



## FALL EDUCATION CONFERENCE 2011 SESSION DESCRIPTIONS

### THURSDAY, OCTOBER 6 – TRACK A

#### **Consequences of Repetitive Brain Trauma – Henry Feuer, MD, FAANS, FACS**

This past decade has brought more understanding to the consequences of mild traumatic brain injuries, with for many, many years had been focused on the sport of boxing. More has been written in the past decade on concussions than in the previous fifty years. Media hype has been unrelenting with the more recent discovery of neuro-pathological findings of chronic traumatic encephalopathy in the brains of deceased football and hockey players. This has placed the management of the “common” sports concussion into the spotlight, with the fear that concussions or subclinical repetitive injuries may lead to early dementia and behavior disorders in later life. However, much remains to be done to determine who might actually be at risk for the development of chronic traumatic encephalopathy. Outlined will be a brief history of the management of concussions, research studies in progress, advances in radiological imaging of mild traumatic brain injuries, and other possible initiatives.

#### **Return to Play Decisions and Long Term Difficulties of Concussion – Rosanna C. Sabini, DO**

Discussions in this session will center around current Return-to-Play guidelines and the benefits and limitations with implementation. Also discussed will be safe return-to-play and the approach to a difficult concussion presentation. Available medical and rehabilitative treatments and long term consequences of persistent post-concussive symptoms will be included in this presentation.

#### **Developing a Team Approach to Managing Concussed Athletes in a Community Based Family Practice Residency Program – Heidi Musgrave, PhD**

From the athlete, parent, coach, athletic trainer and neuropsychologist to the Primary Care physician, it takes a cooperative effort to provide the appropriate education to manage a concussed athlete. The focus of this session will be the development of a Concussion Management Clinic within a Family Practice Residency. Ways of ensuring proper communications with all members of the team will be discussed. Specific case presentation will be presented.

#### **Vestibular Dysfunction After Traumatic Brain Injury – Holly Hons, MPT, CBIS**

Vestibular dysfunction following a traumatic brain injury (TBI) often is under-diagnosed. There are many vestibular disorders associated with TBI and treatment of these disorders can be different from a peripheral vestibular system pathology alone. This presentation provides

information on the vestibular evaluation and appropriate management for post-traumatic vertigo.

#### **THURSDAY, OCTOBER 6 – TRACK B**

##### **Being Boss of Yourself: The Brain's Executive Functions – James F. Malec, Ph.D, ABPP-Cn, Rp**

Higher order and executive functions of the brain will be described in detail. These complex abilities are critical for successful living and include a wide range of distinct, but interrelated, skills. Major categories of executive and higher-order abilities are: (1) reasoning and problem-solving; (2) regulation of attention, i.e., starting, stopping, sustaining, and shifting attention; (3) initiation of behavior; and, (4) regulation of emotions. Although the frontal lobes of the brain are critical for most executive functions, these complex abilities typically involve the entire brain working in harmony. Hence, these functions are particularly vulnerable to brain injury of any severity. Neuropsychological assessment of executive functions will be briefly described as well as the implications of this evaluation for everyday functioning. Methods for retraining and improving executive abilities will be presented.

##### **Evidence Based Interventions for Executive Functions – Lance E. Trexler, Ph.D.**

Recent evidence-based reviews on cognitive rehabilitation (Cicerone et al., 2000, 2005, 2011) have provided practice standards and guidelines for the treatment of impairments of executive functions. A sub-committee of the Cognitive Rehabilitation Task Force of the American Congress of Rehabilitation Medicine has recently published (in press) the *Manual for Evidence-Based Cognitive Rehabilitation* (Haskins et al, 2011) that provides a very therapist-oriented practical guide to cognitive rehabilitation, of which one section is devoted to impairments of executive functions. This presentation will provide an overview of this section which includes cognitive rehabilitation strategies for impairments of problem-solving as well as impairments of behavioral self-regulation. Also presented will be examples of how to incorporate the evidence-based practice recommendations into clinical documentation, goal writing and measurement.

##### **Evidence Based Rehabilitation Interventions for Memory Impairments – Rebecca D. Eberle, M.A., CCC-SLP, BC-ANCDs**

This session will focus upon those intervention strategies that have been proven by the research to be effective in the treatment of acquired memory impairments, as recommended by the BI-ISIG Cognitive Rehabilitation Task Force of the American Congress of Rehabilitation Medicine. A general framework for the rehabilitation of impairments of memory will be reviewed, followed by a detailed discussion of external memory compensations, memory strategy training and the complex evidenced based programs available for memory treatments. Strategic and tactical goal writing in the rehabilitation of impairments of memory will be reviewed, and video will demonstrate specific treatment procedures.

