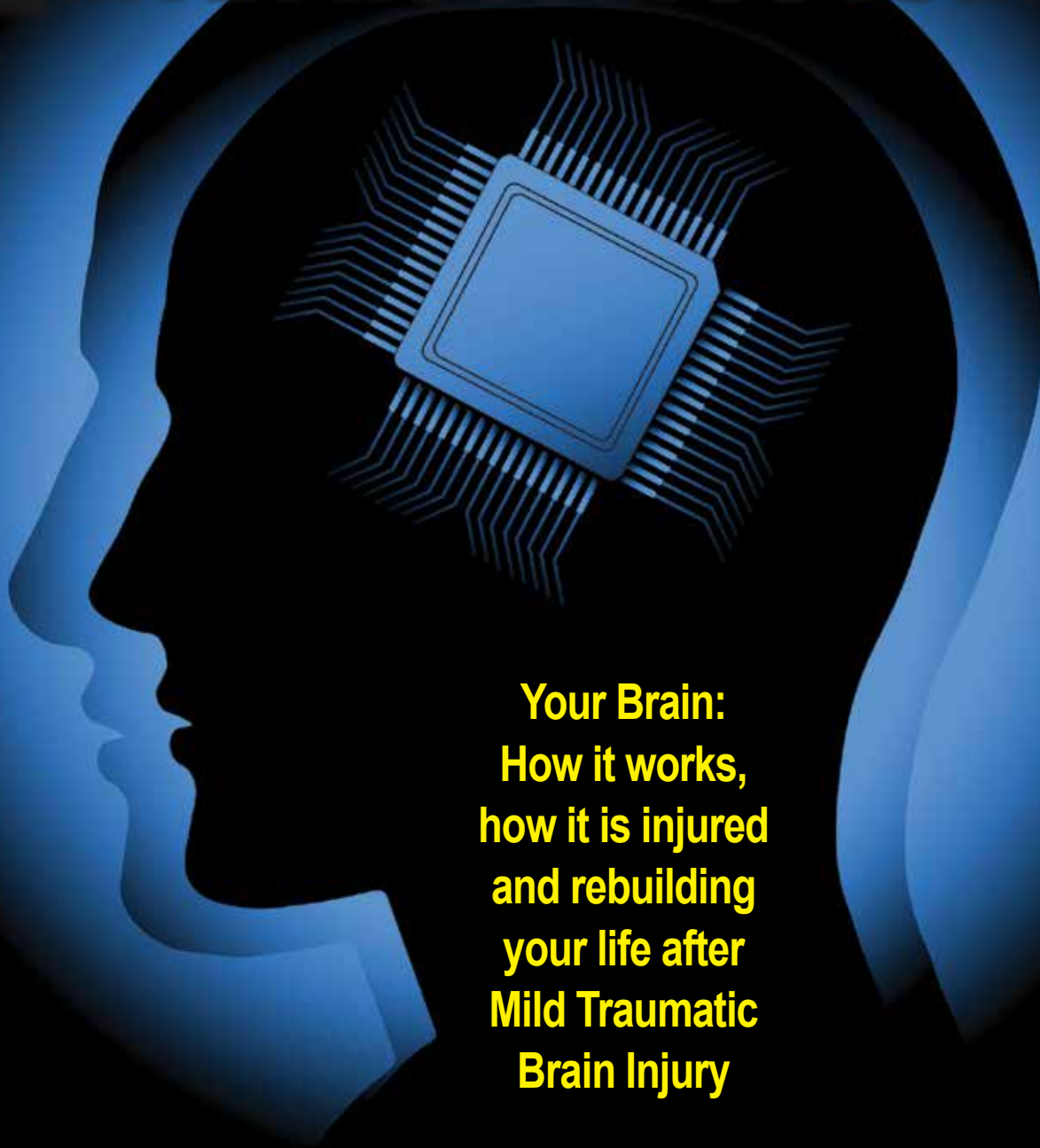




BIAK/MILITARY

MTBI Resource Journal



**Your Brain:
How it works,
how it is injured
and rebuilding
your life after
Mild Traumatic
Brain Injury**



Dear Servicemembers:

As Commissioner of the Kentucky Department of Veterans Affairs, I am committed to ensuring that when you complete your military service, you receive all the benefits and services you have earned.

That especially means dealing expeditiously with brain injuries that may show no outward sign of damage. Traumatic Brain Injury is far more common than we would like to think, and far too easily overlooked or ignored. Because brain injuries are not obvious, too many service members incurring them due to explosions or concussions were treated and released back to duty without appropriate evaluation or care.



That is ending. Studies of long-term effects from TBI and concussions in sports like football as well as in soldiers exposed to explosive devices or intense combat have documented the short- and long-term dangers of such injuries. The commitment of both the U.S. Military and the U.S. Department of Veterans Affairs to long-term evaluations and care is real and permanent, and getting better every day.

KDVA is proud to have worked with the Brain Injury Alliance of Kentucky to increase awareness and improve treatment of brain injuries for service members and veterans. That includes helping servicemembers who have brain injuries to make a successful transition to civilian life.

You have sacrificed to serve us, and now it is our honor to serve you by ensuring you receive all the benefits you have earned – including comprehensive assistance with the consequences of brain injuries. I hope you will find this resource manual useful. If you need more information, you can reach the Brain Injury Alliance of Kentucky at 800-595-1117 or www.biak.us

Sincerely,

Norman E. Arflack, USA (Ret.)
Commissioner
Kentucky Department of Veterans Affairs

Introduction



Many Kentucky veterans have returned from deployment in recent years with mild traumatic brain injuries. These can be caused by a blow to the head or by a blast. For many the symptoms heal quickly. Others experience chronic sleep difficulties, sensitivity to light, memory deficits, depression, anxiety, irritability, headaches, as well as other cognitive and behaviors challenges that can last for long periods of time. In many cases these problems remain hidden. A veteran suffering the effects of a mild traumatic brain injury will have significant challenges integrating back into civilian life. It brings stress to personal relationships, and causes barriers to employment and educational opportunities. I know because I suffered a traumatic brain injury while deployed in combat as a marine.

The Brain Injury Alliance of Kentucky reaches out to all Kentucky veteran families affected by TBI. Our goal is to start the veteran and his or her family on the path to recovery. This resource journal was produced by The Alliance specifically to provide critical information to Kentucky veterans that will assist in their recovery.

Alex Nauert

BIAK Military Outreach Coordinator

Brain Injury Survivor, Afghanistan

United States Marine Corps



Table of Contents

This journal is a collaborative effort between the following: KY National Guard, Armed Forces Reserves and The Brain Injury Alliance of Kentucky. Many thanks go out to those who contributed articles, personal stories, valuable time and information. Our goal is to help identify Kentucky Servicemembers and Veterans that may have suffered a traumatic brain injury during their service to our country. We hope that the information will be helpful to you and your loved ones. Please use the resources available and do not hesitate to reach out to organizations that have been put in place to assist you during your transition back to a “New Normal” life. Thank you very much for allowing us to serve you as you have served your country.

<i>Forward</i>	2
<i>Introduction</i>	3
<i>Concussions and TBI</i>	5
<i>The Return to Civilian Life</i>	11
<i>Becoming a Caregiver for Your Adult Son or Daughter</i>	15
<i>Battlefield Stories</i>	21
<i>A Continuous Journey: The Story of Jerry and Elaine</i>	24
<i>A Pastoral Approach</i>	27
<i>VA Health Care</i>	33
<i>VA Benefits for Servicemembers</i>	36
<i>VA Benefits for OEF, OIF and OND Transitioning Servicemembers</i>	40
<i>VET Centers</i>	44
<i>KDVA Field Benefits Representatives</i>	45
<i>VA Medical Centers</i>	47
<i>Resources</i>	48
<i>Glossary</i>	66



Concussions and TBI



Traumatic brain injury (TBI) has often been called the “signature wound” of the Iraq and Afghanistan wars.

A concussion is also known as a mild traumatic brain injury (MTBI). In sports medicine the term concussion is most commonly used and in general medicine mild traumatic brain injury is often used. Lay people are generally more familiar with the term concussion and that term might be used by treating professionals when discussing a mild traumatic brain injury.

The brain floats in cerebral fluid to protect it from jolts and bumps. A violent jolt or severe blow to the head can result in the brain bumping hard or jolting inside the skull. When this happens, nerve fibers might tear or blood vessels might rupture. The brain is “bruised” and can result in hemorrhage (bleeding in the brain), edema (swelling) or shearing (tears in nerve tissue). This type of injury in which the skull remains intact (although it might be fractured) is called a closed head injury and represents the majority of head injuries sustained. When the skull or brain is penetrated and the skin is torn, an open head injury occurs.

Continued on next page



Glasgow Coma Scale

The Glasgow Coma Scale is a 15 point scale based upon ratings of a patient's best eye opening, motor responses and verbal responses following a brain injury; lower scores reflect greater severity in injury.

The most common causes of mild traumatic brain injuries are automobile accidents, falls, sports injuries (including horseback riding, bicycling and playground injuries) and assaults. The Department of Defense and the Department of Veterans Affairs classifies the severity of a brain injury using the following criteria:

General Criteria for Severity of Traumatic Brain Injury

Mild	<p>Glasgow Coma Scale: 13-15 Post traumatic amnesia (memory loss): not greater than 24 hours. <i>Alteration of consciousness no more than 24 hours, or loss of consciousness no greater than 30 minutes, and with normal CT or MRI.</i></p>
Moderate	<p>Glasgow Coma Scale: 9-12 Post traumatic amnesia: no more than 7 days. <i>Loss of consciousness no greater than 6 hours with abnormal CT or MRI.</i></p>
Severe	<p>Glasgow Coma Scale: less than 9 Post traumatic amnesia: Greater than 7 days <i>Loss of consciousness greater than 6 hours with abnormal CT or MRI</i></p>

Mild TBI is one of the most common forms of combat-related injury but they can be more easily missed than moderate to severe brain injuries because brain scans are usually normal. Regular concussions are typically caused by direct impact to the head but growing evidence suggests that the pressurized blast waves produced by powerful IED's and rocket-propelled grenades inflict a fundamentally different type of brain damage. It is estimated that approximately 60% of blast injuries result in a traumatic brain injury. Recent studies indicate that blast-related brain trauma results in a diffuse "pepper-spray pattern" of damage to white matter, the portion of the brain that contains nerve fibers. It is especially worrisome that many Servicemembers in combat will suffer repeated exposure to blasts, re-injuring their brains while they are still in a vulnerable state.

How does a blast injury occur?

Many recent active duty Servicemembers have undergone one or more combat deployments with increased risk of exposure to blasts or blast-related events. Blast-related injuries occur as a result of changes in atmospheric pressure when

Continued on next page



a high-energy explosive detonates. The blast happens when a chemical reaction in solid or liquid form causes an almost instantaneous conversion to gas. These gases expand rapidly causing compression in the surrounding air and forming a pulse of pressure (blast overpressure) in the first phase of the blast wave. As the gases expand the pressure drops and creates a relative vacuum (blast under pressure). When these extreme pressure differences reach the body, stress and shearing injuries occur (barotrauma).

Exactly how a blast injures the brain is not completely understood. Some research indicates that the pressure wave enters the brain primarily through the eyes and sinuses (and to a lesser degree, the skull) and ricochets around brain tissue, causing brain damage. Other studies are investigating the effect of electromagnetic pulses (EMPs) that are generated by the blast. The brain is an electrical organ that may be “short-circuited” by these EMPs. Other researchers have found inflammation of brain tissue that may continue to be evident in blood chemistry even when most symptoms of the concussion have faded. Whatever the mechanism, a critical question being explored is whether exposure to repeated blasts results in exponential injury (i.e., greater injury than the sum of each individual injury).

Mild TBI is one of the most common forms of combat-related injury.

Signs and symptoms of a mild closed head injury may include:

Cognitive Symptoms	Physical Symptoms	Behavioral Changes
Attention problems	Headaches	Irritability
Concentration difficulties	Sleep disturbance	Depression
Memory problems	Fatigue	Anxiety
Slowed speed of information	Dizziness	Poor emotional control
	Balance/coordination problems	Aggression
	Visual changes/light sensitivity	Impulsivity
	Nausea	

Continued on next page



Diagnosing a mild traumatic brain injury can be challenging because the symptoms are not unique and are commonly seen in other medical problems. Service-members do not report symptoms of head trauma immediately.

