

# Traumatic Brain Injury (TBI)

## Frequently Asked Questions - FAQ#6

### Medical and Rehabilitation Services That May be Needed after a Brain Injury

Adapted from *A Consumer's Guide for Selecting Appropriate Legal, Medical and Rehabilitation Professionals After Brain Injury* by Carolyn A. Rocchio, a Brain Injury Association of Florida (BIAF) publication

#### **Medical and Rehabilitative Services**

During the course of recovery and extending over an undetermined period of time, persons with brain injury may require the services of physicians, therapists, psychologists, and many other professionals. In the immediate aftermath of the injury most survivors and/or their families have little control over selecting doctors and depend upon the attending physician to arrange for consulting physicians and therapists as needed. This period of time is generally referred to as “acute care” and patient treatment is provided in an acute care hospital or trauma center. However, once the medical problems are resolved and the patient is ready for discharge, the family often assumes responsibility for selecting appropriate physicians, rehabilitation facilities, programs or other necessary providers of services.

#### **Will My Family Doctor Take Care of Me After a Brain Injury?**

Many individuals may return to the care of their family doctor once recovered from the medical stage of the injury; however, they may also require services in specialized areas not normally monitored or treated by a family doctor.

#### **Finding the Most Effective Service Providers**

Not all medical and rehabilitative service providers understand traumatic brain injury (TBI) and it is important to find those with specific expertise in this area. Families and other caregivers need to advocate for their TBI survivor by ensuring that the providers they choose truly work in this field and not just with another unrelated neurological illness or disorder.

On the following pages are descriptions of providers whose services are frequently utilized in hospitals, rehabilitation facilities and in the community.



**Traumatic Brain Injury  
Resource and Support Center**

A service of Brain Injury Association of Florida

**Helpline: 1-800-992-3442**  
**[www.byyourside.org](http://www.byyourside.org)**

With support from State of Florida Department of Health

**Biomedical Engineer:** This is the person responsible for devising or revising equipment to permit greater functional capabilities for a person with motor impairment. When physical/motor problems persist, a biomedical engineer may be helpful in devising various switches and/or electronic devices to increase independence in the activities of daily life.

**Case Manager:** Case managers may be nurses with training in managing care plans. Insurance companies often hire a case manager to oversee cases they represent. Rehabilitation facilities also have case managers as part of the team that plans care and arranges for discharge of patients from the facility. Individuals have little control over case managers hired by insurance carriers, state agencies, etc. However, some individuals hire independent case managers to assist them with decisions relative to care and treatment. Independent case managers should represent the survivor/family interests in the selection of appropriate medical, rehabilitative, educational and vocational planning in the most conscientious and cost-effective manner.

**Driving Evaluator:** The ability to drive a car after a brain injury is frequently impaired in ways that affect the safe operation rather than the mechanical ability to start, steer and brake a car. When the frontal and temporal lobes of the brain are damaged, a person may have difficulty with judgment, reaction time, emotional control, and/or perceptual skills - all of which affect the ability to safely operate an automobile. A comprehensive evaluation is important after a brain injury to ensure the driver has regained the motor and cognitive capabilities required to drive safely. Certified Driver's Educators can be located through contact with rehabilitation facilities and/or online at [www.driver-ed.org](http://www.driver-ed.org) and follow the directions for locating one in your local area.

**Neurologist:** A physician with specialized training in injury and disease affecting the nervous system, a neurologist is an appropriate physician to provide follow-up care, management of seizures and medical complications subsequent to brain injury, and to prescribe medications as needed.

**Neuro-Ophthalmologist:** A neuro-ophthalmologist specializes in treating visual deficits, monitoring changes in visual acuity, and other problems that may develop as a result of damage to the brain, such as the ability to interpret what is seen, changes in perceptual skills, and the need for corrective lenses. They may treat unexplained visual loss, headaches, double-vision or intercranial hypertension (pressure around the brain). This treatment may involve surgery.

**Neuropsychologist:** This is a psychologist with specialized training in brain-behavior relationships. A neuropsychological assessment provides very important information about the effects of the injury on the brain and how damage to the brain impacts the individual's functional capabilities. A neuropsychological assessment should be part of the rehabilitation process. However, when it is not performed in that setting, efforts should be made to secure such information through contact with agencies, such as the Florida Division of Vocational Rehabilitation and/or universities providing training in the field of neuropsychology.

**Neurosurgeon:** This is a primary care physician who treats and/or performs surgery for the patient during the trauma stage and subsequently monitors the patient until stabilized. Most neurosurgeons are primary care physicians and sign off the case as soon as the patient is medically stable and/or recovers from any surgery that may have been performed.

