We are happy to present the 9th edition of the TBI Model Systems/I-MAP Newsletter focused on answering the question “What are the rehabilitation needs of Veterans and Service Members with TBI?” Given the length of our wartime conflicts and establishment of the Polytrauma System of Care, Congress asked this question because it has not been systematically studied before. As such, I-MAP, was funded as part of a longitudinal study of Veterans and Service Members with TBI to answer this question. I-MAP leveraged the existing infrastructure of the TBI Model Systems to quickly address these questions for Congress. Your responses to our phone calls, interviews, and surveys are being used to share information with stakeholders at all levels including Congress. Thank you for your time and commitment. Check out this interview about one of the study’s findings: https://www.Research.VA.Gov/Currents/1119-Study-points-to-need-for-further-rehab-five-years-post-TBI.cfm

Thank You,

Dr. Risa Nakase-Richardson, Principal Investigator
Dr. Marc A. Silva, Co-Principal Investigator

New Research - Sleep Apnea

Are you a Veteran with TBI that was diagnosed with Sleep Apnea?

If so, we want to talk with you about a research study that is focused on helping Veterans with TBI who are treating their sleep apnea with CPAP, BiPAP, or APAP. The information from this study will be used to help other Veterans with chronic health conditions.

If you are considering participating in this study, or if you just want to learn more about it, contact the director of the study, Dr. Marc Silva, at (813) 972-2000 ext. 5613, or (toll free) 888-716-7787 ext. 5613.

Study Title: Intervention to Improve Sleep Apnea Treatment Adherence in Veterans with Traumatic Brain Injury

USF IRB # Pro00041471 ClinicalTrials.gov ID: NCT04221009

Want to be added to our newsletter mailing list?

Email TampaTBIMS@VA.GOV and include your name, address, and phone number and we will add you to our next mailing!
Prior research suggests that persons with TBI experience reduced life satisfaction. Life satisfaction refers to a person's judgment about the quality of his/her life. Or if a person's experiences match what s/he wants and expects out of life.¹ Scientists have learned that life satisfaction is unstable for many survivors in the years following TBI.² Lower life satisfaction has been attributed to poorer functional independence and lower community reintegration³ which are key treatment targets during TBI rehabilitation. Unfortunately, many TBI survivors have unmet rehabilitation needs.

Dr. VandenBussche Jantz and colleagues⁴ studied the impact of unmet rehabilitation needs on life satisfaction among TBI survivors who were two years from their injury. Predictably, having a greater number of unmet rehabilitation needs was associated with poorer life satisfaction. Dr. VandenBussche Jantz and colleagues⁴ also examined the impact of specific needs, such as help with memory, managing money and bills, and coordinating health care services. Curiously, no specific rehabilitation need had a significant impact on life satisfaction. This suggests a cumulative impact of unmet needs is more important than any specific need type in determining life satisfaction during the chronic phase of TBI recovery.

References:
Photos above and below are from the DOD 11-year Report to Congress on the Long Term Effects of TBI Stakeholder and Research Working Meeting December 2019 in Tampa, FL. Members from the Defense and Veterans Brain Injury Center, 15 year Study at Walter Reed National Military Medical Center, VA TBI Model Systems at the 5 Polytrauma Rehabilitation Centers (Tampa, FL, Palo Alto, CA, Richmond, VA, Minneapolis, MN, San Antonio, TX), Veteran and Caregiver stakeholders, as well as professional stakeholders from the James A. Haley Veterans’ Hospital, US Special Operations Command, Moss Rehabilitation and Research Institute, VA Central Office, TIRR Memorial Hermann and Baylor, Defense Health Agency, University of Washington, University of Colorado, Rehabilitation Hospital of Indiana, Icahn School of Medicine, VA Sunshine Healthcare Network (VISN 8), Ohio State University, and University of Michigan were in attendance.

Johanna Smith (DVBIC Longitudinal Studies Program Analyst) and Dr. Amanda Garcia (DVBIC Neuropsychologist)

Group listening to a presentation at the DOD 11-year Report to Congress on the Long Term Effects of TBI Stakeholder and Research Working Meeting
Veterans and Service Members (V/SMs) with TBI or their family members on their behalf were interviewed about their rehabilitation needs as part of the I-MAP longitudinal study. They identified they received the following types of rehabilitation post-TBI:

- Physical Therapy
- Medicines/Polypharmacy
- Speech Therapy
- Occupational Therapy (V/SMs with Disorders of Consciousness (DOC) and Severe TBI)
- Psychology/Neurology (V/SMs with Moderate and Mild TBI)

V/SMs with DOC/Severe TBI received four main types of rehabilitation: physical therapy (56%), medicine/polypharmacy (36%), occupational therapy (31%), and speech therapy (28%). V/SMs with Moderate/Mild TBI received five main types of rehabilitation: physical therapy (40%), medicine/polypharmacy (33%), exercise at home or during their time at PTRP (20%), psychology/neurology (20%), and speech therapy (20%).

“They want to make sure that you’re a functioning person when you leave there (rehabilitation).”

-V/SM with Severe TBI

During the interviews, V/SMs with DOC/Severe TBI (or their family members) identified wanting more physical therapy (19%); however, overall, the majority of V/SMs with TBI interviewed did not describe rehabilitation needs that they felt were unmet.

TBI Resources

Make the Connection
Veteran and Service Members connection to the resources, tools, and support you need: MakeTheConnection.net

National Resource Directory
Get resources for education and training, transportation and travel, family and caregiver support, employment, housing, and more: NRD.Gov

Mild TBI Symptom Management Fact Sheet
These fact sheets provide coping and recovery tips to help patients manage mild TBI symptoms such as neck pain, headaches, and dizziness. DVBIC.DCOE.Mil/Fact-Sheets

National Call Center for Homeless Veterans 1.877.424.3838

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*Photos courtesy of James A. Haley Veterans’ Hospital and TBI Model Systems Staff

Sponsored by the Veterans Health Administration Central Office, General Dynamics Health Solutions, and Defense and Veterans Brain Injury Center (DVBIC) in collaboration with the National Institute on Disability, Independent Living, and Rehabilitation Research. The views, opinions, and/or findings contained in this newsletter are those of the authors and should not be construed as the official Department of Defense position or any other federal agency, policy or decision unless so designated by other official documentation.