

TBI TODAY

News, Ideas, and Resources from the Virginia TBI Model System

THE VIRGINIA TBIMS TEAM

EDITOR/DISSEMINATION COORDINATOR

Debbie West, B.A.

PRINCIPAL INVESTIGATOR & PROJECT

DIRECTOR—FAMILY RESEARCH

Jeffrey Kreutzer, Ph.D.

CO-PRINCIPAL INVESTIGATOR

David Cifu, M.D.

PROJECT COORDINATOR

Jenny Marwitz, M.A.

PROJECT DIRECTOR — DEPRESSION RESEARCH

Richard Kennedy, M.D.

PROJECT DIRECTOR — COGNITIVE INTERVENTION RESEARCH

Janet Niemeier, Ph.D.

PROJECT COORDINATOR—FAMILY & COGNITIVE RESEARCH

Laura Taylor, Ph.D.

RESEARCH ASSOCIATE

Amy Riddick, B.F.A.

RESEARCH ASSOCIATE

Lee Livingston, Psy.D.

BIostatistician

Daijin Ko, Ph.D.

PROGRAM EVALUATOR

Allen Lewis, Ph.D.

CORRESPONDENCE:

Debbie West - TBI Today
P.O. Box 980542
Richmond, VA 23298-0542
(804) 828-8797
Fax: (804) 828-2378
E-mail: ddwest@vcu.edu

WHAT DO YOU TELL PEOPLE ABOUT YOUR BRAIN INJURY?

After brain injury, survivors and their family members and friends are faced with dramatic life changes. Many survivors struggle with what to tell people about their injury and how much information to share. Friends and acquaintances may ask difficult questions like, "You look so good, why aren't you working?" or "How long will it take to recover completely?" You may wonder who to trust with personal information about your injury and recovery. Feeling uncomfortable about how to answer difficult questions is common after brain injury. Some people are so uncomfortable answering questions that they avoid other people.

Answering questions about your injury can be hard for several reasons. Talking about your injury may bring back painful memories. You may feel guilty or embarrassed because you're not working and your responsibilities have decreased. You may feel frustrated if you can't drive or do things you used to do. Questions may bring up fears and concerns you have about the future. Your answers may remind you of what you've lost since your injury. You may also be worried about how your answers will affect your job or other people's opinions of

you. Many questions just don't have a simple answer.

Knowing how to answer people's questions without becoming upset or making the person who asks the question feel uncomfortable is important. Here are some things to think about before responding to people's questions –

- Ask yourself questions to decide whether or not you feel comfortable answering their questions (e.g., Is this the right time or place to talk about my injury? How well do I know this person and what's my relationship to them? What do I feel comfortable with them knowing? Do I trust this person? Will this person use the information in a way that could hurt me?)
- Only tell people what they need to know and what you feel comfortable telling them.
- Politely decline to answer or give little information if you do not feel comfortable talking to them about your injury. You can also change the topic to something you feel more comfortable with.

(Continued on page 9 - What to Tell...)

HAVE YOU MET JAN NIEMEIER?

Janet Niemeier, Ph.D., a licensed clinical psychologist, is the project director for the Cognitive Intervention study of the TBIMS. Dr. Niemeier is an Assistant Professor in the Department of Physical Medicine and Rehabilitation and Director of Inpatient Brain Injury Psychology

Services at the VCU Health System. She has developed and provided new and helpful therapy interventions for persons with TBI for over 15 years.

Dr. Niemeier has extensive experience as a psychotherapist, teacher, and researcher. Areas of expertise include: TBI, stroke, diversity issues in rehabilitation, and bereavement following functional losses. In addition to publishing nine articles and one book, she has

lectured on topics including cognitive behavioral therapy interventions and effectiveness, pain management, diversity issues in rehabilitation settings, and grief and depression after TBI. Dr. Niemeier obtained her Ph.D. in Psychology from VCU. Hobbies include painting on canvas and seashells, running and hiking, beach combing in Ocracoke, North Carolina and being a soccer mom.

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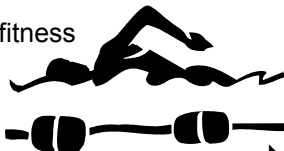
RESOURCES TO THE RESCUE

Sheltering Arms Hospital was opened in 1889 to provide medical care for needy individuals of the community. In 1981, the focus of services shifted from acute care to physical rehabilitation. Today, Sheltering Arms has expanded services, including the Club Rec program.

The program offers a variety of fun and beneficial activities for adults with brain injury. Club Rec is a day recreation program developed and run by staff experienced in working with survivors. Planned activities are selected to promote the health and wellness of participants. Activities may include:

▶ Health and fitness

- ◆ Swimming in therapeutic pool (warm water, wheelchair accessible, submerged parallel bars)
- ◆ Exercise at state-of-the-art fitness center (weight training and cardiovascular machines)



- ▶ Recreational outings
- ▶ Support and educational groups



- ◆ Coping
- ◆ Communication
- ◆ Spirituality
- ◆ Various other topics and skills
- ▶ Community outreach
- ◆ Volunteer activities



- ◆ Giving back to the community

Members of Club Rec can choose to participate in as many (or as few) activities as their schedule allows. The program is open Monday through Friday from 7:30 a.m. until 5:30 p.m. Structured activities are offered most of the day (9:00 a.m. until 3:30 p.m.).

