

## **A Rehabilitation Approach to TBI: 2018 Update**

There are more than 20 million traumatic brain injuries (TBI) annually, with >90% being mild in severity, making it the most common cause of neurologic trauma in individuals younger than 45 years of age. The most commonly injured individual is a male between the ages of 16-34 (vehicular accident, trauma, sports), with the next two most common age groups being children <5 years (abuse, trauma) and elders >65 years (falls). Optimal outcomes rely on accurate diagnosis, rapid acute interventions (surgical), prevention of common co-occurring morbidities and complications, and early, interdisciplinary rehabilitation interventions. Common issues that should be considered and addressed by the acute and rehabilitation clinicians include; seizures, hydrocephalus, neuroendocrine dysfunction, pain, spasticity, heterotopic ossification, sleep disturbance, hypoarousal and hypoattention, agitation and depression. An expedient transition from the acute care (ICU, hospital, emergency department) to rehabilitation (inpatient unit, clinic) to community (home, school, work) is vital to optimal short term and durable long-term outcomes. Standardized, evidence-based outcomes that integrate all therapeutic options and consider a holistic view of the injure individual and their family is vital. An overview of acute, rehabilitation and community assessment and management of individuals with a range of TBI severity will be discussed.