

THE QUESTIONS that are hard to ask, **ANSWERED.**

BROOKS
Rehabilitation

Ask the Experts in Rehabilitation:

Q My husband recently suffered a blow to the head. It's now 24 hours later, and I'm worried he may have a concussion. What are some signs I should look for?

Signs and symptoms of a concussion may include:

- Headache or a feeling of pressure in the head
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Vomiting
- Slurred speech
- Delayed response to questions
- Appearing dazed
- Fatigue
- Neck pain

You may have some symptoms of concussions immediately. Others may be delayed for hours or days after injury, such as:

- Concentration and memory complaints
- Irritability and other personality changes
- Sensitivity to light and noise
- Sleep disturbances
- Psychological adjustment problems and depression



Nata Salvatori, PT, DPT, OCS, SCS, FAAOMPT
Sports Residency Coordinator | Brooks Concussion
Program Co-Lead
Brooks Rehabilitation Outpatient Division

Q I'm worried for my parents and their safety while driving. How do you know when it's time to take the keys?

Being able to continue to drive safely as someone ages is a huge concern for family members. You could begin by speaking with your parents' primary care physician and sharing your concerns. If either parent is undergoing some form of physical or occupational therapy, get some input from their treating therapist. In addition, there are evaluations available to determine an individual's capability or special needs for driving safely.

Brooks offers a driver evaluation that addresses these needs. This comprehensive evaluation assesses the physical and cognitive capabilities needed to operate a motor vehicle safely. Recommendations regarding independent driving, equipment, and if needed, training lessons are made at the time of the evaluation. For more information about that program, please call (904) 345-7210.



Peggy Gannon, CTRS, CDRS
Certified Driver Rehabilitation Specialist
Brooks Rehabilitation Outpatient Division

Q What are the differences between Assisted Living Facilities, Skilled Nursing Facilities and Nursing Homes?

How do you know what setting is right for you? Choosing the next appropriate care level can be confusing. The choices range from Assisted Living Facilities to Skilled Nursing Facilities and Nursing Homes. The following is a general guideline to help you and your love one in your selection. Assisted Living Facilities can be chosen if someone needs minimal assistance with bathing, dressing, medications and meal preparations. Support provided is individualized and can vary based on the Assisted Living Facility's options. The Assisted Living Facility becomes home and offers an array of activities to promote the highest level of independence.

Skilled Nursing Facilities and Nursing Homes tend to be more confusing as they are used interchangeably, but are actually quite different. Skilled Nursing Facilities offer skilled nursing care while Nursing Home is a senior living option. Skilled Nursing Facilities offer skilled nursing care while a Nursing Home is a senior living option. Skilled Nursing Facilities offer short-term services and long-term services. Nursing Homes offer long-term care living options.

Skilled Nursing Facilities are usually chosen when someone

requires rehabilitation following a hospitalization. The stay is typically temporary and is focused on returning the individual to his or her prior community living environment. A Nursing Home is chosen when someone needs higher level of nursing care on a long-term basis. Assistance with all activities of daily living as well as 24-hour nursing services are provided in both settings.

Brooks offers assistive living, memory care, and skilled nursing facilities with short-term and long-term services. If you are in need of any of the services above please don't hesitate to contact Brooks for guidance and support.



Maria Interiano, NHA, MHSA
Regional Director Aging Services
Brooks Bartram Campus Administrator

Q What is the difference between traumatic brain injury and non-traumatic brain injury?

An acquired brain injury (ABI) is an injury to the brain that is not congenital, degenerative, inherited or caused by trauma at birth. ABI is often divided into two types, traumatic brain injury (TBI) and non-traumatic brain injury (NTBI).

TBI is a result of an external force to the head, causing injury to the brain, and thus, the brain does not function properly. Common causes of TBI include motor vehicle accidents and falls. Patients with TBI can present in a coma, a prolonged unresponsive state, recovery phase with various mood, memory and personality difficulties, or, in the best case scenario, full recovery status. NTBI is an ABI resulted from internal factors, such as lack of oxygen to the brain from heart attacks or injuries to healthy brain tissues by brain tumors. Patients with NTBI can present with various severity of brain dysfunction, similar to TBI.

TBI and NTBI are common, but the recovery courses can be arduous and complicated. Patients with ABI suffering from cognitive, mood or functional difficulties would benefit from a comprehensive brain injury rehabilitation program. Having expert guidance, such as a physician who is board-certified in brain injury medicine, with extensive knowledge in brain injury rehabilitation is crucial to successful recoveries.