What are symptoms of brain injury

A wide variety of symptoms can occur after a brain injury and any brain function can be affected by brain trauma. Symptoms vary greatly depending on what nerve pathways have been disrupted.

These symptoms can occur in day-to-day life among healthy individuals and are often found in persons with other conditions such as chronic pain, depression or other traumatic injuries. Pre-existing conditions such as chronic pain, depression or other neurological issues can sometimes better explain the symptoms that emerge following a concussion. In this case, signs of injury must be more thoroughly evaluated and treated before attributing the symptoms to a mild traumatic brain injury.

Another challenge to diagnosis occurs when Servicemembers do not report symptoms of head trauma immediately for various reasons, e.g., the symptoms are minimized or the soldier is reluctant to report a health problem. In cases of a time delay before reporting the trauma, it is particularly important for the individual to provide detailed information of the injury, duration and severity of altered state of consciousness, immediate symptoms and the course of symptoms over time to aid in accurate diagnosis and treatment.

The vast majority of individuals with concussion/mild traumatic brain injury will have no difficulties or complaints several months following the injury. A small percentage of individuals will experience persistent post-concussive symptoms that have not responded satisfactorily to treatment. Some factors that may put one at risk for persistent symptoms include:

- Pre-existing neurological symptoms
- Age (older individuals may be less resilient to full recovery)
- Less education
- Co-occurrence of mental health disorders (depression, anxiety, post-traumatic stress disorder, substance abuse)
- Chronic pain
- Lack of social support system
- Context of injury (stress, combat-related)
- Compensation and pension
- Litigation

Can the brain be fixed?

Symptoms of a single mild concussion that develop in the acute period after the injury resolve quickly (within hours or days). Symptoms that linger generally resolve in 4-6 weeks. Individuals with a mild traumatic brain injury generally

Continued on next page



remain independent in performing basic activities of daily living (grooming, bathing, dressing, toileting and mobility). A minority of individuals report problems with instrumental activities of daily living (driving, financial management, performance at work) that affect one's ability to function independently. When this is the case, a referral to a rehabilitation specialist for a functional evaluation and treatment is recommended.

There are two basic ways of dealing with cognitive loss following brain injury. The first is to change the environment so that less is demanded from the brain. This might include removing distractions from the environment (i.e., having conversations one-on-one instead of in a group; sitting in a remote area at work that reduces traffic around the desk; reducing sources of environmental noise).

The second way of coping with cognitive changes involves instruction and training. This approach is most effective when methods are highly structured, individualized, and designed to maximize information processing and positive motivation.

A cognitive remediation program might include the following strategies:

- Planning and writing the schedule for the day
- Following the same routine every day
- Following a study system to plant new memories
- Outlining and organizing thoughts and explanations
- Recording information so that it does not get lost or forgotten (i.e., notebook, "smart" phone, calendar)
- Using planning tools and techniques to get big jobs done
- Implementing a self-reminder system (i.e., watch alarms, pillboxes, Post-it notes)

It is important to recognize success when using cognitive strategies and to sound a warning before challenges result in frustration, loss of confidence or emotional dyscontrol (i.e., anger outbursts). Keep in mind that the task of relearning is manageable but might need to be tackled by building on small steps of success.

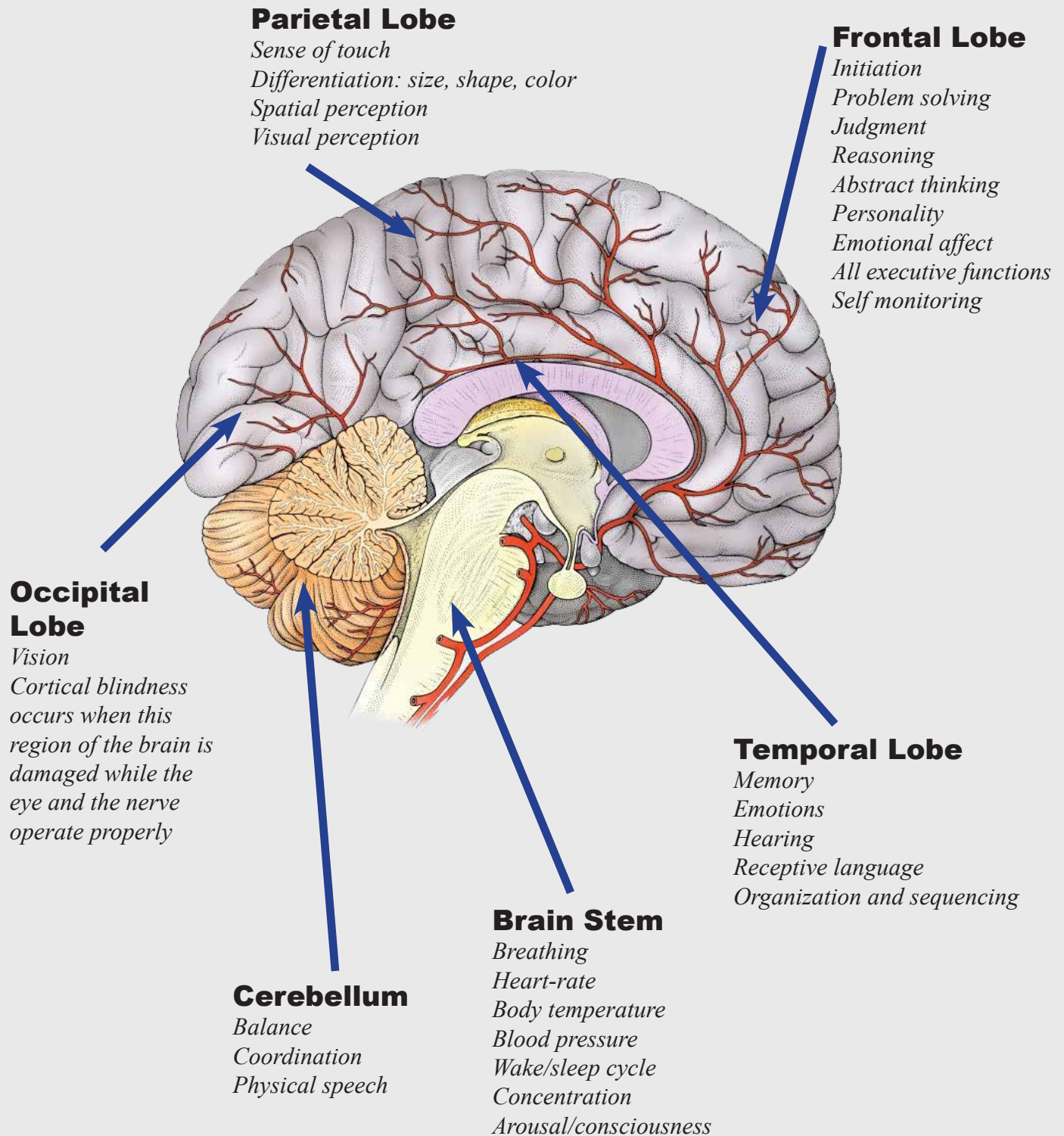


Future Directions

A new device is being developed at the University of Pennsylvania School of Medicine that could measure the magnitude of explosions to which a soldier can be exposed over time. These small, color-changing badges could immediately alert soldiers and field medics that an individual has been exposed to a blast level that could cause brain injury. The Palo Alto Research Center is developing a disposable plastic strip that can be placed on a helmet like a Band-aid to measure exposure to explosions. The strip will record a week of activity and then will be stored in the soldier's medical chart, and will be replaced with another strip for a week of recording. Blood tests have been developed (although not yet approved for use in the U.S.) to detect a specific protein that is released in the brain after it is injured. This could eliminate the need for CT scans and unnecessary radiation in individuals with an MTBI.



Brain - Behavior Relationships



The Return to Civilian Life

By Caroline Johnson, M.A., CCC-SLP

Returning from active duty to home life usually includes return to work or school. These transitions can be difficult for any Servicemember and particularly challenging for those who have suffered a mild Traumatic Brain Injury. Being aware of and accessing support services and options for starting or returning to school and / or returning to work can assist in being successful in these endeavors.

Going Back to School

Returning to school after serving in the military can be daunting but many Servicemembers are able to overcome changes in their career plans and physical/emotional injuries to succeed and graduate. Veterans with MTBI and/or PTSD

(post-traumatic stress disorder) may have reduced levels of concentration, short-term memory and can fatigue more quickly. Veterans or their family members can become effective advocates by learning which professionals can support your efforts and by talking to others who have used services. Consider the following areas of concern and potential resources:

Choosing Your Educational Focus

Talk to Social Workers or your Case Manager about a referral to Vocational Rehabilitation professionals. You may be eligible for Vocational Services through the VA; this requires that you have a Service Connected rating of 20% or greater. Other local/state vocational supports may also be available to you. They can discuss how to make realistic vocational choices and help with identifying vocational resources and paths to future employment such as finding a school as well as how to pay for it. Following the Vocational Rehabilitation Counselor's



determination that a Veteran has met the eligibility and entitlement criteria, an employment plan is written and carried out with the Veteran.

Post 911 GI Bill

The Post-9/11 GI Bill provides financial support for education and housing to individuals with at least 90 days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after 30 days. You must have received an honorable discharge to be eligible for the Post-9/11 GI Bill.

Approved training under the Post-9/11 GI Bill includes graduate and undergraduate degrees, and vocational/technical training. All training programs must be offered by an institution of higher learning (IHL) and approved for GI Bill benefits. Additionally, tutorial assistance, licensing and certification test reimbursement are approved under the Post-9/11 GI Bill. See www.gibill.va.gov for the latest information.

Montgomery GI Bill

The MGIB-SR program may be available to you if you are a member of the Selected Reserve. The Selected Reserve includes the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve and Coast Guard Reserve, and the Army National Guard and the Air National Guard. This benefit may be used for degree and certificate programs, flight training, apprenticeship/on-the-job training and correspondence courses. Remedial, deficiency, and refresher courses may be approved under certain circumstances. See www.gibill.va.gov for the latest information.

Continued on next page



**Mental
Health
professionals
can help
with tools for
dealing with
stress, pain,
anxiety and
depression.**

Campus

Veteran Resource Centers or Liaisons are on campus to help Veterans with applications, course requirements, disability resources, transfer equivalents, Veteran benefits, scholarships and other financial aid. There may be ROTC programs where prior service can mean advanced placement in the courses. Some have Veteran student organizations that help other Veterans and make administration aware of Veteran issues. There is someone at the center that can help with requesting reasonable accommodations for success in class such as taking tests in a smaller or less distracting place, etc.

Student Mind Set

Cognitive therapists (Speech Pathologist or Occupational Therapist) can evaluate and treat problems with skills like time management, organization, study strategies concentration and memory. The Veteran's doctor can refer to these therapists for evaluations and treatment and should specify that the Servicemember wants to attend school. There are tools such as recording devices and organization aides that are effective for many Veteran-students. Strategies to maximize memory and attention levels can also be reviewed and practiced to help with class material. It may be helpful for the therapist to give mock "lectures" and have the person practice taking notes to reveal areas where breakdown in understanding could occur. For many Veterans, returning to daily civilian life requires a period of adjustment which may make mundane daily tasks like studying more difficult to complete after the strongly structured life in the service. Sometimes the previously "above average student" will have problems due to mild impairments that cause them to have to work much harder to learn, or to find new ways to study, such as in a small group where members can "quiz" each other and share memory strategies.

Mental Health professionals can help with tools for dealing with stress, pain, anxiety and depression. They can also help with establishing good relationships on campus. Cognitive-Behavior therapy is often used to teach self-monitoring, self-instruction and relaxation techniques. Veterans can learn to track their emotions and use reminders like "keep cool" before reacting to a frustrating situation.

Return to Work

Returning to work after service can be challenging for Veterans with TBI and often, some supports are needed. Returning to a previous job may not be the right choice if the Veteran has limited support there. Physical and mental abilities need to be considered and discussed with professionals beforehand. Many people worry they will not be able to keep up with demands from supervisors and co-workers but may be making assumptions about what will be expected.

Continued on next page



The ability to return to work depends on several factors including severity of the injury, long-term side effects, type of job, amount of vocational rehabilitation received and self-acceptance. If the Veteran cannot face new limitations from injury, the desired job may be unrealistic. Educating the employer can also be very helpful, since MTBI is not visible when looking at someone.



