walk toward fitness using pedometers.
- Computers for patients and families to use to view online health information.
- General wellness and safety information.

One of their more popular classes “Navigating Social Services - Questions and Answers Time With A Social Worker” is offered every Thursday from 3:00 – 4:30, on a drop-in basis.

Other classes may require pre-registration and include topics such as pre-school nutrition, managing diabetes, and weight loss.

The center is open weekdays from 9am – 5pm and is located on the Ground Floor of the East Hospital wing, near the Outpatient Pharmacy & Gift Shop. You may also contact them by phone at 206 731-2000,

## **Subjects Needed For Brain Injury Studies at UW!!!**

**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.

Researchers in the Department of Rehabilitation Medicine at Harborview Medical Center are seeking people with traumatic brain injury (TBI) to participate in a federally funded research study about depression. Major depression may occur more frequently in people with TBI because the injury changes the delicate balance of chemicals in the brain. We hope that early identification and treatment of depression after TBI might improve recovery from and adaptation to this type of injury. If you are interested in this study, please call 206-341-4730 or 1-800-407-8124.

## Fall 04/Spring 05 Videoconference Series Tapes on Sale!!

Thank you for your interest in obtaining recordings of the TBI Education Series #1. The UW is no longer selling this series. However, both DVD and VHS copies of the series are available for purchase from the National Clearinghouse of Rehabilitation Training Materials (NCRTM). Spring 05 series tapes and DVDs are NOW available as well through the NCRTM.

Contact the NCRTM at [www.nchrtm.okstate.edu](http://www.nchrtm.okstate.edu) (search on key words Brain Injury) or you can contact Carolyn Cail at:

Carolyn Cail  
Information Coordinator, NCRTM  
206 W. 6th Street  
Stillwater, OK 74078-4080  
800-223-5219  
Fax 405-744-2001

### ***Fall '05 Videoconference Series***

The TBI Model System is hosting another TBI Videoconference Series on October 10th, 17th and 24th, 2005 from 8:30 to 11:30AM. The sessions will cover 1) returning to work after TBI, with an emphasis on vocational rehab, neuropsych testing and navigating resources; 2) substance use and TBI with a discussion on current research, treatment options and accessing resources; and 3) pediatric TBI with particular attention to the transition from hospital to school and from school to the community.

There are 9 sites across Washington State that will broadcast live from Harborview Medical Center. All sessions are free! For more information please visit our website or contact Aaron @ 206.731.5196 or Meg at [megd@u.washington.edu](mailto:megd@u.washington.edu)

### ***Employment After TBI***

As part of the TBI Model System grant, we looked at the risk of unemployment after traumatic brain injury for those who were working when injured. Compared to the risk of unemployment in the general population, the risk of unemployment at 1 year after brain injury was significantly higher. For example, 42% of people with TBI were unemployed 1 year after injury compared to the 9% expected unemployment rate in the general population. In particular, the risk of unemployment was higher for males, for those with more severe brain injuries, and for those with a lower level of neurobehavioral functioning at one month after injury. The take home message here is that early information can help in planning for reachable and rational future goals.

( Doctor, J.N., Castro, J., Temkin, N, Fraser,B., Machamer,J., & Dikmen, S. J International Neuropsychological Society , In press)

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[uwtbi@u.washington.edu](mailto:uwtbi@u.washington.edu)

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