

Brain-e-News

SPRING 2020

RESOURCES

MOSS REHABILITATION
RESEARCH INSTITUTE
www.mrrl.org

MOSSREHAB RESOURCE NET
www.mossresourcenet.org

THE CENTER FOR OUTCOME
MEASUREMENT IN BRAIN
INJURY
www.tblms.org/combl

BRAIN INJURY ASSOCIATION
OF AMERICA
WWW.BIAUSA.ORG

BRAIN INJURY RESOURCE LINE
1-800-444-6443

BRAIN INJURY ASSOCIATION OF
PENNSYLVANIA
www.blapa.org
1-866-635-7097

BRAIN INJURY ALLIANCE OF
NEW JERSEY
www.blanj.org
1-732-745-0200
FAMILY HELPLINE
1-800-669-4323

BRAIN INJURY ASSOCIATION OF
DELAWARE
www.blausa.org/Delaware/blah.htm
1-800-411-0505

PENNSYLVANIA DEPARTMENT
OF HEALTH BRAIN INJURY
HELPLINE
1-866-412-4755
TTY **1-877-232-7640**

MODEL SYSTEM KNOWLEDGE
TRANSLATION CENTER (MSKTC)
www.msktc.org

www.Brainline.org

From Theory to Clinic: Knowledge Translation for PTA

Patients with traumatic brain injury (TBI) are frequently admitted to inpatient rehabilitation during post traumatic amnesia (PTA). PTA refers to the loss of memory from the moment of TBI onwards and can last from a few minutes to several weeks or months. During PTA the *implicit memory system*—which enables learning of new skills and routines—is still functioning normally, but a deficit of the *explicit memory system* interferes with learning and recall of fact-based and biographical information, posing a challenge for communication.

Many questions are asked in the course of inpatient rehab that rely on explicit memory—questions about personal history, medical information, orientation, and recent events. These questions may cause anxiety and frustration, and furthermore, run the risk of providing inaccurate information to the treatment planning process.

A team at Moss recently developed a protocol for more effectively treating and communicating with patients in PTA.

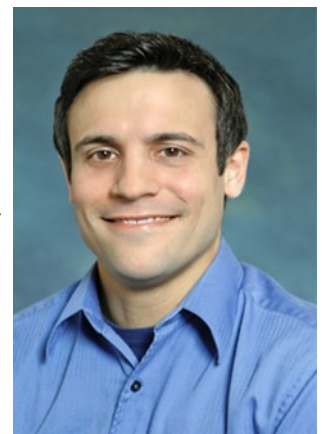
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Dr. Michael Marino

My specialty is Physical Medicine and Rehabilitation, with a subspecialty in brain injury medicine. I work as attending physician at the Drucker Brain Injury Center at Moss Rehab.

I am passionate about my work because, for the most part, when someone has had a traumatic brain injury, it is the most traumatic experience they have had in their lives. It affects everything about them, from getting up out of bed all the way to getting back to work or school. It affects friends, families, and loved ones. In brain injury rehabilitation we work with people to rebuild their lives. Helping someone along that path to recovery is very meaningful.

I have recently expanded my role in clinical care and research at Moss as director of the Disorders of Consciousness Responsiveness Program, an acute inpatient rehabilitation program tailored to the needs of individuals with disorders of consciousness. This program, founded by Dr. John Whyte, is internationally recognized for its dedication to treating individual with disorders of consciousness and leading research on the subject.



BIAPA 2020 Conference Cancelled

The BIAPA Conference Planning Committee has made the difficult decision to cancel the in-person conference this year. Plans are already underway to hold the 2021 Conference in person at the Lancaster Marriott **on June 27-29, 2021**.

For 2020, BIAPA is planning an exciting series of virtual workshops to provide valuable information and assist with CEU credits. The workshop series will begin in September. A full schedule with details will be shared in the summer. Details will be announced on the BIAPA website at www.biapa.org.



**BRAIN INJURY
ASSOCIATION**
OF PENNSYLVANIA

Criteria to Care for Patients with DOC

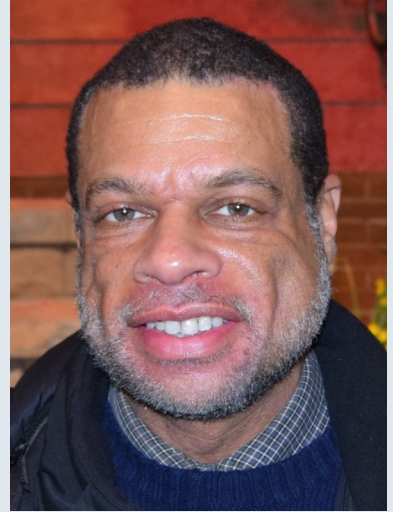
Rehabilitation after brain injury has traditionally required the active participation of the patient to learn new skills and ways of coping with their disability. As a result, for many years patients with a disorder of consciousness (DOC – i.e., unconscious or minimally conscious) after brain injury, were typically excluded from acute inpatient rehabilitation and treated, instead in subacute nursing facilities or in family homes with medical support. Recent research has shown that patients who are unconscious when they enter acute rehabilitation often show great improvement in function and participation before discharge. Moreover, their complex medical and physical problems are best managed by experienced brain injury rehabilitation professionals in specialized programs.