Physical Demand

Talk to the Physical and Occupational Therapists about whether you can safely meet the physical requirements for a job. Safety from injury for the Veteran and their co-workers is critical. The job may be able to be set up differently to improve safety and stamina. Fatigue, balance problems and pain resulting from injuries are common issues associated with military TBI. Sleep disturbance is extremely common for Veterans and can be treated by way of medications for some people combined with education on sleep and help with whatever issues disturb the sleep. Sometimes relaxation techniques can be beneficial and sometimes there may need to be a sleep evaluation to look for medical problems such as breathing difficulty during sleep. Pain Management doctors may need to help with medications or other treatments to control pain for work.

Cognitive Demand

Speech-Language Pathologists and Occupational Therapists may be able to troubleshoot specific concerns about cognitive demands. Recognition of common problems that interfere with work is key; memory problems, concentration problems, slow thinking, executive function problems (which is when a person can plan how to solve a problem or complete a task with many steps, and then do it, while checking their work and troubleshooting for themselves as they go), poor insight and unrealistic expectations. Therapy can include use of memory devices, help organizing a specific task, methods to maximize attention to a task and practice solving complex problems using strategies. Specific examples of work-related treatment could include: helping create a map of the workplace to aid in recall of where things belong; use of an electronic device that keeps a

Continued on next page





list of tasks, in prioritized order with due dates; and organization of complex information such as changing schedules. Some simple recommendations can be discussed such as reducing distractions at work by changing the furniture or closing a door.

Emotional Demand

Psychologists and other Mental Health Professionals may be able to train methods to maximize control over stress and anxiety symptoms and improve the Veteran's ability to calm themselves in work situations. They can discuss anger management and how to set boundaries for behavior in the workplace. Ideally for the Veteran with TBI, the job would be structured, doing one thing at a time, with few deadlines, using mostly old skills in a local setting with a sympathetic employer.

Veterans with TBI are likely to have more success if aware of their barriers to working and open to receiving help from someone. This could be a family member or professional. A VA program known as Compensated Work Therapy (CWT) has vocational specialists on staff that can help the Veteran make a self-directed vocational plan and network the medical and community supports. CWT may provide Veterans with other types of unique vocational assistance to help them to get started in their communities, such as work trials, job placement and supported employment. CWT tries to match a Veteran's vocational strength and area of interest with work opportunities in local businesses and industries. See the list of employment resources for Veterans in the Resource section, which not only includes job listing sites but Vocational Rehabilitation eligibility and local/regional contact people.

Becoming a Caregiver for Your Adult Son or Daughter

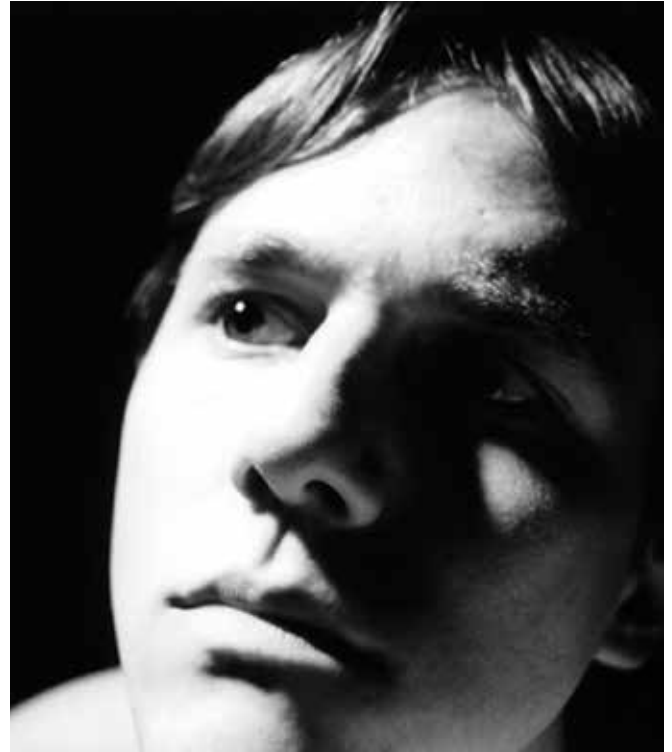
From Military OneSource

When the reality of your son's or daughter's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- one you hadn't expected. Becoming your adult child's caregiver will affect you emotionally and physically. You may feel overwhelmed by all that is involved and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the life you had envisioned for your son or daughter. At this point it's important to accept that things have changed and to surround yourself with resources and support.

How you may be feeling

It's common to experience many different emotions when a loved one requires long-term care at home, including:

- *Grief.* It's natural to mourn the loss of your child's good health as well as your own expectations of what you had hoped your child's future would be like.
- *Anxiety.* You may be anxious that you will not be up to the task of caring for your son or daughter. You may also worry that you will not be able to keep up with medical and household expenses.
- *Fear.* You may be afraid that this will not be a temporary situation and that you will not be able to cope or manage if it becomes a more permanent arrangement. If you are involved in a long-term situation, you may be anxious about your ability to care for your son or daughter as you age.
- *Anger.* You didn't choose to be your adult child's caregiver. It's not a position you asked for. It's normal to feel angry about being expected to handle this role.



- *Isolation.* There may be times when you feel very much alone -- that nobody else could possibly understand what you are going through. As a result, you may not share with others what your concerns are or what you're actually thinking and feeling.
- *Guilt.* It's common to feel burdened by this new role even though you love your child very much and want to help with the challenges ahead. And it's normal to feel guilty about feeling burdened.

When to seek help

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, it's important to speak with a mental-health professional about getting help.

Continued on next page



Set realistic expectations for your son/daughter and yourself.

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or “empty” mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, interrupted sleep, or oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being “slowed down”
- restlessness, irritability
- roughly treating or neglecting your son or daughter
- difficulty concentrating, remembering, making decisions
- persistent physical symptoms that don’t respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek professional help immediately if you or your loved one talks about or has thoughts of death or suicide.

Learn about your loved one’s condition and available resources. Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available for their loved ones and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your son’s or daughter’s condition and the resources that are available isn’t good just for your son or daughter -- it’s also good for you.

Educate yourself about your son’s or daughter’s condition. Become a knowledgeable member of your loved one’s health care team by learning everything you can about your child’s condition. This will allow you to ask health care providers the right questions, to anticipate your son’s or daughter’s needs, and to react appropriately when issues arise. It will also help you become more confident about being your child’s advocate.

Learn to communicate with members of the health care profession.

- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your son’s or daughter’s health care provider.

- Think about having someone else, a friend or family member, go with you to meetings with health care providers. It can be difficult to understand and absorb everything you’re being told. (You may still be in a degree of shock at this time.)

Continued on next page



Learn the routines of your son's or daughter's medical facilities. Ask about office hours, the best time to reach the health care provider, what to do if there is a medical emergency, and whom to contact after office hours.

Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and email addresses of doctors and other care providers; information about special diets; other pertinent information (for example, banking and insurance information; a living will, health care proxy). Be sure to write down the names and doses of your son's or daughter's medications to bring with you to health care appointments.

Learn about assistive devices. Seek information about devices and tools that can help make life easier for you and your son or daughter. Many resources are available through the Internet and from associations such as the Paralyzed Veterans of America (www.pva.org), United Spinal Association (www.unitedspinal.org), and the Amputee Coalition of America (www.amputee-coalition.org). For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at www.cap.tricare.mil/ or by phone at 1-703-681-8813.

Take advantage of supportive and skilled-care assistance. Different levels of assistance may be available to you and your loved one. For example, home health aides, home care aides, and nursing assistants can help with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered.

Taking care of yourself

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your

mind, but if you're feeling drained, you may become impatient, irritable, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your son or daughter.

Know your strengths and weaknesses. You may enjoy preparing your son's meals, but dread helping him shave. If that's the case, take the stress off of yourself by asking someone more skilled with the razor to take over that task for you. There are also professionals who will make home visits to attend to your son's or daughter's needs, such as beauticians, podiatrists, and physical therapists.

Take breaks. Caregiving is all-consuming and demanding work. It's important to give yourself downtime to restore your energy and refresh your attitude. Even a long walk or a night out at the movies can take the edge off. But also look for longer getaways, such as a day or weekend away. Ask trusted family members to sometimes take over care, or look into respite care (provided for a weekend, a week, or even longer).

Take care of your own health needs. Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs, but if you become sick yourself, your situation can only become more complicated.



Continued on next page



Your installation's support services

Each service branch sponsors information and support programs for Servicemembers and their families. You can call or visit any installation Army Community Service Center, Marine Corps Community Services, Fleet and Family Support Center, or Airman and Family Readiness Center regardless of your branch affiliation.

If you aren't near an installation, National Guard Family Assistance Centers are available in every state. The Local Community Resource Finder on the National Guard Family Program at www.jointservicesupport.org will identify your closest center. Or, check for additional information in the Resource section located at the back of this journal.

Learn to lift properly. If lifting is part of your caregiving routine, have someone show you how to do it without damaging your back.

Create a team of professionals to help you. To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, family, friends, co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of caregiving, which in turn can help to reduce your own stress.

Accept help. Neighbors, friends, co-workers, or people from your faith community may have asked how they can help. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your son or daughter while you take a break.

Hold a family meeting. Call together other children and family members, even if they live far away, to discuss your injured son's or daughter's needs. Determine how each family member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. Someone who lives far away can be given the task of making phone calls and following up. People who live far away can also make tapes and send pictures if they can't visit.

Understand the tendency towards isolation. Your son or daughter may want to stay away from people. He or she may feel uncomfortable and embarrassed about the injuries, and not want to answer questions about them. You may even feel that way, too. Wanting to isolate yourself is a normal reaction to a traumatic event.

Ask people to visit. Having company can lift your spirits and your loved one's, too. Invite your son's or daughter's friends for a visit. Ask your own friends to come over for a cup of tea, a game of cards, or to watch the ballgame on television. This can be very helpful, especially if you or your child have a tendency to isolate.

Discuss what your son or daughter wants you to tell people about their injury and experiences, and what they don't want you to discuss. It's a good idea to talk to your child in advance about what information they do and don't want to share with others. Knowing what they want revealed and what they want to remain private will help everyone address the inevitable questions. Dealing with this ahead of time can help everyone feel better equipped to handle potentially stressful situations.

Set realistic expectations for your son or daughter and yourself. No one is able to do anything "perfectly" at all times. This is true for caretaking and recovery, too. When you adjust realistically to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.

Continued on next page



Subscribe to caregiving newsletters and magazines online. Two helpful websites are Caring Today (www.caringtoday.com) and Today's Caregiver (www.caregiver.com). While they primarily address issues related to caring for older people, their information can be applied easily to any form of caretaking.

Connect with other caregivers. Whether it's a formal support group or an informal network of other caregivers, having people to turn to can ease feelings of isolation and stress. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn caregiving tips, and gain insider's information about available resources and services. You can also visit online resources such as the National Family Caregivers Association at www.nfcares.org and the Family Caregivers Alliance at www.caregiving.org.

Get professional help. It's important to get objective help for your ongoing stress, frustrations, and sadness. There are counselors and therapists who can help.

**Give
yourself
downtime
to restore
your
energy.**

Service-specific support

**U.S. Army Wounded
Warrior Program (AW2)**
1-877-393-9058
www.aw2.army.mil

**U.S. Marine Corps Wounded
Warrior Regiment (WWR)**
1-877-4USMCWW or
1-877-487-6299
www.woundedwarriorregiment.org

**Navy Safe Harbor –
Severely Injured Support**
1-877-746-8563
www.safeharbor.navy.mil

**Air Force Wounded Warrior
Program (AFW2)**
1-800-581-9437
www.woundedwarrior.af.mil

Warrior Care
www.warriorcare.mil
This site has links to resources for injured Servicemembers, as well as service branch-specific information.

Wounded Warrior Resource Center
www.woundedwarriorresourcecenter.com
This site has information and resources for injured Servicemembers from all service branches.

Military OneSource
This free 24-hour service is available to all active duty, Guard, and Reserve members (regardless of activation status) and their families. Consultants provide information and make referrals on a wide range of issues. Free face-to-face counseling sessions (and their equivalent by phone or online) are also available. Call 1-800-342-9647 or go to www.MilitaryOneSource.com to learn more.



10 TIPS for Family Caregivers

- 1 Caregiving is a job and respite is your earned right. Reward yourself with respite breaks often.
- 2 Watch out for signs of depression, and don't delay in getting professional help when you need it.
- 3 When people offer to help, accept the offer and suggest specific things that they can do.
- 4 Educate yourself about your loved one's condition and how to communicate effectively with doctors.
- 5 There's a difference between caring and doing. Be open to technologies and ideas that promote your loved one's independence.
- 6 Trust your instincts. Most of the time they'll lead you in the right direction.
- 7 Caregivers often do a lot of lifting, pushing, and pulling. Be good to your back.
- 8 Grieve for your losses, and then allow yourself to dream new dreams.
- 9 Seek support from other caregivers. There is great strength in knowing you are not alone.
- 10 Stand up for your rights as a caregiver and a citizen.

