

Rebuilding Lives

OCTOBER 2010

Life after
traumatic
brain injury



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A former traumatic brain injury patient shares her inspiring story
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A Story of Survival

A traumatic brain injury patient tells her tale

TEAM EFFORT

Each patient who enters Baylor Institute for Rehabilitation (BIR) has a one-of-a-kind injury, and BIR's teams are specifically designed to meet those unique needs. There are no cookie-cutter treatments—instead there's a unique recipe that emerges to aid each patient's recovery.

BIR provides designated care teams specialized in traumatic brain injury and grounded in a multidisciplinary approach. Each team includes an occupational therapist, a physical therapist, a speech language pathologist, a neuropsychologist and a recreation therapist. The team follows the patient for their entire stay. Working with the various disciplines on a routine basis provides patients with consistent, well-rounded care to meet all their needs.

Motivational speaker Patti Foster inspires her audiences with lively speeches often peppered by words such as “independence” and “inspiration.” What her listeners might never guess is it's nothing short of amazing that any words come out of her mouth.

Eight years ago, Foster couldn't speak, move, eat or perform the day-to-day activities most people take for granted. A car accident shattered her life, leaving her for dead and with multiple traumatic injuries, including a traumatic brain injury (TBI). But today Foster has reconstructed her life with the help of friends, family and the ongoing care and support of Baylor Institute for Rehabilitation (BIR).

FOSTER'S STORY

After an air ambulance rushed Foster to a hospital ER, she spent nearly six weeks in a coma in the ICU. After she awoke, she spent about a month at BIR, where her life began again. Much like a baby striving to reach developmental milestones, she had to relearn how to walk, speak and read the letters of the alphabet. “I was like a 34-year-old infant,” she recalls.

Once again a fully functioning adult, Foster now volunteers with BIR and visits a dozen or more TBI patients, going from room to room and answering any questions she can. “It's an opportunity to give back what I've been given,” she says. Foster also volunteers with Friends of Hope, a day camp established in 2005 that's held four times a year for TBI survivors and family.

Partnering with local churches and synagogues, Friends of Hope aims to raise public awareness about TBI and to connect survivors through social support opportunities. Foster helps out by playing the keyboard as part of the musical entertainment. She describes the organization as “a tremendous help to survivors, their families and their caregivers.”

Some survivors continue to attend even 10 to 15 years after their injury, demonstrating how the day camp is



Patti Foster

just one way that BIR fulfills the promise of lifelong care. Inpatient rehabilitation care is only part of helping patients put their lives back together. The TBI program offers a continuum of care through outpatient services and social support systems that are available to guide patients through every stage of their recovery.

A WALKING MIRACLE

Foster says she feels encouraged and grateful to her care team, as she continues to thrive and rediscover her abilities. Formerly in radio, Foster has become an inspirational communicator who inspires others with her story. “I'm blessed to be in a small bracket [about 10 percent] of people who are able to regain this amount of functioning.

“I'll say it again—miracles walk out of Baylor Rehab,” Foster says. And she should know.



Call Today

For more information on Baylor Institute for Rehabilitation or to make a referral, call **214-820-9300**.



Research Opportunities

For more information on ongoing research at Baylor Institute for Rehabilitation, visit BaylorHealth.com/BIRresearch.

CLICK FOR ANSWERS

Traumatic brain injury (TBI) patients have many questions about what happened to them and what the future holds. What is a brain injury? What does it mean? How is it treated? While TBI may be a first-time experience for most patients, the Baylor Institute for Rehabilitation team dedicated to their recovery has a wealth of experience. Sharing that knowledge helps patients understand the challenges ahead and empowers them to reclaim their lives. If you have a patient with traumatic brain injury, visit the BIR website at BaylorHealth.com/BIR.