Clinicians and researchers within the TBIMS, in collaboration with colleagues with similar interests from the American Congress of Rehabilitation Medicine (ACRM), seek to expand access to rehabilitation for DOC patients. However, since access has been restricted for many years, even facilities with substantial TBI rehabilitation expertise are not necessarily skilled in caring for patients with DOC. Thus, if rehabilitation access for this population is to expand, it is important to ensure that the necessary staff, resources, and skills are available to treat them.

Experts in DOC rehabilitation from the TBIMS and the ACRM have collaborated to develop consensus-based recommendations for the minimal competencies needed by programs serving this population. The 21 recommendations focus on skills and processes needed for diagnosis and outcome prediction, treatment, transitioning of care, and ethical issues. Recommendations are supported by research when available, and are accompanied by an “audit checklist” for program evaluation. The recommendations will be available in published form, with one of MossRehab’s investigators, John Whyte, as a lead author: Giacino JT, Whyte J, Nakase-Richardson R, et al. (in press): *Minimum Competency Recommendations for Programs that Provide Rehabilitation Services for Persons with Disorders of Consciousness: A Position Statement of the American Congress of Rehabilitation Medicine and the National Institute on Disability, Independent Living and Rehabilitation Research Traumatic Brain Injury Model Systems*, *Archives of Physical Medicine and Rehabilitation*.

Where are They Now? Donald Thomas

The Moss TIB Model System recently caught up with Donald Thomas who sustained a severe traumatic brain injury in 2001 as a passenger in a car crash. Before his injury, Donald worked for the School District of Philadelphia as a teacher's assistant in Pre-Kindergarten classrooms, a position he held for twenty-one years. He was a trustee for his church and managed their finances. Over the nineteen years since his injury, Donald's life has changed in many ways. He no longer works outside of the home, but works diligently within it to manage his household. He grows both vegetables and flowers, and he cooks - macaroni and cheese is his specialty. Over the past few years, he gained skills in using the Internet and has found many recipes to add to his repertoire. Donald continues to work for his church as a volunteer and helps with a program to bring home cooked meals to the community. He and his partner are film enthusiasts, and sometimes go to the movies 2 or 3 times a week. Donald enjoys jigsaw puzzles and is currently working on a garden scene that has 1000 pieces. He practices Tai Chi and credits that practice with helping him to slow down, maintain focus, and relax. Donald shared his experience of learning to do things differently over time. He sees his injury as a detour on the road he is traveling, and he has discovered that in the end he will get there, just by a different route.



Thank you for letting us share your story, Donald!

Knowledge Translation (con't)

This project was supported by the Moss Traumatic Brain Injury Model Systems (TBIMS), and done in consultation with MRRI Visiting Scholar and internationally recognized expert in brain injury rehabilitation, Dr. Lyn Turkstra. The work group developed materials to guide communication and treatment, and an accompanying training program. The protocol emphasizes supportive reassuring communication with patients, and avoiding questions that rely on explicit memory. Clinicians are encouraged to use "here and now questions," and gather information via observation, medical records, or a reliable family member.

Roll-out of the PTA protocol took place at the Drucker Brain Injury Center in 2018 and was accompanied by a staff survey and observational study of staff behavior before and after the protocol. The results suggest that implementation of the PTA protocol reduced the number of inappropriate questions posed to patients in PTA, and staff noted positive changes in their practice. A manuscript based on those findings is currently under review.



EMPOWERMENT and SUPPORT GROUP

ON HOLD AT TIME OF PRINT

PENNSYLVANIA EMPOWERMENT GROUP

The Elkins Park Empowerment Group typically meets on the second Monday of each month from 5-6:30 at 60 Township Line Road, Elkins Park, PA 19027.

For updated info, contact Julie Wilson at 215-663-6415 or Wilson10@einstein.edu.

NEW JERSEY SUPPORT GROUP

The New Jersey Support Group typically meets *most* months on the fourth Tuesday from 3:00-4:00 at 135 S. Broad Street, Woodbury NJ 08096.

For updated info, contact Jazmine Tooles at 856-853-9900 or ToolesJA@einstein.edu

MossRehab at Elkins Park Hospital
50 E. Township Line Road
Elkins Park, PA 19027
ATTN: Lauren McLaughlin



The Moss TBI Model System

The National Institute on Disability, Independent Living and Rehabilitation Research has designated MossRehab as a Model System for traumatic brain injury since 1997. The TBI Model System program seeks to improve lives by creating and disseminating new knowledge about the course, treatment and outcomes of TBI.

**The Traumatic
Brain Injury
Model System
(TBIMS)
Centers for
the current
funding cycle
(2017-2022)**

