



RESOURCE DIRECTORY

A comprehensive guide to services in Delaware for survivors of brain injury, families, friends, caregivers, and medical professionals.

(800) 411-0505
www.biade.org



P.O. Box 1897, Dover DE 19903

Toll Free: (800) 411-0505 / Local: (302) 346-2083 / Fax: (888) 258-3694

Web site: www.biade.org

The Brain Injury Association of Delaware is pleased to present this document in the hope that it may be of assistance to people with a brain injury, their families and caregivers. While we have attempted to include a wide variety of information we are certain there may be programs and services that are not listed. Should you believe that we have omitted important information please let us know. This document will be updated as new information becomes available. The latest version will be available through our website or by contacting the Resource Center.

The Brain Injury Association of Delaware does not support, endorse or recommend particular methods, treatments or programs for people with a brain injury. Neither is it responsible for the nature, scope and quality of the programs listed in this directory.

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Additional information and websites of other state brain injury associations may be found on the Brain Injury Association of America website: <http://www.biausa.org/>

Chapter 1

What is Brain Injury?

Acquired Brain Injury (ABI) is an injury to the brain that is not hereditary, present at birth, or degenerative. Causes include traumatic brain injury; anoxic/hypoxic injury (e.g. heart attack, carbon monoxide poisoning), intracranial surgery, seizure disorders and toxic exposure (e.g. substance abuse, ingestion or inhalation of volatile agents).

Traumatic Brain Injury (TBI), with or without skull fracture, is an insult to the brain caused by an external physical force that may produce a diminished or altered state of consciousness.

Brain injury may result in an impairment of cognitive abilities (e.g. perception, memory, or judgment), physical, behavioral or emotional functioning. A brain injury may be either temporary or permanent and may cause either partial or total functional impairment.

Mild brain injury, also known as concussion, is an injury that may leave the person feeling dazed or cause a brief loss of consciousness. Mild brain injury can lead to "post-concussion syndrome" that can include headaches, dizziness, mild mental slowing, and fatigue. For some people, symptoms may last only a few months; for others, problems may persist indefinitely.

National Statistics about Brain Injury

Every 15 seconds, someone in the US sustains a traumatic brain injury.

According to the Centers for Disease Control and Prevention (CDC), TBIs contribute to a substantial number of deaths and cases of permanent disability annually. Of the 1.4 million who sustain a TBI each year in the United States:

- 52,000 die 500,000 are hospitalized and of those, 90,000 are severe brain injury incidents with lasting impairments.
- 1,365,000 are treated and released from an emergency department.
- Among children ages 0 to 14 years, TBI results in an estimated: 2,685 deaths; 37,000 hospitalizations 435,000 emergency department visits (annually).

The number of people with TBI who are not seen in an emergency department or who receive no care is unknown.

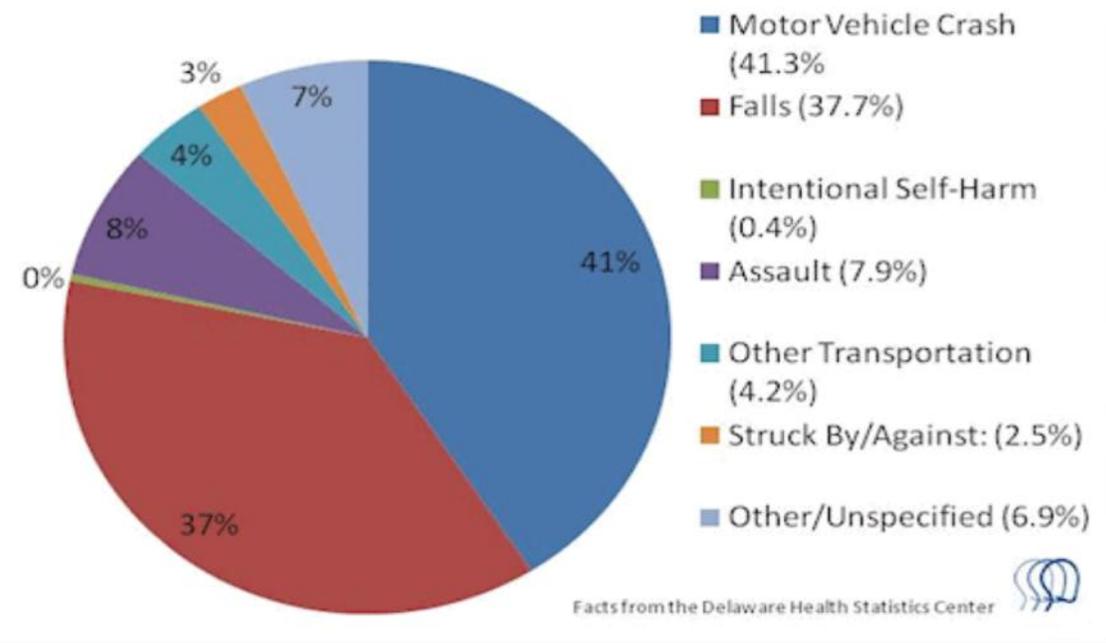
Delaware's Statistics about Brain Injury

According to the Delaware Trauma System Registry, from 2000 to 2003, over 1100 people were admitted to Delaware Hospitals with TBI. Since 2003, this number increased to more than 1375 per year. These figures include more than 150 children ages 0 to 14 per year. Every day about 8 people are treated in emergency rooms for TBI and of those, three are hospitalized.

More recent information has become available through the State's Trauma Registry. Data collected from two five year studies (from 1994-98 and 2001-05) shows.

- Hospitalization for TBI increased 14.6 percent
- The largest increases were in the age groups of 75-84 and 85+
- Males accounted for 63% of all TBI associated discharges
- Patients aged 15-24 accounted for the largest single proportion (19% of total hospitalizations)
- TBI hospitalization rates for males were twice that of females

Delaware's Percent of TBI-Related Hospitalizations by Cause



Brain Injury Characteristics

Just as each individual is unique so is each brain injury. Physical disabilities, impaired learning and personality changes are common. Frequently reported problems include:

Physical

- Speech
- Hearing
- Paralysis
- Headaches
- Vision
- Seizure Disorder
- Muscle Spasticity
- Reduced Endurance.

Cognitive Impairments

- Concentration
- Attention
- Perceptions
- Planning
- Communication
- Writing Skills
- Short Term Memory
- Long Term Memory
- Judgment
- Sequencing
- Reading Skills
- Orientation.

Behavioral/Emotional Changes

- Fatigue
- Anxiety
- Low Self-Esteem
- Restlessness
- Agitation
- Mood Swings
- Excessive Emotions
- Depression

- Sexual Dysfunction
- Lack of Motivation
- Inability to Cope
- Self-Centeredness.

Coma

Coma is defined as a prolonged state of unconsciousness. The person does not respond to external stimuli. There is no speech, the eyes are closed, and the person cannot obey commands. (See subsequent definitions – Chapter 3.)

Definitions and Causes

The Brain Injury Association of America defines an Acquired Brain Injury (ABI) as an injury to the brain that has occurred after birth and “which is not hereditary, congenital or degenerative.” A Traumatic Brain Injury (TBI) is an acquired brain injury that is “caused by an external physical force that may produce a diminished or altered state of consciousness.”

The most common causes of TBI are vehicle crashes, falls, sports injuries, and violence. Other acquired brain injuries can be caused by medical events such as anoxia (loss of oxygen to the brain), aneurysms, and infections to the brain, tumors, or stroke.

[For specific definitions of terms that relate to brain injury, click here go to our Glossary \(page 51\).](#)

Results of a Brain Injury

Whatever the cause, a brain injury can, according to the Brain Injury Association of America, result in “an impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning.”

Brain injury affects not only the individual, but the family, close friends, coworkers and other social networks of the individual as well. Roles and relationships change; the financial ramifications may be extensive.

The Brain Injury Association of America National Office has an extensive website with more information about the causes of brain injury, statistics, consequences, numerous resources, and links. Visit the Brain Injury Association of America on the web at: <http://www.biausa.org>

Living Life after Brain Injury

The experiences of people with a brain injury and their families have taught us a lot over the past several decades. In this section, we wish to share with you some of what we have learned about the new lives we are leading.

There is indeed life! It is different, sometimes radically different, than life before the "Trauma" and most of us still draw a dividing line at that point in time.

But that line doesn't stop joy. It does not stop growth. It does not stop laughter, and in fact, many of us have come to realize that there are no areas of life to which we cannot lay claim to things we have always valued.

For some of us, the "Trauma" is seen in retrospect as a crucial turning point that led us to lives more fulfilling, more giving and more utilizing of our talents than we could ever have dreamed of before the trauma. We strive to share the kinds of things that people all over the world are sharing through support groups, family get-togethers and midnight phone calls.

The tone of some of the personal stories may be at times sweet, and at it other times extremely raw. The flip side of joy, growth and laughter could be described as depression, agony and tears, and life has brought us copious quantities of all of these things.

That seems to be one of life's jobs. Ours is to help each other through it.

Adjustment to Disability

Brain injury can be a catastrophic event that dramatically changes a person and their family. A host of emotional responses may result. Over time, people often find that they adjust to the changes created by the brain injury. Adjustment does not mean that people are happy about changes; it means that they recognize that they cannot be changed, and rather than struggle toward the impossible, begin to set goals and make decisions based on the new self.

The person who has sustained the brain injury often must develop a new sense of self, and the family must develop a new vision of who the person is. This is a gradual evolutionary process which can be different for each individual and family.

For the person with a brain injury, learning what a brain injury is, identifying the changes the injury has caused, and ultimately, adjusting to the new limitations resulting from the brain injury can be a challenging and difficult, but often necessary process.

Family members often experience a similar process, and have the dual challenges of changing their vision of the person with a brain injury at the same time as the family is redefined and their role in it changes, too.

Three general types of individuals and family interventions have been identified and may be helpful at different stages of recovery: Information and Education; Support, Problem-Solving, and Restructuring; and Formal Therapy.

Seven Things Families Need to Remember

1. Reinforce the behaviors you would like to see increase. Like a garden, "water the behaviors you'd like to grow".
2. When safety is not an issue, ignore the behavior you would like to decrease.
3. Model the behaviors you would like to see.
4. Avoid situations that provoke behaviors you are trying to reduce.
5. Structure the environment, use cues for positive behaviors. Plan rest periods.
6. Redirect the person rather than challenging him/her.
7. Seek professional help sooner rather than later.

Chapter 2

Prevention of a Traumatic Brain Injury (TBI)

Are you aware that your brain could sustain an injury that would alter your lifestyle, abilities, and personality for the rest of your life? Statistically speaking, you are more likely to die because of a brain injury than of breast cancer and HIV combined.

Blasts are the leading cause of TBI for active duty military personnel in war zones. Males are about 1.5 times as likely as females to sustain a TBI. The two age groups at highest risk for TBI are 0 to 4 year olds and 15 to 19 year olds. Certain military duties (e.g., paratrooper) increase the risk of sustaining a TBI. African Americans have the highest death rate from TBI. (CDC, 2003)

Some Prevention Methods

The prevention methods shown in this Resource Directory may seem very simple, but their importance is immeasurable. These methods are drawn from the CDC's web site on Traumatic Brain Injury (2003).

There are many ways to reduce the chances of a traumatic brain injury (TBI), including:

1. Wear a seat belt every time you drive or ride in a motor vehicle.
2. Buckle your child in the car using a child safety seat, booster seat, or seat belt (according to the child's height, weight, and age). (Children should start using a booster seat when they outgrow their child safety seats, usually when they weigh about 40 pounds. They should continue to ride in a booster seat until the lap/shoulder belts in the car fit properly, typically when they are 4'9" tall.)
3. Never drive while under the influence of alcohol or drugs.
4. Wear a helmet, and make sure your children wear helmets when: Riding a bike, motorcycle, snowmobile, scooter, or all-terrain vehicle Playing a contact sport, such as football, ice hockey, or boxing Using in-line skates or riding a skateboard Batting and running bases in baseball or softball Riding a horse Skiing or snowboarding
5. Make living areas safer for seniors by: Removing tripping hazards such as throw rugs and clutter in walkways Using nonslip mats in the bathtub and on shower floors Installing grab bars next to the toilet and in the tub or shower Installing handrails on both sides of stairways Improving lighting throughout the home Maintaining a regular physical activity program, if your doctor agrees, to improve lower body strength and balance.
6. Make living areas safer for children, by: Installing window guards to keep young children from falling out of open windows; and Using safety gates at the top and bottom of stairs when young children are around.
7. Make sure the surface on your child's playground is made of shock-absorbing material, such as hardwood mulch or sand.

Do you see a need for TBI Prevention in your community?

Make TBI prevention a priority in your home, in your child's school, or at your parents' senior center. Call the Brain Injury Association of Delaware at 1-800-411-0505 to find out how you can get involved in prevention initiatives, or to schedule a speaker for your event.

Chapter 3

Symptoms of Brain Injury

Any brain function can be disrupted by brain trauma: excessive sleepiness, inattention, difficulty concentrating, impaired memory, faulty judgment, depression, irritability, emotional outbursts, disturbed sleep, diminished libido, difficulty switching between two tasks, and slowed thinking.

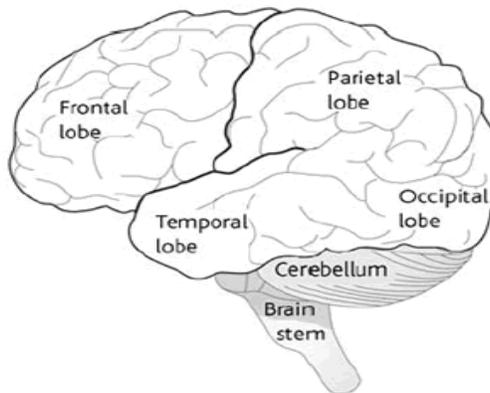
Sorting out bona fide brain damage from the effects of migraine headaches, pain elsewhere in the body, medications, depression, preoccupation with financial loss, job status, loss of status in the community, loss of status in the family, and any ongoing litigation can be a formidable task. The extent and the severity of cognitive neurologic dysfunction can be measured with the aid of neuro-psychological testing.

Neuropsychologists use their tests to localize dysfunction to specific areas of the brain. For example, the frontal lobes play an essential role in drive, mood, personality, judgment, interpersonal behavior, attention, foresight, and inhibition of inappropriate behavior. The ability to plan properly and execute those plans is known as "executive function." Frontal lobe injury is often associated with damage to the olfactory bulbs beneath the frontal lobes. Patients may note reduced or altered sense of smell. One recent study (Varney 1993) showed that 92% of brain-injured patient suffering anosmia (loss of smell) had ongoing problems with employment, even though their neuropsychological testing was relatively normal.

The effects of brain injury on the patient's family may equal or even surpass the effect on the patient. Brain injuries can cause extreme stressors in family and interpersonal relationships.

In general, symptoms of traumatic brain injury should lessen over time as the brain heals but sometimes the symptoms worsen because of the patient's inability to adapt to the brain injury.

For this and other reasons, it is not uncommon for psychological problems to arise and worsen after brain injury.



