

Brain Injury & Disability Resources

ABIN-PA InfoLine 800.516.8052
Abuse Reports—Age 0-18 800-932-0313
Abuse Reports—Age 18+ 800.490.8505
Aging/Disability Referrals 866.286.3636
Area Agency on Aging (blue pages)
BIAPA Resource Line 800.444.6443
BrainSTEPS (Local Intermediate Unit)
CareerLink (blue pages)
ChildrensHealthInsurance 800.986.5437
Consumer Protection 800.441.2555
Crime Victim's Benefits 800.233.2339
Defense & Veterans BIC 866.966.1020
Disability Rights Network 800.692.7443
DomesticViolence Hotline 800.799.7233
Elks Nurses (care plans) 814.781.7860
Epilepsy Foundation 800.887.7165
Head Injury Program 717.772.2762
(1 year of rehab, \$100,000 max)
Health Insurance www.healthcare.gov
or 800.318.2596
Health Law Project 800.274.3258
Independent Living Ctrs 717.364.1732
Legal Aid (PA) 800.322.7572
Legal Clinic for Disabled 215.587.3350
Meals on Wheels www.mealcall.org
Medical Assistance 800.537.8862
Medicare Coverage 800.633.4227
(Part A & B have in-home services)
Medicare Complaints 800.783.7067
Office of Vocational Rehab (blue pages)
OVR Complaints 888.745.2357
Social Security 800.772.1213
Special Ed Consult Line 800.879.2301
Special Kids Network 800.986.4550
Waiver Enrollment 877.550.4227
Waiver HelpLine 800.757.5042
Women's Law Project 215.928.9801

ABIN-PA Services

"Empowering Survivors & Families to Rebuild Their Lives."

InfoLine

Resources. Problem-solving. Support.

Advocacy

Individual. Government Affairs.
Nonprofit Coalitions & Collaboratives.

Education

Conferences. Presentations.
Staff Training.

Literature

Free Monthly Newsletter.
Brochures.
Booklets.
PowerPoints.

Website

Newsletter Archives & Sign-Up.
Print Literature.
"Our Stories."
Print Resource List by Birthdate.
Rehab Facility Search by Type.
Videos.

Brochure Categories

General
Children <21
Adults 18+
Families & Caregivers
Rehabilitation
Dual Diagnosis
Justice System

Brain Injury Advisory:
Rehabilitation

DEFINITIONS



ABIN-PA is dedicated to increasing public awareness about acquired brain injury and to providing support, education, information, advocacy and other services for individuals with acquired brain injury and their families.

ACQUIRED BRAIN INJURY
NETWORK OF PENNSYLVANIA

InfoLine: 215.699.2139
Toll-Free: 1.800.516.8052
info@abin-pa.org
www.abin-pa.org

ANATOMY

Axon—tail on neuron that sends signals; microscopic to several feet in length (down spine).

Brain stem—at top of spinal cord; controls heart rate, breathing, etc.

Central Nervous System (CNS) brain, spinal cord and cerebrospinal fluid that cushions them both.

Cerebral Hemisphere—Left language, reading, writing, verbal memory, etc.

Cerebral Hemisphere—Right perception, memories of shape, space, emotions, etc.

Corpus Callosum—links left and right brain hemispheres or halves.

Dendrites—tree branches receive messages from other neurons.

Neurons—brain cells.

MEDICAL DIAGNOSIS

Closed Head Injury—skull and dura mater (membrane covering the brain) are intact.

Coma—does not respond to stimuli but may hear everything.

Concussion, Head Injury, or Traumatic Brain Injury (TBI) physical trauma plus impairment.

Mild—unconscious 0 to 1 hour.

Moderate—up to 24 hours.

Severe—more than 24 hours.

Contracoup Contusion—bruises on

the brain from bouncing inside skull.

Diffuse Axonal Injury—stretched or broken axons throughout the brain.

Edema—swelling of the brain; may be relieved by removing a bone flap.

Hematoma—bleeding inside the skull, compressing the brain.

Open Head Injury, the skull and the covering membrane were penetrated.

Post-traumatic amnesia—no memory of current or recent events.

Visual Neglect—unaware of one side, even one side of the body.

FUNCTIONAL ASSESSMENT

Cognition—the ability to think, remember, plan, know, understand, solve problems, decide, organize.

Glasgow Coma Scale—based on best eye, verbal and motor response for someone emerging from coma.

Long-term Memory—older memories are generally intact.

Neuropsychological deficits--organization, memory, attention, reasoning, pattern recognition, etc.

Physical effects—cell injuries may block signals causing paralysis of voluntary (walking) and/or involuntary (eye blinking or swallowing) functions.

Rancho Los Amigos—rating scale.

Short-term Memory—forgets what s/he has just said or done.

Working Memory—allows one to

be aware of present; allows reading, writing, math; organizes behavior.

REHABILITATION

Activities of Daily Living (ADLS) eating, dressing, bathing, etc.

Allied Health—OT, PT, Speech, Cognitive Rehabilitation Therapy.

Assistive Technology—used for independence, safety, and ease.

Community Integration—learning to return to school, church, work, homemaking, parenting, social life.

Instrumental ADLs—cooking, shopping, driving, writing checks.

MEDICAL TESTS

Computerized Tomography Scan multiple x-rays in cross-section views. Shows bleeding, fractures.

Electroencephalogram (EEG) records electrical activity in the brain.

Magnetic Resonance Imagery—3-D views with magnetic energy.

MEDICAL CARE

Acute Care Hospital—diagnose and stabilizes the patient.

Nursing home—supervise and medical care.

Rehabilitation Hospital—restore essential life functions (eat, walk).

Veiled bed—netting enclosure.