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Neurorehabilitation 2

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Neurorehabilitation 2
Neurological disorders among combat wounded veterans

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Background: We followed a cohort of 118 United States servicemen (n = 112) and women (n = 6) in providing care coordination to veterans discharged from the James A. Haley Veterans Hospital in Tampa, Florida with a primary diagnosis of mild/moderate traumatic brain injury (TBI) incurred in combat theatres in Afghanistan and Iraq. Injuries to soldiers were mostly from blasts or sustained in vehicle accidents or indirect enemy fire.
Objective: Objective of the intervention was to determine common neurological disorders among returning wounded warriors with TBI and to render appropriate treatment with neurologists and primary care providers.
Patients and methods: Patients were recruited at the outpatient and inpatient facilities in the Polytrauma Center at the hospital. The average age of patients was 32 years (standard deviation 8.4 years). Twenty one veterans were classified as having an 80%–100% functional disability due to combat related injuries. Diagnoses of neurological disorders among this cohort were obtained from patient charts and administrative data bases using the International Statistical Classification of Diseases and Related Health Problems (ICD-9).
Results: Post-Traumatic Stress Disorders (PTSD) was the most common comorbidity (n = 82) reported among wounded warriors. Other common secondary neurological ailments included chronic headaches (n = 46), Lumbago (n = 28), Mild cognitive defects (n = 26) and issues concerning Gait and Balance (n = 16). Three veterans had a diagnosis of Seizures and Epilepsy associated with trauma. Most veterans presented themselves with multiple comorbidities. After a year of treatment, though symptoms lingered, patients reported improved quality of life.
Conclusion: The neurological effects of injuries from war are many. Intensive care coordination appears to alleviate severity of symptoms over time.

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Neurorehabilitation 2
Outcome of neurologic rehabilitation two years after brain injury

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Objective: Aim of the study was to evaluate outcome of patients with severe traumatic brain injury (STBI) after 12 and 24 months.
Patients and methods/material and methods: 51 patients underwent a multidisciplinary early rehabilitation treatment until they were discharged from hospital and local ambulatory care was deemed sufficient. The follow-up examination took place 12 and 24 months after the STBI.
Results: Data revealed a high level of independence in activities of daily living (mean Barthel Index after one year 92.7 points, after two years 93.7 points). After one and two years, 74.5% and 80.4% of the patients, respectively, were completely independent of need for care. Nevertheless, more than half of the patients had neurological disturbances. Return to work rates improved between one and two years after trauma, as evidenced by the rate of patients being back to full time work at one year (n = 14, 28%) and two years (n = 20, 40%) post-STBI. Return to work rates improved between one and two years after trauma, as evidenced by the rate of patients being back to full time work at one year (n = 14, 28%) and two years (n = 20, 40%) post-STBI; although, none of these changes reached statistical significance.
Conclusion: In summary, there are still changes in both impairment and disability related areas between one and two years post-STBI, but the degree of improvement is variable depending on the area being considered.

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Neurorehabilitation 2
Does interactive live music enhance wellbeing, mobility and quality of life for brain and spinal injured patients?

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Background: Contemporary research highlights the potential benefits of music therapy for neuro-rehabilitation. However, the methodological quality remains poor.
Objectives:
1. Identify any improvement in sense of wellbeing, following the interactive live music intervention.
2. Examine the feasibility of such a study within a neuro-rehabilitation ward.

Methods: 26 participants were recruited from a neuro-rehabilitation ward through opportunistic sampling.

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