Club Rec requires that members meet the following requirements:

- ▶ Adult survivors of brain injury
- ▶ Interested in enhancing their quality of life
- ▶ Able to provide self-care
- ▶ Independent for activities of daily living
- ▶ Can manage own medications
- ▶ Make financial arrangements with the program
- ▶ \$35.00 per day (additional \$5.00 charge before and after structured program)
- ▶ Financial assistance is available (Sliding scale fees)

Club Rec is conveniently located at the Midtown location (2805 W. Broad Street) of Sheltering Arms on the GRTC bus line (358-GRTC). Other transportation can be arranged in most cases. If you are interested in learning more about Club Rec, you may call (804) 915-1174 for more information.

Lee Livingston, reporting

BIAV-AFFILIATED CHAPTERS AND SUPPORT GROUPS

Central Va. Chapter & Support Group

Meet 1st Thurs. of each month at 7:00 p.m., Heritage United Methodist Church 582 Leesville Rd. Room 206. Lynchburg. Call Betty Zaring (434) 947-4646.

Danville – Southside Support Group

Meet 2nd Thurs. of each month at 7:00 p.m. Mount Hermon Baptist Church. Call Sue Jones at (434) 724-7070.

Eastern Shore Survivors' Group

Meets each Wed. at 3:30 for Tai Chi, Body Fit Gym. Call Margaret Young (757) 787-3131.

Far Southwest Support Group

Meets on 4th Monday of each month from 1:30 to 3:30 in the West Wing of the Lee County Regional Medical Center, Pennington Gap. Contact Sandy Cannon at (276) 431-7213.

Fredericksburg Chapter & Support Group

Meets 3rd Thurs. of each month There are two meetings: one at 10:30 a.m. & one at 7:00 p.m., at the Westwood Clubhouse, 507 Westwood Office Park. Call Dave Cramer at (540) 785-8717 after 7:00 p.m. or Jerry Craft at (540) 899-2925.

Northern Neck Support Group

Meets on the 2nd Wednesday of the month at 2:30 p.m. at the Essex Co. Library, 117 North Church Lane, Tappahannock. Call Lorraine Justice at (804) 333-4386

Northern Virginia Chapter & Support Group

Falls Church: Meets 1st & 3rd Thurs. of each month at 7:30 p.m., Falls Church High School. Call (703) 569-1855.

Richmond Chapter & Support Group

Meets on the 1st and 3rd Monday nights at 6:00 p.m. in the Auditorium of Children's Hospital at 2924 Brook Rd. Call Jan Flowers at (804) 321-6013 or BIAV at (804) 355-5748.

Roanoke Chapter & Support Group

Meets 1st Thurs. of each month at 7:00 p.m. in Roanoke. Call Barbara Iddings (540) 992-1650 for details.

Southside Support Group (Farmville and Crewe areas)

- Call Rev. Clyde Shelton (434) 767-2259.

Staunton-Augusta Co. Area Support Group

Meets the 2nd Monday of each month at the William A. Cashatt Chapel at Woodrow Wilson Rehab Center campus, Fishersville. Contact Helen Cloud (540) 886-5420 or e-mail hcloud35@msn.com.

Tidewater Chapter & Support Group

Meets on the 2nd Mon. of each month at SEEK in Virginia Beach. Contact Joann Mancuso at (757) 493-8000 or Marylin Copeland at (757) 816-1857.

ALL ATTEMPTS ARE MADE TO ENSURE INFORMATION ACCURACY. HOWEVER BE SURE TO CALL CONTACT PERSONS BEFORE GOING TO A MEETING TO MAKE SURE THERE HAVE BEEN NO CHANGES.

NON-BIAV-AFFILIATED SUPPORT GROUPS

Bluefield & Princeton, West Virginia Support Group

For information, call HealthSouth Southern Hills Rehabilitation Hospital (304) 487-8000. Hospital is located at 120 12th Street, Princeton, WV 24740.

New River Valley Support Group

Meets the 4th Tues. of the month at 7 p.m. at Radford University, Waldron College Room 227. Call Brain Injury Services of SWVA at (540) 344-1200.

Richmond Supportive Survivors

(This has the same name as the Richmond Chapter, but is a different group). Meets every Tues. at 7:00 p.m. at the Shops at Willow Lawn Food Court. Call Ted Taylor at (804) 837-3300.

Riverside Rehabilitation Institute Brain Injury Support Group

Meets every Wed. at 4:30 p.m. in 4th floor chapel of Riverside Rehabilitation Institute in Newport News. Contact Woody Rea (757) 928-8327 or (800) 262-3019.

Riverside Rehab Institute Educational Groups

Meets on the last Wednesday of the month from 4:30 to 5:30 p.m. at the Shore View Medical Center (out patient building). Survivors and caregivers welcome. Contact Julie Scott at (757) 828-8050.

Southwestern Area – The Survivor Group

Meets 2nd Tues. of each month at 7:00 p.m. at the Bristol Regional Medical Center. Contact Mary Hayes at (540) 475-3441.