Symptom Checklist

A wide variety of symptoms can occur after brain injury. The nature of the symptoms depends, in large part, on what part of the brain was injured. Below find a list of possible physical and cognitive symptoms which can arise from damage to specific areas of the brain:

Frontal Lobe (Forehead)

- Loss of simple movement of various body parts (Paralysis)

- Inability to plan a sequence of complex movements needed to complete multi-stepped tasks, such as making coffee (Sequencing)
- Loss of spontaneity in interacting with others
- Loss of flexibility in thinking
- Persistence of a single thought (Perseveration)
- Inability to focus on task (Attending)
- Mood changes (Emotionally Labile)
- Changes in social behavior
- Changes in personality
- Difficulty with problem solving
- Inability to express language (Broca's Aphasia)

Parietal Lobe (Near the back and top of the head)

- Inability to attend to more than one object at a time
- Inability to name an object (Anomia)
- Inability to locate the words for writing (Agraphia)
- Problems with reading (Alexia)
- Difficulty with drawing objects
- Difficulty in distinguishing left from right
- Difficulty with doing mathematics (Dyscalculia)
- Lack of awareness of certain body parts and/or surrounding space (Apraxia) that leads to difficulties in self-care
- Inability to focus visual attention
- Difficulties with eye and hand coordination

Occipital Lobes (Most posterior, at the back of the head)

- Defects in vision (Visual Field Cuts)
- Difficulty with locating objects in environment
- Difficulty with identifying colors (Color Agnosia)
- Production of hallucinations
- Visual illusions - inaccurately seeing objects
- Word blindness - inability to recognize words
- Difficulty in recognizing drawn objects
- Inability to recognize the movement of object (Movement Agnosia)
- Difficulties with reading and writing

Temporal Lobes (Side of head above ears)

- Difficulty in recognizing faces (Prosopagnosia)
- Difficulty in understanding spoken words (Wernicke's Aphasia)
- Disturbance with selective attention to what we see and hear
- Difficulty with identification of, and verbalization about objects
- Short term memory loss
- Interference with long term memory
- Increased and decreased interest in sexual behavior
- Inability to categorize objects (Categorization)
- Right lobe damage can cause persistent talking
- Increased aggressive behavior

Brain Stem (Deep within the brain)

- Decreased vital capacity in breathing, important for speech
- Swallowing food and water (Dysphagia)
- Difficulty with organization/perception of the environment
- Problems with balance and movement
- Dizziness and nausea (Vertigo)
- Sleeping difficulties (Insomnia, sleep apnea)

Cerebellum (Base of the skull)

- Loss of ability to coordinate fine movements
- Loss of ability to walk
- Inability to reach out and grab objects
- Tremors
- Dizziness (Vertigo)
- Slurred Speech (Scanning Speech)
- Inability to make rapid movements.

Chapter 4

Coma Levels

What Causes Coma?

More than 50% of the coma cases are due to trauma to the head or circulatory disruptions to the brain.

How Long Does Coma Last?

Coma can last from hours to days, depending on the severity of the brain damage. It is possible for a person to remain in a comatose state for months or even years.

Can Medication Help?

Presently, there are no known medications that will shorten the length of coma. Some medications deepen the level of unconsciousness while others temporarily paralyze the body. The medicines given are for the well-being of the comatose person.

Can They Move, Hear, Or Feel Pain?

A person in a coma cannot obey commands; however, they may move in response to touch, pain, or their own movements. A person in a coma may respond to pain by moving or groaning, but usually they have no recall of pain. Some people in a coma may appear to be able to hear and understand by squeezing a hand, sucking, responding to touch, or calming down when a familiar voice is heard. Since most persons in a coma cannot recall the period of unconsciousness, it is not possible to determine if the comatose person could actually hear and understand. A good rule to follow is, to talk to, and about the person as if they could hear and understand you.

Coma levels are commonly assessed by two different scales. Below, find details on both the Glasgow Coma Scale and the Rancho Los Amigos Scale.

Glasgow Coma Scale

The Glasgow Coma Scale is a standardized system used to assess the degree of brain impairment and to identify the severity of the injury in relation to outcome. The test measures the motor response, verbal response and eye opening response with these values:

I. Motor Response

- 6 - Obeys commands fully
- 5 - Localizes to noxious stimuli
- 4 - Withdraws from noxious stimuli
- 3 - Abnormal flexion, i.e. decorticate posturing
- 2 - Extensor response, i.e. decerebrate posturing
- 1 - No response

II. Verbal Response

- 5 - Alert and Oriented
- 4 - Confused, yet coherent, speech
- 3 - Inappropriate words and jumbled phrases consisting of words
- 2 - Incomprehensible sounds
- 1 - No sounds

III. Eye Opening

- 4 - Spontaneous eye opening
- 3 - Eyes open to speech
- 2 - Eyes open to pain
- 1 - No eye opening

The final score is determined by adding the values of I+II+III. This number helps medical practitioners categorize the four possible levels for survival, with a lower number indicating a more severe injury and a poorer prognosis:

Mild (13-15) Traumatic Brain Injury is:

- Most prevalent TBI
- Often missed at time of initial injury
- 15% of people with mild TBI have symptoms that last one year or more.
- Defined as the result of the forceful motion of the head or impact causing a brief change in mental status (confusion, disorientation or loss of memory) or loss of consciousness for less than 30 minutes.
- Post injury symptoms are often referred to as post concussive syndrome.

Moderate Disability (9-12):

- Loss of consciousness greater than 30 minutes
- Physical or cognitive impairments which may or may not resolve
- Benefit from Rehabilitation

Severe Disability (3-8):

- Coma, unconscious state, no meaningful response, no voluntary activities

Vegetative State (Less than 3):

- Sleep wake cycles
- Arousal, but no interaction with environment
- No localized response to pain

Persistent Vegetative State:

- Vegetative state lasting longer than one month

Brain Death:

- No brain function
- Specific criteria needed for making this diagnosis

It should be noted that the terms "mild", "moderate", and "severe" are used as relative terms to describe the severity of the brain injury and are not meant to trivialize the seriousness of any brain injury.

Rancho Los Amigos Scale

The Rancho Los Amigos Scale is most helpful in assessing the patient in the first weeks or months following an injury, because it does not require cooperation from the patient. These Rancho Levels are based on observations of the patient's response to external stimuli. They provide a descriptive guideline of the various stages a brain injury patient will experience as he/she progresses through recovery.

Just as every brain injury is unique; so is the rate of recovery. One cannot predict the speed with which a brain injury patient will progress from level to level, or at which level the patient will reach a plateau, which is a temporary or permanent leveling off in the recovery process.

It is important to understand the Rancho Levels and their characteristics. An understanding of the eight levels provides insight into the progression through recovery and rehabilitation.

I. No Response

Patient appears to be in a deep sleep and is unresponsive to stimuli.

II. Generalized Response

Patient reacts inconsistently and non-purposefully to stimuli in a nonspecific manner. Reflexes are limited and often the same, regardless of stimuli presented.

III. Localized Response

Patient responses are specific but inconsistent, and are directly related to the type of stimulus presented, such as turning head toward a sound or focusing on a presented object. He may follow simple commands in an inconsistent and delayed manner.

IV. Confused-Agitated

Patient is in a heightened state of activity and severely confused, disoriented, and unaware of present events. His behavior is frequently bizarre and inappropriate to his immediate environment. He is unable to perform self-care. If not physically disabled, he may perform automatic motor activities such as sitting, reaching and walking as part of his agitated state, but not necessarily as a purposeful act.

V. Confused-Inappropriate, Non-Agitated

Patient appears alert and responds to simple commands. Complex commands, however, produce responses that are non-purposeful and random. The patient may show some agitated behavior in response to external stimuli rather than internal confusion. The patient is highly distractible and generally has difficulty in learning new information. He can manage self-care activities with assistance. His memory is impaired and verbalization is often inappropriate.

VI. Confused-Appropriate

Patient shows goal-directed behavior, but relies on cueing for direction. He can relearn old skills such as activities of daily living, but memory problems interfere with new learning. He has a beginning awareness of self and others.

VII. Automatic-Appropriate

Patient goes through daily routine automatically, but is robot-like with appropriate behavior and minimal confusion. He has shallow recall of activities, and superficial awareness of, but lack of insight to, his condition. He requires at least minimal supervision because judgment, problem solving, and planning skills are impaired.

VIII. Purposeful-Appropriate

Patient is alert and oriented, and is able to recall and integrate past and recent events. He can learn new activities and continue in home and living skills, though deficits in stress tolerance, judgment, abstract reasoning, social, emotional and intellectual capacities may persist.

Chapter 5

Cognitive Strategies

Try using some or all of the following strategies to improve your memory:

External Strategies

External strategies use external aides to write things down or alert you to something that you need to remember.

Memory Log Book or Day Runner Type of Book

Useful for writing down appointments, birthdays, lists to remember.

Watches

Different types of watches are available to set appointments which will then alert you when you need to be at an appointment or get ready for an appointment; or use to remind you to do something like homework.

Calendars

Surround yourself with calendars to have frequent reminders of dates to remember appointments or commitments.

Computer Programs

Different computer programs are available to set your schedule into and then print it off on a daily basis; or hand held versions are available to keep on you (a mini computer version of a log book).

Tape Recorders

Ideal for lecture type settings where you can't write it all down.

Lists

Writing it down helps you remember it!

Internal Strategies

Word Tricks

When remembering a list of items, use the first letter of each item to make a catchy phrase that you are better able to recall than the items themselves. Use the phrase to trigger your memory to recall the items.

Example: To remember a list of items to get at Kmart: Socks, Underwear, Diapers, Grass Seed, Light Bulbs,
Make up a phrase: Southern Universities Don't Get Snow Like Buffalo

Associations

This is the best method for everyday use to remember short bits of information, such as new names, addresses, etc. The key is to concentrate on what you want to remember and then assign something to it that will trigger it in your mind.

Example: You have a friend who has a new address of 221 Center Street Alley in Wilmington. You want to remember it until you get home to write it down.

To remember the name of the street you may want to tell yourself that the location is in the "center" of town - regardless if this is true or not it may stimulate your memory when you are trying to remember the name of the street your friend moved to recently.

Example: You just met a person named Gladys Washington. You are always bad with first names and need to remember this one. You associate her name with an old neighbor, Gladys Long, and hopefully this will help you recall her name.

Chunking or Categorizing Information

This is helpful in remembering large amounts of information. By putting things in categories you can minimize what you have to remember up front by relying on the category to trigger the memory.

Example: Break your "to do" list into categories so that you accomplish as much as possible and it organizes your thoughts:

Outside Jobs, Basement Jobs, Cleaning Jobs, Errands

Sweep garage, put away lawn chairs, clean front door, post office, sweep deck, change oil filter, mop kitchen, bank deposit, rake leaves, wash darks, dry cleaners.

Rather than count on your memory to accomplish all of these things, by breaking them into categories you can recall your list easier.

Visual Techniques

Visually imagining yourself doing something or going somewhere may help you recall the information when you are actually doing it. This "visual practice" requires that you organize your thoughts before doing it and therefore gives you one more chance to remember it.

Example: You have six places to go to today; bank, gas station, post office, Kmart, dry cleaners and neighbor's.

Visually imagine yourself actually in your car and going to these places. This couples your visual memory ability with your basic memory ability and therefore gives you a greater chance at remembering where you need to go.

You should try to find one or more techniques such as these to remember what you need to remember! The more hints you give your brain, the more likely you will be able to store and recall the information for later use.

Good luck.

These strategies are drawn from the Christian Care Health System Brain Injury Association of Delaware Lecture by Michele Jones 10/15/98.

Chapter 6

How to Find Health Care Following a Brain Injury

Many people face very high medical fees following a brain injury. Costs for hospitalization, testing, rehabilitation and therapy can put a heavy burden on the survivor or his or her family. Most people, whether they are survivors or caregivers, experience an overwhelming feeling of helplessness and confusion when it comes to dealing with health care providers and insurance companies. Take heart, and be persistent; there are ways of getting help!

Several Delaware agencies can assist you with finding and claiming benefits specific to your needs.

Medical Assistance for Worker with Disabilities

MAWD is a health insurance program for individuals who are adults, who are disabled, and who are working. Adults accepted into this program get full Medical Assistance benefits, including full prescription coverage, by paying a monthly premium of 5% of their “countable income”. MAWD can be your primary insurance or your secondary insurance, even if you are covered by Medicare, since your primary insurance may not cover all of your health care needs, co-payments, and deductibles. There is no minimum requirement for the number of hours you must work or how much you must earn to be eligible for MAWD; however, income and resource limits do apply to this program.

Families or professionals who have questions regarding this relatively underutilized benefit should call the Law Offices of Joseph L. Romano, Esquire at 1-800-331-4134.

Delaware Health & Social Services: Delaware Help Line

The Delaware Help Line is a service set up to help people to navigate the State’s services for people with disabilities or limited income. Call 1-800-464-4357.

Delaware Health & Social Services: Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

DSAAPD operates the Delaware Aging and Disability Resource Center (ADRC) to help older people and adults with physical disabilities (including persons with brain injury) learn about resources, understand their options, and find the services that they need. The ADRC includes a call center (available on a 24/7 basis), a dedicated website, and options counselors to provide personalized assistance. For more information contact:

Division of Services for Aging and Adults with Physical Disabilities

Delaware Aging and Disability Resource Center (ADRC)

Phone: 1-800-223-9074

Email: DelawareADRC@state.de.us

Telecommunications Device for the Deaf (TDD) only: (302) 391-3505 or (302) 424-7141

Websites: www.dhss.delaware.gov/dsaapd and www.delawareadrc.com

Delaware Health & Social Services: Division of Developmental Disabilities Services (DDDS)

DDDS is responsible for providing many different services to adults and children with developmental disabilities. Some of the services offered include work skills, self-care, community living and social communication skills.

DDDS is available to help each individual with special needs develop to his/her fullest, and assists families so that they may continue to care for these individuals while they are living at home.

DDDS
Phone: (302) 934-8031
Fax: (302) 744-9632
Woodbrook Professional Center
1056 South Governor's Avenue, Suite 101
Dover, DE 19904

Delaware Health & Social Services: Division of Medicaid & Medical Assistance (DMMA)

The Division of Medicaid & Medical Assistance has been set up to help ensure that the highest quality medical services are provided to people with special needs in the most cost effective manner.

DMMA
Administrative Office
Lewis Building
Herman Holloway Sr. Campus
1901 N. DuPont Highway
New Castle, Delaware 19720
Phone: (302) 255-9500
Toll free (800) 372-2022
Fax: (302) 255-4454

Thatcher Street Office
910 East 16th Street Wilmington, DE 19802
(302) 577-2174

Kent & Sussex Counties
Georgetown State Service Center
546 S. Bedford Street Georgetown, DE
19947
(302) 856-5379

New Castle County
Robscott Building
153 East Chestnut Hill Road Newark, DE
19713 (302) 368-6610

Milford State Service Center
11-13 Church Avenue Milford, DE 19963
(302) 424-7210

Delaware Health & Social Services: Division of Public Health (DPH)

The Delaware Division of Public Health (DPH) offers a variety of preventative health services in various locations throughout the State. From early pregnancy to nursing home care; from infants to seniors; adults and children can find the health care they need through DPH.

DPH
417 Federal Street Jesse Cooper Building Dover, DE 19901
Phone: (302) 744-4700
Fax: (302) 739-6659

Delaware Health & Social Services: Division of Substance Abuse and Mental Health (DSAMH)

Since brain injury affects everyone in different ways, sometimes an addiction can emerge as a coping mechanism. DSAMH provides short-term counseling and intensive services, treatment, and referrals to help troubled Delawareans and their families conquer addictions and deal with mental health issues. Services for problems related to the use of alcohol and drugs, gambling and mental health are all available throughout the state.

DSAMH
Herman M. Holloway Sr. Campus 1901 N. Du Pont Highway, Main Bldg. New Castle, DE 19720
Phone: (302) 255-9399
Fax: (302) 255-4428

Source: Delaware Division of Services for Aging and Adults with Physical Disabilities www.dhss.delaware.gov/dssapd.

Dental Services

Elwyn Dental Clinics provide services to Delaware people with developmental disabilities and people with special needs.

ELWYN-MEDIA CAMPUS
111 Elwyn Road
Elwyn, PA 19063
(610) 891-2320

ELWYN-PHILADELPHIA
4040 Market Street
Philadelphia, PA 19104
(215) 895-5649

Interim Healthcare (In-Home Rehab)

Interim Healthcare is a Delaware Licensed and Medicare Certified Home Health Agency that has serviced the State of Delaware since 1986. They are a locally owned franchise of a national organization with over 325 agencies nationwide. This relationship provides us the clinical and technical expertise of a large home care organization while allowing us to provide the hands on service expected of a small local business. Their services include Registered Nursing, High Tech Registered Nursing, LPN, Physical Therapy, Occupational Therapy, CNA and HHA.

Areas of specialization include long term care of elderly and special needs individuals, as well as episodic managed care cases. They provide the full spectrum of home care including Wound Care, IV Infusion Therapy, Pediatric Home Care and Trach and Vent Care. The agency also is adept in Chronic Disease Management for patients with CAD, COPD, Diabetes and Heart Failure. They have a telemonitoring program in place for high risk individuals.

