



WHEN YOUR PATIENT IS LIVING WITH BRAIN INJURY

A tip card for physicians treating individuals living with chronic brain injury sequelae

Key points about brain injury (BI):

- BI can affect every aspect of an individual’s functioning, leaving some with lifelong challenges.
- BI can be traumatic (TBI) or non-traumatic.
- Injury severity (mild, moderate, severe) does not necessarily predict long-term outcome.
- Many sequelae are difficult to see and therefore may be easy to misinterpret (e.g. lack of initiation, cognitive overload, difficulty recognizing social cues).
- Each injury is unique, like a thumbprint.
- Improvements can occur after initial recovery; re-engagement in therapeutic activities may be beneficial even years post-injury.

Common Sequelae and Subsequent Life Challenges

Areas of Functioning	Specific Sequelae	Subsequent Life Challenges
Motor	Motor planning; coordination; balance; spasticity	Driving/ transportation
Sensory	Changes in vision, hearing, taste, smell or tactile sensation; visual field loss; unilateral neglect; temperature regulation	Following health/wellness recommendations
Cognitive	Attention; concentration; organization; new learning; initiation; memory; problem-solving; judgement; self-awareness; cognitive overload	Communicating needs
Communication	Expressive and receptive communication; dysarthria; tangential speech; following social rules; understanding social cues	Relationships, sexuality
Emotional	Regulating emotions; flat affect; easily overstimulated/overwhelmed; increased risk for depression, anxiety and suicidal ideation	Making friends
Fatigue and Sleep	Physical and emotional fatigue; sleep patterns	Employment
		Return to school
		Having a sense of meaning in life
		Behavioral health
		Substance use/ misuse



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Interacting with Patients Living with Brain Injury

- Encourage the patient to bring a written list of questions and concerns to the appointment.
- Plan extra time for the appointment to allow for cognitive or communication challenges.
- Encourage the patient to bring a friend/family member to the appointment as a historian/note-taker if needed.
- Encourage compensatory strategies, including -
 - Writing notes in a smartphone or notebook/day-planner organizer;
 - Using a med-minder; setting alarms on smartphone.
- Find ways to repeat information during the appointment; summarize at the end.
- Have the patient repeat instructions back to you - repeat, rehearse, review.
- Provide reminders by email.
- Provide a written summary of the appointment; email a copy of the summary.
- If the patient becomes overwhelmed, model calmness (sit back, take a breath, relax); slow down the information flow; ask how he/she is doing and if they have questions; switch to a lighter topic.
- Encourage an organized approach to wellness (a handout on wellness after BI can be found at [https://www.archives-pmr.org/article/S0003-9993\(18\)30177-1/pdf](https://www.archives-pmr.org/article/S0003-9993(18)30177-1/pdf)).
- Encourage socialization and productive activity (support groups, community classes, volunteering).
- Provide resources for support, education and advocacy.

Community Resources – Support, Education, Advocacy

- Brain Injury Association of America - www.biausa.org
- United States Brain Injury Alliance - www.usbia.org
Most states have either a state brain injury association or alliance, offering support groups, resources, education and advocacy. Links to these websites can be found at the two resources above.
- Model Systems Knowledge Translation Center for TBI - <https://msktc.org/tbi>
- Center for Disease Control - <https://www.cdc.gov/traumaticbraininjury>
- Brainline - <https://www.brainline.org/>
- American Stroke Association - www.stroke.org
- National Association of State Head Injury Administrators - www.nashia.org

This tip card was prepared with support from the American Congress of Rehabilitation Medicine (ACRM), by members of the ACRM Chronic Brain Injury Task Force:

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