Tri-Cities (Tennessee) Support Group

Meets the 2nd Thurs. of the month (except Dec. & Jan.) at 7 p.m. at the Quillen Rehabilitation Hospital, 2511 Wesley Street Johnson City, TN. Call Bette Lucas at (423) 952-1751.

Winchester Support Group

(includes Flint Hill, Front Royal, Winchester, and surrounding areas). Meets on the 3rd Thurs. of each month at 3 p.m. on the 2nd floor of the Winchester Rehab Center. Call Dena Kent at Winchester Rehabilitation Center (540) 536-5182 or (800)382-0772.

ALL ATTEMPTS ARE MADE TO ENSURE THE ACCURACY OF INFORMATION, HOWEVER BE SURE TO CALL CONTACT PERSONS BEFORE GOING TO A MEETING TO MAKE SURE THERE HAVE BEEN NO CHANGES.



Mark your calendars.....

UPCOMING EVENTS

FIRST FRIDAY OF EACH MONTH* (6:00 — 9:00 p.m.)

Event: T.G.I.F

Location: Typically at Belmont Recreation Center, 1600 Hilliard Rd. in the Lakeside area of Henrico Co.

Description: Henrico, Hanover, and Chesterfield County Departments of Parks and Recreation host monthly social events for adult survivors of brain injury

Contact: Call 501-7489 for more information.

JULY 21, 2003 (Monday, 6:00 p.m.)

Event: Speaker Meeting of the Richmond Chapter of the BIAV

Location: Children's Hospital, 2924 Brook Rd.

Description: Joanne Marcus speaks on "Community Trust Funds"

Contact: BIAV at 355-5748 for more information



AUGUST 18, 2003 (Monday, 6:00 p.m.)

Event: Speaker Meeting of the Richmond Chapter of the BIAV

Location: Children's Hospital, 2924 Brook Rd.

Description: Jason Young provides information on the Mill House

Contact: BIAV at 355-5748 for more information

SEPTEMBER 20, 2003

Event: Brain Injury Association of Virginia's 3rd Annual Conference: "Opening Doors: New Answers for a New Era"

Location: Holiday Inn Select, Koger South Conference Center

Description: Featured are a variety of speakers and vendors for professionals, caregivers and survivors of traumatic brain injury with presentations from nationally recognized speakers on topics such as caregiver and family concerns and resources, pharmacology, sensory issues, and behavioral strategies. Invited speakers include Dr. Harvey Jacobs, Dr. Jeff Kreutzer, Dr. Michael Martelli, and Dr. Nathan Zasler

Contact: BIAV at (800) 334-8443 (in Rich-

MEMORY-WISE

Look for the Memory-Wise Owl for tips on dealing with everyday memory problems.



KEEPING UP WITH KEYS

Keys are easy to lose because they are small and they go everywhere with you. Here are some tips for keeping up with those pesky keys:



- ☞ Keep a stretchy band and a clip on your key ring. Make a habit of putting the band either on your wrist or clip it to something you are less likely to lose (e.g., your belt, your purse handle, etc.) when you go out.
- ☞ At home, designate one place and *one place only* to keep your keys—preferably near the door you use most often. (Examples: on a hook, on your purse, in a bowl).
- ☞ The *Sharper Image* (<http://www.sharperimage.com>) markets a nifty device called "Now You Can Find It!"® Clip buttons (you get 4) on an item you lose easily, such as keys or eyeglasses. To find an item, press the receiver button and the item beeps! The receiver starts beeping if it gets misplaced, too!

Remember, the less time you spend looking for stuff means more time to do things you enjoy.

JUST THE FREQUENTLY ASKED QUESTIONS

QUESTION: What are some resources for families in need of support and counseling after a traumatic brain injury has occurred? Would a family counselor be helpful, or is some type of therapist experienced in brain injury more appropriate?

ANSWER: Brain injury is difficult not only for survivors, but also for their families and friends. Families often have difficulty adjusting to injury-related changes and the changes their family faces after the injury. Often family members have to take on new responsibilities they never had to take on before. Financial strain and decreased time for social activities are common. As a result, family members are often under a great deal of strain, feel intense stress and pressure, and experience great loss after the injury. Family members need support just as much as survivors do.

Brain injury support groups provide excellent sources of support and assistance for persons with brain injury and their families. A list of state-wide support groups is offered in this newsletter. If you do not see one for your area, contact the Brain Injury Association of Virginia (804-355-5748) to see if groups are available.

Support group attendance helps you find better ways of coping with the stresses and life altering changes imposed by brain injury. Support groups typically provide information about the nature and consequences of brain injury, and this information is an important tool in designing better emotional coping strategies. In addition, support groups give you the chance to meet

other families with similar problems who may be able to suggest additional resources. Other families may be able to tell you about coping strategies that have worked for them in the past, so you can try them too.

Professional counseling or therapy may also be useful to consider. Family counseling offers chances to learn how to better cope with changes as a family. If you decide to seek formal counseling, professionals experienced in brain injury are better prepared to understand the situation you are facing than those without training in brain injury.