The agency operates 24/7 365 days a year and service the entire State. Off hours calls are answered live by on-call schedulers who are able to immediately respond to any situation that may arise. Referrals are immediately scheduled and intakes are always completed in 48 hours - although most are actually completed in 24 hours or less.

Contact: Colleen Arrowsmith BSN, RN, Director Of HealthCare Services; Interim HealthCare [302-322-2743](tel:302-322-2743)
carrowsmith@interinhealcare.com

Pre-existing Condition Insurance in the State of Delaware

Pre-existing insurance coverage is available in Delaware now for people who have been uninsured for at least six (6) months. Follow the links to apply:
<https://www.pcip.gov/StatePlans.html#StateInformation>

Insurance Commissioner of the State of Delaware

If you are having trouble with your insurance company, call the Delaware Insurance Commissioner's Office. They may be able to help you to negotiate for coverage and may act on your behalf.

INSURANCE COMMISSIONER OF THE STATE OF DELAWARE
Phone: 1-800-282-8611
841 Silver Lake Boulevard

or

Carvel State Office Building, 5th Floor, 820
N. French Street
Wilmington, DE 19801

Health Resources and Services Administration

Federally funded health centers care for you, even if you have no health insurance. You pay what you can afford, based on your income. Health centers are in most cities and many rural areas. To find a health center near you, visit <http://findahealthcenter.hrsa.gov/Search.aspx>, type in your address, and click "Find Health Centers." These listings are color coded. Delaware is **Blue**, Maryland is **Red**, and New Jersey is **Green**.

KENT COMMUNITY HEALTH CENTER

1095 South Bradford Street
Dover, DE 19904-4141
302-678-3652

LA RED HEALTH CENTER, INC.

505A West Market Street
Georgetown, DE 19947-2321
302-855-1233
<http://www.laredhealthcenter.org/>

LA RED HLTH CTR – GEORGETOWN

504 West Market Street
Georgetown, DE 19947-2322
302-855-2020
<http://www.laredhealthcenter.org/>

ELIZABETH CORNISH LANDING APTS.

100 Elizabeth Cornish Landing
Bridgeville, DE 19933-9533
302-678-3651
<http://www.drminc.org/>

WELLMOBILE CLINIC at MARYDEL

(Seasonal) 522 Main Street
Marydel, MD 21649-1127
410-479-4306
<http://www.choptankhealth.org/>

GOLDSBORO MEDICAL CENTER

316 Railroad Avenue
Goldsboro, MD 21636-1126
410-479-4306
<http://www.choptankhealth.org/>

MIGRANT CAMPS ON UPPER EASTERN

SHORE (15 Camps) (Seasonal)
301 Randolph Street
Denton, MD 21629-1243
410-479-4306 / <http://www.choptankhealth.org/>

DENTON MEDICAL CENTER

609 Daffin Lane
Denton, MD 21629-1392
410-479-4306
<http://www.choptankhealth.org/>

ANGELICA NURSERY MIGRANT CAMP (Seasonal)

11365 Locust Grove Road
Kennedyville, MD 21645-3627
410-479-4306
<http://www.choptankhealth.org/>

FEDERALSBURG MEDICAL CENTER

215 Bloomingdale Avenue
Federalsburg, MD 21632-1012
410-479-4306
<http://www.choptankhealth.org/>

FEDERALSBURG DENTAL CENTER

215 Bloomingdale Avenue
Federalsburg, MD 21632-1012
410-479-4306
<http://www.choptankhealth.org/>

KIDS' CORNER BROAD ST SCHOOL

111 North West Avenue
Bridgeton, NJ 08302
856-451-4700 x2014

COMMUNITY HEALTH CARE, INC.

70 Cohansey Street
Bridgeton, NJ 08302-1918
856-461-4700
<http://www.chcinj.org>

COMMUNITY HEALTH CARE – DENTAL

105 Manheim Avenue, Suite 11
Bridgeton, NJ 08302-2139
856-451-4700 x2014
<http://www.chcinj.org/>

COMMUNITY HEALTH CARE – BRIDGETON

105 Manheim Avenue
Bridgeton, NJ 08302-2139
856-451-4700 x2014
<http://www.chcinj.org/>

WOMEN'S CARE

105 Manheim Avenue
Bridgeton, NJ 08302-2139
856-451-4700 x2014
<http://www.chcinj.org/>

DEERFIELD HEALTH CENTER

1000 North Pearl Street
Bridgeton, NJ 08302-1215
856-451-4700 x2014

Get a Second Opinion

If you are not satisfied with the care you have received, you must say so, and ask for a second opinion. Clearly express your concern about your problems (side effects of medicine; need for more extensive testing, etc.). You have a right to ask for a neurosurgery consultation and an official second opinion. Usually, Medicaid will not allow for an out-of-state second opinion since Medicaid services are state-specific, but you can ask for it if it will help with your rehabilitation.

Chapter 7

Hotlines & Related Links

General resources for persons with brain injury and their families are listed below. A phone number is provided for each resource. (Links are included for those organizations that have web sites.) If you need further information, please [contact the Division of Services for Aging and Adults with Physical Disabilities](#).

Hotlines

Organization	Phone Number
Brain Injury Association of Delaware	1-800-411-0505
Crisis Intervention	1-800-652-2929
Delaware Helpline	1-800-464-HELP
National Brain Injury Association Hotline	1-800-444-6443 or 703-236-6000

State Agencies

Organization	Phone Number
Delaware Division of Services for Aging and Disabilities Resource Center (ADRC)	1-800-223-9074
Delaware Insurance Department	1-800-282-8611
DHSS, Division of Substance Abuse and Mental Health	(302) 255-9399
Delaware Psychiatric Center	(302) 255-2700
DHSS, Division of Developmental Disabilities Services	(302) 369-2186 or (302) 934-8031

DHSS, Division of Medicaid and Medical Assistance	1-800-372-2022 or (302) 255-9500
DHSS, Division of Social Services	1-800-372-2022
DHSS, Division for the Visually Impaired	(302) 255-9800
Dept. of Labor, Division of Vocational Rehabilitation	(302) 761-8275; (302) 739-5478; (302) 856-5730
Violent Crimes Compensation Board	(302) 995-8383 or 1-800-890-0045
Department of Elections	(302) 577-3464 (New Castle County); (302)739-4498 (Kent County); (302) 856-5367 (Sussex County)

Federal Agencies

Organization	Phone Number
Social Security Administration	1-800-772-1213
Supplemental Security Income (SSI)	1-800-562-8080

Legal Assistance

Organization	Phone Number
Delaware Volunteer Legal Services	(302) 478-8850 (New Castle County) (302) 773-0606 (Kent & Sussex Counties)
Disabilities Law Program of Community Legal Aid	1-800-292-7980
Handbook Lawyer Referral	(302) 658-5278 or 1-800-773-0606

Legal Handbook	1-800-223-9074 (DSAAPD) or 1-800-292-7980 (CLASI)
Legal Services Corp.of Delaware	(302) 575-0408 or (302) 734-8820

Medical Information/Referral

Organization	Phone Number
Center for Rehabilitation at Wilmington Hospital	(302) 428-6600
Christiana Care, Community Health Library	(302) 661-3471
Delaware Academy of Medicine Library	(302) 656-1629
A.I. DuPont Hospital For Children	(302) 651-4000
People's House (lodging for families of hospital patients)	(302) 738-0677 or (302) 456-3404
Physician Consumer Health Library	(302) 571-1101 (New Castle County) (302) 736-7070 (Kent County) (302) 227-2854 (Sussex County)
Psychologists' Referral Network (DE Psychological Association)	(302) 475-1574

Related Links

- [Brain Injury Association, Inc.](http://www.biausa.org/)
Informative and easy-to-use site which covers a broad range of topics related to brain injury (<http://www.biausa.org/>)
- [Brain Injury Association of Delaware](http://www.biade.org)
Information about brain injury for person in Delaware, including programs, support groups and special events (<http://www.biade.org>)
- [National Resource Center for Traumatic Brain Injury](http://www.neuro.pmr.vcu.edu/)
The web site the National Resource Center for Traumatic Brain Injury contains TBI educational resources, and other useful information; check their FAQ's and links pages (<http://www.neuro.pmr.vcu.edu/>)
- [DANA](http://www.dana.org)
This site contains information about the Charles A. Dana Foundation, which supports health, education, and public affairs, and the Dana Alliance for Brain Initiatives, an organization of preeminent neuroscientists which promotes brain research. See the DANA BrainWeb for helpful information and links to other internet resources. (<http://www.dana.org>)
- [Brain Injury: A Guide for Family and Friends](http://www.uihealthcare.com/topics/medicaldepartments/neurosurgery/braininjury/index.html)
A feature of the University of Iowa's Virtual Hospital (<http://www.uihealthcare.com/topics/medicaldepartments/neurosurgery/braininjury/index.html>)
- [TBI Chat Room and Homepage](http://tbichat.org/index.html)
This site provides links to chat rooms, bulletin boards and other forums for persons with traumatic brain injury and caregivers to communicate with each other (<http://tbichat.org/index.html>)
- [Brain Injury Information](http://www.cdc.gov/ncipc/tbi/tbi.htm)
The Centers for Disease Control (CDC), National Center for Injury Prevention and Control provides comprehensive information on brain injury. The site includes information on causes; symptoms; outcomes; treatment; and research. It also includes downloadable brochures and fact sheets on brain injury. (<http://www.cdc.gov/ncipc/tbi/tbi.htm>)
- [University of Alabama at Birmingham's \(UAB\) Home-Based Cognitive Stimulation Program](http://main.uab.edu/show.asp?durki=49377)
The UAB Home Stimulation Program provides activities that can be done with an individual following a brain injury. Activities include those that stimulate fine motor control; attention/concentration; memory/orientation; reasoning/problem solving; visual/spacial abilities; and language. Tasks range in difficulty. Access to the program is free. Users can follow the links on the site to see specific activities or download a printable version. (<http://main.uab.edu/show.asp?durki=49377>)
- [Brainline.org](http://www.brainline.org)
This site provides information for people with TBI, families & friends, and professionals in various formats, including feature articles, videos, and webcasts. (<http://www.brainline.org/>).

Source: Delaware Division of Services for Aging and Adults with Physical Disabilities www.dhss.delaware.gov/dsaapd.

Chapter 8

An Overview of the Diamond State Health Plan Plus

Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)

The Division of Medicaid and Medical Assistance (DMMA) in partnership with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is developing an Integrated Long-Term Care initiative named the Diamond State Health Plan – Plus (DSHP-Plus). This initiative will provide improved access to community-based long-term care services and increased flexibility to more effectively address individual needs, and to better control rising long-term care costs significantly impacting Medicaid.

Provider Information

- MCO Contact Information
 - Delaware Physicians Care Incorporated
 - Ryan Forman
Manager, Network Development
302-894-6629
email FormanR@Aetna.com
 - United Health Community Plan
 - Wendy Alleyne
302-729-4186
email Wendy.Alleyne@uhc.com

Diamond State Health Plan - Delaware's Medicaid Managed Care Program

The majority of people receiving Medicaid must choose a family doctor who, along with a managed care organization (MCO), will provide or arrange for all your preventive care and medical needs. The following individuals are not enrolled with a MCO:

- Individuals entitled to or eligible to enroll in Medicare
- Individuals residing in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR).
- Individuals covered under the Medicaid home and community based waiver programs.
- Non lawful and non qualified non citizens (aliens).
- Individuals who have military health insurance for active duty, retired military, and their dependents.
- Individuals eligible for the Medicaid Breast and Cervical Cancer program.
- Presumptively eligible pregnant women.

Chapter 9

Assistance for Veterans with Traumatic Brain Injury

Defense and Veterans Brain Injury Center (DVBIC)

The Defense and Veterans Brain Injury Center (DVBIC) is a multi-site medical care, clinical research and education center. It is the result of a unique collaboration of the Department of Defense (DoD), Department of Veterans Affairs (VA) health care system, and two civilian partners. This program is funded through the Department of Defense.

The mission of the Defense and Veterans Brain Injury Center (DVBIC) is to serve active duty military, their dependents, and veterans with traumatic brain injury (TBI) through state-of-the-art medical care, innovative clinical research initiatives, and educational programs.

The Defense and Veterans Brain Injury Center provides the following services: Develop and provide advanced TBI-specific evaluation, treatment and follow-up care for all military personnel, their dependents, and veterans with brain injury. Conduct clinical research that defines optimal care and treatment for individuals with TBI. Develop and deliver effective educational materials for the prevention and treatment of TBI, and management of its long-term effects.

For more information, call toll free 1-800-870-9244 or email at info@dvbic.org. You may also visit DVBIC's newly updated web site at www.dvbic.org.

TRICARE for Life

This program is available to Medicare-eligible uniformed service retirees, Medicare-eligible family members (including widows/widowers), and certain former spouses if they were eligible for TRICARE before age 65. Call 1-888-363-5433 or visit the web site at: www.tricare.osd.mil

VA Health Benefits Service Center

Honorably discharged veterans without service-connected disabilities who are enrolled with the VA generally pay \$7 per RX. Low-income and those with some service-connected disabilities can get free RX drugs at VA hospitals and pharmacies. Call 1-877-222-8387 or visit their website at www.va.gov/vbs/health.

VA Benefits Finder

Go to www.benefits.gov to use the federal government's Benefits Finder program. It's an easy way to find out which government benefits you may be eligible to receive. After answering a few questions, you'll get information about disability benefits, housing assistance, health care, or other benefits for which you might be eligible. The Benefits Finder will also let you know about the next steps to take to apply for assistance and who to contact.

Chapter 10

Pediatric Brain Injury Hospitals and Programs

Hospitals

A. I. DUPONT HOSPITAL FOR CHILDREN (Ages 0-18), 1600 Rockland Road, P.O. Box 269
Wilmington, DE 19899, 302-651-4000

Division of Rehab Medicine, 302-651-5605, Toll Free 800-344-5437, Web: www.nemours.org

MT. WASHINGTON PEDIATRIC HOSPITAL, 1708 West Rogers Avenue, Baltimore, MD 21209
410-578-2600, Toll Free 800-999-9442

KENNEDY KRIEGER INSTITUTE (Specializing in Children)
707 North Broadway, Baltimore, MD 21205, 443-923-9400, Toll Free 888-554-2080
Web: www.kennedykrieger.org

Lodging for Families During Hospital Stays

RONALD MCDONALD HOUSE

The Ronald McDonald House is for families with patients in the A.I. duPont Hospital for Children.
1901 Rockland Road, Wilmington, DE 19803, 302-656-HUGS (4847) Toll Free 888-656-HUGS (4847)
Fax 302-658-6608 / Web: www.rmhde.org

Programs and Services

ARC OF DELAWARE PARENT MENTOR PROGRAM

The Arc's Parent Mentor Program works with families who have children with disabilities who are in school and who need help understanding and accessing educational services. We also provide information about the resources available in the community for families who have a child with a disability and help the family access those services. On the web at <http://www.arcde.org/programsservices/parentmentor.asp>.

New Castle County Headquarters
2 South Augustine Street, Suite B
Newport, DE 19804
302-996-9400

Mid-Del Arc Chapter
P. O. Box 562
Dover, DE 19903
302-736-6140

DELAWARE HEALTHY CHILDREN PROGRAM

The Delaware Healthy Children Program is a low cost health insurance program for Delaware's uninsured children. The Delaware Healthy Children Program features the same high-quality coverage as some of the best private insurance plans.

Delaware Healthy Children Program, PO Box 950 New Castle, DE 19720-9914
Toll Free 800-996-9969 / Web: www.dhss.delaware.gov/dss/dhcp.html

EXCEPTIONAL CARE FOR CHILDREN

Exceptional Care for Children improves the lives of technology-dependent children and their families through skilled nursing, transitional and palliative care.

Exceptional Care for Children, 11 Independence Way, Newark, DE 19713
Phone: 302-894-1001, Fax: 302-456-0477, Web: www.exceptionalcare.org

NURSES 'N KIDS

Nurses 'n Kids is an interdisciplinary Pediatric Medical program that cares for children birth to 10 years with medical, developmental and technology dependent needs. They provide medical day care, before and after school / school break and transportation. Medicaid and various private insurances are accepted.

