

July 2009

The Messenger

News and information
from Mayo Clinic
Traumatic Brain Injury
Model System Center

A Second Chance



Ana Tracz celebrates her second chance at life after surviving a brain injury five years ago.

On November 11, 2003, Ana Tracz was driving on Highway 52 near Rochester, MN. She was struck by another car and lost consciousness. Hospitalized for a total of 41 days, Ana suffered from a severe traumatic brain injury. She experienced bleeding on the outside of her brain and bruising of the brain tissue itself. Other injuries included facial nerve damage and a

broken clavicle. Ana spent several weeks in the hospital.

As with many people who experience trauma of this magnitude, Ana doesn't remember much about her accident or time spent in the hospital. A few memories stand out -- crying due to pain caused by her feeding tube, bouncing on a ball in physical therapy, and baking cookies in the rehabilitation unit kitchen. Ana also vaguely recalls doctors telling her to "try not to remember the accident itself, take it easy". Something Ana clearly remembers is that family presence was central to her recovery.

"Family support was so very important. My family was supportive, provided a lot of unconditional love, and did not let me, now a person with a brain injury, feel bad".

Husband Michal was in the early stages of his medical residency program at Mayo Clinic at the time of Ana's accident. He balanced gradually returning to work after Ana was stable

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A Second Chance

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Ana and Michal started their family as she recovered from a brain injury

with actively helping his wife recover. “He played 80’s music and prompted me to use my brain to remember the words and to sing along” Ana fondly recalls. Her parents

traveled from New York to stay with her throughout inpatient and outpatient rehabilitation.

They learned that fatigue is common following brain injury, and that it takes time to regain endurance. They learned that as a result of short term memory problems, they should talk to Ana about familiar things and bring in pictures and other comforting items. They recall meeting with a Spanish-speaking doctor who suggested the family not push their daughter too hard or expect too much in the early days, but to maintain hope for a bright future.

Fast forward five years. After participating in therapy for many months, Ana’s future is indeed bright. “Therapies were very useful as they helped me gain my confidence back”. Michal videotaped Ana when she was first home from the hospital and she is still struck when she sees herself then as compared to now. Looking forward rather than backward allowed Ana to focus on the business at hand, getting better, and she feels this approach helped her recuperate more readily. Patience was another key to success. Ana was gently encouraged by both family and therapists to try not to become too frustrated with recovery. It was going to take awhile. She now advises others to “learn to be patient, think positive and if things are not going well, try your best to do even better.”



Ana enjoys travel with her mother, Dora Telles, and sons, Benjamin and Richard.



The Tracz family recently left behind the Canadian Geese of Rochester, Minnesota for the bright lights of New York.

Ana has resumed all activities she did prior to the accident. She returned to driving within a few months. She had been employed as a CD Designer at the time of her accident. Unfortunately, in 2004, a work force reduction led to Ana's job no longer being available when she was released to return to work. On the other hand, the reduction coincided with the couple's decision to start a family. Though she aspires to start her own graphics company someday, for the time being Ana stays plenty busy raising the two beautiful sons she and Michal had following her accident.

In light of her strong recovery, did the accident change Ana or Michal in any way? It did, without question. Ana appreciates everyone and everything more and does not take anyone or anything for granted. She is very grateful to God for her recovery and feels she has a second chance at life. If the subject arises, Ana openly shares her story of brain injury but doesn't otherwise bring it up much anymore. Michal tended to be very carefree before

the accident, he worries more now. "I remember all I wanted to hear in the days after the accident was that there was at least one person that had done well. That would have been enough to anchor my hopes on. I hope Ana can serve as one valuable model of recovery. All and all she was very lucky to sustain only minimal structural damage at the time of the accident. But, still, those nine days in the coma have changed me for ever."

Dr. Michal Tracz completed his residency in internal medicine at Mayo Clinic and the Tracz family recently moved to New York. Though excited to be close to family again, they were sad to leave Rochester. We wish them the very best, thank them for sharing their story of hope and second chances, and are hopeful for another update in five years! ■

Not Sick, Just Tired

Fatigue, feeling mentally and physically exhausted, is one of the most widespread symptoms following traumatic brain injury (TBI). Studies on the topic have shown most individuals with TBI experience fatigue, regardless of how severe their brain injury was. Up to 75% may struggle with significant fatigue 5 years post-injury.