The Brain Injury Association of Virginia may be able to help you find a professional in your area who is trained to work with survivors of brain injury and their families. In addition, Virginia Commonwealth University has a Family Support Program, which may be helpful for your family. Contact Laura at 866-296-6904 (in Richmond - 828-3703) if you would like information about this program.

QUESTION: How can I convince my family that my problems are real and make them understand brain injury better?

ANSWER: Many survivors of brain injury describe having trouble convincing others that they have problems. Once your bones and cuts heal, it's hard to tell that people have traumatic brain injuries (TBI). That's why they call TBI a hidden illness. Although TBI does not always alter survivors' appearances, TBI typically results in a variety of life altering changes, including prob-

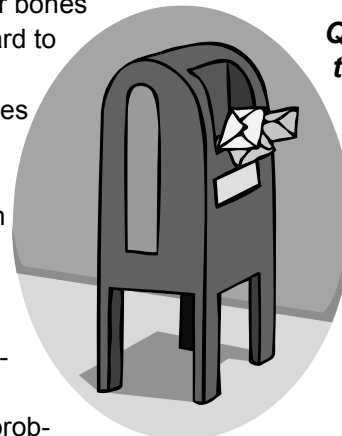
lems with concentration, memory, headaches, leg pain, mood swings, anger, and many others.

Problems that continue to be disabling some weeks or months after the injury may persist over a long period of time, perhaps a lifetime. These changes are often poorly understood by family members and friends.

Education is an important step toward understanding TBI and the difficulties which emerge following TBI. You may have trouble explaining the changes to your family. Having your doctor or therapist explain the injury-related changes to your family may be helpful. You can also give them information to read about brain injury.

The Brain Injury Association of Virginia (804-355-5748) is a good place to call to ask for information you can share with your family. Your family may be receptive to videotaped documentaries about TBI, like *Minor Head Trauma: When Problems Remain* (available from the Brain Injury Association). This film provides an excellent overview of MTBI and includes descriptions of individuals struggling to overcome their disabilities and return to school and work.

The National Resource Center also has informative books and videos, which provide information about brain



Questions for Pat or the FAQ column are welcomed.

Send them to

**"ASK PAT" OR
"FAQ"**

**P.O. BOX 980542
RICHMOND, VA
23298-0542**

or e-mail:

ddwest@vcu.edu

injury (call to request a catalog at (804) 828-9055 or visit the website at www.neuro.pmr.vcu.edu).

A neuropsychologist is a psychologist with additional training in brain-behavior relationships. Neuropsychologists can identify areas of the brain that were affected by your accident by having you complete a number of tests. The tests assess memory, attention and concentration, motor abilities, and other cognitive abilities. If you never have been tested, you should by all means do so. The results may be useful for showing your family what you are having difficulty with.

The neuropsychologist can also meet with you and your family to explain the results and what they will mean for your life. If your family can't come to the meeting with the neuropsychologist, it may be helpful to tape record the meeting and take notes about what the doctor says. You can also share the report that describes the results with your family.



CHAT WITH PAT

*Pat answers your personal questions about brain injury with compassion and practical advice. The identity of authors submitting questions to Pat's column will be kept **strictly confidential**.*

DEAR PAT: I'm a 43-year-old guy who used to love all kinds of sports, that is, *before* my head injury. I used to play softball on my company team, go fishing with my kids, and I was part of a bowling league. I loved to go camping and hiking, too. Since I got hurt, I haven't been doing things like I once did. My doctor says I can go back to most of my previous activities, but I just don't have the energy. For ex-

ample, I went bowling with the family last week. We usually finish 4 games before calling it quits. By the middle of the second game, I was wiped out. I got so tired that all I wanted to do was sleep. We had to go home early. I was so embarrassed and mad about ruining everyone else's fun. I'm too young to feel this old. Pat, will I ever be able to do things like before?

PAT'S RESPONSE: Take heart, young man. You are not alone and things can get better. Fatigue is a common problem after a head injury. Survivors usually feel most tired right after getting hurt. The more time that has passed since the injury, the more energy a person is likely to have. Thinking back, you will probably notice feeling more energetic now than you did when you first were injured.

For some people, however, fatigue can last quite a while after a brain injury. Even when other problems seem to have disappeared, problems with stamina may persist. People may also find that "mental work" like reading a book, having a conversation, or watching television can cause fatigue as well as any physical activity.

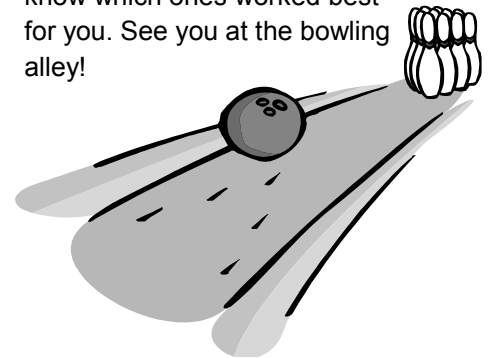
Fortunately, most people can build up their stamina over time. The key to managing fatigue is accepting your limits and working within them. Here are some ideas people with brain injuries have found helpful:

- ☑ **Know yourself** – and the types of activities that make you tired quickly so you can make plans to cope with fatigue.
- ☑ **Pace yourself** - don't take on too much at once (even if you are having fun like bowl-

ing or fishing).