New Castle County
904 Churchmans Road Ext.
New Castle, DE 19720
(302) 323-1118
Web Site: www.nursesnkids.com

Kent & Sussex Counties
705 North Street Ext.
Milford, DE 19963
(302) 424-1770

DELAWARE CAREPLAN

The mission of Delaware CarePlan is to enhance the quality of life for individuals with disabilities and their families by providing life long planning services, financial security and support services to individuals with disabilities beyond their basic care.

Delaware CarePlan %The Arc of Delaware, Wilmington, DE 19805-1234, Phone: 302-633-4000
Fax: 302-633-4038, Email: ellenfbockman@aol.com

PARENT INFORMATION CENTER OF DELAWARE, INC. (PICDEL)

This group's purpose is to give parents easy access to information and resources designed to improve their children's developmental and educational outcomes.

Parent Information Center of Delaware (PIC of DEL), 5570 Kirkwood Highway, Orchard Commons Business Center, Wilmington, DE 19808, Phone: 302-999-7394 / Fax 302-999-7637 / Toll-free 888-547-4412, Email picofdel@picofdel.org / Web: www.picofdel.org

THINK FIRST PROGRAM

The Think First Injury Prevention Program reaches more than 15,000 youth with the message that injury is preventable if you think first and use your mind to protect your body.

Think First Program, Trauma Out-Reach Coordinator for Christiana Care Health Services
302-733-4280

NATIONWIDESPECIAL NEEDS ESTATE PLANNING

The Division of Special Needs Estate Planning for children can assist you with planning for the future of your child with a disability.

Diann Jones, MBA, Parent/Advocate, Financial Specialist
484 Middletown Warwick Road, Middletown, DE 19709, 302-530-1234 / Fax: 302-380-3331
Email: jonesd93@nationwide.com / Web www.specialneedsplanning.org

Chapter 11

Rehabilitation Facilities

Delaware

REHAB EQUIPMENT EXCHANGE

contact@rehabequipmentexchange.com

This national network is a FREE service to facilitate the exchange and transfer of used rehabilitation equipment. Individuals can use the website to buy, sell or donate used rehab items of many types including wheelchairs, pediatric equipment, mobility aids, communication devices, assistive technology, and exercise equipment.

CHRISTIANA CARE HOSPITAL

Outpatient Stroke and Brain Injury Program, 4755 Stanton-Ogletown Road, Newark, DE 19713
302-733-1024 (Outpatient Consultation), 302-428-6744 (Inpatient Consultation)

POINT OF HOPE

New Castle: 34 Blevins Drive, Suite 5, New Castle, DE 19720, 302-731-7676

Kent: 73 Artisan Drive, Smyrna, DE 19977

INTERIM HEALTHCARE (In-home therapy) [See description in Chapter 6.](#)

Contact: Colleen Arrowsmith BSN, RN, Director of HealthCare Services, Interim HealthCare, 302-322-2743
carrowsmith@interimhealthcare.com

Maryland

SINAI HOSPITAL

2401 West Belvedere Avenue, Baltimore, MD 21215 410-601-9000 Web www.lifebridgehealth.org

UNIVERSITY SPECIALTY HOSPITAL

601 S Charles Street, Baltimore, MD 21230, 410-547-8500 Ext. 226

HEALTHSOUTH / CHESAPEAKE REHAB HOSPITAL

220 Tilghman Road, Salisbury, MD 21804, 410-546-4600, Toll Free 800-938-4600, Fax: 410-546-6188

New Jersey

BANCROFT NEUROHEALTH

425 Kings Highway East, PO Box 20, Haddonfield, NJ 08033, 856-429-5637 Ext. 257 or 371
Toll Free 800-774-5516, Web: www.bancroft.org

INDEPENDENCE REHAB

1030 North Kings Highway, Suite 210, Cherry Hill, NJ 08034, 856-321-1900, Toll Free 800-356-7360
Web www.independencerehab.com

BANCROFT NEUROHEALTH

9 Pen Road, Voorhees, NJ 08043, Toll Free 800-774-5516, Web: www.bancroft.org

MAGEE-MOSS REHAB AT VOORHEES

443 Laurel Oak Road, Suite 200, Voorhees, NJ 08043, 856-741-7400, Toll Free 800-966-2433

Web: www.mageerehab.com

PLUS NEUROREHABILITATION

8008 Route 130 North, Building C, Delran, NJ 08075, Phone: 856-824-0011, Fax 856-824-0044

Web: www.plusnj.com

*Pennsylvania***BRYN MAWR REHABILITATION HOSPITAL**

414 Paoli Pike, PO Box 3007, Malvern, PA 19355, 484-596-5400, Toll Free 888-734-2241

Web: www.mainlinehealth.org

MAGEE REHABILITATION HOSPITAL

1513 Race Street, Philadelphia, PA 19102-1177, 215-587-3117, Toll Free 800-966-2433

Web: www.mageerehab.com

MAINLINE REHAB ASSOCIATES

283 East Lancaster Avenue, Exton, PA 19355, 610-280-0180,

REMED

16 Industrial Boulevard, Suite 203, Paoli, PA 19301-1609, 484-595-9300, Toll Free 800-847-3633

Email: info@remed.com, Web: www.remed.com

MOSS REHAB

Drucker Brain Injury Center, 60 East Township Line Road, Elkins Park, PA 19027, 215-663-6000

Toll Free 800-225-5667

MOSS REHAB

1200 West Tabor Road, Philadelphia, PA 19141, 215-456-9900,

SUCCESS REHABILITATION, INC.

At Rock Ridge, 5666 Clymer Road, Quakertown, PA 18951, 215-538-3488, Fax: 215-538-8692

Email: success@successrehab.com, Web: www.successrehab.com

UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER

105 Hayda Hall, 3200 Smith Wake, Philadelphia, PA 19104, 215-898-0881

*Long Term Care***PEACH TREE ACRES, INC.**

26900 Lewes-Georgetown Highway, Harbeson, DE 19951, 302-684-4002

Peach Tree Acres is a long-term assisted-living residence for survivors of head and spinal cord injuries developed by BIAD and now functioning as a separate corporation.

Chapter 12

Delaware Hospitals

Kent County

BAYHEALTH MEDICAL CENTER at Kent General Hospital

640 South State Street, Dover, DE 19901, 302-674-4700, Toll Free 877-453-7107, www.bayhealth.org

Sussex County

BEEBE MEDICAL CENTER, 424 Savannah Road, Lewes, DE 19958, 302-645-3300, www.beebemed.org

BAYHEALTH MEDICAL CENTER at Milford Memorial Hospital, 21 West Clarke Avenue, Milford, DE 19963, 302-422-3311, www.bayhealth.org/about/milford.asp

NANTICOKE MEMORIAL HOSPITAL, 801 Middleford Road, Seaford, Delaware 19973, 302-629-6611
www.nanticoke.org

New Castle County

CHRISTIANA CARE HOSPITAL, 4755 Stanton-Ogletown Road, Newark, DE 19713, 302-733-1000
www.christianacare.org

VETERANS AFFAIRS MEDICAL & REGIONAL OFFICE CENTER, 1601 N. Kirkwood Highway, Wilmington, DE 19805, 302-994-2511, Toll Free 800-461-8262, www.va.gov

WILMINGTON HOSPITAL, 501 West 14th Street, Wilmington, DE 19802, 302-733-1000,
www.christianacare.org

ST. FRANCIS HOSPITAL, 7th and Clayton Streets, Wilmington, DE 19805, 302-421-4100
www.stfrancishealthcare.org/

Chapter 13

Legal, Legislative, and Tax Preparation Assistance

Legal Assistance

Special Needs Estate Planning

The Division of Special Needs Estate Planning for children can assist you with planning for the future of your young or adult child with a disability.

Nationwide - Diann Jones Agency
Parent/Advocate Special Needs Estate Planning
226 Horseshoe Drive
Middletown, DE 19709
Diann Jones, MBA, Financial Specialist
302-530-1234 / Fax: 302-380-3331
Email: jonesd93@nationwide.com
Web www.specialneedsplanning.org

Legal Rights: A Family Guide (Free book)

This book, authored by Joseph Romano, is a useful book which highlights the managed care appeals process, guardianship process, and special education procedures, and presents a coordinated plan of action to identify and obtain sources of benefits for seriously ill and injured individuals. To obtain your free copy, contact the office below or stop by the BIAD Resource Center.

Law Offices of Joseph L. Romano
2 West Lafayette
Norristown, PA 19401
Toll free 800-331-4134
Fax 800-854-9430
Email info@josephromanolaw.com
Web www.josephromanolaw.com

Community Legal Aid Society, Inc.

Community Legal Aid Society, Inc. provides civil legal services to assist clients in becoming self sufficient and meeting basic needs with dignity. Clients include members of the community who have low incomes, who have disabilities, or who are age 60 and over. Website: www.declasi.org

Kent County Disabilities Law Program
840 Walker Road
Dover, DE 19904-2727
302-674-8503 / Fax 302-674-8145

Sussex County Disabilities Law Program
144 East Market Street
Georgetown, DE 19947-1411
302-856-3742 / Fax 302-856-6133

New Castle County Disabilities Law Program
100 West 10th Street, Suite 801
Wilmington, DE 19801-6603
302-575-0690 / 302-575-0696 (TTY) / Fax 302-575-0840

Delaware Volunteer Legal Services (DVLS)

DVLS is an organization of volunteer attorneys who assist low-income clients with problems in a variety of areas. DVLS also provides a centralized case intake service called the Legal Help Link (below). This service assures that callers are referred to the appropriate legal services organization or to a private attorney for assistance.

DVLS

302-478-8850

Toll free 800-773-0606

Web: www.dvls.org

Legal Help Link Lawyer Referral Service (LRS)

For a \$35.00 fee, LRS will select an attorney, convenient to you with whom you can meet to discuss your particular problem. The LRS provides referrals to private attorneys. It does not answer legal questions, nor does it provide lists or legal representation.

LRS

302-478-8850

Toll free 800-773-0606

Legal Services Corporation of Delaware (LSCD)

LSCD is a nonprofit organization that offers legal advice and assistance to people who cannot afford a private attorney. LSCD works to give low-income individuals an opportunity to exercise the rights they have been granted by law.

New Castle County LSCD

100 West 10th Street Suite 203

Wilmington, DE 19801

302-575-0408

Fax 302-575-0478

Kent County LSCD

24A Hiawatha Lane

Dover, Delaware 19904

302-734-8820

Fax 302-734-8826

Legal Handbook for Older Delawareans

www.leealhandbookforolderdelawareans.com

Delaware Violent Crimes Compensation Board

The Delaware Violent Crimes Compensation Board provides compensation to victims of violent crimes and assistance to their families for crime related expenses. Compensation is available for payment of medical and dental expenses, mental health counseling, prescription medication, lost wages, funeral/burial support, temporary housing and moving or relocation services, crime related expenses and other costs approved by the Board. The Board only pays expenses not covered by another source of funding, such as health or auto insurance. Property losses are not covered.

Violent Crimes Compensation Board

240 North James Street, Suite 203

Newport, DE 19804

302-995-8383 / Fax 302-995-8387

Delaware Victim Center

Toll free in Delaware 800-VICTIM-1

Delaware Department of Justice Victim Unit

Toll free 800-870-1790

Delaware Helpline

Toll free in Delaware 800-464-HELP (4357) (Out of State 800-273-9500)

Family Violence

New Castle County

24 hour Hotline: (302) 762-6110

www.childinc.org

Delaware Helpline

(800) 464-4357

www.delawarehelpline.org

Legislative Assistance

If you know the name of your legislators, you may contact them at the following addresses/phone numbers.

Name of Senator/Representative

P.O. Box 1401

Legislative Hall

Dover DE 19903

Senate Democrats Receptionist: 302-744-4286

Senate Republicans Receptionist: 302-744-4048

House Democrats Receptionist: 302-744-4351

House Republicans Receptionist: 302-744-4171

If you do not know who your legislators are, contact the election department in your county. The election department can provide you with the Senate and House district in which you live if you give your name and your place of residence.

County Election Departments

New Castle County: 302-577-3464

Kent County: 302-739-4498

Sussex County: 302-856-5367

Tax Preparation Assistance**Goodwill Industries**

Goodwill offers help with income tax preparation, staffed with trained, IRS-certified volunteers. These centers provide financial services to residents of Delaware earning less than \$45,000 in 2008 income. Each participant in the tax preparation program will receive a coupon for 20% off a future purchase at any Goodwill retail store. For more information, visit www.goodwillde.org.

Wilmington Outlet Store

300 East Lea Boulevard

Wilmington, DE 19802

302-504-1734

Bridgeville – Rt. 13

18178 Sussex Highway

Bridgeville, DE 19933

302-337-8561

AARP Tax Aide Program

The AARP Tax-Aide is a free tax assistance service for low- and middle-income taxpayers, with special attention to those 60 and over. In most situations, you must visit an AARP Tax-Aide site in person to have your tax returns prepared. However, arrangements can be made to meet shut-ins and homebound disabled persons at special sites, such as hospitals, nursing homes, or assisted living facilities.

AARP Tax-Aide
601 East Street NW
Washington, DC 20049-1214
Toll free 888-AARP-NOW
Email taxaide@aarp.org
Web https://locator.aarp.org/vmis/sites/tax_aide_locator.jsp (office locator)

Internal Revenue Service (I.R.S.)

Volunteer Income Tax Assistance (VITA)
Call (800) 829-1040 for the VITA location nearest you.

Free File

The IRS Website, www.irs.gov, offers help to families with annual income under \$56,000. By visiting the "free file" section of the Web site, taxpayers can find online tax forms, tax software, and a search engine for locations that offer free tax assistance.

IRS Taxpayer Assistance Centers

If you need to resolve a tax problem, have questions about how the tax law applies to your individual tax return, or you are more comfortable talking with someone face-to-face, visit your local Taxpayer Assistance Center where you can spread out your records and talk with an IRS representative across the counter.

No appointment is necessary - just walk in. If you have an ongoing, complex tax account problem or a special need, such as a disability, an appointment may be requested. All other issues will be handled without an appointment.

Dover
300 South New Street
Dover, DE 19904
302-678-2784

Georgetown
21309 Berlin Road, Unit 13
Georgetown, DE 19947
302-855-0309

Wilmington
844 King Street
Wilmington, DE 19801
302-573-6343

H & R Block

H&R Block will charge you, but will come to your home if needed.

H&R Block
Toll free 800-HRBLOCK (800-472-5625)
Web www.hrblock.com/universal/office_locator.html (office locator)

Chapter 14

Alternative Therapies

Behavioral Therapy

AdvoServ

Advocating for and serving people with exceptional behavioral and developmental challenges.
4185 Kirkwood-St. Georges Road
Bear, DE 19701
302-834-7018
1-800-593-4959

Allied Behavioral Health

1400 Peoples Plaza, Suite 204
Newark, DE 19702
302-832-1282
Fax 302-832-7313

Dover Behavioral Health Systems

725 Horsepond Road
Dover, DE 19901
302-741-0140
Fax: 302-741-8551
Web: <http://www.doverbehavioral.com>

Rockford Center for Behavioral Health

100 Rockford Drive
Newark, DE 19713
302-996-5480
Toll free 866-847-4357
Fax 302-996-0269
Web: <http://www.rockfordcenter.com>

Dr. John Detwiler, Ph.D.

Clinical Psychologist
5301 Limestone Rd Wilmington, DE 19808
302-234-8982

Open Door Incorporated

Rehabilitation Psychology is a specialty of psychology that seeks to improve the quality of life for individuals who have suffered a brain injury. Services are offered through the Delaware State Waiver program for individuals with acquired brain injury since the age of 18. Services offered are:

- Cognitive rehabilitation
- Health and behavior consultation
- Individual and group counseling / psychotherapy

- Case management
- Education for family and friends to assist with the recovery and compensation process.

For an appointment call Open Door Incorporated at 302-731-1504. There are four different locations but all appointments are made via this phone number.

Therapy Counseling

A free service is available through the website link www.TherapyCounseling.com that enables the user to talk with licensed mental health professionals and get answers to their questions.

Balance

Motor Behavioral Therapy

University of Delaware
 (302) 831-3214
 Professor Cole Galloway
 (302) 831-3697

Behavioral Therapy

DDDS Behavior Therapy Supervisor
 Susan Pfadt
 (302) 369-2186 Ext.228

Cognitive Stimulation Program - Activities for Home-Based

Cognitive exercises for individuals at home. Visit their web site
<http://main.uab.edu/tbi/show.asp?durki=49517>.