Kenneth Ngo, MD
Medical Director, Brain Injury Program
Associate Medical Director,
Brooks Rehabilitation Hospital

Q I have struggled with low back pain for years. Are there alternatives to medication?

Yes. Many non-pharmacologic interventions are available for treatment of low back pain, including physical therapy. Research consistently shows the value of specific and targeted physical therapy interventions for patients with low back pain. Most recently, clinical practice guidelines have been compiled by researchers using the most up to date findings regarding which exercises, mobilizations and treatment interventions will be effective depending on the type of low back pain the patient is experiencing. This creates a level of expertise and confidence for clinicians to correctly diagnose and intervene for the best outcomes.

Some of these interventions include manual therapy or hands-on therapy to mobilize the spine and tissue surrounding the spine and exercise designed to alleviate low back pain. Other research-based interventions for chronic low back pain include cognitive-behavioral therapy and rehabilitation by a team of experts in various disciplines.



Marie Bogh, PT, DPT
Center Manager, Ortega
Brooks Rehabilitation
Outpatient Division

Q How do I know if someone is having a stroke?

Acting F.A.S.T is key for strokes as "time is brain." F.A.S.T stands for F- Face Drooping, A - Arm Weakness, S- Speech Slurred, T - Time to call 911. A patient should go to the ER immediately if they think they are having a stroke because they can potentially save more brain tissue.



Parag Shah, MD
Medical Director, Stroke
Brooks Rehabilitation Hospital

Q I'm worried my child isn't reaching milestones that other children his age are. What's my next step?

It is important to remember that every child is different, thus children will achieve milestones at different rates and ages. For instance, some children may walk before 12 months of age and some children may not walk until 18 months of age, which is still within the normal range for development. If you are concerned with your child's development, do not hesitate to bring up your

concerns to your child's pediatrician. Your pediatrician can offer suggestions and advice for the next steps in helping your child.

They may recommend having a free developmental screening at one of our Brooks outpatient locations. During these free developmental screenings, an occupational therapist, physical therapist or speech language pathologist will meet with you to address your concerns and assess your child's main milestones compared to their age-matched peers.

From this free developmental screening, we would share whether a full evaluation is necessary to further evaluate your child's development for therapy services. If your child does not require further evaluation, the therapist will provide you with information and activities to ensure your child continues to keep up with peers.



Melanie Cohen, PT, DPT, PCS
Center Manager - St. Augustine Pediatric Center
Brooks Rehabilitation Outpatient Division

Q I recently had a baby, and I'm still peeing when I laugh or sneeze. Is this normal? What can I do?

Urinary leakage is not normal, but it is common after having a baby. Involuntary loss of urine with a laugh, sneeze or cough and/or during activities such as exercise is called stress urinary incontinence and is primarily caused by underactive or weak pelvic floor muscles. The prevalence of stress urinary incontinence in the early post partum period is ~ 33%. Associated factors for urinary incontinence after having a baby include: pre-existing urinary leakage during pregnancy, vaginal delivery, instrument-assisted delivery, length of breast feeding and body mass index.

Many women do not know how to correctly do a "Kegel" or engage and contract the pelvic floor muscles (vaginal and rectal muscles). With pelvic floor physical therapy, you can be trained on how to successfully contract and relax your pelvic floor muscles to strengthen and restore their function. Education on healthy bladder/bowel habits, posture and body mechanics during exercise, and behavioral strategies on how to maintain continence are essential.

Lastly, an individualized core and pelvic floor exercise program will promote success

with management of urinary incontinence and return to daily activities you enjoy. A physical therapist, which specializes in pelvic floor rehabilitation, can perform a thorough examination and evaluation to determine the pelvic floor muscle dysfunction involved and then develop an appropriate individualized plan of care for treatment and to achieve your goals.



Stephanie Bush, PT, DPT, WCS, MEd
Women's Health Residency Coordinator
Brooks Rehabilitation Outpatient Division

Q I live alone and am worried about falling. What can I do to prevent a fall?

Falls can be a leading cause of injury and disability, but taking a few simple steps can help you prevent them.

(1) Review a complete list of your medications with your primary care physician to ensure he/she is aware of all medications you are taking so they can discuss possible side effects and rule out any contraindications.

(2) Remove area rugs, clutter and electrical cords so you have unobstructed pathways eliminating possible trip hazards.

(3) Using nightlights in bedroom, bathroom and hallways to increase safety when getting up at night.

(4) Be aware of pets as they can get tangled around your feet and cause you to trip.

(5) Exercise programs targeting strength, balance, flexibility and endurance.



Ninoska Alvarez, MSPT
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For more information
and additional Q&A, visit
BrooksRehab.org

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