

Brain Injury



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WHAT TO LOOK FOR:

PHYSICAL/COGNITIVE/ EMOTIONAL CHANGES:

- Headache
- Nausea
- Dizziness
- Confusion
- Disorientation
- Amnesia
- Agitation
- Fatigue
- Sensitivity to noise/light
- Impaired sleep
- Depression/Anxiety
- Cognitive problems at school/work
- Reduced Processing

Mild Traumatic Brain Injury or Concussion

The goal of this brochure is to inform and increase awareness regarding the application of neuropsychological services for Mild Traumatic Brain Injury (mTBI) or concussion once patients have been discharged home.

A mTBI or concussion occurs when the head is struck or moved rapidly, resulting in a possible loss of consciousness. The trauma may involve a fall, blow to the head, or most commonly the head striking a stationary object, as might occur in a motor vehicle accident. Additionally, mTBI may arise following a severe whiplash injury; even when the head is not struck, but the whiplash involves some rotation of the head.

Patients who experience mTBI or concussion may be hospitalized for a brief period of time (usually a few days, but often not at all) and then discharged home. Concussions or mTBIs can produce a wide range of physical, cognitive (thinking), and behavioral/emotional problems. Although physical problems may be prominent initially, cognitive, behavioral, and emotional impairments have the greatest impact on long-term outcomes.

The Importance of Seeking Treatment from a Neuropsychologist after a Concussion or mTBI

The most effective intervention for mTBI or concussion is early education and information for patients and their families. It is best to begin this education promptly after discharge by seeking follow up care from a neuropsychologist.

In a significant number of mTBIs or concussion cases, a patient's return to prior levels of functioning is incomplete, and the extent of their disability can be quite severe. This is particularly true if the patient's work requires proficiency in speed, complex attention, learning, memory, and complex thinking, as these abilities are most often impaired after mTBI. Patients followed by a neuropsychologist will be treated for problems in thinking and emotional difficulties, and receive guidance with practical decisions regarding their care and capacity to function independently at work or school.

At NRS LifeSpan, our neuropsychologists examine the brain by administering a neuropsychological examination (NPE). The purpose of the NPE is to evaluate each patient's brain rather than each patient's complaints. This examination is an assembly of many tests specifically designed to evaluate thinking abilities and behavior. The evaluation process is used to objectively assess cognitive abilities, such as memory, attention/concentration, language, visual spatial, reasoning, etc. The NPE identifies the patient's cognitive strengths and weaknesses, provides diagnostic clarity and most importantly develops a comprehensive treatment plan. The treatment plan may include medical adjustment counseling (MACSM), behavioral intervention, cognitive remediation, consultation with work/school, stress management and family system therapy.

OUR LOCATIONS:

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The logo for NRS | LS. It features the letters 'NRS' in a large, bold, black serif font, followed by a vertical line and the letters 'LS' in the same font. Below 'NRS' is the text 'NEUROPSYCHOLOGY REHABILITATION SERVICES' in a smaller, black, sans-serif font. Below 'LS' is the text 'LIFE SPAN Behavioral Health' in a smaller, black, sans-serif font.

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The successful adaptation to mTBI is ultimately a recovery process captured in the concept of accommodation. This is the process where the patient recognizes, accepts, and adjusts to a new set of possible limitations that may arise as a result of mTBI. However, with proper neuropsychological care, most patients improve with no ongoing complaints.