Chiropractic Neurology

Concord Medical Chiropractic Neurology

6 Sharpley Road & Rte. 202
 Wilmington, DE 19803
 302-778-0100
 Web: www.concordmedical.org

Pet Therapy

ANIMAL ASSISTED THERAPY

The Brain Injury Rehabilitation Program at St. Camillus is using animal assisted therapy as part of its therapeutic recreation to help patients in new and creative ways. Visit their web site at www.st-camillus.org/Petpower.htm or call (315) 488-2951. This rehabilitation facility is located in New York.

THERAPEUTIC & EDUCATIONAL HORSEBACK RIDING

The Center for Therapeutic and Educational Riding
 3491 Harris Road
 Townsend, DE 19734
 302-376-9594

Vision Therapy

Don D. Blackburn, O.D., Associate

Delaware Vision Academy
3105 Limestone Rd Ste 303
Wilmington, DE 19808
Office: (302) 998-1395
Email: visionrehab@doctor.com
Web: www.optometrists.org/drblackburn

Harry Landrum, O.D.

Vision Therapist
10 Baker Blvd
Mullica Hill, NJ 08062
Office: (856) 223-9100
Fax: (856) 223-1626
Email: harry.landrum@verizon.net

Vision Plus of Delaware, P.A.

Alton A. Williams, O.D., F.A.A.O.
Clinical Director
100 Christiana Medical Center
Christiana, DE 19702
Office: (302) 283-1988
Fax: (302) 283-1991
Email: visiontherapy@visionplusofde.com
Web: www.visionplusofde.com

Slagle Vision (Christy Slagle, O.D.) (affiliated with Optometric Associates PA)

117 Landing Lane
Elkton, MD 21921-5255
410-398-7077
Email: christylamanna@yahoo.com
Web: www.slaglevision.com

Speech Therapy

Central Delaware Speech-Language Pathology, Inc.

1326 S. Governors Avenue, Suite C
Dover, DE 19904
(302) 674-3350
www.cdslp.net

Chapter 15

Support Groups & Affiliated Groups

Why Attend a Support Group Meeting?

The purpose of a support group is to learn more about brain injury and available services by meeting with others who are facing or have faced similar challenges. The essential elements of a support group are:

- Gather information
- Share common needs and strengths
- Provide a place to meet new friends and find new connections in the community
- Provide a safe place to find courage and take risks
- Provide an opportunity to socialize
- Provide an environment where positive and negative views can be expressed without being judged

Brain Injury Association of Delaware (BIAD) Affiliated Support Groups

All Brain Injury Support Groups meet monthly except for December, and are open to survivors, caregivers, families, friends, and health care professionals.

BIAD Support Groups often host special speakers. Speakers are announced each month in *What's Happening*, BIAD's monthly bulletin.

Kent County

Facilitator: Maria Zakula (302) 270-2092 or (302) 346-2083

Date: 2nd Tuesday, 6:00 PM

840 Walker Road, Walker Square, Dover DE 19904

Call BIAD at (302) 346-2083 for directions.

NEW Milford Support Group

Facilitator: Andrew Burdan (302) 604) 2554

Date: 3rd Wednesday, 1:00 PM

Location: Kent Sussex Industries (KSI), Rehoboth Blvd, Milford 19964. Will meet in Break room.

NEW Sussex County Group

Facilitators: Mike & Barb Murray (856-297-0516)

Date: 2nd Monday beginning August 12th at 6:39 PM

Location: John J. Williams Hwy. (Route 24) Rehoboth Beach 19971. McCurry Conference Center, Medical Arts Bldg.

NEW VETERANS Support Group

Facilitator: Robert P. Corsa kco326@aol.com

Date: 2nd Wednesday, 1 to 3 PM

Location: Easter Seals, 2nd floor, 22317 DuPont Hwy., Georgetown, DE 19947

New Castle County

Facilitators: John and Margie Goodier (302) 378-0375

Date: 3rd Thursday, 7:00 PM

Location: Dupont Hospital for Children, 1600 Rockland Road, Wilmington; Outpatient Entrance, 3rd floor, right at 2nd hallway, left into 1st classroom. In case of bad weather, listen to WDEL (1150 AM) or WILM (1450 AM).

Salisbury, Maryland

Facilitator: Dr. Glenn Brooks (410) 546-4600 or (800) 938-4600

Date: 2nd Tuesday, 6:00 PM

Location: Chesapeake Rehab (Health South), Employees' Dining Room, Route 50 and Tilghman Road, Salisbury, MD

Other Linked Support Groups

Christiana Care Stroke Education Group for stroke survivors and their caregivers.

Date: Held the 3rd Friday of every month

Time: 12:00 to 1:00 pm

Place: Springside Rehabilitation Center

300 Biddle Ave., Suite 101, Newark, DE 19702, (302) 838-4700

Christiana Care Asphasia Book Club

Open to individuals with all types of brain injuries who would like to improve their reading, speaking, writing, understanding and memory skills.

Charge: \$10.00 per session

Date: Held Every Monday from 1:00 to 2:00 pm

Place: Springside Rehabilitation Center

300 Biddle Ave., Suite 101

Newark, DE 19702

(302) 838-4700

New Directions Support Group

For people affected by depression and their families/friends.

Date: Held the 2nd and 3rd Mondays of the month

Time: 6:45PM

Place: Aldersgate United Methodist Church

2313 Concord Pike at Fairfax, Wilmington Delaware

(302) 286-1161

www.newdirectionsdelaware.org

Alternative Support Group Options

If you are unable to attend a support group meeting, online support groups can be found at the following web sites.

www.TBIHOME.org

www.BrainInjurychat.org

Chapter 16

Prescription Drug Discount Programs

Delaware RX Drug Assistance Program (DPAP)

For Residents age 65 and older OR disabled. There is an income limitation. State pays 75% of your drug costs—up to \$3,000 per year. Minimum co-pay of \$5 per prescription. No cost to join. For details, contact Division of Social Services at (800) 996-9969 X 17 (in-state only).

RxAssist

National program sponsored by the Robert Wood Johnson Foundation—provides health care providers with information on accessing more than 100 pharmaceutical manufacturers' patient assistance programs. These programs generally offer a limited supply of free prescription medications to eligible patients. Patients may want to make their physicians aware of this information.

Visit their website at: www.rxassist.org

Free Medicine Foundation

Applicants who are living on retirement income, welfare checks, disability or are among the working low to middle income--too much income to qualify for government prescription assistance, but not enough to purchase from private prescription drug insurance.

Call 1-888-812-5152 or visit their web site at: www.FreeMedicineFoundation.com

Eli Lilly & Co.—Lilly Answers Card

For lower-income Medicare beneficiaries and disabled without RX drug coverage. Annual income must fall below \$18,000/individual, \$24,000/couples who file joint tax returns. Any retail-distributed Lilly drug, except controlled substances. A 30-day supply for a \$12 fee.

Call 1-877-795-4559 or visit their website: www.lillyanswers.com/the_program.html

GlaxoSmithKline - Orange Card

For Medicare beneficiaries and the disabled without drug coverage. Annual income must not exceed \$30,000/individual, \$40,000/couple and are without public or private insurance coverage for RX meds.

Get 30%--40% off company's RX drugs.

Call 1-888-672-6436 or visit their website: www.gsk.com/index.htm

Novartis Carecard

Individuals with annual income up to \$18,000 (\$24,000 couple) get a 30-day supply of drugs for a \$12 flat fee per medicine. Those with annual incomes between \$18,000 and \$28,000 (\$24,000 to \$38,000 per couple) get discounts of 25% to 40%. Call 1-866-974-2273 or visit their website at

www.NovartisCarePlan.com.

AARP Member Choice Program

Must be an AARP Member. This program offers a wide range of brand and generic drugs. Get discounts averaging about \$9.50 per prescription. Present card at pharmacies nationwide or save even more by ordering through AARP Pharmacy Services. Visit their website at <http://www.aarp pharmacy.com/aarpNet/>.

Chapter 17

Adult Day Care Programs

Delaware

Bridgeville Senior Center

414 Market Street
Bridgeville, DE 19933
(302) 337-8771

Christiana Care Health Services at Riverside

700 Lea Blvd
Wilmington, DE 19802
(302) 765-4175
gpennington@christianacare.org

Comfort Keepers

35 Salem Church Road
Newark, DE 19713
302-286-0100
Newark-newcastle@comfortkeepers.com

Delaware Elwyn Adult Day Care Services

321 East 11th Street
Wilmington, DE 19801
(302) 658-8860 Ext. 35609
Donna_stowell@elwyn.org

Delaware Hospital for Chronically III Adult Day Services

100 Sunnyside Road
Smyrna, DE 19977
(302) 223-1500

Easter Seals Adult Day Health Services

22317 DuPont Blvd.
Georgetown, DE 19947
(302) 253-1100
cheryl.hollis@state.de.us

Easter Seals Adult Day Health Services

61 Corporate Circle
New Castle, DE 19747
(302) 324-4444
gharris@esdel.org

CHEER Community Center

20520 Sandhill Road
Georgetown, DE 19947
(302) 854-2886
jollymi@aol.com

Eden Rock Assisted Living & Adult Day Program

2210 Swiss Lane
Ardentown, DE 19810
(302) 475-9400

Evergreen I

3000 Newport Gap Pike, Bldg. F
Wilmington, DE 19808
(302) 995-8448

Evergreen Center II

611 South Dupont Highway
Milford, DE 19963
(302) 422-1575
mafox@christiana.org

Gilpin Hall Adult Day Care Program

1101 Gilpin Avenue
Wilmington, DE 19806
(302) 654-4486

Gull House Adult Day Center

38149 Terrace Road
Rehoboth Beach, DE 19971
(302) 226-2160
KFrey@bbme.org

Harbour Lights (CHEER) Senior Center

34211 Woods Edge Drive
Lewes, DE 19958
(302) 645-9239

Laurel Adult Day Program

113 North Central Avenue
Laurel, DE 19956
(302) 875-2301
lsc@dmv.com

Long Neck CHEER Center

Pelican Cove
The Shoppes of Long Neck
26089 Long Neck Road
Millsboro, DE 19966
(302) 945-3551

Modern Maturity Center

1121 Forrest Avenue
Dover, DE 19904
(302) 734-1200
director@modern-maturity.org

Newark Senior Center

200 White Chapel Drive
Newark, DE 19713
(302) 533-3543
www.activeday.com

Pennsylvania**Bryn Mawr Rehab**

(Ask for Clinical Liaison)
414 Paoli Pike
P. O. Box 3007
Malvern, PA 19355
(610) 251-5400
Toll free: (888) 734-2241

Ocean View CHEER Center

Coastal Leisure Center
30637 Cedar Neck Road
P.O. Box 637
Ocean View, DE 19970
(3020) 539-2671

**Peach Tree Acres
Day Habilitation Program**

26900 Lewes-Georgetown Highway
Harbeson, DE 19951
(302) 684-4002
peachtreeacres.com

Point of Hope, Inc.

34 Blevins Drive, Suite 5
New Castle, DE 19720
302-731-7676
Pointofhope1@yahoo.com

Point of Hope, Inc.

73 Artisan Drive
Smyrna, DE 19977

ReMed

16 Industrial Blvd., Suite #203
Paoli, PA 19301-1609
(484)595-9300
Toll free: (800) 847-3633

Chapter 18

Work, Independence, and Education after Brain Injury

Work Programs and Links

United States Department of Labor

Employees with disabilities have rights! Get the right information from the start with the United States Department of Labor. The Employee Benefits Security Administration will help you understand the laws that protect your employment and abilities.

Contact Marcus K. Wardlaw, Benefits Advisor, for more information. He can be reached at (202) 693-8739 or via email at wardlaw.marcus@dol.gov. The address and web site for the Department of Labor is shown below.

U.S. Department of Labor – Employee Benefits Security Administration
Washington District Office
1335 East-West Highway - Suite 200
Silver Spring, MD 20910
Phone: (202) 693-8739
Fax: (202) 693-8736
www.dol.gov

OCI

OCI's ServiceSource Network provides a variety of services to and jobs for people with disabilities through innovative and valued employment, training and rehabilitation services. The programs are as varied as the people with disabilities they serve. In addition to OCI's vocational rehabilitation programs, they also offer a wide range of business services, including administrative support services, mail center management, food service and manufacturing. You can apply for jobs online or call Debbie Talley at (302) 765-1253. OCI's address, main number, and web site are listed below.

OCI

3030 Bowers Street
P.O. Box 254
Wilmington, DE 19899
(302) 762-0300
www.ourpeoplework.org

Pepco Holdings Inc. (PHI)

PHI has an employment program for people with disabilities. Those unfamiliar with PHI may recognize its holding companies, including DelMarVa Power, Atlantic City Electric, Pepco, and Conectiv Energy. PHI is looking to hire and retain individuals who will share in their commitment to providing reliable electric and gas service to our customers. As we adapt in order to meet the needs of our customers, we also strive to meet the needs of our employees. As we grow, we want our employees to grow right along with us. Whether you are looking for a certain position, a particular field or a specific region, we invite you to explore and examine what positions are available to you.

Apply online at www.phicareers.com or call our office for assistance.

Salvation Army Developmental Disabilities Program (Supported Employment Services)

Through the Supported Employment program, the Salvation Army assists those with developmental disabilities and other special needs to identify, choose, and maintain jobs that maximize personal interests and abilities.

Christy Cugno
Program Coordinator
Salvation Army Development Disabilities Program Supported Employment Services
105 A. Rogers Road
Wilmington, DE 19801
Phone: (302) 654-5003
Fax: (302) 654-5476
Christy_cugno@salvationarmy.org

Keystone Human Services

Keystone Human Services works to help persons with disabilities become valued, fully participating and contributing members of their community. In this work, Keystone strives to support each person in a highly individualized manner in all aspects of their life, including home, work, family, school and the community. Keystone provides comprehensive, community-based services to children, young people, adults and families in the areas of autism, developmental disabilities, intellectual disabilities (mental retardation), mental health, early intervention and family services.

Keystone Human Services Mid-Atlantic
625 Ridge Pike, Building D, Suite 102
Conshohocken, PA 19428
Phone: (610) 940-2650
Fax: (610) 940-5727
www.keystonehumanservices.org

Independence Programs

C.E.R.T.S., Inc.

C.E.R.T.S., Inc., was founded by a group of parents, professionals, educators, legislators, community members and agency representatives committed to providing a research-based, quality program for young adults with multiple, severe disabilities. The Adult Action Center was created to focus on providing life-enriching experiences and encouraging the highest level of independence possible.

C.E.R.T.S., Inc. Adult Action Center
13 Independence Way
Newark, DE 19713
Phone: (302) 731-0301
Fax: (302) 731-0201
www.certsinc.org

Freedom Center for Independent Living (Independent Living Skills Training)

Independent Living Skills Training (ILST) is educational programming provided to a consumer or group of consumers with the intent of developing or increasing skills, knowledge, or abilities needed to live independently.

Freedom Center for Independent Living
400 North Broad Street
Middletown, DE 19709
Phone: (302) 376-4399
Toll Free: 1-866-OUR-FCIL
FAX: (302) 376-4395
www.fcilde.org

Delaware Elwyn

Elwyn is a non-profit human services organization recognized nationally and internationally as experts in the education and care of individuals with special challenges and disadvantages. Founded in 1852 to care for children with intellectual disabilities, today's Elwyn is a leading provider of services for people with special needs of all ages. While many of our services are available at our original 400-acre site in Media, PA, Elwyn also supports programs in schools, community sites, workplaces, and individual homes in Pennsylvania, Delaware, New Jersey, and California.

Sheri L. Snyder
Delaware Elwyn
321 E. 11th Street
Wilmington, DE 19801
Phone: (302) 657-5592
Fax: (302) 654-5815
Sheri_snyder@elwyn.org
www.elwyn.org

Education

Centers for Disabilities Studies – University of Delaware

The Center for Disabilities Studies (CDS) at the University of Delaware promotes education, independence, and productivity so individuals and families can fully participate in the life of the community. CDS is one of 67 University Centers on Disabilities, a national network of interdisciplinary centers advancing policy and practice for and with individuals with developmental and other disabilities, their families, and communities.