##### **Addressing At-Risk Substance Use Issues of Brain Injury Patients – George Brenner, MS, LCSW, LMFT, LCAC**

Substance use/abuse/dependence is a prevalent contributing factor in Brain Injury. Persons who did not abuse substances prior to their Brain Injury may now be At-Risk following their Brain Injury. This session will focus on the importance of screening for At-Risk use of alcohol and other drugs. Specific techniques for screening will be presented. Recommendations for programming will be addressed. The role of Assessment and Consultation in supporting healthy decision making about substance use will be discussed. Staff have a responsibility to provide services from Prevention to Treatment/Referral for Treatment.

### **FRIDAY, OCTOBER 7 – TRACK A**

#### **Couple Relationships After Brain Injury: Reviving Hope and Increasing Intimacy – Taryn M. Stejskal, Ph.D, LMFT**

Brain Injury impacts the broader family and couple system, not just the individual who sustained the injury. Yet, the impact of the injury on the couple relationship has been largely unnoticed and, at times, misunderstood. This presentation will focus on the unique experience of couples after brain injury, both civilian and service members alike. In addition, professionals, clinicians, partners, and family members will find helpful information required to revive hope and increase intimacy for couples after injury, two causalities of injury that are often overlooked. The objectives for the presentation include: Examine the research literature related to couples, brain injury, and the maintenance of a lasting relationship. Relevant gaps in the body of research related to couple relationships will also be highlighted; discuss the unique concerns of husbands and wives after one partner has sustained a brain injury; provide practical suggestions to maintain hope as well as increase positivity and intimacy in couple relationships.

#### **The Creative Brain: In Sickness and In Health – Brandy R. Matthews, MD**

Artistic creativity is uniquely human and clearly transcends the barriers of history and culture. This presentation will briefly review the current neurobiological understanding of creativity and transition to an exploration of creativity which emerges or changes in the context of brain injury and neurodegenerative disease. Using examples of both patients and famous artistic personalities, the audience will be introduced to the concept of paradoxical functional facilitation of creative abilities. The potential for the discovery of creative talents in the context of other neurological deficits will be demonstrated using case histories and ultimately encouraged in daily practice as a method to engender hope and satisfaction in patients and caregivers.

## **FRIDAY, OCTOBER 7 – TRACK B**

### **TBI and Aging – Gary Noel F. Galang, M.D.**

As the population ages, there has been a steady increase in traumatic brain injury in the elderly which poses questions on risk factors, treatment, care, and quality of life. This presentation looks into TBI epidemiology and how the geriatric population is at risk for falls and traumatic brain injury, the medical complexity in this population, and the challenges in providing acute and long-term care for these patients.

### **Disruption in Normal Childhood Development Secondary to TBI and Pediatric Treatment – Mariann Young, Ph.D**

The purpose of this presentation is to discuss Traumatic Brain Injury in the pediatric population and its sequelae. Disruptions in normal development and behavioral strategies will be covered. Objectives include: a review of normal childhood development; identification of risk factors and causes of TBI at each developmental stage; discussion of the effects of brain injury on the various stages of development; and identification of strategies to assist in the rehabilitation process.

## **FRIDAY, OCTOBER 7 – GENERAL SESSION, 2:00-3:15 P.M.**

### **Brain Injury as a Life-long Disease – Flora Hammond, MD**

Brain Injury (BI) is a chronic condition in which the needs of the individual with BI change over time as one ages. Unfortunately, many clinicians and insurance providers do not have a long-term perspective to the care of individuals with BI. The literature will be reviewed regarding how individuals with brain injury change in function over time, including both improvement and deterioration. The literature paints a picture that demonstrates a need for a longer term commitment by brain injury specialists, and education of primary care providers about BI. The presentation will include findings of the TBI Model System database on change in function and other important outcomes over time from 1 to 5 and 10 years follow up. Clinical implications for screening and treatment to take advantage of the brain's plasticity and detecting or limiting deterioration will be discussed. Priorities and strategies for healthy living will be outlined. This presentation will pose issues that need to be addressed through research, clinical care, medical educators, and policy makers as we aim to maximize outcomes and minimize negative consequences.