- ☑ **Give yourself a break** – physically and emotionally. Take frequent breaks to rest. Try not to get down on yourself about needing time away from activity.
- ☑ **Build up your stamina** – slowly increase the amount of activity you do. Don't push yourself too hard at first. For example: If you can read for 10 minutes today before feeling tired, try reading for 12 minutes next time.
- ☑ **Learn to relax** – identify ways you like to relax and use them a lot; minimize the amount of stress in your life. Remember, fatigue can take a toll on your physical, mental, and emotional well being.

Try some of these ideas and let me know which ones worked best for you. See you at the bowling alley!



THE INFORMATION PROVIDED IN THE FAQ AND CHAT WITH PAT IS INTENDED TO FAMILIARIZE THE PUBLIC WITH ISSUES RELATED TO TRAUMATIC BRAIN INJURY. NO INFORMATION PROVIDED HEREIN SHOULD BE CONSTRUED AS THERAPEUTIC ADVICE OR AS A SUBSTITUTE FOR CONSULTATION WITH A COMPETENT MEDICAL OR MENTAL HEALTH PROFESSIONAL.

RECENT ADVANCES IN MEDICAL CARE AT VCU'S TBI MODEL SYSTEM PROGRAM

The clinical rehabilitation services of the Virginia Commonwealth University TBI Model System Program continue to expand, specialize, and integrate as we attempt to provide state of the art care across a continuum of needs. While the VCU Department of Physical Medicine and Rehabilitation (PM&R) faculty remain the core clinicians forming the system of care, we are continuing to add new and expanded academic and community clinical partners to maximize opportunities. All of the clinical partners who contribute to the successes of the Model Systems program have met the criteria for appointment of either adjunct or collateral faculty to the Department of PM&R. Academic partners include members of VCU's Departments of Neurosurgery, Psychiatry, Biomedical Engineering, Rehabilitation Counseling, Physical Therapy, Health Physical Education and Rehabilitation, and Anatomy. Community partners include psychiatrists, therapists, nurses, and psychologists. The following standardized protocols and care partnerships represent some of the recent advances in medical and rehabilitation care at the VCU TBI Model System Program.

STANDARDIZED PROTOCOLS:

In preparation for implementation of a computerized medical record at the VCU Health System (VCUHS) and under the direction of Medical Director *William Walker*, M.D., uniform, computerized order sets have been developed for all patients admitted to the Brain Injury Rehabilitation Programs of the Rehabilitation and Research Center. The protocols include all aspects of medical and rehabilitation care, including diets, activity restrictions, pain and agitation management, and special precautions. In addition to rehabilitation-specific interventions, the rehabilitation team has taken leadership roles in instituting standardization of medical care, such as deep venous thrombosis prevention, seizure prevention, fall prevention, and

physical restraint use across all phases of care in the VCU Health System. These standardized protocols are based on evidence-based research and best practice guidelines. The goals of this approach are to utilize the most current scientific knowledge to develop care paradigms that are then implemented uniformly across all aspects of care to optimize outcomes. This standardization is also a critical aspect of VCUHS's designation as one of the National Institute of Health's eight TBI Network Sites research project. On-going performance improvement methods are utilized to assure that these protocols are consistently used and to measure the impact the protocols have on care.

CARE PARTNERSHIPS: The Brain Injury Programs of the VCU Health System have forged even closer linkages across the continuum of rehabilitation services over the past 12 months. The Rehabilitation Consultation Service at Medical College of Virginia Hospital (directed by *Jeffery Ericksen*, M.D.), the inpatient brain injury program of the Rehabilitation and Research Center (directed by *William Walker*, M.D.), inpatient and outpatient Neuropsychology and Rehabilitation Psychology services (led by *Jeffrey Kreutzer*, Ph.D.), and the VCU Rehabilitation and Research Training Center on Workplace Supports for Individuals with Disability (directed by *Paul Wehman*, Ph.D.) remain the mainstay of the VCU Model System project. In order to provide for the wide variety of specialized needs of individuals with TBI, a diverse array of complementary services have also been developed. The following components of the continuum of TBI rehabilitation are all under the medical directorship of the VCU Department of Physical Medicine and Rehabilitation:

Defense and Veterans Brain Injury Center: Located at the McGuire Veterans Medical Center, this specialized center for

active duty personnel and Veteran's with acquired brain injury is lead by *Tim Silver*, M.D. and *William Walker*, M.D.

Complex Care Specialty Unit: Located at the HCA-Columbia Retreat Hospital, this 24-bed subacute rehabilitation program provides interdisciplinary care for individuals with acute neurologic deficits. *William Walker*, M.D. directs the rehabilitation care.

Pediatric Subacute Rehabilitation Unit: Located at the Cumberland Hospital for Children and Adolescents, this 8-bed unit provides interdisciplinary rehabilitation for children with neurologic deficits. *Li Li*, M.D. directs the rehabilitation care.


Transitional Care Unit: Located at the Children's Hospital of Richmond, this 24-bed subacute rehabilitation program provides interdisciplinary care for children with acute and chronic neurologic deficits. *Jacob Neufeld*, M.D., M.S.P.H. directs the rehabilitation care.

