

Katie Johnson: Good morning, and welcome to Apple a Day, Lake Region Healthcare's health and wellness segment, where we feature news and information that you can use to live a healthier life. This is Katie Johnson, and joining me as my guest today is Lindy Currie. She's the community relations coordinator and an RN who works on our Acute Rehabilitation Center here at Lake Region Healthcare, here to talk with us about brain injury this morning. Good morning, Lindy.

Lindy Currie: Good morning. Thank you for having me, Katie.

Katie Johnson: Thank you for being my guest, as well. I mentioned that March is National Brain Injury Awareness Month. There's all kinds of awareness months out there. We've been talking about colon cancer. It's Colon Cancer Awareness Month. It's National Athletic Trainer Month. Always different things to put the spotlight on health-related matters that are important to remind people about potential dangers, about prevention, about services or resources available to them. Our Acute Rehab Center is a great resource for a lot of things. I think it might be, even though we're going to talk about brain injury, good to start with a little bit of a general framework. What is an acute rehabilitation center?

Lindy Currie: Our rehab center here at the hospital is a 14-bed inpatient unit. We're located on the first floor. We specialize in intensive and comprehensive therapies for people who've had debilitating injuries or illnesses that may require some physical, occupational, and/or speech therapy to increase their safety and independence prior to being able to return home. A lot of diagnoses that we see are orthopedic things, like hip fractures, knee replacements, strokes, neurological disorders, like Parkinson's or multiple sclerosis, brain injuries, obviously, spinal cord injuries. Anything where they really need some either coping strategies or relearning of those functional and cognitive deficits that they might have.

Katie Johnson: How is an acute rehab center different from just general rehab?

Lindy Currie: Our acute rehab facility here, it's a Medicare-reimbursed program. Medicare sets their guidelines as to what qualifies to come to our unit. It is considered a hospitalization. That just means that we're a little bit more intense than, say, a lower-intensity setting like a short-stay nursing home or a transitional care unit, a TCU, something like that. There are a little bit different requirements. What Medicare wants us to do is be the fast-and-furious approach to rehab. Typically the length of stay for somebody that comes to stay with us is shorter.

It is a little bit more intense. We have to do three hours of therapy a day, five out of the seven days out of the week, split up into different sessions throughout the day. Then, those patients that do come to us need to have two therapy needs. So, they must have physical and occupational therapy needs and/or speech therapy needs as well. It's a big, holistic approach to getting people well and getting people back home as fast as possible.

Katie Johnson: That intensity and speed, really what's setting it apart. We said it was Brain Injury Awareness Month here in March. You do, among other things, see brain injury. Besides brain injury, what are some of the other common reasons that someone might find themselves in an acute rehab center?

Lindy Currie: Our most common diagnosis is strokes. We're actually a stroke specialty unit now. We were accredited for that last March, so we're very excited about that, which basically just means that we're best equipped to handle those people who unfortunately have had a stroke. Our second most commonly used diagnosis that we see a lot in our program is hip fractures. Thankfully we're working our way out of the winter weather. Hopefully, fingers crossed. That slipping on the ice, that sort of a thing, will hopefully be a distant past here for a while anyways.

Katie Johnson: We definitely hope so. When we talk about brain injury, I think it would be important to define what is a brain injury? What causes something to fall into that diagnosis of a brain injury versus something that might affect the brain but not technically be a brain injury?

Lindy Currie: To give you the medical terminology of a brain injury, it's any injury to the brain that's not hereditary, congenital, degenerative, or induced by birth trauma. Basically what that means is it just has to be acquired some time in a person's life. There's two main types of brain injuries. There's nontraumatic, which I think is definitely the more less common and kind of, I think, the forgotten brain injury. For example, there's nontraumatic brain injuries are caused by infectious diseases, the meningitises, that sort of thing. Tumors can cause nontraumatic brain injuries. Oxygen deprivation. Those near-drowning type injuries. Strokes can cause a brain injury. For example, those strokes that maybe were formed by a blood clot and then are given clot buster can sometimes turn into then a bleed. Then that secondary bleed would be considered a brain injury. And substance abuse. We're seeing, overall, more and more common with that as well.

Katie Johnson: Then, a traumatic brain injury obviously happens as a result of trauma?

Lindy Currie: Yes. Anything that's an external force outside your body. Most commonly it's caused by falls. A slip on the ice, falling down the steps, something like that. Being hit in the head by an object or someone, or motor vehicle accidents are a lot of times common for those TBIs as well.