Center for Disabilities Studies, College of Human Services, Education, and Public Policy
University of Delaware
461 Wyoming Road
Newark, DE 19716
Phone: (302) 831-6974
TDD: (302) 831-4689
Fax: (302) 831-4690
www.udel.edu/cds

Wilmington University (WILMU)

WILMU offers an array of accommodations for students with disabilities.

Leanne Barnhart
Student Affairs Associate
Wilmington University
320 North Dupont Highway
New Castle, DE 19720
Phone: (302) 356-6717
Fax: (302) 328-7376
Leanne.barnhart@wilmu.edu
www.wilmu.edu

BrainTrain

Software for Cognitive Training & Testing

Glenn Harris
Regional Sales Director
727 Twin Ridge Lane
Richmond, BA 23235
Phone: 1-800-822-0538, Ext. 1
glenn@braintrain.com
www.braintrain.com

Chapter 19

Mobility & Assistive Technology

Vehicle Services

These companies provides wheelchair accessible vehicles that promote independence and mobility.

Accessible Vans & Mobility

David Lydzinski, Sales & Leasing Consultant

2303 Wallace Boulevard

Cinnaminson, NJ 08077

Phone: (856) 829-9449

Fax: (856) 829-4402

blydzinski@avmvans.com

www.avmvans.com

American Mobility

101 J and M Drive

New Castle, DE 19720

Phone: (302) 276-1801

Toll Free: 1-877-893-9369

JEVs Support for Independence

Monroe Office Center, Ste. 100

One Winding Way

Philadelphia, PA 19131

267-298-1690

Kyle Branch

kyle.branch@jevs.org

Ride Away Mobility Consulting

Mike Coughlin, Mobility Consultant

2460 General Armistead Avenue

Suite 100-150

Norristown, PA 19403

Phone: (610) 631-2896

Toll Free: 1-888-RIDE-AWAY

Fax: (610) 631-2897

mcoughlin@ride-away.com

www.rideaway.com

ADA Home Adjustment Services & Products

Gentleman Door Company (Automatic Doors)

Thomas Strab
P.O. Box 77
506 Dawson Tract Road
Yorklyn, DE 19736-0077
Phone: (302) 239-4045
Toll Free: 1-800-525-7078
Fax: (302) 239-9739
Gmandoor12@msn.com
www.gentlemandoorcompany.com

Prism Medical

Dwayne Stauffer, Regional Manager
250 Whitney Lane
Lititz, PA 17543
Toll Free: 1-888-551-9910
Phone: (717) 413-9930
Fax: 1-888-551-9930
dstauffer@prismmedicaltd.com

Surehands Lift & Care Systems & Self-Care Systems

Raymond Penyak
2135 Bustard Road
Lansdale, PA 19446
Phone: (610) 584-9629
Toll Free: 1-800-473-6925
Fax: (610) 584-9767
rmpenyak@verizon.net

Assistive Technology

Delaware Assistive Technology Initiative (DATI)

The Delaware Assistive Technology Initiative (DATI) connects Delawareans who have disabilities with the tools they need in order to learn, work, play and participate in community life safely and independently. DATI services include:

- Equipment demonstration center (Assistive Technology Resource Center) in each county
- No-cost, short-term equipment loans that let you “try before you buy”
- Equipment Exchange Program (AT “want ads”)
- AT workshops and other training sessions
- Advocacy for improved AT access policies and funding Informational material in a variety of formats
- Quarterly newsletter
- Technical assistance regarding device selection, device operation, and access to funding
- Participation in conferences, community meetings, and health fairs
- Financial loans for AT and telework equipment

For information regarding upcoming DATI events, funding and policy matters, AT low-interest loans, and advocacy issues, please contact the DATI Central Site:

Delaware Assistive Technology Initiative Central Site

[Click here to go to the Table of Contents](#)

Alfred I. duPont Hospital for Children
P.O. Box 269, 1600 Rockland Rd.
Wilmington, DE 19899-0269
(800) 870-DATI (DE residents only) or (302) 651-6790
(302) 651-6794 (TDD); (302) 651-6793 (fax)

For questions regarding equipment demonstrations and short-term loans, personal AT options, or to speak with an AT Specialist, contact your local ATRC:

New Castle County ATRC at Alfred I. duPont Hospital for Children
(302) 651-6790; (302) 651-6794 (TDD); (302) 651-6793 (fax)

Kent County ATRC at Easter Seals Kent County Center
(302) 739-6885; (302) 739-6886 (TDD); (302) 739-6887 (fax)

Sussex Country ATRC
(302) 856-7946; (302) 856-6714 (TDD); (302) 856-6990 (fax)

Envision Technology

Since 1989, Envision Technology has provided affordable assistive technology solutions and training for individuals with learning difficulties and visual impairments.

States W. Edwards
4905 Del Ray Avenue, Suite 320
Bethesda, MD 20814
Phone: (301) 654-3568
Fax: (301) 652-1761
states@envisiontechnology.org
www.envisiontechnology.org

Beltone Audio Services

This company offers free hearing screenings and testings, assisted listening devices, hearing aids, batteries, ear molds, swim plugs, and communication counseling. In home services are available. Beltone has eight locations in Delaware and Maryland. The corporate office is listed below. Please call for more information.

Beltone Corporate Office
2701 Belair Road
Fallston, MD 21047
(410) 838-2800

Milford Medical Center
800 Airport Rd.
Milford, DE 19963
(302) 422-4677

1033 S. DuPont Hwy.
Dover, DE 19901
(302) 674-8800

Peninsula Health Care
514 W. Stein Hwy.
Seaford, DE 19973
(302) 330-0999

Chapter 20 Caregiver & Respite Services

Delaware Caregiver Statistics

Nearly 160,000 adults in Delaware provide unpaid support and care for a relative or friend. The average caregiver in Delaware is a 52-year old woman who has been providing care for an average of 18 years and provides an average of 65 hours per week of care for a person between the ages of 2 and 90. The type of care provided by caregivers includes bathing, feeding, dressing, transportation, medical care, grocery shopping and household chores.

Caregivers identify their greatest concerns to be emotional strain, financial stress and conflict with employment (CEDS, 2005).

Respite & Caregiving Programs

Delaware Lifespan Respite Care Network

From time to time, families with care giving responsibilities need opportunities for a break from caring for their loved one. The Delaware Lifespan Respite Care Network is in place to help you find and finance respite opportunities so you have time to relax and rejuvenate.

They serve caregivers of children or adults with special needs, disabilities, and conditions associated with aging. Call (888) 610-5572 or in New Castle County (302) 479-1690 to speak to a specialist who can help you find care and determine if you are eligible for help in paying for it.

Easter Seals & Delaware's Eastern Shore, Inc.

Easter Seals provides a Saturday respite program at their locations in New Castle and Georgetown, Delaware. Offered on the 4th Saturday every month, this service is for adults who are at least 18 years old with various disabilities. Each month there is a different theme around which the day's activities are based for the enjoyment of the participants. Recurring themes include Mardi Gras, St. Patrick's Day, Music Appreciation, Welcome Summer, Oktoberfest, and several others. Starting at 10 am, each location offers a four-hour option (\$62) and a six hour Option (\$87). To register or to learn more about this respite service, call Jeanne Connors at 302-324-4444 during business hours.

C.A.R.E. Delaware

Caregiver Assistance, Respite & Education
1901 N. Dupont Hwy.
Main Annex 1st Floor
New Castle, DE 19720
(800) 223-9074
www.dhss.delaware.gov/dsaapd/care.html

Delaware Lifespan Caregiver Network

Easter Seals Delaware & Maryland's Eastern Shore
61 Corporate Circle
New Castle, DE 19720
www.delrespite.org

Division of Developmental Disabilities Services (DDDS)

Woodbrook Professional Center

1056 S. Governors Ave., Ste. 101
Dover, DE 19904
NCC: (302) 369-2180
Kent & Sussex: (302) 934-8031 ext. 254

Division of Services for the Aging and Adults with Physical Disabilities

Herman M. Hollaway St. Campus
Main Administration Bldg.
1901 N. DuPont Hwy.
New Castle, DE 19720
1-800-223-9074
E-mail: DSAAPDinfo@state.de.us

Easter Seals

Camp Fairlee Manor
Chestertown, MD
(410) 778-0566
www.de.easterseals.com

Faith in Action (FIA)

This organization has multiple locations in Delaware.
Kent County – (302) 644-4033
Lewes/Rehoboth Beach – (302) 644-4033
New Castle County – (302) 225-1040
Smyrna/Clayton/Middletown/Odessa/Townsend – (302) 653-8825
Southeast Sussex County – (302) 732-3371
FIA has three locations in Maryland, located in Somerset, Wicomico and Worcester County.

Family & Workplace Connection

3511 Silverside Road, Ste. 100, Wilson Building
Wilmington, DE 19810
(302) 479-1679
Get a list of respite services at www.familyandworkplace.org.

Grandparent Resource Center

Wilmington Senior Center
1901 N. Market Street
Wilmington, DE 19802
(302) 651-3420
www.wilmingtonseniorcenter.org

Home Helpers

Provides senior care, continuing care, and recuperative care. Call for more information.
910 Gilpin Avenue
Wilmington, DE 19806
(302) 633-6090
www.homehelpers.cc

Mary Campbell Center

Respite, after school program, preschool, swim lessons, teen programs, summer camp

4641 Weldin Road

Wilmington, DE

(302) 762-6025

www.marycampbellcenter.org

United Cerebral Palsy

700 A River Road

Wilmington, DE 19809

(302) 764-2400

www.ucp.org

UCP Satellite Office

3249 Midstate Road

Felton, DE 19943

(302) 335-5626

carmacarpenter@comcast.net

Chapter 21

Useful Publications on Brain Injury

DSAAPD Guides

See the [Publications](#) section of the DSAAPD web site for the *Coma Guide* (which contains extensive information on brain injury) and the *Guide to Services for People with Disabilities*.

A Guide To Federal Programs For People With Disabilities

National Academy for State Health Policy
50 Monument Square, Suite 502
Portland, ME 04101
(207) 874-6524
<http://www.nashp.org/>

Consumer Resource Manual

(List of resources & support groups for people with a loss of vision)

Delaware Health and Social Services
Division for the Visually Impaired
Herman M. Holloway, Sr. Campus
Biggs Building
1901 North DuPont Highway
New Castle, DE 19720
(302) 255-9800 or
(302) 255-9854 (TDD)

Delaware Assistive Technology Resource Guide

Delaware Assistive Technology Initiative
Applied Science & Engineering Laboratories
University of Delaware/A.I. DuPont Institute
1600 Rockland Road
Wilmington, DE 19899
(302) 651-6790 or
(302) 6794 (TDD)
<http://www.dati.org/>

Delaware Central Directory of Services For Young Children With Special Needs

(List of resources and services for children with special needs from 0 to 3 years of age)

Delaware Health and Social Services
Division of Management Services
Part H - Birth to Three Program
1901 N. DuPont Highway
New Castle, DE 19720
(302) 255-9134
<http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/directry.html>

Directory of Human Services For Delaware

Delaware Health and Social Services
Division of State Service Centers
1901 North DuPont Highway
New Castle, DE 19720
(302) 255-9675

Guide To Programs And Services

Department of Services for Children, Youth and their Families
Office of Prevention
Delaware Youth and Family Center
1825 Faulkland Road
Wilmington, DE 19805
(302) 633-2704
<http://www.state.de.us/kids/>

The Legal Handbook for Older Delawareans

Community Legal Aid Society
Community Service Building
100 West 10th Street, Suite 801
Wilmington, DE 19801
(302) 575-0660 or
(302) 575-0696 (TTY/TDD)
<http://www.declasi.org/>

Parent Education and Support Inventory

(List of parent education and support groups)

The Parent Education Committee for the Family Services Cabinet Council
A.I. DuPont Institute
1600 Rockland Road
P.O. Box 269
Wilmington, DE 19899
(302) 651-4560

Services Guide

(List of mental health services for children)

Department of Services for Children, Youth and their Families
Division of Child Mental Health Services
1825 Faulkland Road
Wilmington, DE 19805
(302) 633-2599

Head Injury: A Family Guide

(Available in Spanish)

Brain Injury Assc.of Florida
201 East Sample Road
Pompano Beach, FL 33064 (954) 786-2400 <http://www.biaf.org/>

Living Well After Brain Injury

(Survivors share their perspectives/strategies)

Brain Injury Assc. of Minnesota
43 Main Street SE, S-135
Minneapolis, MN 55414
(612) 378-2742 or 1-800-669-6442
<http://www.braininjurymn.org/>

Making Life Work After a Head Injury

Brain Injury Assc. of Florida
201 East Sample Road
Pompano Beach, FL 33064
(954) 786-2400
<http://www.biaf.org/>

Self Advocacy for Independent Living

Brain Injury Assc. of Colorado
6825 E. Tennessee Avenue, #405
Denver, CO 80224
(303) 355-9969
<http://www.biacolorado.org/>

TBI Manual: What You Need to Know

BIA of Michigan
8137 W. Grand River, Suite A
Brighton, MI 48116
(810) 229-5880
<http://www.biami.org/>

When A Parent Has a Brain Injury: Sons and Daughters Speak Out

by Marilyn Lash, M.S.W.
Brain Injury Association of Massachusetts
30 Lyman St.
Westborough, MA 01581
(508) 475-0032
<http://www.mbia.net/>

Why Did It Happen on a School Day: My Family's Experience with Brain Injury

The Brain Injury Association of Virginia
3212 Cutshaw Avenue
Suite 315
Richmond, VA 23230
(804) 355-5748
<http://www.biav.net/>

You, Me, Community: Connecting the Pieces

Brain Injury Association of Connecticut
333 East River Drive, Suite 106
East Hartford, CT 06108
(860) 721- 8111
<http://www.biact.org/>

Coming Home: Discharge Manual for Families of Persons w/a Brain Injury

Dana S. DeBoskey, Ph.D., Editor
ISBN: 1882855345
HDI Publishers
P.O. Box 131401
Houston, TX 77219
<http://www.braininjurybooks.com/>

Coping with Mild Traumatic Brain Injury

Diane Roberts Stoler, Ed.D. (Survivor)
ISBN: 0895297914
Avery Publishing Group
120 Old Broadway
Garden City Park, NY 11040

Teaching Your Child The Language of Social Success

by M. Duke PhD, S. Nowicki PhD, E. Martin MEd
ISBN: 1561451266
Peachtree Publishers, Ltd.
494 Armour Circle NE
Atlanta, GA 30324
<http://www.peachtree-online.com/>

When Your Child is Seriously Injured: The Emotional Impact on Families
(When Your Child Goes to School After an Injury)

Exceptional Parent
Dept ML, P.O. Box 8045
Brick, NJ 08723
<http://www.eparent.com/>

Blessed Tragedy

by Karen Wells (Survivor)
ISBN: 0964940175
Rhodes & Easton
121 E. Front Street, 4th Floor
Traverse City, MI 49684

Brainlash: Maximize Your Recovery from Mild Brain Injury

by Gail L. Denton, Ph.D. (Survivor), Attention Span Books, P.O. Box 788, Niwot, CO
80544-0788

Where Is the Mango Princess?

A Journey Back from Brain Injury

By Cathy Crimmins

ISBN: 0-375-70442-6

Vintage Books

1745 Broadway, 20th Floor

New York, NY 10019

<http://www.randomhouse.com/vintage/index.html>

Glossary of Terms Related to Brain Injury

Printed with permission of the Centre for Neuro Skills and HDI Publishers.

<http://www.neuroskills.com/tbi/hdi/glossary.shtml>

Abstract Concept

A concept or idea not related to any specific instance or object and which potentially can be applied to many different situations or objects. Persons with cognitive deficits often have difficulty understanding abstract concepts.

Abstract Thinking

Being able to apply abstract concepts to new situations and surroundings.

Abulia

Absence or inability to exercise will-power or to make decisions. Also, slow reaction, lack of spontaneity, and brief spoken responses. Usually associated with damage to a cerebella vessel.

Acalculia

The inability to perform simple problems of arithmetic.

Acute Care

The phase of managing health problems which is conducted in a hospital on patients needing medical attention.