Cody Stagner
SGT, Kentucky Army National Guard
OIF 2004-2006

Narrowed to a specific event – and without giving gory details – I suffered several injuries from a vehicle borne improvised explosive device (VBIED) during Operation Iraqi Freedom (OIF), mid 2005. At the time, I was only aware of the external injuries, the ones causing me pain, such as burns covering my face and large bruises on my legs. I was hospitalized for less than a week and returned to duty with limitations on assignment while I continued to heal.



Cody Stagner

I was honorably discharged in 2006, and went back to school to finish my bachelor's degree. I knew it was going to be hard getting back into ordinary civilian life, so I compensated by working harder in order to make the same grades and continue my athletic scholarship. I had no idea of lasting internal effects from my injuries; I just thought it was part of the transition.

Two years later, I was still struggling with concentration, memory recovery, and blurred vision. I mentioned it to a co-worker, who happened to be a registered nurse, and she recognized my symptoms right away. She encouraged me to go back to the VA and get evaluated for a TBI. After several months of visits, evaluation, and testing, I was diagnosed with

mild traumatic brain injury. They said my brain functions mostly normal, but at the capacity of normal healthy adults more than twice my own age, and there wasn't a whole lot they could do. Now, I take more notes and try to maintain routine in daily life.

Dawn Urbina
SPC, North Carolina
Army National Guard
OIF 2006-2007

I was in Iraq from 2006-2007. I hit my head on a HMMWV (Humvee) door during an accident. My duty station was Camp Tallil, Iraq. I was a guntruck driver for the 1451st TC. Even though I felt lost and confused after coming home, I decided that I was in a new discovery phase of life. I didn't want to continue going to nursing school, but I wanted to complete college. I am one and a half years into my associates for business administration. I plan to get my bachelor's hopefully in human resource management.



Dawn Urbina

It has been so challenging for me because of insomnia and headaches. I just felt like I had to find a way back to some sort of normalcy. I also had been avoiding people for a while. I knew in order to get a job, that I had to find a way to be back around people and school was a great way to do so. People have been nice to me and those that know about my issues even go out of their way to explain or remind me about stuff, they also call and check on me when I am absent.

Continued on next page





Keith Stanley

School has been a self esteem boost for me. I realize that I am different after Iraq and I have developed a lot of weaknesses that I didn't have before, but it's all about self acceptance and moving further ahead.

Keith Stanley
SPC, Kentucky Army
National Guard
OIF 2006 - 2007

My name is Keith Stanley. I was a SPC (Specialist) in the Kentucky Army National Guard when I was deployed in 2006-2007 to Baghdad, Iraq. I was a Combat Medic for an Infantry Battalion. In April of 2007, I was hit in the back of the head by some unsecured gear that knocked me unconscious for just a split second while preparing for a mission. No biggie, right? I woke up lying on the ground and didn't think too much of it at the moment. Later that day, I started feeling nauseous and took myself off

mission for a couple of days to relax. I've also been within 20-30 meters of multiple explosions. In the Infantry, only the weak go to sick call... Had I went, just to be on the safe side, I would have the medical documentation and wouldn't be going through the trouble of trying to get a diagnosis from the VA now, to get it service connected.

I've been to multiple appointments with the VA, with more to come, next is Neuro-Psych, to try and get a diagnosis. I've also been seeing an eye doctor at Bowersox Vision in Shelbyville, KY. About the first year after returning home, I couldn't really tell the difference in my day to day life. Now that I've been home for around 4 years, it's getting to the point that I have to write down things I want to remember. I have Migraines 2, 3, 4 times a week that are uncontrollable with medications. My concentration isn't that great, I have difficulty sleeping throughout the entire night, have mood changes/feel irritable often, especially towards other drivers.

Christopher Cook
SGT, Kentucky Army
National Guard
OIF 2007-2008

By L. Brashears

SGT Christopher Cook was activated while serving in the KY National Guard. He was in Iraq for about 5 months when he was injured. He was visiting a friend at the Hospital in Baghdad when insurgents launched a mortar at the hospital. Chris suffered a concussion. He never lost consciousness but was dazed and confused. He was given first aid and was returned to duty.

When Chris returned to the United States, he continued to suffer with headaches, sleeping difficulties, reading, memory problems and pains in his joints. Eventually he was sent to the Warrior Transition Battalion (WTB) at Ft. Knox, KY. Chris was diagnosed with a traumatic brain injury (TBI) and post traumatic stress (PTSD). Chris said he felt “inferior” and “less of a man.” He did not want to be medically discharged. He wanted to finish what he had started. He wanted to retire with 20 years, not be put out of the military.

Transition is not easy. It is different for each Servicemember that is suffering with a TBI. The Army supplied Chris with a team of caregivers while he was at the WTB. When he was medically discharged, he entered a new phase of transitioning. Chris had a hard time accepting his injury and diagnosis. But he feels he has finally accepted that “his old brain is different now.”

For Chris, having his family nearby has been critical. He said since returning from war, he’s been fighting



Christopher Cook

an internal battle to admit the person who went off to Iraq is not the same person who returned.

Chris is now being followed by the Polytrauma Unit at the Robley Rex VA Medical Center in Louisville. He has had an array of treatment that has been designed especially for him due to his TBI, PTSD and other injuries suffered while in combat. The VA has been very accommodating to his needs.

Chris is also serving as an advocate for all Veterans at the Robley Rex VA Medical Center. He works directly with the OEF/OIF/OND Military Transition Advocate. Chris talks to other Veterans about getting registered for treatment at the VA. He also meets other Veterans through his involvement with BIAK and the Louisville Vet Center.

Chris did not want to retire from the military and he feels that “paying it forward” is his way of continuing his mission. He knows that some Vets feel they are alone. But the reality is that they are still a band of brothers and sisters. “When I first joined the military,” he said, “their first military goal was to break us down as individuals, and then to rebuild us as a team.” He went on to say, “Now that most of us are injured or hurt, we feel that we are individuals again. Guess what, we are not! I have found more kinship in the people I have met; more honor and more respect. The advice that I have for everyone is ‘never forget who and what you are’. If you feel that you are at your lowest of lows, remember the only way left is up. We have all been there. The first step IS the hardest. Try something different or new.”

“Always pass on knowledge and words of encouragement to each other, because we will always be brothers and sisters. We have all walked on the same sand, in the same jungle and we have all worn the same uniform and same boots. It doesn’t matter what branch you were with. Remember, Boots On Ground.”



A Continuous Journey: The Story of Jerry and Elaine

By L. Brashears

In January 2007, New York Army National Guard Sgt. Gerald Esposito's life changed forever. He was up preparing for another day's mission near Baghdad, Iraq, when a mortar attack erupted in those early morning hours. During the attack, one mortar hit the showers where he and some of his fellow soldiers were getting ready.

Jerry, as he prefers to be called, said, "I was knocked unconscious by a large piece of shrapnel."



Jerry and Elaine Esposito

The next day he awoke at the medical evacuation unit. His right eye had been severely damaged and he suffered two fractures to the skull. From there he was evacuated to Germany for treatment. While in Germany he was treated for 30 days before being sent to the Warrior Transition Unit (WTU) at Ft. Knox, Ky. The doctors said that a young healthy cornea was needed for transplant in order for Jerry to have a chance of restoring sight in his right eye and returning to duty.

After many months the long-awaited cornea was delivered. The transplant was a success and therapy immediately followed. Jerry spent over a year in Ft. Knox at the WTU and wanted to continue with his military career. Unfortunately, even with the new cornea his vision impairment was too great for him to continue as an active duty soldier, so his time served soon became limited.

Along with the other injuries Jerry was also having frequent seizures and eventually diagnosed with epilepsy. Jerry had suffered a severe Traumatic Brain Injury during the mortar attack and needed therapy for coping with these abrupt changes from his normal life. He suffered bouts of psychological issues, including depression, anxiety, and acute combat stress. Although he was in agony throughout

his treatment, Jerry was still a wealth of pride for the WTU and his fellow soldiers at Ft. Knox.

He proved to himself and others he could overcome this set-back and volunteered to teach CPR at the hospital and for other military units as part of the combat life saving team. Jerry was naturally willing to go out of his way to teach others how to save lives and was honored and decorated for his passion serving as an instructor until his discharge finally came.

"My biggest fear about no longer getting to serve my country was the fear of not being able to provide for my family. I am a dedicated father and don't want to lose that." He has three children that live with their mother in New York. He meets with them as often as possible.

In 2010, Jerry brought his children to the Army Wounded Warrior symposium in San Antonio, Texas. There he spent his days in conferences, meetings and educational sessions, and his children were able to

Continued



interact with other children of Wounded Warriors and given the opportunity to enjoy their days in a camp-like environment designed specifically by the YMCA of San Antonio. This brought Jerry and his family very close after so much time living a world apart. It was important for all families attending, because the families got time to know each other on another level as close bonds were made anew.

“Deployment is hardest on the children,” Jerry said, “they serve too.”

During the closing ceremony the children were able to show how much they learned by writing a song and performing in front of their parents. Jerry learned how important it is for families to maintain as much normality as possible. As their father, he wants his children to know he is still strong and will provide for them. Jerry and his children, as well as the others, walked away from the symposium knowing there is help, hope, and a future ahead for all of them.

SPECIALIST ELAINE AGAN ESPOSITO, U.S. Army Reserves, was in the pre-mobilization training phase when she tragically lost part of her leg. Just prior to shipping out to Iraq, Elaine decided to meet up with some friends and family at a birthday party while on leave. She was sitting on the tailgate of her truck when she was suddenly pinned by another car. A portion of her left leg was completely severed and there was a threat of her losing part of the right leg as well.

Elaine was treated at a nearby hospital for 45 days and eventually released to the WTU at Ft. Knox for continued treatment and therapy. She went through intense physical therapy from Ft. Knox and received a prosthetic leg. Fourteen months later, Elaine was finally ready to go home.

“Elaine was a very positive person and was always helpful to newcomers at the WTU,” a former Soldier



Jerry Esposito swimming with his children

from the Ft. Knox WTU once said.

Since being discharged from the Army, Elaine has had several legs fitted to her. The first prosthetic “did not allow [her] to maneuver very well.” She also had one made that allows her to move around enough to go hiking. “The prosthetics are painful,” she says, but is hoping that one day she will receive one that allows her to be very active.

Jerry and Elaine’s story mixed when they met at the WTU during time spent in Ft. Knox together. Special events were often planned on a regular basis to help the Wounded Warriors transition back into society. At one of those events Elaine and Jerry started a friendship when they found common ground; both of their lives had been completely turned upside down by the war on terror. Just by looking at their injuries some people thought it might not work, but they soon became close and are now happily married since each learned to have patience and understanding when dealing with the other’s disabilities.

Jerry eventually had to quit teaching CPR due to his injuries and Elaine has since finished two years

Continued



Continued from previous page

of college on her way to becoming a nurse. Jerry and Elaine have very different injuries, but both suffer from post traumatic stress. With this and their individual setbacks, they constantly work to encourage one another and even travel to appointments together, which is very important due to Jerry's short-term memory difficulties. Together they form a team of mutual support.

Elaine said about Jerry's seizures, "They usually last about 15 seconds." She went on, "Then he wakes up not knowing where he is, but I make sure I let him know that things are okay, he is safe, and then I simply tell him where he is."

Jerry, on the other hand, helps wherever he can and makes sure Elaine gets out of the house to keep physically active. They love to camp, hike, boat, and be outdoors whenever possible.

"The exercise is good for morale and healing," he said. At the time, they recently moved to New York in order to be closer to his children and were out with them on a canoeing trip. Jerry says he is in his "New Normal" and doing much better knowing his children are close.

Elaine also echoed that Jerry is doing great despite his suffering of ongoing headaches, "but he does a great job at hiding the pain."

It is extremely important for Soldiers and their caregiver(s) to have a strong support system. The Wounded Warrior needs patience and understanding from an active caregiver, but the Wounded Warrior must also understand the tremendous stress a caregiver endures while sacrificing his or her own individual freedoms during the new life they share.