Pediatric Rehabilitation Unit: Located at the Children's Hospital of Richmond, this 6-bed acute rehabilitation program provides interdisciplinary care for children with acute and chronic neurologic deficits. *Jacob Neufeld*, M.D., M.S.P.H. and *Eugene Monasterio*, M.D. direct the rehabilitation care.

Brain Injury Day Rehabilitation: Located at the Sheltering Arms Bon Air site, this 5 day/week, 4-8 hour/day interdisciplinary rehabilitation program is specially designed to provide care for individuals with acquired brain injury. The program is also linked to a long-term Community Reintegration program ("Club Rec"), two fitness centers, and 4 outpatient therapy programs. *David Cifu*, M.D. directs these programs.

Geriatric Subacute Program: Located at the Beth Shalom

Nursing Home, this Skilled Nursing Facility (SNF)-level subacute rehabilitation program provides specialized care for the older adult with acute and chronic neurologic disability. The program is also linked on campus to an assisted living facility, a federally subsidized senior apartment complex, and an outpatient geriatric rehabilitation center. David Cifu, M.D. directs these programs.

 **Virginia Neurocare, Inc.:** Located in Charlottesville, this VCU Department of PM&R affiliated program includes a Day Rehabilitation program, a community reintegration program (High Street Clubhouse) and a transitional living complex for individuals from both the military and civilian population with acute and chronic neurologic disability. The directors of the programs are *George Zitnay*, Ph.D. and *Dan Slater*, M.D.

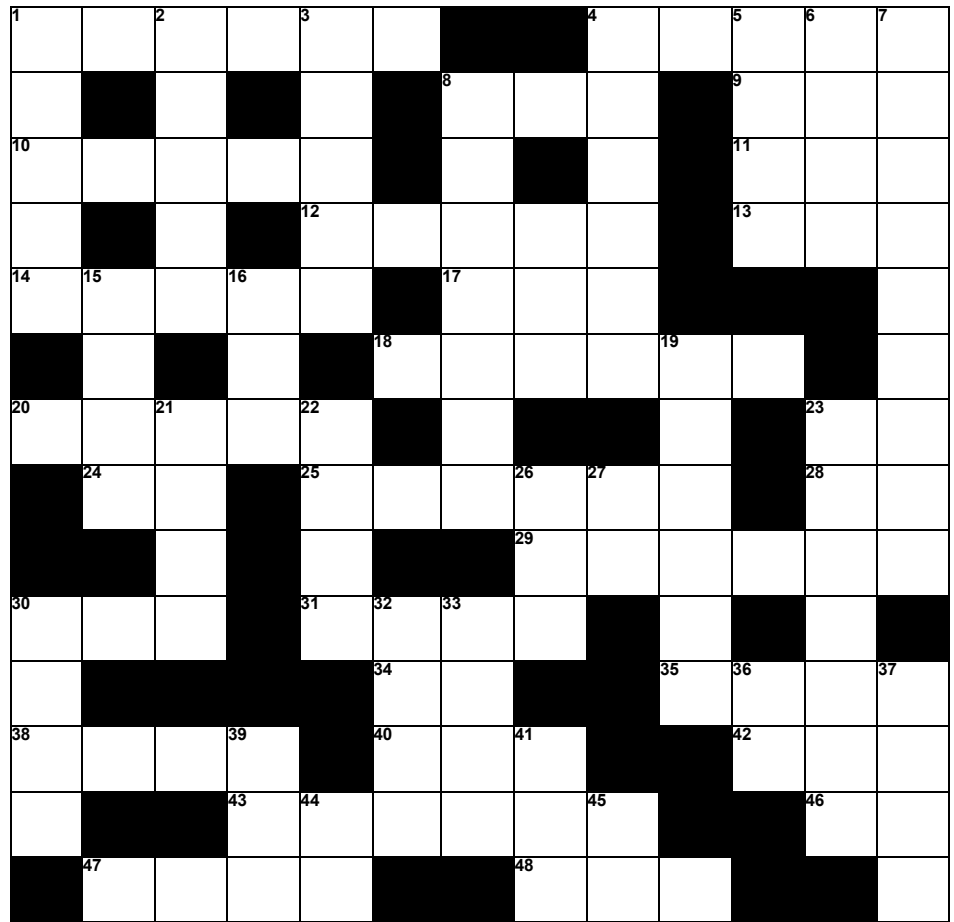
David X. Cifu, M.D.
The Herman J. Flax, M.D.
Professor and Chairman
VCU Department of Physical
Medicine and Rehabilitation

ACROSS

- 1 – Hot season
- 4 – “The buck ____ here.”
- 8 – “Don’t ____, don’t tell.”
- 9 – Famous spooky writer who lived in Richmond
- 10 – Cherished belief or worth
- 11 – Sometimes called the “6th sense”
- 12 – More pleasant
- 13 – Fishing tool
- 14 – Wins narrowly (in horseracing)
- 17 – Summer in Richmond
- 18 – Learning session
- 20 – At the same height
- 23 – Stomach muscle (abbrev.)
- 24 – “____, ho, ho and a bottle of rum”
- 25 – Someone
- 28 – “____, myself, and I”
- 29 – Middle
- 30 – Stinging bug
- 31 – There are 365 days in one
- 34 – “Off and ____”
- 35 – This’ll ruin a trip to Maymont
- 38 – Quiz
- 40 – National Testing Service (abbrev.)

