

ACQUIRED BRAIN INJURY

“He’s ready for what.....discharge”??

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INTRODUCTION

ACQUIRED BRAIN INJURY

- *What is it?*
- *An Analogy*



LOOK AT THE CHART AND SAY
THE COLOR NOT THE WORD.

YELLOW	BLUE	ORANGE
BLACK	RED	GREEN
PURPLE	YELLOW	RED
ORANGE	GREEN	BLUE

GOAL OF REHABILITATION

- *Role of rehabilitation teams in helping brain injury survivors through difficult crises in reaching their highest functional level of independence.*
- *May be short duration or a continuous lifelong process*
- *Specific goals – dependent on the survivor's individual capacity*

Specific Goals continued

- *To promote adaptation and adjustment of the survivor and family to a changed life*
- *To emphasize abilities to promote adaptation or adjustment*
- *To return to successful function within the community.*

PROCESS

What are we dealing with?

- *Individual personalities and support systems*
- *Involves a problem-solving approach that is based on the process of assessment, planning, interventions and evaluation.*
- *Survivors / families better informed today and they often challenge staff/caregivers.*

PREDICTORS OF FUNCTIONAL RECOVERY

REHABILITATION POTENTIAL

GOOD POTENTIAL	POOR POTENTIAL
<ul style="list-style-type: none">• Strong willed and determined	<ul style="list-style-type: none">• Gives up easily
<ul style="list-style-type: none">• Under 21 years of age	<ul style="list-style-type: none">• Over 40 years of age
<ul style="list-style-type: none">• Similar pre-injury/post-injury vocational abilities	<ul style="list-style-type: none">• Wide gap in pre/post injury vocational abilities
<ul style="list-style-type: none">• No previous history of brain insult	<ul style="list-style-type: none">• History of previous brain insult
<ul style="list-style-type: none">• Good stress management skills	<ul style="list-style-type: none">• Poor stress management skills
<ul style="list-style-type: none">• Good social relationships	
<ul style="list-style-type: none">• Good character and self-control	
<ul style="list-style-type: none">• Intact family	
<ul style="list-style-type: none">• Good relationship with family	
<ul style="list-style-type: none">• High I.Q.	
<ul style="list-style-type: none">• No history of drug / alcohol abuse	

TEAM INVOLVEMENT

- *Team approach is the foundation of rehabilitation care.*
- *Treat the multiple needs of the 'whole' person.*
- *The Interdisciplinary team (IDT) has interactive partnerships.*
- *The patient is the family.*
- *Family support is key.*

FAMILY ASSESSMENT / CHALLENGES

- *Emotional status*
- *Cultural barriers*
- *Knowledge*
- *Potential care-giver stress / inability to cope*
- *Infantilization of survivor*

SERVICE DELIVERY MODEL

- *Physical Functioning*
- *Cognitive Functioning*
- *Emotional Functioning*
- *Social and Community Functioning*

INDIVIDUAL TREATMENT INTERVENTION

- *Values and Beliefs*
- *Functional Levels*
- *Continuum of Care*

READINESS FOR COMMUNITY

WHAT'S NEXT??

- *Dealing with week-end Leaves of Absence*
- *Telerehabilitation may be required*
- *Re-integration versus Re-entry*
- *Vocational Evaluation*
- *Work Adjustment*
- *Retraining*
- *Job placement*

CONCLUSION

- *An overview of rehabilitation – philosophy, values, goals and models of care*
- *Emphasis on teams and family assessment*
- *Importance of family involvement*
- *Continuum of care*

QUESTIONS...

