#1, 3, 6, 9, 11, 12, 13, 15 pg. 512-513

**#1) Define TBI and how it affects occupation**

* A traumatic brain injury results from a penetrating (open) or no penetrating (closed) injury to the brain. This is a life altering experience that causes physical, cognitive, behavioral, and emotional changes that affect a persons’ overall abilities in occupations. These changes also alter participation and health for a person. The severity and characteristics differ from person to person which are going to alter different occupations from day to day. For example, someone could have more difficulties performing ADL’s because of lack of mobility then someone else who just needs adaptive equipment to help them.

**#3) Describe the role of the OTA with low-level client with a TBI in the ICU**

* The role of the OTA with low-level client with a TBI in the ICU is to increase he person’s level of overall responsiveness and awareness. This happens through structured therapy interventions that have many steps that are easy for the patient to progress through. Sensory regulation, bed positioning, wheelchair positioning, use of positioning devices, casting and splinting, and dysphagia management. Family and caregiver education is also important for the OTA to consider.

**#6) Name an activity that would be a good choice for the first caregiver training session for a client with a severe TBI. Why would transfer training not be a good choice for this situation?**

* An activity that would be a good choice for the first caregiver training session for a client with a severe TBI would simply be education. They would need to explain the role of the OT because that is the most important factor for the caregiver. The OT practitioner would provide information according to each person’s ability to handle and process it. Transfer training would not be a good choice for the situation because it could be overwhelmed by the safety precautions and the amount of proper technique education that would be required. It could cause extra stress for the caregiver and also be dangerous for patient. The OT practitioner should start slow with education and then get to the harder things like transfers.

**#11) Identify three issues a client with a mild TBI and ataxia of both UE’s might encounter when texting on his new touch screen cell phone**

* Patient may be unable to hold phone stable due to shaking
* Patient may be unable to push the right area of the phone to operate it due to abnormal and potentially jerky movements
* Patient may be unable to isolate certain areas of fingers to manipulate phone and what they want to push

**#12) Within the first month of treatment, a family member of a client with a moderate TBI is having difficulty accepting the client’s limitations and insists he will have complete recovery. What can the OTA do to help that family member?**

* The OTA can help the family member by explaining the effects of an TBI and provide the family with education about what a TBI entails. They can also encourage the family to take time before they are full caregivers to rest and regroup. This can reassure the caregiver that he or she need not feel guilty for doing so.

**#13) For a client with a TBI who functions at a concrete level, should the OTA pursue a functional or remedial approach to perceptual training? Explain**

* A client with a TBI who functions at a concrete level, the OTA should pursue a functional approach. This will allow the person to continue to improve whether it be physically or just by knowledge. They can continue to learn ways to help their situation and learn ways to adapt to their TBI.

**#15) A client with TBI who always wears glasses arrives for his outpatient appointment having forgotten them. What could the OTA do so that the client can still participate in therapy that day?**

* If a client shows up to a therapy session with no glasses the OTA does not need to immediately cancel the therapy session. They can adapt their interventions in ways that make it easier for the patient to see. They may have to be creative and use lots of contrast and bigger letters and gestures, but they can still make it doable for the patient to participate fully in therapy.