In Search of Answers

A glimpse of the latest findings on treating patients with TBI

The latest research emerging from the Baylor Institute for Rehabilitation (BIR) shows exciting promise for the future of treating traumatic brain injury. Working with colleagues at The North Texas Traumatic Brain Injury Model System, BIR researchers are exploring the role of human growth hormone (GH) deficiency in TBI patients. A randomized, double-blind, placebo-controlled trial is now under way to examine whether early treatment with the hormone can help improve patient outcomes.

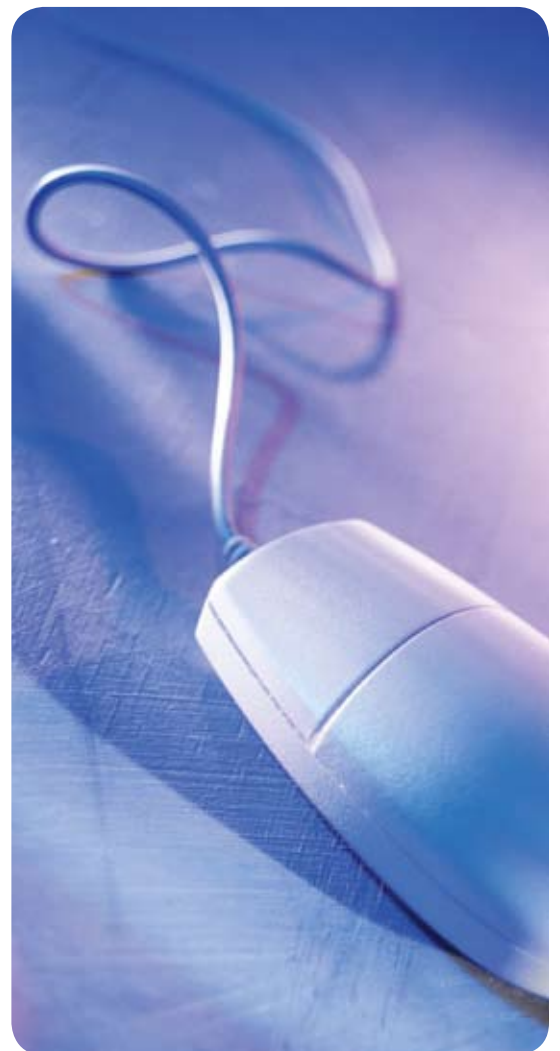
About 20 percent to 35 percent of patients with TBI have a GH deficiency, and Baylor researchers are studying whether this is a factor that may impede their recovery. "After severe traumatic brain injury, it's not unusual to identify patients who have problems with GH release and other neuroendocrine problems, since these are processes that are mediated through the brain, which directs the release of several important hormones," says Stuart Yablon, M.D., BIR's medical director of rehabilitation research.

Demonstrating whether this drug could make an impact on recovery could have far-reaching implications for many TBI patients.

ANSWERS FOR A HIDDEN THREAT

Meanwhile, Baylor researchers are examining the use of prophylactic medication to prevent deep vein thrombosis (DVT) in hospitalized TBI patients—a major cause of morbidity and mortality, particularly early after injury. Their findings were published in the April issue of *The Journal of Trauma Injury, Infection and Critical Care*. To date, many physicians would like to use anticoagulants that are recommended for preventing DVT in other (non-TBI) patient populations, but are justifiably concerned with bleeding risks after recent neurosurgical procedures and current published guidelines focus on non-TBI patients.

The Baylor study revealed no significant difference in the incidence of venous thrombosis between patients in TBI rehabilitation who received prophylactics and those who didn't. In addition, the research shows that patients who did receive a blood thinner didn't have higher bleeding complication rates. BIR's commitment to research is yet another testament to the quality of care it provides, which includes offering patients advanced therapies backed by scientific rigor. BIR's research knowledge is its patients' power.





Get the Facts

For more information on the traumatic brain injury program, see BaylorHealth.com/TraumaticBrainInjury.

MANAGING SPASTICITY

A prevalent problem among patients with severe traumatic brain injury (TBI) is spasticity. A number of therapies exist to manage the problem, including oral or injectable drugs and surgical interventions.