Conflicts arising between the caregiver and a Wounded Warrior with TBI may cause or worsen post-traumatic stress syndrome, but on the other hand, there are also those instances when a TBI goes unnoticed to those with PTSD because the symptoms for PTSD and TBI are very similar. It is important for families, loved ones, significant others, and battle buddies to educate themselves on these symptoms, what may cause or worsen them, and what resources are available to turn to.

Jerry and Elaine's story is quite unusual, but they share patience and understanding and are educated on how to cope with their unique situation. They support each other and have learned to be best friends in the process. They dedicate their lives to one another and always take time to make sure the other is doing okay.

Both are continuing their individual therapy and ongoing medical treatments at a local VA Medical Center near their home in upstate New York.



When MTBI Comes Home

Family Issues

When a combat Veteran comes home with a Mild Traumatic Brain Injury (MTBI), the family is challenged to adapt to the changes that this injury may bring. The most common challenges include:

- Adapting to new roles in the family.
- Adapting to economic changes when one is unable to maintain gainful employment.
- Overcoming the desire for things to be just the way they were.
- Finding fulfillment in the “New Normal.” The New Normal embraces life as it is and adapts to new richer ways of living.
- Coping with changes in personality, life skills, and life function. A brain injury may alter one’s personality, limit one’s ability to remember, or participate in certain physical activities.
- Coping with the effects of war on an emotional and spiritual level – from normative Combat Stress Reaction (CSR), to Post Traumatic Stress Disorder (PTSD).
- Knowing that MTBI and CSR are often interrelated – The Veteran reacts to different sights, smells, and sounds that trigger an emotional response. They may not be able to explain their reaction.
- Knowing thoughts and feelings of grief/loss such as denial/shock, anger, bargaining, depression, acceptance, and hope may be felt by the Veteran and every family member.
- Knowing there may be reluctance on the part of the Veteran and a family member to return to previously held roles and responsibilities such as handling household finances, maintaining gainful employment, and child-rearing.
- Dealing with self-medication. Beware of the use of alcohol, cigarettes or other non-prescribed drugs. They only retard the healing process.



CSR vs. PTSD

CSR is normative but can develop into a diagnosis of PTSD. While both CSR and PTSD share many of the same symptoms, CSR abates and does not diminish the Veterans ability to live and thrive in community. However, PTSD is a chronic condition.

Continued on next page



New Normal

The “New Normal” is the acknowledgement of change – it is an attitude and life skill that looks at all encounters in life in a holistic fashion. Even when it includes grief and loss, these events are acknowledged as signposts pointing to a true understanding and appreciation of what is good in life. These events give insight into the lessons of life that can be learned no other way. A person who lives in the New Normal answers the question: “How do I honor all that I have loved, lost, grieved, learned, and endured by how I live my life this day forward?”

To Help the Survivor Cope

Make a family decision to accept the changes and challenges of the “New Normal”. This may require a rethinking of one’s priorities and values.

- Actively listen. Someone once said that God gave us two ears and one mouth, therefore, we should listen twice as much as we speak. When a Veteran shares what he/she saw, thought, and felt, it creates an opportunity for healing to take place. Welcome the Veteran’s stories without judgment, and be willing to share your own stories.
- Be there. Your presence makes a difference. There is great comfort in having your loved ones sitting in the same room. Family rituals such as eating a meal together, game night, or attending a religious service provides an opportunity to reconnect. Honor the silences as well as the sharing. Many experiences cannot be shared immediately.
- Offer unconditional positive regard. Illness or injury may generate feelings of inadequacy, shame, and low self esteem. Oliver Cromwell reportedly said to the painter, Sir Peter Lely, “Paint me as I am, warts and all!” There is no need to hide or feel ashamed of an illness or injury. Embrace your loved one, “warts and all”.
- Seek professional help. Discuss the concept of a safety contract, which includes actions and behaviors requiring professional intervention. Care for the Veteran assumes there is no threat of harm to self or others. Once a family member fears or has evidence of harm, you are to seek help from a professional for the Veteran and safety for you and your family.
- Do your research. Educate yourself and your family about MTBI. Refer to the websites listed in this program for more information and use the resources available.
- Take an honest evaluation of the MTBI. Don’t make the injury less or more than it is. Attempting to do things for a capable individual may be perceived as demeaning. When it is necessary to assist an individual, an attitude of compassionate respect will maintain your dignity and that of your family member.
- Express hope. Hardships in life may occur at any time, as quickly as an explosion. Favor and grace come just as swiftly. Expressing the positive aspects of life adds a healthy balance. Make a habit of communicating good news.
- Be part of the health care team. Expand your loved one’s health care comfort zone by attending as many meetings, support groups, or medical appointments as you can. Developing trust in the groups and individuals who are providing authentic professional care is a positive move toward “wholeness”.

Continued on next page



Helping the Family Cope

- Draw from your own spiritual resources. Involve yourself in prayer, meditation, devotional reading, hobbies, and support groups.
- Take care of yourself. Caregivers are vulnerable to stress-related illness, so if you are concerned about your health, see your physician.
- Take time for exercise. Exercise increases stamina, lessens anxiety and depression, improves or maintains strength, and helps self-confidence.
- Learn relaxation techniques. Take time for constructive self-care events like gardening, reading, and photography in order to focus on breathing and progressive muscle relaxation.
- Join a support group. Support groups are an outlet and a resource. While your situation may not be the exact same as other families or caregivers, the support and insight you gain helps you cope in new and better ways.
- Cultivate the ordinary. People sometimes respond to prolonged high stress by developing an “adrenaline addiction.” Learn to enjoy the mundane events of civilian life.
- Keep a sense of humor. Laughter is the best medicine and it is proven that the ability to laugh is a stress reducer. Learning to laugh together builds a bond that grows.
- Develop your faith and community. Persons in a faith community can find meaning and hope at times when answers are not easy. Many people find comfort in the mystery of faith; and in that mystery, there comes a positive future focus that promotes emotional endurance and well being.

Committing to a Life-Battle Buddy Contract

Learn from previous combat Veterans’ families. One technique that helps is to write a contract between the Veteran and the family where the Veteran gives a “significant other” (Spouse, friend, parent or other person) the authority to become “their Life-Battle Buddy”. Every Veteran had a Battle Buddy in the war zone with the authority to intervene and say, “Are you OK? What’s wrong? You don’t look right today?” This new life battle buddy has the moral authority to take charge of an event for the battle buddy’s good.

This Life-Battle Buddy (Wingman =USAF, Shipmate = Navy & USMC) has the authority to guide the Veteran out of tough spots and help them deal with situations they feel anxious about. Its key is the Veteran’s willingness to accept

Continued on next page

Watch for Signs

To cope, many Veterans may turn to self medicating behaviors, such as alcohol abuse, drug abuse, unsafe and promiscuous sex, gambling, and risky behaviors that threaten life and limb.





the guidance from the Life-Battle Buddy because they can trust them and they know it's for their own good.

The development of signals between battle buddies is key, such as observing the Veteran to be “Out of character” or “inappropriate for a life situation.” The Life-Battle Buddy has permission to ask: “Are you having an Iraqi (or Afghan) moment?”

The Veteran's ability to affirm or deny having a “moment” helps and is a sign of health because the Veteran is self-aware of emotions and confusion. A Life-Battle Buddy can then guide him or her to a safe location where they can assess the anxious event together and develop coping skills for the future.

Helping Children Cope

Children may not be able to communicate what they are thinking and feeling. To avoid behavioral changes such as regression may occur.

- Keep the communication lines open. Allow your children to speak honestly about what they are feeling.
- Respond to your child's unstated questions: Am I loved? Am I safe? Where do I fit? Say the words, “I love you.”
- Maintain family rituals such as sharing the evening meal around the table. Allow everyone to talk and share their experience.
- Include children in age appropriate discussions.
- Spend personal time with the children.
- Seek professional counseling if needed.

The writer of Ecclesiastes provides a list of common life events, such as birth, death, healing, building, laughing, dancing, giving up, mending, throwing away, engaging in war, and making peace. Recognizing the fact nothing stays the same for anyone helps one accept life's challenges with confidence and hope. You are not alone.

FREEDOM

By Dawn Urbina

***No, freedom isn't Free
because he had to die for me.
Rolling down the MSR
Wondering where you are.
Remember all the hugs and kisses
I miss you
And I love you!***

***Now, all alone that soldier on that ride.
With his battle buddy by his side.
He wonders, will it be him or me?
Called to duty so we could all be free.
As he wonders, what is to happen to me?***

***He wonders again, is this all worth it?
Yes, because they're all free!***

Overview of Explosion-Related Injuries

System	Injury or Condition
Auditory	TM rupture, ossicular disruption, cochlear damage, foreign body
Eye, Orbit, Face	Perforated globe, foreign body, air embolism, fractures
Respiratory	Blast lung, hemothorax, pneumothorax, pulmonary contusion and hemorrhage, A-V fistulas (source of air embolism), airway epithelial damage, aspiration pneumonitis, sepsis
Digestive	Bowel perforation, hemorrhage, ruptured liver or spleen, sepsis, mesenteric ischemia from air embolism
Circulatory	Cardiac contusion, myocardial infarction from air embolism, shock, vasovagal hypotension, peripheral vascular injury, air embolism-induced injury
CNS Injury	Concussion, closed and open brain injury, stroke, spinal cord injury, air embolism-induced injury
Renal Injury	Renal contusion, laceration, acute renal failure due to rhabdomyolysis, hypotension, and hypovolemia
Extremity Injury	Traumatic amputation, fractures, crush injuries, compartment syndrome, burns, cuts, lacerations, acute arterial occlusion, air embolism-induced injury



Combat Veteran Eligibility

Enhanced Eligibility For Health Care Benefits

On January 28, 2008, the “National Defense Authorization Act for Fiscal Year 2008” was signed into law (Public Law 110-181). Section 1707 amended Title 38, United States Code (U.S.C.), Section 1710(e)(3), extending the period of eligibility for health care for Veterans who served in a theater of combat operations after November 11, 1998 (commonly referred to as combat Veterans or OEF/OIF Veterans or to the recently established Operation New Dawn Veterans).

Combat Veterans who were discharged or released from active service on or after January 28, 2003, are now eligible to enroll in the VA health care system for 5 years from the date of discharge or release. *NOTE: The 5-year enrollment period applicable to these Veterans begins on the discharge or separation date of the Servicemember from active duty military service, or in the case of multiple call-ups, the most recent discharge date.*

Who is Eligible?

Veterans, including activated Reservists and members of the National Guard, are eligible if they served on active duty in a theater of combat operations after November 11, 1998, and have been discharged under other than dishonorable conditions.

Documentation Needed

- Military service documentation that reflects service in a combat theater
- Receipt of combat service medals (i.e., DD 214), and/or
- Receipt of imminent danger and hostile fire pay or proof of tax benefits.

Health Benefits

- Cost-free care and medications provided for conditions potentially related to combat service
- Enrollment in Priority Group 6 (unless eligible for enrollment in a higher priority group)
- Full access to VA’s Medical Benefits Package

What Happens After The Enhanced Eligibility Period Expires?

Veterans who enroll with VA under this authority will continue to be enrolled even after their enhanced eligibility

**BIAK
MILITARY
OUTREACH
SERVICES ARE
AVAILABLE TO
ALL
KY VETERANS**



period ends. At the end of their enhanced eligibility period, Veterans enrolled in Priority Group 6 may be shifted to Priority Group 7 or 8, which is dependent on income level, and then required to make applicable copays.

What About Combat Veterans Who Do Not Enroll During Their Enhanced Authority Period?

For those Veterans who do not enroll during their enhanced eligibility period, eligibility for enrollment and subsequent care is based on other factors such as: a compensable service-connected disability, VA pension status, catastrophic disability determination, or the Veteran's financial circumstances. For this reason, combat Veterans are strongly encouraged to apply for enrollment within their enhanced eligibility period, even if no medical care is currently needed.

Copays

Veterans who qualify under this special eligibility are not subject to copays for conditions potentially related to their combat service. However, unless otherwise exempted, combat Veterans must either disclose their prior year gross household income OR decline to provide their financial information and agree to make applicable copays for care or services clearly unrelated to their military service as determined by VA.

Note: While income disclosure by a recently discharged combat Veteran is not a requirement, this disclosure may provide additional benefits such as eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to combat.

