FROM THE DESK OF THE EDITOR

Special Issue on Brain Injury: Traumatic Brain Injury and Stroke

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• brain injuries
• evidence-based practice
• occupational therapy
• stroke
• treatment outcome

In the United States, it is estimated that approximately 5.8 million people are alive today after having survived a stroke; 780,000 new strokes are reported each year in the United States alone (American Heart Association, 2008). Similarly, approximately 1.4 million people sustain a traumatic brain injury (TBI) each year in the United States; approximately half of them require long-term rehabilitation and care for the remainder of their lives (Centers for Disease Control and Prevention [CDC], 2006a). TBI and stroke are two of the profession’s largest practice areas, both because of the high numbers of adults sustaining neurological insult and because these patient groups commonly require extensive rehabilitation in the acute and postacute stages of recovery (CDC, 2006b, 2007).

This special issue emerged from a need to describe the latest occupational therapy interventions in this practice area and provide research evidence supporting treatment effectiveness. The issue consists of 15 papers—7 focused solely on TBI, 5 on stroke, and 3 on both. Research in this issue is represented by five countries: the United States, Israel, Hong Kong, Australia, and the United Kingdom. At least 4 additional research studies were accepted for this special issue but could not be included because of space limitations; those studies have either been published (Guiffrida, Demery, Reyes, Lebowitz, & Hanlon, 2009) or will be in forthcoming issues.

The four categories of papers included in this issue are (1) research studies exploring the effects of treatment, (2) development and testing of neurorehabilitation instruments, (3) research examining how social and community participation is typically affected by stroke and TBI, and (4) the development of clinical guidelines for mild TBI sustained in military combat. Settings in which treatment was or is intended to be administered include the home environment, the community, the rehabilitation hospital, a virtual mall, and the U.S. Army.

The virtual environment is increasingly becoming a realistic treatment setting for patients with neurological pathology. In their research, Rand, Weiss, and Katz (2009) show the effect of using a virtual shopping environment to help patients with stroke enhance the higher executive cognitive and multitasking functions needed to successfully perform instrumental activities of daily living (IADLs). This research is one of a handful of published papers that report the effects of using virtual environments in occupational therapy rehabilitation and will likely have profound effects on treatment administration over the coming decade as technology continues to change the way in which intervention is routinely provided.

In another ground-breaking article, Radomski, Davidson, Voydetich, and Erikson (2009) report occupational therapy guidelines for the treatment of soldiers who have sustained mild TBI in the Iraq and
Afghanistan Wars. Because of the nature of combat in these wars (in particular, blast injuries from improvised explosive devices), head injury has become known as the signature wound of both wars (Galarneau, Woodruff, Dye, Mohrle, & Wade, 2008). Radomska and colleagues show, through evidence-informed practice guidelines, how occupational therapists can contribute to the rehabilitation of these soldiers, who will likely experience cognitive deficits that affect their reintegration into civilian society and their ability to rebuild personally satisfying occupational roles for the remainder of their lives. The occupational therapist is needed to help these soldiers relearn the higher cognitive skills necessary to work and live independently in the community. It is an unfortunate phenomenon that war has always enabled society to better understand and appreciate occupational therapy’s value in the rehabilitation process—both in the traditional hospital setting and in the community.

When examining the papers in this special issue as a group, one collective message appears to be expressed repeatedly. As a profession integrally involved in the treatment of patients with cognitive impairment, we have focused too narrowly on basic activities of daily living. As long as patients can get dressed and perform self-care independently, they are believed to have reached an optimal level of independence and are discharged from occupational therapy. Such patients return home and find that they lack sufficient higher-level cognitive skills to pay their bills and manage a budget, integrate various traffic signals to successfully negotiate driving, and screen extraneous distractions in the workplace to meet job responsibilities. The successful performance of IADLs is what allows people to live independently, work or go to school, and participate appropriately in the social interactions necessary to be members of social and family systems. Many of the papers in this special issue suggest that, as a profession, we are neither optimally addressing IADLs in these specific patient groups nor successfully advocating for our role in home care after inpatient discharge. To accomplish both goals, we must help health care colleagues, insurers, and policymakers better understand our potential contribution to rehabilitation in the community. We must also conduct research that demonstrates the effectiveness and cost-efficiency of occupational therapy services in community-based care with TBI and stroke populations.

Research on community outcomes in a neurological population was initially scheduled to be part of this special issue but could not be included because of the hurricane that devastated the Galveston, Texas, area on September 13, 2008. This research was conducted by Timothy Reistetter and Kenneth Ottenbacher and will be published in a subsequent issue. Beatriz Abreu and Ken Ottenbacher, both senior faculty members at the University of Texas Medical Branch at Galveston, served as the special guest editors for this brain injury issue. Thankfully, Drs. Abreu and Ottenbacher were unharmed but experienced considerable losses as a result of the hurricane. Because their medical center offices sustained substantial damage, all materials for this special issue were lost and had to be recreated through the help of each author published in this issue. The vision and work for this special issue can be attributed to the foresight and sagacity of these two renowned scholars, who have always been on the forefront of research demonstrating the profession’s value in the treatment of society’s most significant health problems. We sincerely thank Drs. Abreu and Ottenbacher for creating this special issue and wish them well as they and the residents of Galveston rebuild their lives and their community.

References