Katie Johnson: When someone comes to acute rehab with a brain injury, can you describe what the treatment protocol is like?

Lindy Currie: Each scenario is unique. They say that the bigger the injury a lot of times the more the deficits that the person will have. That's just a standard, across the board, for injuries involving the brain. We most often find that our brain injury patients are some of our more complex patients. We're assisting them in relearning their functional physical tasks, like getting dressed and being able to walk around, as well as their cognitive aspects. Many people with brain injuries need to work on

strategies to regain or cope with the loss in their brain function where that was affected. Most commonly that's with decision-making, problem-solving, and memory, which are huge, huge kickers to being able to live independently.

Katie Johnson: One of the advantages of acute rehab being located in the hospital is the access to all of those different resources and specialists, medical professionals, in all of those complex facets.

Lindy Currie: Absolutely. We have a really great team here. We have our medical director that oversees the whole rehab process. We have those other medical physicians that get involved. We have our great team that is involved with our therapy staff, so that's occupational, physical, and speech therapists. Nursing is there 24 hours a day. We have access to lab and x-ray. Then, we're also able to tap into those more specified and specialist type providers, like neurology or even psychiatry. We see a lot of emotional things happening to people who have had brain injuries. Orthopedics, and so on.

Katie Johnson: When a patient is ready to leave acute rehab, brain injury is one of those lifelong situations to deal with. I'm curious what kinds of resources, coping skills for living with brain injury that we offer to patients.

Lindy Currie: We have a really, really great discharge planning team here, as well. Our social worker that works primarily with that puts together some of the most complex discharge plans. They cover everything. Our goal is to get people home and to be living as independently, as safely, and as positively as possible. A lot of times on discharge we tap into community resources, like Meals on Wheels, transportation, like the Otter Express, and make sure that they know about all those different resources that are available in the community for them to use. Most of the time their recovery and rehab doesn't end with us. We'll set them up with either home healthcare services or outpatient therapy to continue on with that rehab process, continue on with any follow-up appointments with providers to make sure that things are going well with medications or things at home.

Then, there is also a brain injury support group here in town, which is awesome to have. It meets the second Monday of each month at seven o'clock in one of our conference rooms in the hospital. That's been going on for quite a while. I think they've had a lot of positive outcomes from that group. Additionally, the state of Minnesota also has a Brain Injury Alliance that offers great support and resources for patients and families. They actually have resource facilitators that can make calls out to those patients and their families to see what their needs are and how they can best help them to cope with their new lifestyle. More information can be found at their website. That's www.braininjurymn.org.

Katie Johnson: Those are great resources. I know I've heard lots of stories come out of our brain injury support group, regardless of whether it was a concussion or a fall or some other type of brain injury. The circumstance may have been so different, but the shared experience, especially living with a brain injury, is so powerful to share with

one another and to realize you're not alone. Also, a good resource for the caregiver to have that same experience to share caregiving concerns, frustrations. That brings to mind another question to ask is, if we know someone who is living with a brain injury, what can we do as neighbors, as friends, as family members to be supportive of what they're going through?

Lindy Currie: I think the biggest thing we can do to be supportive of those with a brain injury is to, number one, just be patient with them as those people, they're relearning how to navigate their lives and surroundings and really try your best to be empathetic, to think of how you might feel if you were in their shoes. It can be pretty scary and confusing to be living life one minute in your own sense of normal, being able to take care of yourself and think clearly, and then to have that turn completely upside down in an instant can be pretty devastating.

Katie Johnson: I know for me it brings me peace of mind just to know that we have an acute rehab center like we do and the resources like our brain injury support group and the many medical professionals here who are specially trained to help with brain injury, should that unfortunate incident happen in the lives of someone we love. That's what Brain Injury Awareness Month is all about, bringing attention to the possibilities, to the common scenario that brain injury actually is, I think I was reading the CDC said 1.4 million Americans sustain a brain injury each year. That's each and every year we have another million and a half people who are struggling with the results and impacts of brain injury. Thanks for sharing with us your knowledge and expertise from our acute rehab center. Anything else you'd like to add this morning, Lindy?

Lindy Currie: Not that I can think of right now. If anybody has any further questions, please feel free to give me a phone call. My phone number is 218-736-8247. Thanks so much, Katie.

Katie Johnson: Thank you, Lindy. Lindy Currie, the community relations coordinator at the Acute Rehabilitation Center at Lake Region Healthcare, my guest this morning, during National Brain Injury Awareness Month. Lindy and Katie both remind you that there is so much to do here. Stay healthy for it. Have a great day.