Dental Care

Eligibility for VA dental benefits is based on very specific guidelines and differs significantly from eligibility requirements for medical care. Combat Veterans may be authorized dental treatment as reasonably necessary for the one-time correction of dental conditions if:

- They served on active duty and were discharged or released from active duty under conditions other than dishonorable from a period of service not less than 90 days and
- The certificate of discharge or release **does not** bear a certification that the Veteran was provided, within the 90-day period immediately before the date of such discharge or release, a complete dental examination (including dental X-rays) and all appropriate dental service and treatment indicated by the examination to be needed and
- Application for VA dental treatment is made within 180 days of discharge (or release under conditions other than dishonorable)

Additional Information

Additional information is available at the nearest VA medical facility. VA facilities listing and telephone numbers can be found on the internet at www.va.gov/directory/, or in the local telephone directory under the "U.S. Government" listings. Veterans can also visit the VA health eligibility website at www.va.gov/healtheligibility/ or call VA toll free at 1-877-222-VETS (8387).





VA Benefits for Servicemembers

Insurance Benefits

Servicemembers are eligible for up to a maximum of \$400,000 in life insurance under Servicemembers' Group Life Insurance (SGLI). Spousal coverage is available up to a maximum of \$100,000 while children are automatically covered for \$10,000 at no cost. Any member of the uniformed services covered by SGLI is eligible for a traumatic injury protection rider (TSGLI) that provides payments between \$25,000 and \$100,000 to members who have suffered losses such as amputations, blindness, paraplegia, as well as other traumatic injuries.

Education Benefits

Education benefits are available to active duty and full-time National Guard personnel who have served for at least two years and have contributed \$1200 under the Montgomery GI Bill (Chapter 30), and members of the Selected Reserve (includes National Guard) that are certified as eligible under the Montgomery GI Bill – Select Reserve (Chapter 1606). The Chapter 30 program is limited to payment for tuition and fees while the Chapter 1606 program provides a monthly stipend.

Home-Related Benefits

Persons on active duty are eligible for a VA home loan guaranty after serving on continuous active duty for 90 days. Servicemembers going through a pre-discharge claim program who are found to have service-connected conditions that will be rated as compensable, are exempt from the loan guaranty funding fee.

Health Care Benefits

VA health care facilities are available to active duty Servicemembers in emergency situations and upon referral by military treatment facilities through Sharing Agreements or under your TRICARE coverage.

What Type of Financial Assistance Is Available for Purchasing a Vehicle?

To be eligible for financial assistance to purchase a vehicle or to adapt a vehicle to accommodate a disability, a Servicemember must have certain qualifying disabilities (e.g., loss or permanent loss of use of one or both hands) that were incurred during active military service.

**There are
a variety of
VA benefits
available to
Service-
members.**





ONE CHANCE TO SAVE YOUR

B Balance Problems, Blurred vision, Battle Buddy says you are “not the same”

R Ringing in the ears, Restlessness (can't sleep), can't Remember names of things or people

A Aches and pain in neck, Agitation, Angry all the time (mood swings)

I Irritable, Increased sensitivity to lights, Inability to wake up 'all the way', Increased confusion

N Nagging headache, Nervousness, Nausea, Numbness or weakness in extremities.

These could be symptoms for a Traumatic Brain Injury. Seek medical attention for yourself or a Battle Buddy, ASAP.

www.biak.us
(800) 592-1117

Is the Medal of Honor Pension Payable to Active Duty Personnel?

Active duty personnel who have been awarded the Medal of Honor and determined to be eligible by one of the service departments are entitled to receive a special Medal of Honor pension from the VA.

Can a Claim for Benefits be Filed Prior to Separation?

Yes. Servicemembers may file disability claims prior to separation from active or full-time duty through the Benefits Delivery at Discharge or Quick Start programs. Servicemembers may file claims for disability compensation, pension, vocational rehabilitation, automobile allowance, and special adapted housing prior to separation. VA employees will assist in the filing and preparation of the claim as well as adjudicate the claim as quickly as possible following separation. Additionally, VA offers counseling and claims assistance to separating Servicemembers throughout the United States and around the world through the Transition Assistance Program (TAP) and Disabled Transition Assistance Program (DTAP).



EXAMPLES OF BRAIN INJURY CAUSES

- Head injuries (i.e., gunshot wounds, shrapnel or debris penetrating the skull, exposure to certain chemicals, loss of oxygen to the brain)
- Other blows to the head caused by falls, sports, falling equipment, fights, pre-deployment training accidents
- Being within 50-100 meters of a blast, inside or outside - This can be a one-time event or multiple events (i.e., Explosive Ordinance Teams, Dog Sniffing Teams, Route Clearing Teams)
- Any service member involved in any vehicle (car, van, tank, truck, helicopter, etc.) accident (i.e., rollover, collision, RPG, IED) could have suffered a brain injury

Brain injuries can lead to poor concentration, forgetfulness and slowed responses. These are changes that can put other lives at risk if the injury is not recognized, diagnosed or treated.

**REPORT INJURIES
REPORT ABNORMAL
BEHAVIOR**

PREParc Post- deployment Rehabilitation & Evaluation Program

Program Overview

The purpose of the Post-Deployment Rehabilitation & Evaluation Program (PREP) is to provide state-of-the-art rehabilitation and evaluative services across a wide variety of specialty areas to Veterans/ Servicemembers with a history of mild TBI and post-deployment readjustment issues.

This includes educating Veterans/ Servicemembers about their unique military deployment-related and combat-related conditions. Emphasis is placed on persistent post-concussive symptoms, post-deployment readjustment issues and mental health functioning. Our goals are the collaborative development and thoughtful preparation of needed plans for comprehensive follow-up services.

Specialized evaluations are provided by all rehabilitation disciplines, including: psychiatry, nursing, physical therapy, occupational therapy, speech therapy, recreational therapy, vocational therapy, pain specialists, audiology, vision therapy, social work, psychiatry, neuropsychology, and psychology.

Mission Statement

Our mission is to provide each Servicemember/ Veteran with compassionate, state-of-the-art evaluative services intended to promote post-deployment readjustment and enhance coping skills. Community reintegration and a comprehensive plan for restoration of function are paramount. Our ultimate aims are to assist in improving functional abilities, providing



education about their current symptoms, initiating treatment and assisting Veterans/Servicemembers with eventual return to military duty or competitive employment.

Services Provided

- Medical Care / Medication Management
- Headache Treatment
- Sleep Evaluation and Treatment
- Pain Management
- Neuropsychological & Psychological Evaluation
- Attention & Memory Rehabilitation
- Brief Individual Counseling
- Relaxation Training
- Anger Management
- Dizziness & Balance Rehabilitation
- Physical Therapy / Core Training
- Adaptive Sports
- Visual Rehabilitation
- Audiological Evaluation & Rehabilitation
- Community & Family Reintegration
- Return to Duty/Work & School Functional Evaluations
- Department of Defense Liaisons



James A. Haley Veterans' Hospital

The Tampa Polytrauma Rehabilitation Center is one of four VA facilities in the country designed to provide intensive rehabilitative care to Veterans and Servicemembers who experienced recent combat related physical and or mental health injuries.

PREP is a unique, nationally recognized, brief inpatient rehabilitation referral center.

This state of the art program provides comprehensive evaluation and treatment planning for Veterans and Servicemembers who have sustained mild traumatic brain injuries resulting in complication with community reintegration.

Admission and Referral Information

For admission and referral information, please contact our Post-deployment Rehabilitation and Evaluation Admission Coordinator, Debbie Shepherd, CRRN, at (813) 972-2000, Ext 6149 or Toll Free at (866) 643-3889. Patients already in the VA system can request a referral from their primary care physician or other medical providers.

For additional general information please contact:

Elizabeth Ruiz, LCSW
Polytrauma Case Manager
813-972-2000 ext 1790

Tracy Kretzmer, Ph.D.
Polytrauma Neuropsychologist
813-972-2000 ext 5729
Email: Tracy.Kretzmer@va.gov



VA Benefits for OEF, OIF and OND Transitioning Servicemembers

Active duty, Guard, and Reserve Servicemembers returning from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) can now benefit from the VA's new, streamlined, easy-to-use outreach program designed to help make sure that separating combat Veterans know about their VA benefits (www.oefoif.va.gov). The goal is to help Servicemembers make a smooth transition from active duty to civilian life. For seriously injured Servicemembers, VA counselors bring the program directly to hospitals and medical centers to make sure their VA benefits are ready to go the moment they leave active duty.

Transition Assistance

The VA gets the word out about their services through the Transition Assistance Program (TAP). All transitioning Servicemembers are encouraged to take a TAP class to get up-to-date information on VA and other benefits. The TAP office on your installation can provide class schedules and more information. Special Servicemember and Veteran groups can get information on VA programs through:

- *Transition assistance for Guard and Reserve members.* The VA is making a special effort to reach transitioning Guard and Reserve members at their demobilization sites. The VA has also trained Veterans to serve as National Guard Bureau liaisons in every state in order to assist in their transition to civilian life. Visit the VA online at www.oefoif.va.gov/NationalGuardReserve.asp for details.
- *Disabled Transition Assistance Program (DTAP).* For Servicemembers leaving the military with medical disabilities, the VA offers the Disabled Transition Assistance Program (DTAP), which covers disability compensation, medical services, and vocational rehabilitation. For details, visit the VA's DTAP site at www.vetsuccess.gov.
- *Transition assistance for wounded Servicemembers and their families.* In an effort to smooth the transition for severely injured Servicemembers, the VA offers special liaisons at military hospitals to help transitioning Servicemembers and their families with information on health care, disability compensation, vocational rehabilitation, and employment. Before discharge, coordinators work to smooth the transition from the military medical center to VA services nearest the Veteran's residence.



Medical Services

While Veterans with service-connected disabilities always have access to VA medical services, now all Veterans of OEF, OIF and OND have access to medical benefits through the VA for two years after discharge. Medical services can include hospital care, outpatient health care, preventative care, and nursing-home services. Visit the VA online at www.oefoif.va.gov for more details.



Additional Services Available to Veterans of OEF, OIF and OND Include

- *Readjustment counseling.* The VA has expanded its counseling services and added many new mental-health teams based at VA medical centers to focus on early identification and management of stress-related disorders. The VA has recruited about 100 combat Veterans in its Readjustment Counseling Service to provide briefings to transitioning Servicemembers regarding military-related readjustment needs. Visit the Vet Center online at www.va.gov/rcs/ for more information.
- *Post-Traumatic Stress Disorder (PTSD) program.* The VA has activated many new PTSD programs around the country to assist Veterans in dealing with the emotional toll of combat. These counseling programs provide easy access to services apart from traditional VA medical centers. Visit the National Center for PTSD online at www.ptsd.va.gov for more information.
- *Education.* The Post-9/11 GI Bill helps cover the cost of education and training programs for those who have served at least 90 days on active duty since September 11, 2001. Servicemembers who served at least 36 months receive the full benefit amount. The benefits cover the cost of tuition and fees, not more than the highest in-state tuition at a public Institution of Higher Learning. With the new GI Bill program, Servicemembers who have served at least six years may be eligible to transfer their Post-9/11 GI Bill benefits to their family members. Details are available online at www.gibill.va.gov.
- *Life insurance.* Servicemembers, including Guard and Reserve members, are eligible to purchase \$400,000 of life insurance through the VA's low-cost Servicemembers' Group Life Insurance (SGLI) program. After leaving the military, Veterans may choose to convert their SGLI to Veterans' Group Life Insurance (VGLI). Visit the VA's life insurance website at www.insurance.va.gov for more information.
- *Home loan guaranties.* The VA's Home Loan Guaranty program helps Servicemembers and Veterans secure competitive rates on home loans with little or no down payment. The VA guarantees a portion of the loan -- but it is funded

and processed through a private lender, such as a bank or mortgage company. Your lender can offer more details and interest-rate information for VA loans. Visit the VA's Home Loan Guaranty site at www.homeloans.va.gov for details.

Services for Veterans with Disabilities

For Servicemembers with disabilities, the VA offers additional programs, including:

- *Disability compensation.* The amount of disability compensation is based on the severity of the disability, with additional payments available if the Veteran has a spouse or other dependents. You can apply for disability compensation online at www.vabenefits.vba.va.gov/vonapp. In addition to regular disability compensation, Special Monthly Compensation (SMC) is available to Veterans who have serious disabilities.

- *Rehabilitation and employment services.* The VA helps disabled Servicemembers and Veterans by offering rehabilitation and employment services. The program helps Servicemembers and Veterans transition out of the military with counseling, education and training, job assistance, and financial aid. The program is also available to active duty Servicemembers who are awaiting discharge because of a disability. More details are available at the VA's DTAP site at www.vetsuccess.gov.