Treatments strive to preserve a patient's range of motion. While oral medications are available, TBI patients who usually have a problem in a specific area of the body often benefit from injections. "Injections of neurotoxins can elicit the kind of response we want to give the patients without having to expose them to more systemic side effects or having to interfere with the way they're thinking or other medications they're taking," says Stuart Yablon, M.D., medical director of rehabilitation research.

Drugs include Botox and phenol, both of which work similarly: Botox paralyzes a muscle temporarily, thus relaxing it. Phenol basically works by damaging the nerve temporarily. Another treatment is administering the drug baclofen with an infusion pump. This treatment is reserved for patients with more generalized spasticity or multiple regions of the body and isn't recommended as a primary therapy unless the spasticity is severe. When required, the team can administer high-level injections in select patients with an excellent safety profile. Meanwhile, orthopaedic procedures may be a preferable alternative to repeated injections.

The material in *Rebuilding Lives* is not intended for diagnosing or prescribing. Consult your physician before undertaking any form of medical treatment.

Physicians are members of the medical staff at one of Baylor Health Care System's subsidiary, community or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor Institute for Rehabilitation or Baylor Health Care System.

Photographs may include models or actors and may not represent actual patients.

Handle with Care

No two patients with TBI are alike—and neither are their treatment plans

No patient with traumatic brain injury (TBI) presents with exactly the same type or severity of injury, nor do they uniformly respond to specific treatments. "Since the brain is involved in so many domains of cognitive and behavioral function, there are many ways that patients with severe brain injuries can present," explains Stuart Yablon, M.D., BIR's medical director of rehabilitation research. That's why the Baylor Institute for Rehabilitation (BIR) team tailors medical treatment plans to match patients' unique requirements at every stage, including customized drug therapies aimed at addressing the wide range of deficits TBI patients can experience.

"A specialized rehab team, complete with a rehabilitation physician specializing in traumatic brain injuries, is the key to determining the individualized treatment plan for that particular patient's very unique injuries and presentation," says

Amy Wilson, M.D., medical director of Baylor Institute for Rehabilitation.

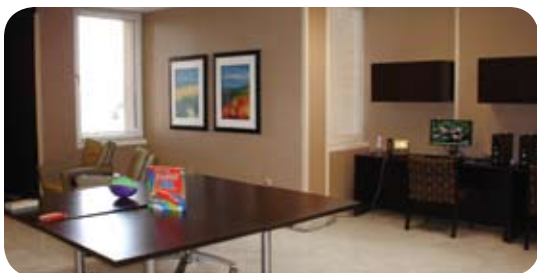
The repertoire of treatment options for treating specific cognitive or behavioral problems often includes drugs that have been FDA-approved for related symptoms in other non-TBI patient populations. These drugs may include stimulants such as methylphenidate (Ritalin) or dextroamphetamine, antiparkinsonian drugs such as amantadine, antidepressants, or antiepileptic drugs—or a combination of a few.

The BIR TBI team custom designs care for each patient referred here from across 15 states. Medical management of TBI with individualized pharmacotherapy can facilitate patients' recovery, while preparing them to be more responsive to other kinds of rehabilitation therapy they'll receive.



Make a Referral

For more information or to make a referral, call **214-820-9300**.



The "B-Hive" is an area dedicated to patients with traumatic brain injury and other neurological problems.

THE BUZZ ABOUT THE B-HIVE

The third floor of Baylor Institute for Rehabilitation is home to the B-Hive, a space dedicated to patients with traumatic brain injury and other neurological problems. It was created to shelter patients from harm while respectfully giving them a rich environment in which to interact with other patients. The B-Hive is staffed by trained technicians who supervise all activities, including an array of entertainment and interactive learning opportunities. The B-Hive features a flat-screen TV, DVD player, Wii and video games, computers and magazines. The B-Hive offers a safe, nurturing environment that's as relaxing or stimulating as patients require during their recovery.