



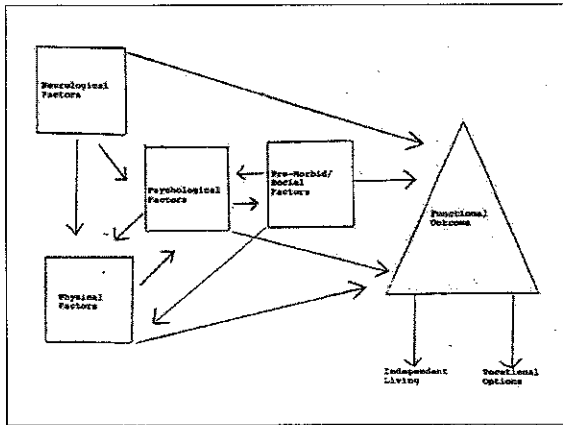
BRAIN DAMAGE CASES

**BRAIN INJURY:
AREAS OF FOCUS FOR EFFECTIVE LIFE CARE PLANNING**

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**BRAIN INJURY: AREAS OF FOCUS FOR EFFECTIVE
LIFE CARE PLANNING**

**INDEPENDENT LIVING AND VOCATIONAL
OUTCOMES ARE DEPENDENT UPON THE
FUNCTIONAL OUTCOME OF THE CLIENT**



NEUROLOGICAL FACTORS

- ❖ Seizures
- ❖ Spasticity
- ❖ Bowel/bladder function
- ❖ Post traumatic headaches
- ❖ Vertigo
- ❖ Motor dysfunction

PHYSICAL FACTORS

- ❖ Impaired strength
- ❖ Loss of range of motion
- ❖ Gait impairment
- ❖ Fatigue
- ❖ Diminished coordination
- ❖ Diminished balance
- ❖ Impairments in communication

PSYCHOLOGICAL FACTORS

- ❖ Impairments in cognition
- ❖ Memory loss
- ❖ Deficits in attention/concentration
- ❖ Impulsivity
- ❖ Impaired planning
- ❖ Low motivation
- ❖ Disorganization
- ❖ Disinhibition
- ❖ Risk taking
- ❖ Self-awareness
- ❖ Depression/anxiety

PRE-MORBID/SOCIAL FACTORS

- ❖ Family structure
- ❖ Educational/vocational/medical history

FUNCTIONAL CONCERNS FOR INDEPENDENT LIVING

Determining The

- ❖ Level of independence in personal care
- ❖ Level of independence in household care
- ❖ Level of participation in family activities
- ❖ Ability to safely interact in home/community
- ❖ Ability to manage healthcare, financial and home care issues
- ❖ Ability to use/access own or public transportation
- ❖ Ability to communicate effectively with the public through oral, written or electronic means

DEPENDENT UPON FUNCTIONAL OUTCOME, LEVEL OF CARE IN THE HOME CAN INCLUDE:

- ❖ 24 hour "hands-on" care/supervision
- ❖ Daytime care – full or part-time
- ❖ Group home for persons with traumatic brain injury
- ❖ Supervised apartment/home living with periodic supervisory services

**FUNCTIONAL CONCERNS FOR RETURN
TO WORK**

- ❖ Level of independence in personal care
- ❖ Level of independence in mobility
- ❖ Ability to use upper extremities for job related tasks
- ❖ Ability to perform routine job tasks on a reliable basis
- ❖ Ability to work in close proximity with others
- ❖ Ability to remember and follow work instructions
- ❖ Ability to function independently without undue supervision
- ❖ Ability to perform tasks on a sustained basis
- ❖ Ability to work a normal 8 hour work day without interruptions or distractions
- ❖ Ability to deal with the general public
- ❖ Ability to communicate with supervisors, co-workers and/or the public

**DEPENDING UPON FUNCTIONAL OUTCOME,
VOCATIONAL OUTCOME CAN INCLUDE:**

- ❖ Return to pre-injury position with or without accommodations – optimal
- ❖ Return to alternative work with or without education/training, but likely resulting in economic loss
- ❖ Return to part-time work – often in reduced work status with economic loss
- ❖ Return to supported employment likely resulting in economic loss and increased need for services
- ❖ Sheltered or non-competitive work or volunteer work activity