Other Resources

Your Military Support Services

Each service branch sponsors information and support programs for Servicemembers and their families. You can call or visit any installation Army Community Service Center, Marine Corps Community Services, Fleet and Family Support Center, or Airman and Family Readiness Center regardless of your branch affiliation.

If you aren't near an installation, National Guard Family Assistance Centers are available in every state. The Local Community Resource Finder on the National Guard Family Program at www.jointservicessupport.org will identify your closest center.



Military OneSource

This free 24-hour service is available to all active duty, Guard, and Reserve members (regardless of activation status) and their families. Consultants provide information and make referrals on a wide range of issues. Free face-to-face counseling sessions (and their equivalent by phone or online) are also available. Call (800) 342-9647 or go to www.MilitaryOneSource.com to learn more.

VA's Returning Servicemembers (OEF/OIF/OND) site

www.oefoif.va.gov

Benefits and services for returning active duty, National Guard, and Reserve Servicemembers of Operations Enduring Freedom and Iraqi Freedom.

Veterans Organizations and Partners

www.va.gov/partners/

This site offers links to Veterans' service organizations, state Veterans' offices, and business partners.

Veterans Administration

Louisville Regional Office

321 West Main Street, Suite 390, Louisville, KY 40202
(800) 827-1000

ACAP

Fort Knox Army Career and Alumni Program (ACAP)

6th Avenue, Suite 112, Fort Knox, KY 40121
(502) 624-2227/5222

Fort Campbell Army Career and Alumni Program (ACAP)

5661 Screaming Eagle Blvd., Fort Campbell, KY 42223
(931) 431-4255 • (270) 798-5000

Websites

www.acap.mil/acap
www.knox.army.mil/acap
www.acapexpress.army.mil/



Vet Centers

www.vetcenter.va.gov

Vet Centers are the people in the VA who welcome home veterans with honor by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate Veterans' war experiences in or near their community.

Vet Centers offer a wide range of services to help you make a successful transition from military to civilian life. You've earned these benefits and there is no cost to you or your family members.

Services include:

- Individual & group counseling
- Marital and family counseling
- Bereavement counseling
- Medical & benefits referrals
- Employment counseling

Huntington Vet Center

3135 16th Street Road Suite 11
Huntington, WV 25701
Phone: 304-523-8387 Or 877-927-8387
Fax: 304-529-5910

Cincinnati Vet Center

801B W. 8th St. Suite 126
Cincinnati, OH 45203
Phone: 513-763-3500 Or 877-927-8387
Fax: 513-763-3505

Evansville Vet Center

311 N. Weinbach Avenue
Evansville, IN 47711
Phone: 812-473-5993 Or 877-927-8387
Fax: 812-473-4028

Nashville Vet Center

1420 Donelson Pike Suite A-5
Nashville, TN 37217
Phone: 615-366-1220 Or 877-927-8387
Fax: 615-366-1351

Johnson City Vet Center

2203 McKinley Road, Suite 254
Johnson City, TN 37604
Phone: 423-928-8387 Or 877-927-8387
Fax: 423-928-6320

Lexington Vet Center

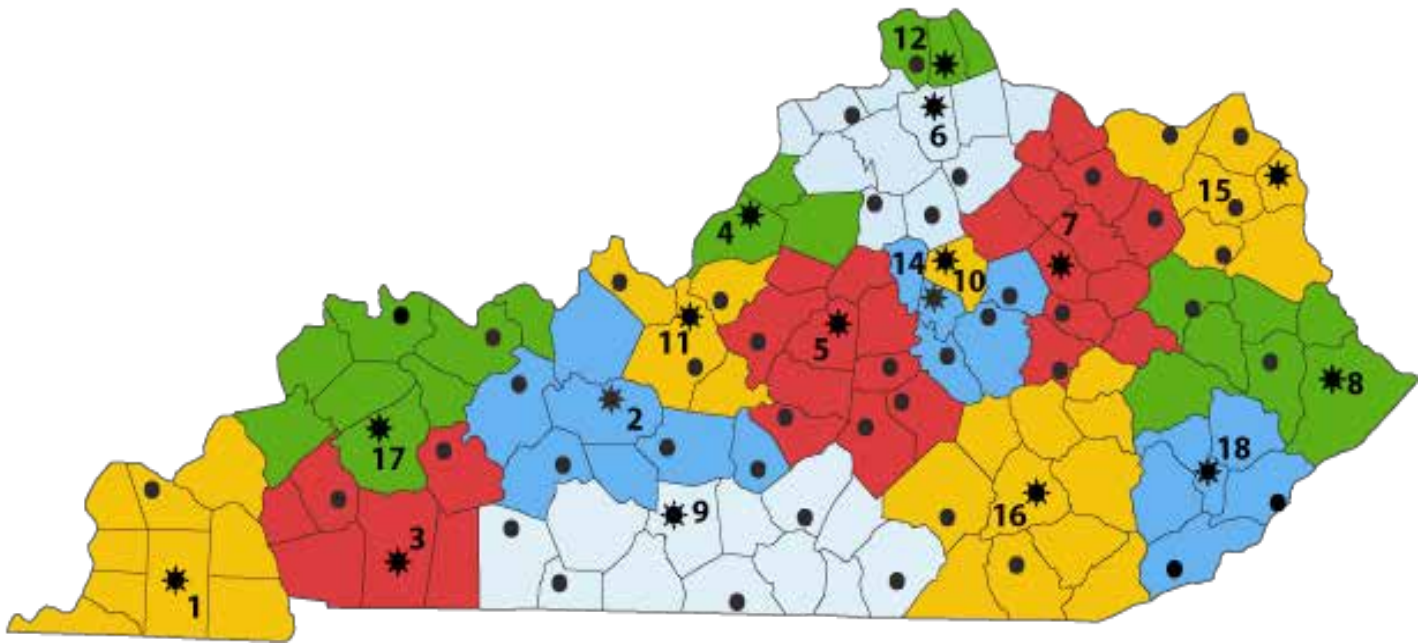
1500 Leestown Rd Suite 104
Lexington, KY 40511
Phone: 859-253-0717 Or 877-927-8387
Fax: 859-281-0082

Louisville Vet Center

1347 S. Third Street
Louisville, KY 40208
Phone: 502-634-1916 Or 877-927-8387
Fax: 502-625-7082



KDVA Field Benefits Representatives



See page 46 for contact information.

Region 1 – Ron McClure

VA Clinic
1253 Paris Road
Mayfield, KY 42066
Office 270-247-2455
.....ext. 73905
Fax.....270-247-7248
Ron.McClure@ky.gov

Region 4 – Lisa Pittman

1437 S. Third Street
Louisville, KY 40208
Office502-634-1916
Fax.....502-625-7082
Toll Free..877-927-8387

Region 7 – Penny Craig

44 W. Main St., Suite B
Mt. Sterling, KY 40353
Office859-497-6444
Fax.....859-497-6445
Toll Free..866-376-0308
penny.craig@ky.gov

Region 10 – Carol Livingston

1101 Veterans Dr
Building 1, Room 39
Lexington, KY 40502-2235
Office859-281-3983
Fax.....859-281-2886
Toll Free..877-361-6844
Carol.livingston@ky.gov

Region 14 – Eileen Ward

100 Veterans Dr
Wilmore, KY 40390
Office859-858-2814
Fax.....859-858-4039
Toll Free..800-928-4838
Eileen.ward@ky.gov

Region 17 – Renita Duff

926 Veterans Dr
Hanson, KY 42413
Office270-322-9087
Fax.....270-322-9497
Toll Free..877-662-0008
Renita.duff@ky.gov

Region 2 – Trina Patty

619 W. Main St
Clarkson, KY 42726
Office..... 502-287-6414
Fax..... 270-242-0359
Toll Free ... 866-653-8232
..... ext. 56414
jamie.berry@ky.gov

Region 5 – Robert Nally

1079 Highway 555
Springfield, KY 40069
Office..... 859-336-0567
Fax..... 859-336-9750
Toll Free ... 800-928-0951
Robert.nally@ky.gov

Region 8 – Brian Bowman

Pike Co. Courthouse
146 Main St
Pikeville, KY 41501
Office..... 606-433-7522
Fax..... 606-433-7523
Toll Free ... 866-647-2926
Brian.Bowman@ky.gov

Region 11 – Frank Niederriter

P.O. Box 600
1109 Spearhead Div Ave
Ft. Knox, KY 40121-0600
Office..... 502-799-0418
Fax..... 502-942-0686
Toll Free ... 866-817-1360
frank.niederriter@ky.gov

Region 15 Linda Knighton

P.O. Box 1278
2800 Louisa Street
Catlettsburg, KY 41129
Office..... 606-739-0273
Fax..... 606-739-0328
Toll Free ... 866-244-8970
linda.knighton@ky.gov

Region 18 - Missy D. Hall

200 Veterans Dr
Hazard, KY 41701
Office..... 606-435-6196
Fax..... 606-435-6201
Toll Free ... 877-856-0004
missyd.hall@ky.gov

Region 3 – Hope King

5817 Fort Campbell Blvd
Hopkinsville, KY 42240
Office 270-889-6105
Fax 270-889-6109
Toll Free... 800-928-9622
hope.king@ky.gov

Region 6 – Tricia Miles

Williamstown, KY 41097
Office 859-824-0940
Fax 502-625-7082
Toll Free... 800-747-9963
tricia.miles@ky.gov

Region 9 – Stephen Buford

125 East Public Square
Lower Level
Glasgow, KY 42141
Office 270-651-9578
Fax 270-651-7839
Toll Free... 800-850-1392

Region 12 – Emily Stilkey

7129 Price Pike
Florence, KY 41042
Office 859-282-8583
Fax 859-828-8746
Toll Free... 859-204-9676
emily.stilkey@ky.gov

Region 16 – Bill Farmer

101 S. Main Street, Room 302
London, KY 40741
Office 855-390-7565
Fax 606-330-2211
Toll Free... 855-390-7565
bill.farmer@ky.gov



VA MEDICAL CENTERS



MARION, ILLINOIS

Marion VA Medical Center

2401 West Main St., Marion, IL 62959
618-997-5311

Evansville VA Health Care Center

6211 E. Waterford Blvd., Evansville, IN 47715
812-465-6202

LOUISVILLE, KENTUCKY

Louisville VA Hospital

800 Zorn Ave, Louisville, KY 40206
(502) 287-6804

CINCINNATI, OHIO

Cincinnati VA Medical Center

3200 Vine Street, Cincinnati, OH 45220
513-861-3100

HUNTINGTON, WEST VIRGINIA

Huntington VA Medical Center

1540 Spring Valley Dr., Huntington, WV 25704
304-429-6741

JOHNSON CITY, TENNESSEE

Johnson City VA Medical Center

William C. Tallent Outpatient Clinic
8033 Ray Mears Boulevard
Knoxville, TN 37919
865.545.4592

LEXINGTON, KENTUCKY

Lexington VA Medical Center

Cooper Division
1101 Veterans Drive, Lexington, KY 40502
859-281-4900 | 859-233-4511

Leestown Division

2250 Leestown Road, Lexington, KY 40511
859-281-4900 | 859-233-4511

NASHVILLE, TENNESSEE

VA Medical Ctr Nashville

1310 24th Ave S # 116a, Nashville, TN
615-327-4751



Employment Resources

For Returning Operations Enduring Iraqi Freedom and Operation New Dawn Veterans

By law, Veterans who are disabled or who served on active duty in the Armed Forces during certain specified time periods or specified military campaigns are entitled to preference in some Federal and State vacancies over non-veterans.

Vet Success

www.VetSuccess.gov

The VetSuccess program assists Veterans with service-connected disabilities to prepare for, find, and keep suitable jobs. For Veterans with service-connected disabilities so severe that they cannot immediately consider work, VetSuccess offers services to improve their ability to live as independently as possible. VetSuccess can be reached at www.vba.va.gov/bln/vre/

Services that may be provided by the Vocational Rehabilitation and Employment (VR&E) VetSuccess Program include:

- Comprehensive rehabilitation evaluation to determine abilities, skills, and interests for employment
- Vocational counseling and rehabilitation planning for employment services
- Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance
- Assistance finding and keeping a job, including the use of special employer incentives and job accommodations
- On the Job Training (OJT), apprenticeships, and non-paid work experiences
- Post-secondary training at a college, vocational, technical or business school
- Supportive rehabilitation services including case management, counseling, and medical referrals
- Independent living services for Veterans unable to work due to the severity of their disabilities

Who is Eligible for VR&E VetSuccess Services?