JUST FOR FUN!

Working word puzzles can help keep you sharp. Just for fun, see how many squares you can fill up. If you need a hand, answers are on the back page. Try to peek only when you’re stumped. Use the tips from Pat’s column if you start getting tired. Most importantly, have fun!



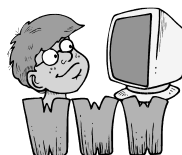
- 42 – Top card in a deck
- 43 – They must approve your vacation time
- 46 – “Thick ____ a brick”
- 47 – Rip
- 48 – Need this to hear
- 23 – Land of the brave, home of the free
- 26 – Optical character recog. (abbrev.)
- 27 – The Cornhusker State
- 30 – Nocturnal flying creatures
- 32 – Lots and lots of time
- 33 – They’ll ruin a picnic
- 36 – Drinkers’ support group
- 37 – Blue jays call it home
- 39 – To be announced (abbrev.)
- 41 – “Oh, say can you ____”
- 44 – “Either this ____ that”
- 45 – Continent to our south (abbrev)

DOWN

- 1 – 4 + 3
- 2 – Distance measurements
- 3 – Not odds
- 4 – Mostly women wear these
- 5 – Ajar
- 6 – Sit for, model
- 7 – Month ending 1 across
- 8 – Cupid’s sport?
- 15 – Follow the rules
- 16 – Adam’s better half?
- 19 – Icebreaker
- 21 – Cast your ballot
- 22 – Shiftless

Looking for more TBI information?

On the Web visit the National Resource Center for Traumatic Brain Injury at:
<http://www.neuro.pmr.vcu.edu>



TBI PREVENTION TIPS

From the CDC National Center for Injury Prevention and Control

(Unless otherwise noted, the following safety tips have been adapted from the Brain Injury Association of America fact sheets.)

Motor vehicles are the leading cause of TBI-related hospitalizations (Thurman 2001). Below are some safety tips for driving or riding in motor vehicles:

- Always wear a seat belt.
- Properly secure or buckle children into child safety seats appropriate for their ages and weights every time you travel.
- Properly secure or buckle children under 12 in the back seat to avoid air bag injuries.
- Never drive after using alcohol or drugs.
- Do not ride in a car with a driver who is drug- or alcohol-impaired.
- Prevent others from driving while impaired with alcohol or drugs.

Sports-and-recreation-related TBIs are an important public health problem (Thurman 1998). Follow the tips below to make sports and recreation activities safer for you and your children.

- Always wear helmets when
 - riding a bike, motorcycle, scooter, or skateboard;
 - in-line skating and roller-skating;
 - skiing or snowboarding;
 - horseback riding.
- Always wear helmets during the following sports activities:

- Football
- Ice hockey
- Batting and running the bases in baseball and softball
- When children play at a playground:
 - Check the quality of playground equipment and the surfacing below. The surface below equipment should be shock absorbing material such as wood products, pea gravel, sand, or rubber products. The surface should be approximately 12 inches deep.
 - Make sure there is adult supervision.

Thurman D. The epidemiology and economics of head trauma. In: Miller L, Hayes R, editors. *Head Trauma: Basic, Preclinical, and Clinical Directions*. New York (NY): Wiley and Sons; 2001.

Prevention Resources

National Center for Injury Prevention and Control

Mailstop K65
4770 Buford Highway NE
Atlanta, GA 30341-3724
Phone: 770.488.1506
Fax: 770.488.1667
Email: OHCINFO@cdc.gov
Website: www.cdc.gov/ncipc

ThinkFirst National Injury Prevention Foundation

Thinkfirst Foundation works to prevent brain, spinal cord, and other traumatic injuries by educating of individuals, community leaders, and policy makers.

5550 Meadowbrook Drive
Suite 110
Rolling Meadows, IL 60008
Phone: 847-290-8600
Fax: 847-290-9005
Email: thinkfirst@thinkfirst.org
Website: www.thinkfirst.org

HOW TO TALK TO CHILDREN ABOUT BRAIN INJURY

After a relative or friend has a brain injury, life can be especially hard for children. They have a hard time understanding what has happened, how to cope, and how to help. Parents often say that they have trouble explaining injuries to their children. Here are some ideas of ways you can explain brain injury to your child after one of their family members or friends is injured -

★ The brain is like a command station of a space ship. To understand brain injury, think about what would happen if the command station were hit by a meteorite. If a meteorite hits the command station, the command station may not be able to control the direction the ship travels or what the ship does. The brain controls how the whole body works like the command station controls the ship. After the brain is hurt, it may send out the wrong signals to the body or send out no signals at all. A person with a brain injury may have trouble walking, talking, hearing, or seeing. They may even need a machine to help them breathe.

★ Most of the time, a broken bone will heal and be good as new. A hurt brain is different. The person with the injury may look the same, but usually they will act different than before. The person may walk slowly or use a wheelchair to get around. They may get tired easily and sleep a lot. Paying attention may be harder for them. They may not remember what you say to them. They may have trouble understanding a joke or telling a story. They might say or do things that are strange or embarrassing. They may get angry more easily and have temper problems.