**Occupational Therapist:** These are therapists whose functional assessment and treatment plan focuses on reestablishment of the activities of daily living, self care and upper body motor skills. When the individual reenters the community, an occupational therapist can be very helpful in developing compensatory strategies to enhance and increase independence.

**Psychiatrist:** This is a medical doctor specializing in diagnosis, treatment and long term management of mental disorders. Psychiatric disorders are not a common complication of brain injury although management of cognitive/psychosocial complications due to damage to the brain may require the expertise of a psychiatrist. A psychiatrist is often used when medications are required for management of persistent problems.

**Physiatrist** (pronounced fizz-e-a-trist): A medical doctor specializing in Physical Medicine and Rehabilitation (PM&R), this specialist develops a rehabilitation plan and prescribes adaptive equipment, and therapies with the responsibility for managing all aspects of the program. Specifically, physiatrists diagnose and treat pain, restore function lost through injury or illness, and provide non-surgical treatments, treating the whole person rather than just the problem area. This is an appropriate physician for follow-up care when there are medical and mobility problems subsequent to brain injury.

**Physical Therapist (PT):** This healthcare professional is trained and licensed to examine, evaluate, diagnose and treat individuals with impairments or injuries that limit their ability to move and perform functional activities. They practice in a variety of settings, such as hospitals, outpatient clinics, health and wellness clinics and rehabilitation facilities.

**Pulmonologist:** Monitors all phases of respiration to ensure the patient's airway is properly maintained, ordering procedures such as tracheostomies and ventilator support. This physician seldom provides care beyond the acute phases except when there are long-term pulmonary problems.

**Recreational Therapist:** Utilizes recreational activities such as arts and crafts, music, sports and dance designed to restore, remediate and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness and reduce or eliminate activity limitations and restrictions. Recreational therapists work with clients to restore motor, social and cognitive functioning, build confidence and integrate learned skills into community settings.

**Social Worker:** Social workers are found in many settings, including hospitals and rehabilitation facilities, to manage patient funding resources, location of subsequent placement and interaction with the family and treating professionals. Licensed Clinical Social Workers, based in facilities or in the community, may provide counseling for all segments of society and services similar to case managers.

**Speech/Language Pathologist (SLP):** Evaluates and provides treatment of communication disorders and swallowing problems. Cognitive aspects of communication may include deficits in attention, communication, comprehension, problem-solving and memory. Initial treatment may include multisensory stimulation as the patient's level of consciousness increases. The intensity of treatment and subsequent reevaluations may fluctuate, depending upon patient needs and goals.

**Vocational Rehabilitation Counselor:** Assists with evaluation of vocational skills and provides direction in determining preserved strengths that may support vocational endeavors. There are private vocational rehabilitation counselors as well as those available to citizens through the Florida Division of Vocational Rehabilitation. It is important that the counselor be knowledgeable about the cognitive problems often experienced by persons with brain injuries.

## ***Tips on Managing Information***

- The family should appoint one person to be record keeper and spokesperson to avoid confusion and duplication of efforts when dealing with doctors, insurance companies and facility personnel.
- Obtain copies of all medical, psychological and insurance records. One copy of the records is usually provided without additional cost but failure to obtain records when service is provided often results in charges for records that must be copied at a later date. Never surrender original copies of any records. If agencies, attorneys or others need the information, make photocopies but keep the originals.
- Whenever possible, medical, psychological and community-based agencies providing services to the individual should maintain communication with one another in a team effort to enhance recovery. The family spokesperson or survivor may be able to facilitate this cooperation by photocopying all records from providers of services and making them available to the other treating physicians and therapists. In the event the spokesperson does not continue in that role, make sure all records are turned over to a newly appointed person who may be the individual with the injury and/or a guardian.

## ***How Do We Find the Specialists We Need?***

The Traumatic Brain Injury Resource Center, a service of Brain Injury Association of Florida, Inc., (BIAF) does not provide complete listings of individual service providers, however, a BIAF Resource Facilitation Coordinator can assist you in learning what resources are available in your area. If you have not already contacted us, call our Helpline at 1-800-992-3442 or visit [www.byyourside.org](http://www.byyourside.org), type *How To Choose a Service Provider* in the Search Site box and follow the links to download our series of checklists designed to help you choose the best possible service provider for your loved one.

Getting involved with a support group can help you learn from others in similar situations about brain injury treatment and rehabilitation services in your community. For a list of Florida TBI support groups, visit [www.byyourside.org](http://www.byyourside.org), type *Support Groups* in the Search Site box and follow the links.

*Carolyn Rocchio is a nationally recognized advocate, author, and speaker in the field of brain injury. Her expertise in brain injury developed as a result of a 1982 auto crash in which her son sustained a severe traumatic brain injury. She is the author of Ketchup on the Baseboard, as well as numerous publications and book chapters. She is the Founder of the Brain Injury Association of Florida.*