Why worry about being tired? After all, we all get tired sometimes, right? According to researchers, TBI-related fatigue is different. It often seems out of proportion compared to whatever work or task the person with TBI is trying to do, and with the effort they are putting forth. In other words, many people with TBI seem to tire out more than their peers when doing the same type of activities. Fatigue after TBI is associated with decreased participation in regular activities in the community and has been linked to depression. Mental and physical fatigue often affect work and school. They also affect the energy a person with TBI has to socialize and do the things they enjoy during free time.

What does mental fatigue look like? It looks like more difficulty concentrating, worsening memory, and slower speed of processing as the day wears on. It looks like more trouble completing

tasks and activities. It takes extreme effort just to complete simple everyday mental activities such as organizing the day, tackling to-do-lists, and making routine decisions.

How about physical fatigue? This also tends to worsen as the day wears on. It can come from muscle weakness or from simply having to work harder than before to get up, get dressed, and get moving. Many people report frequent napping in spite of sleeping many hours at night, and still not feeling physically rested in the morning.

Can anything be done to address mental and physical fatigue? In a word, yes. Management of fatigue should begin with a thorough medical examination to rule out other conditions that may be causing the fatigue. Anemia, sleep apnea, depression, diabetes, acute or chronic pain, medications, and hormone deficiencies are some of the possibilities. If none of these conditions is found to be the culprit, then what?

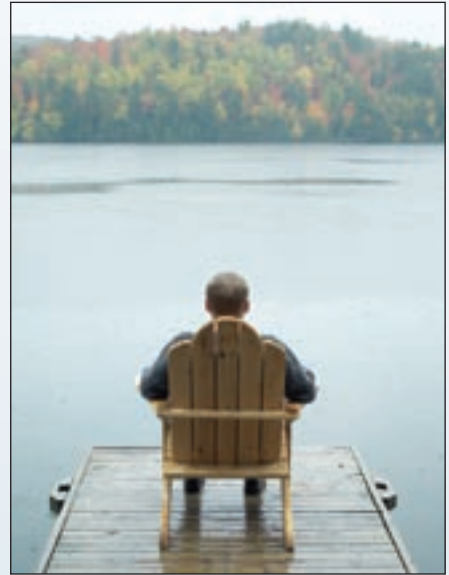
Listed on page 5 are several strategies that can help manage TBI related fatigue. Above all, maintain hope. Many people do learn how to better control their fatigue so that it doesn't control them. ■

Cognitive Rehabilitation: Focus on Function, September 26, 2009

The Mayo Brain Rehabilitation and Research Program will host the second conference on cognitive rehabilitation. This seminar will provide therapists and others treating individuals with acquired brain injury practical information on assessment and treatment of cognitive disorders. Multiple case studies and lectures will focus on the implementation and coordination of cognitive therapy in the outpatient setting. Continuing Education Units will be offered. For more information e mail pmrconf@mayo.edu or call 507-266-0940. ■

Fatigue Management Strategies

- Respect and acknowledge your fatigue, it's real. Wishing it away or ignoring it doesn't help.
- Know your personal signs of fatigue. Keep a journal or ask those who know you best to help you identify these signs.
- Schedule periodic short rest breaks (5-15 minutes) into your daily routine, and take them. Make this a priority, something good you do for yourself.
- If you are having an atypical day and your schedule is "off", still attempt to schedule and take rest breaks.
- Schedule the things that require the most mental and physical effort during times of day when you are at your best, usually earlier in the day.
- Rest means allowing your brain to shut down for awhile. If you cannot quiet your thoughts, write them down and try again to fully rest your brain and body. This takes practice.
- For most people, a rest break does not necessarily mean falling asleep. However, if you do so, limit your nap to 30 minutes if possible.
- Stop working when you begin to feel tired. The sooner you stop and take a break, the faster you will regain energy. Waiting until you are exhausted doesn't work well.
- Under the guidance of your doctor, exercise regularly, at least 3 times per week for 30 minutes. Aerobic exercise, that which gets your heart rate up, is best. A predictable routine you enjoy is one you are most likely to stick with.
- Learn relaxation strategies and how to effectively deal with the stress in your life.
- Talk to your doctor about the possibility of cognitive behavior therapy (CBT) as one means of better understanding and managing fatigue.
- Look for and change factors that contribute to poor sleep at night (for example, consuming too much caffeine, napping too much during the day, taking in excess fluids before bed time, trying to cram too much into the day, erratic bed times).



No one is at their best when tired. The residuals common after TBI are usually made worse by overwhelming fatigue. Use of the above strategies can help you keep your gas tank full, so you can go further.

