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Some things to know and understand about Cognitive Rehabilitation.

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Everyone knows about physical rehab. That's when physical and occupational therapists, and others on the rehab team work to teach physical skills - like walking, dressing, using a wheelchair or a walker, or learning to write again.

Strengthening, stretching, and endurance are also parts of physical rehab. There is little doubt that these things help people to become more independent. But what about cognitive rehab? Does therapy for your memory, for thinking, and for communicating work? Has anybody even studied it enough to know? Some researchers - one of whom is a Craig Hospital staffer -- tried to answer this question. Here's what they learned...

What is cognition? It is the process of "knowing." It includes the ability to choose, understand, remember and use information in your daily life. A cognitive disability may affect how well you can do your activities of daily living. It can make it harder for you to adapt to new situations or problems. Cognitive rehab should help lessen these problems.

But, does cognitive rehab work? Yes. That is what some researchers found. Here's a summary of some specific areas that they looked at in depth:

Language & Communication: In this area the researchers found something very encouraging: language and communication problems can keep improving for a long time after the injury. This is true for spelling, arithmetic, and speaking. People can also keep on improving in their ability to understand things they have read. Working with a speech therapist can help. Speech therapists can help people with TBIs see which areas they are good at and which areas need more practice. They can also teach compensations - new ways of doing old things - that help persons with TBI make up for some of their language problems. Finally, the practice and feedback that speech therapists give in therapy sessions can lead to better conversation skills in social situations too.

Memory: For memory problems, use of internal strategies (going over something to remember in your mind) or using notebooks or daytimers may help people with TBI remember better. Real-life compensations work best using things like computers, pagers or notebooks. When therapists and families help train and remind people with TBI to use these things, they work even better.

Problem Solving: Teaching people with TBI strategies to solve problems works. For example, they could be asked to think of a particular problem they've had -- like finding transportation or housing in their community. Next, they can be encouraged to think of all possible ways to solve their problem. Then, they could choose one solution and think

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How do we figure out all these things about attention, language and communication, memory, and problem solving? There are three articles that reviewed the research on how well therapy works. The first article reviewed more than 170 research studies about rehab for people with stroke and TBI. They identified the things that the research showed to be helpful and then summarized what they found. The article is "Evidence-based cognitive rehabilitation: recommendations for clinical practice", found in the medical journal, *Archives of Physical Medicine and Rehabilitation*, Volume 81, December 2000. A second article reviewed 87 studies in "Evidence-Based Cognitive Rehabilitation: Updated Review of the Literature from 1988 Through 2002", in the *Archives of Physical Medicine and Rehabilitation*, Volume 86, August 2005. Most medical libraries have these articles. The first author's name is Keith Cicerone, and the second author of these articles is our TBI Model Systems' own Cynthia Dahlberg, Speech and Language Pathologist.

A third article, which was reported on in newspapers and television, was first printed in a magazine called *Neuropsychology*. It was published in 2001 (Volume 15, Number 2, pages 199-210) and is called "Effectiveness of Attention Rehabilitation after an Acquired Brain Injury: a Meta-Analysis. The authors are Norman W. Park and Janet L Ingles.

The Bottom Line: *Several things do have a good chance of making a difference. People with TBI, their families and friends can work on them together in the months and years after they have finished their inpatient rehab. Improvements in real life activities can continue long after the injury.*

Communication: *Language and communication can improve for a long time after the injury. What you learn in therapy will translate to real-life conversations. Bottom line: Those ongoing speech therapy sessions probably are worth your time! Involve yourself in conversations with others.*

Memory: *The magic word is "compensation." Your memory may never be what you want it to be, but you can try to "outsmart" it with tricks that help you compensate. Bottom line: Try things like notepads, reminders, palm pilots, etc. And, having a very strict routine that you follow can be very helpful.*

Problem solving: *Thinking through problems can help -- especially when it is a real-life problem that needs to be solved. Bottom line: Specify the problem. Determine what the options are. Listen to others' advice. Choose a solution. Evaluate the results.*

Attention: *Practice, repetition, and feedback all can help you learn to be more attentive, especially for complex, real-life tasks. However, practicing attention skills on a computer program by yourself probably will not help improve attention in real life situations. Bottom line: Participate in real life situations that require you to pay attention, and practice, practice, practice. Have someone with you to give you feedback.*

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