Acute Rehabilitation Program

Primary emphasis is on the early phase of rehabilitation which usually begins as soon as the patient is medically stable. The program is designed to be comprehensive and based in a medical facility with a typical length of stay of 1-3 months. Treatment is provided by an identifiable team in a designated unit. See Program/Service Types.

Adaptive/Assistive Equipment

A special device which assists in the performance of self-care, work or play/leisure activities or physical exercise.

Affect

The observable emotional condition of an individual at any given time.

Agnosia

Failure to recognize familiar objects although the sensory mechanism is intact. May occur for any sensory modality.

Agraphia

Inability to express thoughts in writing.

Alexia

Inability to read.

Ambulate

To walk.

Amnesia

Lack of memory about events occurring during a particular period of time. See also: anterograde amnesia, retrograde amnesia, post-traumatic amnesia.

Aneurysm

A balloon-like deformity in the wall of a blood vessel. The wall weakens as the balloon grows larger, and may eventually burst, causing a hemorrhage.

Anomia

Inability to recall names of objects. Persons with this problem often can speak fluently but have to use other words to describe familiar objects.

Anosmia

Loss of the sense of smell.

Anoxia

A lack of oxygen. Cells of the brain need oxygen to stay alive. When blood flow to the brain is reduced or when oxygen in the blood is too low, brain cells are damaged.

Anterograde Amnesia

Inability to consolidate information about ongoing events. Difficulty with new learning.

Anticonvulsant

Medication used to decrease the possibility of a seizure (e.g., Dilantin, Phenobarbital, Mysoline, Tegretol).

Antidepressants

Medication used to treat depression.

Aphasia

Loss of the ability to express oneself and/or to understand language. Caused by damage to brain cells rather than deficits in speech or hearing organs.

Apraxia

Inability to carry out a complex or skilled movement; not due to paralysis, sensory changes, or deficiencies in understanding.

Aprosodia

A condition in which there is a loss of production or comprehension of the meaning of different tones of voice.

Arousal

Being awake. Primitive state of alertness managed by the reticular activating system (extending from medulla to the thalamus in the core of the brain stem) activating the cortex. Cognition is not possible without some degree of arousal.

Articulation

Movement of the lips, tongue, teeth and palate into specific patterns for purposes of speech. Also, a movable joint.

Aspiration

When fluid or food enters the lungs through the wind pipe. Can cause a lung infection or pneumonia.

Astereognosia

Inability to recognize things by touch.

Ataxia

A problem of muscle coordination not due to apraxia, weakness, rigidity, spasticity or sensory loss. Caused by lesion of the cerebellum or basal ganglia. Can interfere with a person's ability to walk, talk, eat, and to perform other self care tasks.

Attendant Care

Provision of assistance in activities of daily living for a person with disability. Daily number of hours of required assistance, either physical or supervisory.

Atrophy

A wasting away or decrease in size of a cell, tissue, organ, or part of the body caused by lack of nourishment, inactivity or loss of nerve supply.

Attention/Concentration

The ability to focus on a given task or set of stimuli for an appropriate period of time.

Audiologist

One who evaluates hearing defects and who aids in the rehabilitation of those who have such defects.

Augmentative and Alternative Communication

Use of forms of communication other than speaking, such as: sign language, "yes, no" signals, gestures, picture board, and computerized speech systems to compensate (either temporarily or permanently) for severe expressive communication disorders.

ADL

Activities of daily living. Routine activities carried out for personal hygiene and health (including bathing, dressing, feeding) and for operating a household.

Balance

The ability to use appropriate righting and equilibrium reactions to maintain an upright position. It is usually tested in sitting and standing positions.

Behavior

The total collection of actions and reactions exhibited by a person.

Bilateral

Pertaining to both right and left sides.

Brain Injury, Acquired

The implication of this term is that the individual experienced normal growth and development from conception through birth, until sustaining an insult to the brain at some later time which resulted in impairment of brain function.

Brain Injury, Closed

Occurs when the head accelerates and then rapidly decelerates or collides with another object (for example the windshield of a car) and brain tissue is damaged, not by the presence of a foreign object within the brain, but by violent smashing, stretching, and twisting, of brain tissue. Closed brain injuries typically cause diffuse tissue damage that results in disabilities which are generalized and highly variable.

Brain Injury, Mild

A patient with a mild traumatic brain injury is a person who has had a traumatically-induced physiological disruption of brain function, as manifested by at least one of the following: 1) any period of loss of consciousness, 2) any loss of memory for events immediately before or after the accident, 3) any alteration in mental state at the time of the accident (e.g., feeling dazed, disoriented, or confused), 4) focal neurological deficit(s) which may or may not be transient; but where the severity of the injury does not exceed the following: a) loss of consciousness of approximately 30 minutes or less; b) after 30 minutes, an initial Glasgow Coma Scale score of 13-15; c) Post Traumatic Amnesia not greater than 24 hours.

Brain Injury, Traumatic

Damage to living brain tissue caused by an external, mechanical force. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months/indefinitely). The specific disabling condition(s) may be orthopedic, visual, aural, neurologic, perceptive/cognitive, or mental/emotional in nature. The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes.

Brain Plasticity

The ability of intact brain cells to take over functions of damaged cells; plasticity diminishes with maturation.

Brain Scan

An imaging technique in which a radioactive dye (radionuclide) is injected into the blood stream and then pictures of the brain are taken to detect tumors, hemorrhages, blood clots, abscesses or abnormal anatomy.

Brain Stem

The lower extension of the brain where it connects to the spinal cord. Neurological functions located in the brain stem include those necessary for survival (breathing, heart rate) and for arousal (being awake and alert).

Case Management

Facilitating the access of a patient to appropriate medical, rehabilitation and support programs, and coordination of the delivery of services. This role may involve liaison with various professionals and agencies, advocacy on behalf of the patient, and arranging for purchase of services where no appropriate programs are available.

Catheter

A flexible tube for withdrawing fluids from, or introducing fluids into, a cavity of the body. Frequently used to drain the urinary bladder (Foley catheter).

Cerebellum

The portion of the brain (located at the back) which helps coordinate movement. Damage may result in ataxia.

Cerebral-spinal Fluid (CSF)

Liquid which fills the ventricles of the brain and surrounds the brain and spinal cord.

Chronic

Marked by long duration or frequent recurrence.

Circumlocution

Use of other words to describe a specific word or idea which cannot be remembered.

Client

A person under the protection of another; one who engages the professional advice or services of another. See Consumer and Patient.

Clonus

A sustained series of rhythmic jerks following quick stretch of a muscle.

Cognition

The conscious process of knowing or being aware of thoughts or perceptions, including understanding and reasoning.

Cognitive Rehabilitation

Therapy programs which aid persons in the management of specific problems in perception, memory, thinking and problem solving. Skills are practiced and strategies are taught to help improve function and/or compensate for remaining deficits. The interventions are based on an assessment and understanding of the person's brain-behavior deficits and services are provided by qualified practitioners.

Coma

A state of unconsciousness from which the patient cannot be awakened or aroused, even by powerful stimulation; lack of any response to one's environment. Defined clinically as an inability to follow a one-step command consistently; Glasgow Coma Scale score of 8 or less.

Communicative Disorder

An impairment in the ability to 1) receive and/or process a symbol system, 2) represent concepts or symbol systems, and/or 3) transmit and use symbol systems. The impairment may be observed in disorders of hearing, language, and/or speech processes.

Community Skills

Those abilities needed to function independently in the community. They may include: telephone skills, money management, pedestrian skills, use of public transportation, meal planning and cooking.

Comprehension

Understanding of spoken, written, or gestural communication.

Concentration

Maintaining attention on a task over a period of time; remaining attentive and not easily diverted.

Concrete Thinking

A style of thinking in which the individual sees each situation as unique and is unable to generalize from the similarities between situations. Language and perceptions are interpreted literally so that a proverb such as "a stitch in time saves nine" cannot be readily grasped.

Concussion

The common result of a blow to the head or sudden deceleration usually causing an altered mental state, either temporary or prolonged. Physiologic and/or anatomic disruption of connections between some nerve cells in the brain may occur. Often used by the public to refer to a brief loss of consciousness.

Confabulation

Verbalizations about people, places, and events with no basis in reality. May be a detailed account delivered.

Confusion

A state in which a person is bewildered, perplexed, or unable to self-orient.

Conjugate Movement

Both eyes move simultaneously in the same direction. Convergence of the eyes toward the midline (crossed eyes) is a disconjugate movement.

Contracture

Loss of range of motion in a joint due to abnormal shortening of soft tissues.

Convergence

Movement of two eyeballs inward to focus on an object moved closer. The nearer the object, the greater is the degree of convergence necessary to maintain single vision. See also

Cortical Blindness

Loss of vision resulting from a lesion of the primary visual areas of the occipital lobe. Light reflex is preserved.

Contrecoup

Bruising of brain tissue on the side opposite where the blow was struck.

CT Scan/Computerized Axial Tomography

A series of X-rays taken at different levels of the brain that allows the direct visualization of the skull and intracranial structures. A scan is often taken soon after the injury to help decide if surgery is needed. The scan may be repeated later to see how the brain is recovering.

Decerebrate Posture (Decerebrate Rigidity)

Exaggerated posture of extension as a result of a lesion to the prepontine area of the brain stem, and is rarely seen fully developed in humans. In reporting, it is preferable to describe the posture seen.

Decorticate Posture (Decorticate Rigidity)

Exaggerated posture of upper extremity flexion and lower extremity extension as a result of a lesion to the mesencephalon or above. In reporting, it is preferable to describe the posture seen.

Decubitus

Pressure area, bed sore, skin opening, skin breakdown. A discolored or open area of skin damage caused by pressure. Common areas most prone to breakdown are buttocks or backside, hips, shoulder blades, heels, ankles and elbows.

Diffuse Axonal Injury (DAI)

A shearing injury of large nerve fibers (axons covered with myelin) in many areas of the brain. It appears to be one of the two primary lesions of brain injury, the other being stretching or shearing of blood vessels from the same forces, producing hemorrhage.

Diffuse Brain Injury

Injury to cells in many areas of the brain rather than in one specific location.

Diplopia

Seeing two images of a single object; double vision.

Discipline

When referring to health care or education it means a particular field of study, such as medicine, occupational therapy, nursing, recreation therapy or others.

Disinhibition

Inability to suppress (inhibit) impulsive behavior and emotions.

Disorientation

Not knowing where you are, who you are, or the current date. Health professionals often speak of a normal person as being oriented "times three" which refers to person, place and time.

Dorsiflexion

When applied to the ankle, the ability to bend at the ankle, moving the front of the foot upward.

Dysarthria

Difficulty in forming words or speaking them because of weakness of muscles used in speaking or because of disruption in the neuromotor stimulus patterns required for accuracy and velocity of speech.

Dysphagia

A swallowing disorder characterized by difficulty in oral preparation for the swallow, or in moving material from the mouth to the stomach. This also includes problems in positioning food in the mouth.

Edema

Collection of fluid in the tissue causing swelling.

Electroencephalogram (EEG)

A procedure that uses electrodes on the scalp to record electrical activity of the brain. Used for detection of epilepsy, coma, and brain death.

Electromyography (EMG)

An insertion of needle electrodes into muscles to study the electrical activity of muscle and nerve fibers. It may be somewhat painful to the patient. Helps diagnose damage to nerves or muscles.

Emotional Lability

Exhibiting rapid and drastic changes in emotional state (laughing, crying, anger) inappropriately without apparent reason.

Endotracheal Tube

A tube that serves as an artificial airway and is inserted through the patient's mouth or nose. It passes through the throat and into the air passages to help breathing. To do this it must also pass through the patient's vocal cords. The patient will be unable to speak as long as the endotracheal tube is in place. It is this tube that connects the respirator to the patient.

Evoked Potential

Registration of the electrical responses of active brain cells as detected by electrodes placed on the surface of the head at various places. The evoked potential, unlike the waves on an EEG, is elicited by a specific stimulus applied to the visual, auditory or other sensory receptors of the body. Evoked potentials are used to diagnose a wide variety of central nervous system disorders.

Extended Care Facility-Basic

Residential facility which supplies 24-hour nursing care and supervision and assistance with activities of daily life. See Program/Service Types.

Extended Care Facility-Skilled

A residential facility for the patient who requires 24-hour nursing care (IV, intramuscular injections, special feeding tubes, skin care, oxygen) and rehabilitative therapy, such as physical therapy, occupational therapy, or speech therapy on a less intensive basis than as an inpatient in a comprehensive rehabilitation center. An extended care facility can be a short-term alternative (a few months) prior to placement at home (with outpatient therapy) or in a nursing home. See Program/Service Types.

Extremity

Arm or leg.

Figure-Ground

The differentiation between the foreground and the background of a scene; this refers to all sensory systems, including vision, hearing, touch.

Flaccid

Lacking normal muscle tone; limp.

Flexion

Bending a joint.

Foley Catheter

This is a tube inserted into the urinary bladder for drainage of urine. The urine drains through the tube and collects into a plastic bag.

Frontal Lobe

Front part of the brain; involved in planning, organizing, problem solving, selective attention, personality and a variety of "higher cognitive functions."

Frustration Tolerance

The ability to persist in completing a task despite apparent difficulty. Individuals with a poor frustration tolerance will often refuse to complete tasks which are the least bit difficult. Angry behavior, such as yelling or throwing things while attempting a task is also indicative of poor frustration tolerance.

Gainful Occupation

Includes employment in the competitive labor market, practice of a profession, farm or family work (including work for which payment is "in kind" rather than in cash), sheltered employment, work activity (to the extent that there is net pay), and home industries or other home-bound work.

Gait Training

Instruction in walking, with or without equipment; also called "ambulation training."

GI Tube

A tube inserted through a surgical opening into the stomach. It is used to introduce liquids, food, or medication into the stomach when the patient is unable to take these substances by mouth.

Glasgow Coma Scale

A standardized system used to assess the degree of brain impairment and to identify the seriousness of injury in relation to outcome. The system involves three determinants: eye opening, verbal responses and motor response all of which are evaluated independently according to a numerical value that indicates the level of consciousness and degree of dysfunction. Scores run from a high of 15 to a low of 3. Persons are considered to have experienced a 'mild' brain injury when their score is 13 to 15. A score of 9 to 12 is considered to reflect a 'moderate' brain injury and a score of 8 or less reflects a 'severe' brain injury.

Head Injury

Refers to an injury of the head and/or brain, including lacerations and contusions of the head, scalp and/or forehead.

Hematoma

The collection of blood in tissues or a space following rupture of a blood vessel. Regarding Brain: Epidural--Outside the brain and its fibrous covering, the dura, but under the skull. Subdural--Between the brain and its fibrous covering (dura). Intracerebral--In the brain tissue. Subarachnoid--Around the surfaces of the brain, between the dura and arachnoid membranes.

Hemianopsia Hemianopia

Visual field cut. Blindness for one half of the field of vision. This is not the right or left eye, but the right or left half of vision in each eye.

Hemiparesis

Weakness of one side of the body.

Hydrocephalus

Enlargement of fluid-filled cavities in the brain, not due to brain atrophy.

Hypoxia

Insufficient oxygen reaching the tissues of the body.

Impulse Control

Refers to the individual's ability to withhold inappropriate verbal or motor responses while completing a task. Persons who act or speak without first considering the consequences are viewed as having poor impulse control.

Incontinent

Inability to control bowel and bladder functions. Many people who are incontinent can become continent with training.

Initiative

Refers to the individual's ability to begin a series of behaviors directed toward a goal.

Interdisciplinary Approach

A method of diagnosis, evaluation, and individual program planning in which two or more specialists, such as medical doctors, psychologists, recreational therapists, social workers, etc., participate as a team, contributing their skills, competencies, insights, and perspectives to focus on identifying the developmental needs of the person with a disability and on devising ways to meet those needs.

Intracranial Pressure (ICP)

Cerebrospinal fluid (CSF) pressure measured from a needle or bolt introduced into the CSF space surrounding the brain. It reflects the pressure inside of the skull.

Jargon

Spoken language that has a normal rate and rhythm but is full of nonsense words.

Job Analysis

Involves the systematic study of an occupation in terms of what the worker does in relation to data, people, and things; the methods and techniques employed, the machines, tools, equipment, and work aids used; the materials, products, subject matter or services which result, and the traits required of the worker.

