

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

REHABILITATION GUIDE



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

Brain Plasticity

Everyone with a brain injury would like to return to their former selves. Fortunately, we can partner formal and informal rehabilitation with the natural healing power of the brain to enhance recovery. This healing power, brain plasticity, is continually remodeling the brain from birth to death anyway—we can just tap in.

Ignore Time Limits

Since the brain continually remodels, there is no time limit on recovery. This was also the conclusion of a recent study at the University of Texas, and also a finding of the 1998 NIH Pilot Study on Homeopathy.

Anyone who still talks about a 6, 12, or 18 month window of opportunity for recovery has not kept up with modern research.

The Texas study also found that complex tasks were more effective for rehabilitation, and years since injury did not diminish the rate of improvement. Survivors have long said that formal rehab is not complex enough to produce results. More complex Texas rehab led to a 60% reduction in depressive symptoms and improved frontal lobe circulation.

Formal Rehabilitation

1. Individuals who are hospitalized will start rehabilitation there and receive a formal discharge plan.
2. Those who can benefit from 3 hours of rehabilitation per day will go to acute rehabilitation hospitals.
3. Those not ready for intense rehabilitation will go to nursing homes unless they require critical care (ventilator, tube feeding etc.).
4. Those needing critical care will remain in the hospital (Medical Assistance) or go to a critical care unit (commercial health insurance).
5. Those 18-59 who cannot return home alone may want the OBRA or Independence Waivers at 1.877.550.4227.
6. Those 21+ with TBI who cannot return home alone may want the one-year Head Injury Program at 1.717.772.2762 or the Commcare Waiver at 1.877.550.4227.
7. Those discharged to home may plan outpatient rehabilitation with a physiatrist, neuropsychologist, neuropsychiatrist, OT, PT, Speech/Language, vision therapy, and/or cognitive rehabilitation.
8. Those who fail to qualify for the HIP or Waiver may need to move in with family or friends until they can live independently.

Informal Rehabilitation

For those with significant limitations, personal determination and family support may be needed to assure rehabilitation for 5 to 10 years.

Any task can be a challenge that will promote brain repair. Complex tasks involving novelty, passion, personal interests, and perseverance are most effective.

Somewhat like learning to play the piano, constant daily effort will slowly lead to improvement with the final outcome years into the future.

Meanwhile, side benefits in planning, attention, concentration, judgement, and decision-making will spill over into all areas of life. Any interest will be suitable. These side benefits are the real targets and will not disappoint in raising the level of independence and the quality of daily life.

Informal rehabilitation should begin immediately through assistance with personal interests—assistance that slowly fades away as competence returns. Assistance that is equally available for whatever inspires—also supporting old skills that fail while new skills are solidifying.