Brain Waves

Quarterly Practice Brief for NCDPI TBI Approved **Providers** March 2021



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There are more than 5.3 million children and adults in the United States who are living with a permanent brain injury-related disability.

That's one in every 60 people.

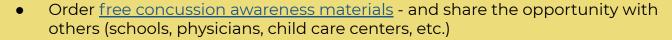
Brain Injury Awareness Month

Brain Injury Awareness Month is an important time to highlight the lifelong effects of a traumatic brain injury (TBI). Every day, 138 Americans die from injuries that include TBI. Those who survive a TBI can face effects lasting a few days disabilities which may last the rest of their lives. These issues not only affect individuals, but can have lasting effects on families and communities.

-CDC TBIs and Injuries

#More Thankly Brainly

- Click here to visit BIAA's Brain Injury Awareness Campaign site. So many ideas to spread the word!
- Advocate for brain injury research and prevention to your legislators
 - Who represents me?
- Expand your own knowledge about brain injuries
 - Attend the TBI Institute March 17th (see page 2)
 - View a webinar or two.





TBI APPROVED PROVIDER VIRTUAL INSTITUTE

MARCH 17, 2021 9:00AM - 3:15PM

KEYNOTE SPEAKER: JAMES BOOKER, DISABILITY RIGHTS NC



James Booker serves on the Board of Directors for Disability Rights North Carolina, the Board of Directors for Camp REACH, and the State Deaf-Blind Advisory Board. He has previously worked as a Supervisor for a Direct Care Company, as a Behavioral Specialist Assistant for Guilford County Schools, Person Centered Planning for individuals, and currently works in a Public Separate School for Guilford County Schools. He has previously been a guest speaker at the International Conference on Shaken Baby Syndrome, and at the State Deaf-Blind conference. He and his wife have adopted 2 kids and continue to provide Foster Care for medically fragile children. In his rare free time he enjoys putting on elaborate Barbecues, growing peppers in his garage greenhouse, and staying up all night holding his kids who require no sleep.

SESSION A: EFFORT, EXERTION, AND ESTIMATING CHANGE:

EMERGING TRENDS IN EVIDENCE-BASED TBI
ASSESSMENT

PETER DUQUETTE, PHD, ABPP-CN
CLINICAL ASSISTANT PROFESSOR,
DEPT OF PHYSICAL MEDICINE & REHABILITATION, UNC CHAPEL HILL

SESSION B:
COMMUNITY OF PRACTICE
{WORKING LUNCH}

SESSION C:

THE IMPLICATIONS OF COVID-19
FOR EVALUATING TRAUMATIC BRAIN INJURY:
NEUROLOGICAL AND PRACTICAL CONSIDERATIONS

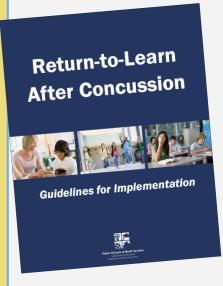
HARRIETT FORD, PHD, - SECTION 504 SPECIALIST SARAH CAMPBELL, MS, - TBI COORDINATOR CHARLOTTE-MECKLENBURG SCHOOLS (CMS)

SESSION D: UNDERIDENTIFICATION OF TBI AND POLICIES TO SUPPORT IDENTIFICATION

STEPHEN HOOPER, PHD
ASSOCIATE DEAN FOR ALLIED HEALTH SCIENCES,
UNC CHAPEL HILL

REGISTER HERE!

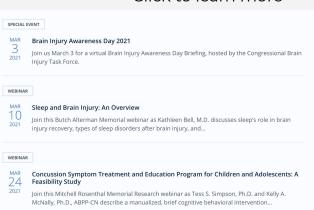
Concussion News



The Return to
Learn After
Concussion:
Guidelines for
Implementation
has been
updated! There
are more
examples,
information
about progress
monitoring, and
cleaned up
resources. Take
a look!

Other BIAA Events

Click to learn more



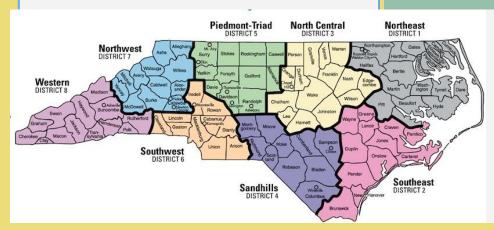
Assessing the Severity of Traumatic Brain Injury—Time for a Change?

Abstract:

Traumatic brain injury (TBI) has been described to be man's most complex disease, in man's most complex organ. Despite this vast complexity, variability, and individuality, we still classify the severity of TBI based on non-specific, often pathophysiologically unreliable. and understood measures. Current classifications are primarily based on clinical evaluations, which are non-specific and poorly predictive of long-term disability. Brain imaging results have also been used, yet there are multiple ways of doing brain imaging, at different timepoints in this very dynamic injury. Severity itself is a vague concept. All prediction models based on combining variables that can be assessed during the acute phase have reached only modest predictive values for later outcome. Yet, these early labels of severity often determine how the patient is treated by the healthcare system at large. This opinion paper examines the problems and provides caveats regarding the use of current severity labels and the many practical and scientific issues that arise from doing so. The objective of this paper is to show the causes and consequences of current practice and based propose new approach on risk based classification. new approach multimodal quantifiable data (including imaging and biomarkers) and risk-labels would be of benefit both for the patients and for TBI clinical research and should be a priority for international efforts in the field.

READ THE FULL ARTICLE:

Tenovuo O, Diaz-Arrastia R, Goldstein LE, Sharp DJ, van der Naalt J, Zasler ND. Assessing the Severity of Traumatic Brain Injury—Time for a Change? Journal of Clinical Medicine. 2021; 10(1):148. https://doi.org/10.3390/jcm10010148



Communities of Practice (CoP)

Use the links below to access your CoP. You can submit a question/topic on the forum or create an "event" to get live support from your colleagues via Google Hangout.

North Central/Northeast

Piedmont-Triad/Southwest

Northwest/Western

Sandhill/Southeast