Kinesthesia

The sensory awareness of body parts as they move (see Position Sense and Proprioception).

Lability

State of having notable shifts in emotional state (e.g., uncontrolled laughing or crying).

Leg Bag

A small, thick plastic bag that can be tied to the leg and collects urine. It is connected by tubing to a catheter inserted into the urinary bladder.

Locked-in Syndrome

A condition resulting from interruption of motor pathways in the ventral pons, usually by infarction. This disconnection of the motor cells in the lower brain stem and spinal cord from controlling signals issued by the brain leaves the patient completely paralyzed and mute, but able to receive and understand sensory stimuli; communication may be possible by code using blinking, or movements of the jaw or eyes, which can be spared.

Magnetic Resonance Imaging (MRI)

A type of diagnostic radiography using electromagnetic energy to create an image of soft tissue, central nervous system and musculoskeletal systems.

Malingering

To pretend inability so as to avoid duty or work.

Memory, Episodic

Memory for ongoing events in a person's life. More easily impaired than semantic memory, perhaps because rehearsal or repetition tends to be minimal.

Memory, Immediate

The ability to recall numbers, pictures, or words immediately following presentation. Patients with immediate memory problems have difficulty learning new tasks because they cannot remember instructions. Relies upon concentration and attention.

Memory, Long Term

In neuropsychological testing, this refers to recall thirty minutes or longer after presentation. Requires storage and retrieval of information which exceeds the limit of short term memory.

Memory, Short Term

Primary or 'working' memory; its contents are in conscious awareness. A limited capacity system that holds up to seven chunks of information over periods of 30 seconds to several minutes, depending upon the person's attention to the task.

Money Management

Ability to distinguish the different denominations of money, count money, make change, budget.

Motor Control

Regulation of the timing and amount of contraction of muscles of the body to produce smooth and coordinated movement. The regulation is carried out by operation of the nervous system.

Motor Planning

Action formulated in the mind before attempting to perform.

Muscle Tone

Used in clinical practice to describe the resistance of a muscle to being stretched. When the peripheral nerve to a muscle is severed, the muscle becomes flaccid (limp). When nerve fibers in the brain or spinal cord are damaged, the balance between facilitation and inhibition of muscle tone is disturbed. The tone of some muscles may become increased and they resist being stretched--a condition called hypertonicity or spasticity.

Nasogastric Tube (NG Tube)

A tube that passes through the patient's nose and throat and ends in the patient's stomach. This tube allows for direct "tube feeding" to maintain the nutritional status of the patient or removal of stomach acids.

Neglect

Paying little or no attention to a part of the body.

Neologism

Nonsense or made-up word used when speaking. The person often does not realize that the word makes no sense.

Neurologist

A physician who specializes in the nervous system and its disorders.

Neuropsychologist

A psychologist who specializes in evaluating (by tests) brain/behavior relationships, planning training programs to help the survivor of brain injury return to normal functioning and recommending alternative cognitive and behavioral strategies to minimize the effects of brain injury. Often works closely with schools and employers as well as with family members of the injured person.

Non-ambulatory

Not able to walk.

Nystagmus

Involuntary horizontal, vertical, or rotary movement of the eyeballs.

Occipital Lobe

Region in the back of the brain which processes visual information. Damage to this lobe can cause visual deficits.

Occupational Therapy

Occupational Therapy is the therapeutic use of self-care, work and play activities to increase independent function, enhance development and prevent disability; may include the adaptation of a task or the environment to achieve maximum independence and to enhance the quality of life. The term occupation, as used in occupational therapy, refers to any activity engaged in for evaluating, specifying and treating problems interfering with functional performance.

Orientation

Awareness of one's environment and/or situation, along with the ability to use this information appropriately in a functional setting.

Orthopedics

The branch of medicine devoted to the study and treatment of the skeletal system, its joints, muscles and associated structures.

Orthosis

Splint or brace designed to improve function or provide stability.

Outpatient

The patient residing outside the hospital but returning on a regular basis for one or more therapeutic services.

Paraplegia

Paralysis of the legs (from the waist down).

Parietal Lobe

One of the two parietal lobes of the brain located behind the frontal lobe at the top of the brain.

Perception

The ability to make sense of what one sees, hears, feels, tastes or smells. Perceptual losses are often very subtle, and the patient and/or family may be unaware of them.

Perseveration

The inappropriate persistence of a response in a current task which may have been appropriate for a former task. Perseverations may be verbal or motoric.

Persistent Vegetative State (PVS)

A long-standing condition in which the patient utters no words and does not follow commands or make any response that is meaningful.

Phonation

The production of sound by means of vocal cord vibration.

Physiatrist

Pronounced Fizz ee at' rist. A physician who specializes in physical medicine and rehabilitation. Some physiatrists are experts in neurologic rehabilitation, trained to diagnose and treat disabling conditions. The physiatrist examines the patient to assure that medical issues are addressed; provides appropriate medical information to the patient, family members and members of the treatment team. The physiatrist follows the patient closely throughout treatment and oversees the patient's rehabilitation program.

Physical Therapist

The physical therapist evaluates components of movement, including: muscle strength, muscle tone, posture, coordination, endurance, and general mobility. The physical therapist also evaluates the potential for functional movement, such as ability to move in the bed, transfers and walking and then proceeds to establish an individualized treatment program to help the patient achieve functional independence.

Plasticity

The ability of cellular or tissue structures and their resultant function to be influenced by an ongoing activity.

Plateau

A temporary or permanent leveling off in the recovery process.

Post Traumatic Amnesia (PTA)

A period of hours, weeks, days or months after the injury when the patient exhibits a loss of day-to-day memory. The patient is unable to store new information and therefore has a decreased ability to learn. Memory of the PTA period is never stored, therefore things that happened during that period cannot be recalled. May also be called Anterograde Amnesia.

Posture

The attitude of the body. Posture is maintained by low-grade, continuous contraction of muscles which counteract the pull of gravity on body parts. Injury to the nervous system can impair the ability to maintain normal posture, for example holding up the head.

Pre-Morbid Condition

Characteristics of an individual present before the disease or injury occurred.

Problem-Solving Skill

Ability to consider the probable factors that can influence the outcome of each of various solutions to a problem, and to select the most advantageous solution. Individuals with deficits in this skill may become "immobilized" when faced with a problem. By being unable to think of possible solutions, they may respond by doing nothing.

Prognosis

The prospect as to recovery from a disease or injury as indicated by the nature and symptoms of the case.

Program/Service Types

The following program/service categories describe the array of organized services (not mutually exclusive) and not an exhaustive list available for the rehabilitation of persons with brain injury:

Acute Rehabilitation

Based in a medical facility; accepts patient as soon as medically stable; focuses on intensive physical and cognitive restorative services in early months after injury; typical length of stay one week to several months (short term); identifiable team and program with specialized unit.

Behavior Disorders

For the patient exhibiting patterns of behavior preventing participation in active rehabilitation, including destructive patient behavior to self and others; continuum of controlled settings.

Community Integration Program

Provides services designed to accomplish functional outcomes focused on home and community integration, including productive activity. Services may be provided in residential facilities, day treatment programs, and the consumer's home. They may be of short-term (several weeks) or long-term duration (several months).

Independent Living

Community-based to maximize a person's ability to be empowered and self-directed; allows an individual to live in one's own home with maximum personal control over how services are delivered, combined with the opportunity to work as appropriate.

Lifelong Living

For persons discharged from rehabilitation who need ongoing lifetime supports; located in residential or skilled nursing environment; structured activities available on individual and group basis.

Postacute Rehabilitation

Are programs designed to provide intensive, 24-hour rehabilitation to improve cognitive, physical, emotional, and psychosocial abilities, to facilitate better independent living skills.

Facilities typically provide a full spectrum of clinical therapies, as well as life-skills training in a residential setting.

Residential Services

Assumes a 24-hour residential environment outside the home and includes 24-hour provision of or access to support personnel capable of meeting the client's needs. (Adopted by the PostAcute Committee of ISIG on Head Injury October 28, 1991.)

Subacute

May follow a period of acute rehabilitation; not necessarily hospital based; typical length of rehabilitation stay 6-24 months (short to intermediate term); stay based on demonstrated improvement; identifiable team and program with specialized unit.

Supervised Living

Setting is a home which is like other homes in the neighborhood in terms of size and number of residents. Consumers are provided individualized care, supervision, support and training services to maximize and/or maintain function and self-direction. Staff is present at night and other times when the consumer is present.

Supported Independent Living

Setting is a home chosen by the consumer who is primarily independent. Program offers support to assist the resident in maximizing and/or maintaining independence and self-direction. Staff is available as needed and at planned intervals to offer assistance and support but not to provide supervision.

Transitional Living

Non-medical residential program providing training for living in a setting of greater independence. The primary focus is on teaching functional skills and compensating for abilities that cannot be restored.

Vocational Evaluation

An organized and comprehensive service staffed by specialists who systematically and comprehensively utilize work activities (real or simulated) and/or educational services as the focal point for educational and vocational assessment and exploration. In addition, psychological testing, counseling, social summaries, occupational information, etc., are other evaluation tools that are used. It incorporates the medical, psychological, social, vocational, educational, cultural, and economic data for establishment and attainment of individual goals.

Prone

Lying on one's stomach.

Proprioception

The sensory awareness of the position of body parts with or without movement. Combination of kinesthesia and position sense.

Psychologist

A professional specializing in counseling, including adjustment to disability. Psychologists use tests to identify personality and cognitive functioning. This information is shared with

team members to assure consistency in approaches. The psychologist may provide individual or group psychotherapy for the purpose of cognitive retraining, management of behavior and the development of coping skills by the patient/client and members of the family.

Range of Motion (ROM)

Refers to movement of a joint (important to prevent contractures).

Reasoning, Abstract

Mode of thinking in which the individual recognizes a phrase that has multiple meanings and selects the meaning most appropriate to a given situation. The term "abstract" typically refers to concepts not readily apparent from the physical attributes of an object or situation.

Reasoning, Concrete

The ability to understand the literal meaning of a phrase.

Reasoning, Problem-Solving

The ability to analyze information related to a given situation and generate appropriate response options. Problem-solving is a sequential process that typically proceeds as follows: identification of problem; generation of response options; evaluation of response option appropriateness; selection and testing of first option; analysis as to whether solution has been reached. A patient/client may discontinue making a cup of coffee because the sugar bowl is empty, even though sugar is readily available in a nearby cabinet. A patient/client may easily navigate his way into a room crowded with furniture, but request staff assistance to navigate his way out.

Reasoning, Sequencing

The ability to organize information or objects according to specified rules, or the ability to arrange information or objects in a logical, progressive manner. Nearly every activity, including work and leisure tasks, requires sequencing. For example, in cooking certain foods it is important that ingredients be added and mixed in a specified order; in dressing, undergarments must be put on prior to outergarments.

Recreation Therapist

Individual within the facility responsible for developing a program to assist persons with disabilities plan and manage their leisure activities; may also schedule specific activities and coordinate the program with existing community resources.

Rehabilitation

Comprehensive program to reduce/overcome deficits following injury or illness, and to assist the individual to attain the optimal level of mental and physical ability.

Rehabilitation Counselor

Also called Vocational Counselor. A specialist in social and vocational issues who helps the patient develop the skills and aptitudes necessary for return to productive activity and the community.

Rehabilitation Facility

Agency of multiple, coordinated services designed to minimize for the individual the disabling effects of one's physical, mental, social, and/or vocational difficulties and to help realize individual potential.

Rehabilitation Nurse

A nurse specializing in rehabilitation techniques as well as basic nursing care. Nurses assist the patient and family in acquiring new information, developing skills, achieving competence and exhibiting behaviors that contribute to the attainment of a healthy state.

Retrograde Amnesia

Inability to recall events that occurred prior to the accident; may be a specific span of time or type of information.

Seizure

An uncontrolled discharge of nerve cells which may spread to other cells nearby or throughout the entire brain. It usually lasts only a few minutes. It may be associated with loss of consciousness, loss of bowel and bladder control and tremors. May also cause aggression or other behavioral change.

Sensation

Feeling stimuli which activate sensory organs of the body, such as touch, temperature, pressure and pain. Also seeing, hearing, smelling and tasting.

Sensorimotor

Refers to all aspects of movement and sensation and the interaction of the two.

Sensory Integration

Interaction of two or more sensory processes in a manner that enhances the adaptiveness of the brain.

Sequencing

Reading, listening, expressing thoughts, describing events or contracting muscles in an orderly and meaningful manner.

Sheltered Workshop

A work setting certified as such by the Wage & Hour Division. It provides transitional and/or long-term employment in a controlled and protected working environment for those who are unable either to compete or to function in the open job market due to their disabilities. May provide vocational evaluation and work adjustment services.

Shunt

A procedure to draw off excessive fluid in the brain. A surgically-placed tube running from the ventricles which deposits fluid into either the abdominal cavity, heart, or large veins of the neck.

Somatosensory

Sensory activity having its origin elsewhere than in the special sense organs (such as eyes and ears) and conveying information to the brain about the state of the body proper and its immediate environment.

Spasticity

An involuntary increase in muscle tone (tension) that occurs following injury to the brain or spinal cord, causing the muscles to resist being moved. Characteristics may include increase in deep tendon reflexes, resistance to passive stretch, clasp knife phenomenon, and clonus.

Spatial Ability

Ability to perceive the construction of an object in both two and three dimensions. Spatial ability has four components: the ability to perceive a static figure in different positions, the ability to interpret and duplicate the movements between various parts of a figure, the ability to perceive the relationship between an object and a person's own body sphere, and the ability to interpret the person's body as an object in space.

Speech-language Pathology Services

A continuum of services including prevention, identification, diagnosis, consultation, and treatment of patients regarding speech, language, oral and pharyngeal sensorimotor function.

Spontaneous Recovery

The recovery which occurs as damage to body tissues heals. This type of recovery occurs with or without rehabilitation and it is very difficult to know how much improvement is spontaneous and how much is due to rehabilitative interventions. However, when the recovery is guided by an experienced rehabilitation team, complications can be anticipated and minimized; the return of function can be channeled in useful directions and in progressive steps so that the eventual outcome is the best that is possible.

Subdural

Beneath the dura (tough membrane) covering the brain and spinal cord.

Supine

Lying on one's back.

Suppository

Medicine contained in a capsule which is inserted into the rectum so that the medicine can be absorbed into the blood stream.

Tactile Defensiveness

Being overly sensitive to touch; withdrawing, crying, yelling or striking when one is touched.

Task Analysis

Breakdown of a particular job into its component parts; information gained from task analysis can be utilized to develop training curricula or to price a product or service.

Temporal Lobes

There are two temporal lobes, one on each side of the brain located at about the level of the ears. These lobes allow a person to tell one smell from another and one sound from another. They also help in sorting new information and are believed to be responsible for short-term memory. Right Lobe--Mainly involved in visual memory (i.e., memory for pictures and faces). Left Lobe--Mainly involved in verbal memory (i.e., memory for words and names).

Tracheostomy

A temporary surgical opening at the front of the throat providing access to the trachea or windpipe to assist in breathing.

Tracking, Visual

Visually following an object as it moves through space.

Tremor, Intention

Course, rhythmical movements of a body part that become intensified the harder one tries to control them.

Tremor, Resting

Rhythmical movements present at rest and may be diminished during voluntary movement.

Unilateral Neglect

Paying little or no attention to things on one side of the body. This usually occurs on the side opposite from the location of the injury to the brain because nerve fibers from the brain typically cross before innervating body structures. In extreme cases, the patient may not bathe, dress or acknowledge one side of the body.

Urinary Tract Infection

When bacteria have reproduced to a large number in the bladder. This can cause fever, chills, burning on urination, urgency, frequency, incontinence or foul smelling urine.

Verbal Apraxia

Impaired control of proper sequencing of muscles used in speech (tongue, lips, jaw muscles, vocal cords). These muscles are not weak but their control is defective. Speech is labored and characterized by sound reversals, additions and word approximations.

Vestibular

Pertaining to the vestibular system in the middle ear and the brain which senses movements of the head. Disorders of the vestibular system can lead to dizziness, poor regulation of postural muscle tone and inability to detect quick movements of the head.

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