★ The person might be upset because of the changes caused by their injury. There may be things that the person with a brain injury cannot do anymore, like playing soccer or going swimming. If other people laugh or treat the person differently than before, the person may feel

sad and cry easily. Sometimes a person with a brain injury will be very angry about the injury and might get mad and yell a lot.

- * A bad cut may take a few days or weeks to get better. A broken leg may take six weeks or longer to heal. Getting better after a brain injury takes a long time, even longer than getting better from a broken leg. Getting better may take months or even years. Sometimes people with a brain injury have problems for the rest of their lives. Still, they can feel better and learn new ways to do things.
- * Brain injury changes people, sometimes a little, sometimes a lot. You might be confused by the changes you see. Still, you love and care about the person anyway. Even though they might seem sad or mad sometimes, remember that they still love and care about you too. Try to remember that the

changes are caused by a brain injury. Then the changes will be easier to accept.

- * Explaining these points to your child may help him or her better understand what has happened to their family member or friend. Your child may feel better if he or she understands what is going on and be less scared. Talking about the injury also opens the lines of communication and lets them know it is okay to talk to you about it.
- * The National Resource Center recently published a book entitled, *A Kid's Guide to Brain Injury*. The book helps teach children about brain injury and its effects, and the content is geared for children ages 6 to 14. If you are interested in purchasing this book, contact the National Resource Center to request a catalog at (804) 828-9055 or visit the website at www.neuro.pmr.vcu.edu.

Laura Taylor and
Jeff Kreutzer

(What to Tell... – continued from page 1)

- Keep your answers short, simple, and to the point.
- Your family, close friends, doctors, and therapists may have good ideas about ways to respond to people's questions. Tell them about what you like to say, and get their reactions.
- Many people find it helpful to role play their answers with close friends and family to prepare ahead of time.
- Talk to other survivors about how they deal with difficult questions.
- Disclose the most personal information only to people you really trust like family members, close friends, doctors, and therapists.
- Remember that family, friends, and neighbors may be asking be-

cause they care and want to help. Let them know you appreciate their concern.

- When you would rather not talk about your injury, for whatever reason, you can always respond gracefully. For example, you can say, "I appreciate your concern for me. I'd rather talk about that later."

Here are some ways you can respond to specific questions -

- 💡 *What happened?* -- I was in an accident a while ago.
- 💡 *What type of medical care do you need?* -- I was in the hospital for some time. (or) I see doctors for my injury every now and then.
- 💡 *How much longer will you need treatment?* -- My doctors are

MEMORY-WISE

REMEMBERING PHONE NUMBERS



- ☞ Chunk phone numbers into 2 and 3 digit groups. For example, the number 457-2291 becomes: four hundred fifty seven; twenty two; ninety one. Now you have 3 short numbers to recall instead of one long number.
- ☞ Practice entering the number onto an imaginary telephone key pad. For older folks, pretending to dial a rotary phone works well, too. Now you are learning not just with your "hearing," but also with your "sight" and "touch."
- ☞ Say the number over and over and over again. Repeat. No kidding! When you think you've about learned the number, stop. Go get a drink of water or something. Now test yourself. Try to remember the number. Did you recall the number correctly? Practice going longer and longer before re-checking your recall.



helping me recover as quickly as possible.

- 💡 *What are your current symptoms?* -- I tend to get tired easily. (or) I have to pay attention to things more carefully now.
- 💡 *How are you doing now?* -- I'm getting better with each passing day.
- 💡 *When will you be able to come back to work?* -- I'm waiting to get a little better and then I'll decide. (or) We're working on a plan right now; I hope to know soon.

Remember there's no need to tell people everything about your injury. Only give detailed information to people you trust who care.

Lee Livingston, Laura Taylor, and
Jeff Kreutzer

STUDY OF EMOTIONAL ADJUSTMENT AFTER BRAIN INJURY



People have a lot of emotional changes after brain injury. Researchers at the TBI Model System want to better understand some of these emotional changes. We know that doctors often have difficulty deciding whether symptoms are due to the brain injury, depression, adjustment to losses and changes, or a mixture of these things. Researchers are currently looking for people with brain injury to participate in an interview about emotional changes and coping. By doing this research we hope to learn more about emotional changes after brain injury: What is the best way to assess emotional changes? How are these changes different from depression?

For this study we need people

who have had a brain injury and are at least 18 years old. People do not have to feel depressed or sad to be in the study. With permission from the person with TBI and a family member, participants will come into the clinic two times (3 months apart). Researchers would then get information about the injury from the person's medical records; talk to the person about their emotional problems (like depression and anxiety), adjustment issues, and substance use; give a short test that measures memory abilities; and give some psychological tests that look for depression. Participants will get paid up to \$55 for being in this study.

For more information, call *Jenny Marwitz* at 804-828-3704 or toll free at 866-296-6904, or email jmarwitz@vcu.edu



**VCU, PM&R
 TRAUMATIC BRAIN INJURY MODEL SYSTEM
 P.O. BOX 980542
 RICHMOND, VA 23298-0542**