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

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

WHEN YOUR PATIENT IS LIVING WITH BRAIN INJURY

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