Keep an eye on research into TBI-related fatigue. Many of the TBI Model Systems are conducting studies on the matter in hopes of finding better ways to measure and treat fatigue. The NIDRR funded Knowledge Translation Center is one source for information (msktc.washington.edu). ■

New Staff



Randi Nickelsen joined the Mayo TBI Model System research team in December, 2008, as a research assistant. Randi is married with two young daughters and is

a full time business student. She has a background as a patient care assistant and has held various administrative assistant positions at Mayo Clinic. She has already made herself indispensable. A warm welcome to Randi.



She can run, but not hide. **Sue Lepore**, long time occupational therapist on the Mayo Brain Rehabilitation team, retired from her clinical duties

last summer. When the TBI Model System research coordinator position opened up earlier this year, Sue agreed to “un-retire” and give it a shot. In her new role, Sue is conducting follow up calls to people who enroll in Mayo TBI Model System research studies. A warm welcome back to Sue. ■

Mayo Clinic Research Study

The Mayo Clinic is currently recruiting volunteers for a research study. The goal of the study is to improve memory compensation through providing cognitive rehabilitation over the Internet. We are looking for individuals with the following characteristics:

- 18-65 years old
- A documented acquired brain injury including traumatic brain injury at least one year ago
- Lingering memory difficulties
- Access to a computer with Windows XP and a CD ROM.

The study involves weekly computer contacts between the participant and an experienced cognitive therapist at Mayo Clinic. An initial 2-4 hour interview on site at Mayo Clinic is required prior to beginning the study. You will be reimbursed up to \$100.00 for transportation costs.

If interested, please e-mail Sherrie Hanna at hanna.sherrie@mayo.edu or Dr. Tom Bergquist at bergquist.thomas@mayo.edu or call 507-255-3116. ■



BrainLine.org - Preventing, Treating and Living with TBI

BrainLine is a national multimedia project offering information and resources about preventing, treating, and living with TBI. BrainLine includes an ambitious web site, a series of web casts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about TBI.

BrainLine serves anyone whose life has been affected by TBI. That includes civilians or soldiers with brain injury, their families, professionals in the field, and anyone else in a position to help prevent or diminish the toll of TBI.

BrainLine is guided by an advisory panel of nationally recognized experts

and is a service of WETA, the public TV and radio station in Washington DC. Over the last decade, WETA has created four award winning national web sites. BrainLine is funded by the Defense and Veterans Brain Injury Center, the primary operational component of the Defense Centers of Excellence for Psychological Health & TBI.

Consider bookmarking this web site as a “favorite”, we think you will find this resource cutting edge, user friendly, and very informative. ■



preventing, treating, and living
with traumatic brain injury (TBI)

Dissemination Efforts

Recent TBI Model System publications include:

- Malec JF, Mandrekar JN, Brown AW, Moessner AM. Injury severity and disability in the selection of next level of care following acute medical treatment for traumatic brain injury. *Brain Injury*, 2009 Jan; 23(1):22-9.
- Davis, L, Sander, AM, Struchen, MA, Sherer, M, Nakase-Richardson, R, Malec, JF (2009). Medical and psychosocial predictors of caregiver distress and perceived burden following traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 24(3), 145-154.
- Bergquist T, Gehl C, Lepore S, Holzworth N, Beaulieu W. Internet-based cognitive rehabilitation in individuals with acquired brain injury: A pilot feasibility study. *Brain Injury* 2008 October; 22 (11): 891-7.
- Mayo TBI Model System staff presented at regional Brain Injury Association conferences in Minnesota, South Dakota, Iowa, and Wisconsin this spring. Presentations were also made at the annual Mayo Clinic conference on TBI, the American Congress of Rehabilitation Medicine annual meeting, and other regional and national meetings.

Mayo TBI Model System staff are dedicated to try and meet all requests to give presentations to groups both small and large, consumer and professional. Please contact Anne Moessner at 507-255-5109 with requests. ■

OUR MISSION:

The primary mission of the Mayo Clinic TBI Model System is (1) to study the course of long-term recovery after traumatic brain injury (TBI), and (2) to develop, provide and evaluate innovative services to address identified needs for service coordination and community reintegration for persons with TBI.



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Partnership Approach to Brain Injury

Family members, friends, and interested persons are invited to attend The Partnership Approach to Brain Injury offered twice a year, in the fall and spring. This educational program teaches ways to cope with common problems following brain injury. For more information or to be added to the mailing list call 507-255-3116.