Active Duty Service Members Are Eligible If:

- They expect to receive an honorable discharge upon separation from active duty
- They obtain a memorandum rating of 20% or more from the VA
- They apply for VR&E VetSuccess services



Veterans' Employment and Training Service

U.S. Department of Labor

<http://www.dol.gov/vets/>

1-866-4USA-DOL

(1-866-487-2365)

Office of Employment
and Training

275 East Main Street

CHR Building,

2nd Floor West

Frankfort, KY 40621-2339

502-564-7062

Veterans Are Eligible If:

- They have received, or will receive, a discharge that is other than dishonorable
- They have a service-connected disability rating of at least 10%, or a memorandum rating of 20% or more from the Department of Veteran Affairs (VA)
- They apply for VetSuccess services

The basic period of eligibility in which VR&E VetSuccess services may be used is 12 years from the latter of the following:

- Date of separation from active military service, or
- Date the veteran was first notified by VA of a service-connected disability rating.

The basic period of eligibility may be extended if a Vocational Rehabilitation Counselor (VRC) determines that a Veteran has a Serious Employment Handicap.

What is a Rehabilitation Plan?

A rehabilitation plan is an individualized written outline of the services, resources and criteria that will be used to achieve employment and / or independent living goals. The plan is an agreement that is signed by the Veteran and the Vocational Rehabilitation Counselor (VRC) and is updated as needed to assist the Veteran to achieve his or her goals.

Depending on their circumstances, Veterans will work with their VRC to select one of the following five tracks of services (see definitions for more detail):

- Reemployment (with a former employer)
- Direct job placement services for new employment
- Self-employment
- Employment through long term services including OJT, college, and other training
- Independent living services

Resources centers throughout Kentucky have staff to assist Veterans in their job search and other employment related activities, such as Resume preparation, interviewing techniques, resource materials, labor market information, job search workshops, self assessment, internet access and eligible training providers.



One Stop Career Centers in Kentucky

www.oet.ky.gov/

Click on “Office Locations” to find the office nearest to your home.

Veterans can find the services they need at a convenient One-Stop Career Center. Work with a Veterans’ Employment Specialist to find jobs, acquire skills and education, plan your career, attend workshops, and take advantage of other resources. Just pick up the phone and dial 1-877-US2-JOBS (1-877-872-5627) for direct assistance. One-Stop Career Centers provide the following core services: Initial Assessment, Job Search Resume Writing, Job Placement, Interviewing Skills, Career Counseling, Labor Market Information, Job Vacancy Listings, Electronic Job Banks/Computer Access, and Financial Aid Information. For Department of Labor “Hire Veterans First” go to www.dol.gov/vets. For Veterans with TBI or PTSD, go to www.americasheroesatwork.gov for specific information.

Veterans Employment Coordination Service (VECS)

Office: 502-287-4615 *www.va.gov/vecs*

Veterans Employment Coordination Service (VECS) is VA’s lead office to attract, recruit, hire, and retain Veterans, particularly severely injured Veterans. Our staff consists of thirteen (13) Regional Veterans Employment Coordinators (RVECs) positioned at locations nationwide who provide a host of employment services for Veterans interested in pursuing careers at VA. Services include employment counseling, assistance in identifying transferable military skills (skills matching), qualifications and career assessment, assistance in drafting competitive resumes, instruction in developing comprehensive job search strategies, and direct job placement assistance. RVECs also advocate on behalf of Veterans, promoting the values, work ethic, leadership, dedication, skills, and qualifications Veterans possess, all of which makes them ideal candidates to fill any position in the Federal sector.

State Employment Veterans Advocate Office

1-800-572-6245

www.veterans.ky.gov/employmentinfo

Kentucky Department of Veteran Affairs

502-564-0512

www.veterans.ky.gov/employmentinfo

Personnel Office

501 High Street, 1st Floor Office 107, Frankfort, Kentucky 40601



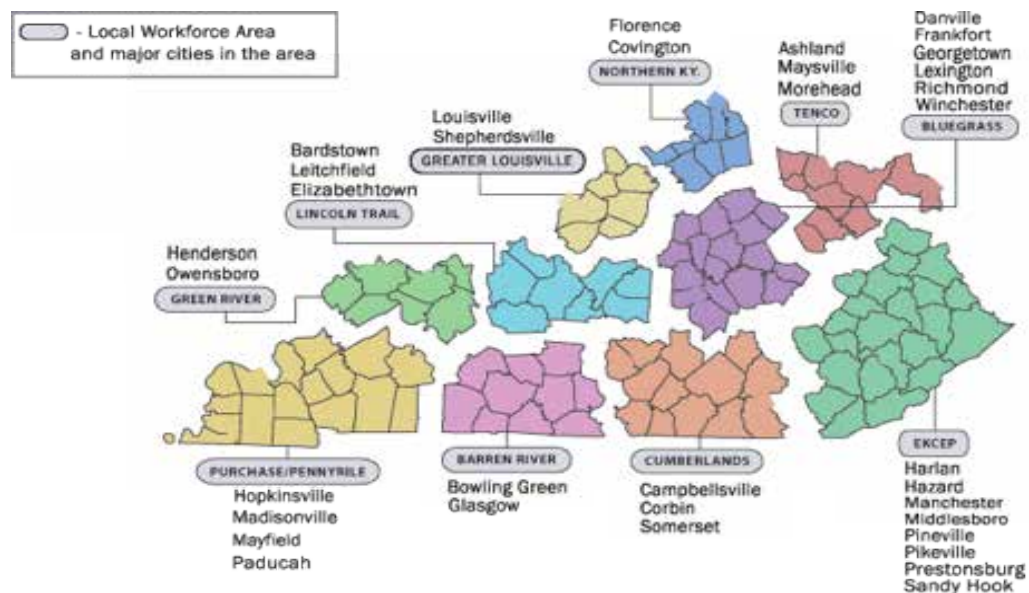
Federal Job Websites

www.usajobs.com OR *www.vacareers.va.gov*

These websites have Federal Job Vacancy Announcements, and will allow you to complete an online application along with instructions on how to apply for Federal Employment.

Employer Partnership of the Armed Forces

www.employerpartnership.org



The Employer Partnership was created as a way to provide America's employers with a direct link to some of America's finest employees – service members and their families. Through the partnership, service members can leverage their military training and experience for career opportunities in today's civilian job market with national, regional and local Employer Partners.

Similar to a recruiter, we have Program Support Managers to assist service members and their families in their quest for suitable employment. PSMs work as liaisons with human resources departments at employer partners and various other employers and agencies across the region. In addition, they post information about job fairs and events and work with service members to refine their applications for employment, resume writing, and interviewing skills.

DoD Kentucky Yellow Ribbon Program Information

Authorized by the National Defense Authorization Act of 2008, the Department of Defense (DoD) Yellow Ribbon Reintegration Program (YRRP) will provide National Guard and Reserve Members and their Families with information, services, referral and proactive outreach opportunities throughout the entire deployment cycle: Pre-Deployment, Deployment, Demobilization and Post Deployment-Reintegration. It is the intent of the Yellow Ribbon Program to provide support and high standard of care for Army and Air National Guard members and their Families.

Schedule of Events Description Key

- Event 1= Pre-Mobilization - 1 day training - (Service Member & Family)**
- Event 2= During - 1 day - Approximately 6 months (Mid-Point) after unit deploys - (Family only)**
- Event 3 = Reintegration - 2 1/2 days -normally around the 90 day mark after coming home - (Service Member & Family)**



Pre-Mobilization: Pre-deployment is the period from first notification of mobilization until deployment. During this period, the focus is on educating and ensuring the readiness of service members, their families, and communities for deployment.

During: This event is unique as it is only attended by the Family members approximately six months after unit deploys. The main purpose is training and information focused on challenges faced by soldiers and families. Service Providers also attend to provide information and answer any questions or concerns.

Reintegration: Approximately 90 days after a unit returns to home station, a reintegration event is held. The event is mandatory for Soldiers and Family members are welcome and encouraged to accompany them.

A reintegration event consists of training facilitated by professionals in: financial planning, continuing education, legal issues, health and wellness, TRICARE, resume writing and job search, employer support and veterans affairs benefits and counseling.

Also during the reintegration event, there are breakout group sessions for Servicemembers, spouses and parents. Each group may discuss challenges and/or

chaplains and military family life consultants will be available at this event to address specific needs.

Included at this event are providers which offer resources and information to the Soldier and Family Members to help them with Reintegration process. An example of providers that may be at a reintegration event include: TRICARE, KYNG education representative, colleges, universities, VA Medical Center, Military One Source, KYNG

State Psychological Health Director, Small Business Administration, KY Transition Assistance Advisor, KYNG Health Services, KYNG Family Assistance Center/ Family Programs, Employer Support Guard and Reserves.

Joint Services Support

For any “Yellow Ribbon Event” you MUST register to attend, at the Joint Services Support website. www.jointservicesupport.org

Disability Benefits For Wounded Warriors

Military Servicemembers can receive expedited processing of disability claims from Social Security. Benefits available through Social Security are different than those from the Department of Veterans Affairs and require a separate application.

The expedited process is used for military Servicemembers who become disabled while on active military service on or after October 1, 2001, regardless of where the disability occurs.

What Types Of Benefits Can I Receive?

Social Security pays disability benefits through two programs: the Social Security Disability Insurance Program, which pays benefits to you and certain members of your family if you are “insured” (meaning that you worked long enough and paid Social Security taxes) and the Supplemental Security Income (SSI) program, which pays benefits based on financial need.

This fact sheet is about the Social Security Disability Program. For more information about the Social Security Disability Program, ask for Disability Benefits (Publication No. 05-10029). For information about the SSI disability program for adults, ask for Supplemental Security Income (Publication No. 05-11000).

What Is Social Security’s Definition Of Disability?

By law, Social Security is very strict in how they define disability. To be found disabled, the following conditions apply:

- You must be unable to do substantial work because of your medical condition(s); and
- Your medical condition(s) must have lasted, or be expected to last, at least one year or be expected to result in death.

While some programs give money to people with partial disability or short-term disability, Social Security does not. A claimant must be considered completely, and unequivocally, disabled.

How Does Military Pay Affect Eligibility For Disability Benefits?

You cannot engage in substantial work activity for pay or profit, also known as substantial gainful activity. Active duty status and receipt of military pay does not, in itself, necessarily prevent payment of disability benefits. Receipt of military payments should never stop you from applying for disability benefits from Social Security. If you are receiving treatment at a military medical facility and working in a designated therapy program or on limited duty, we will evaluate your work activity to determine your eligibility for benefits.



The actual work activity is the controlling factor and not the amount of pay you receive or your military duty status.

How Do I Apply?

You may apply for disability benefits at any time while in military status or after discharge, whether you are still hospitalized, in a rehabilitation program or undergoing out-patient treatment in a military or civilian medical facility.

You may apply online at www.socialsecurity.gov/woundedwarrior, in person at the nearest Social Security office or by telephone. You may call 1-800-772-1213 to schedule an appointment. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. Online we have a “disability starter kit” available to help you complete your application.

What Do I Need To Apply?

Claimants and their representatives must provide information and documentation about age, employment, proof of citizenship, Social Security coverage and information regarding all impairments and related treatment. Social Security will make every reasonable effort to help you get the necessary medical evidence.

Important: You should file the application for disability benefits as soon as possible with any documents readily available. Do not delay filing because you do not have all the documents mentioned below:

- Original or certified copy of your birth certificate or proof of U.S. citizenship or legal residency if foreign born;
- Form DD 214, if discharged from the military service;
- W-2 Form or income tax return from last year;
- Military or workers’ compensation to include

- proof of payment;
- Social Security numbers of your spouse and minor children;
- Checking or savings account number, if you have one;
- Name, address and phone number of a contact person, in case you are unavailable; and
- Medical records that you have and/or that you can easily obtain from all military and civilian sources.

How Does Social Security Make The Decision?

Your claim is sent to a state Disability Determination Services (DDS) office that makes disability decisions. The state has medical and vocational experts who will contact your doctors and other places where you received treatment to get your medical records.

The state agency may ask you to have an examination or medical test. You will not have to pay the costs of any additional exams or tests you are asked to take. If the state does request an examination, make sure you keep the appointment.

How Long Does It Take For A Decision?

The length of time it takes to receive a decision on your disability claim can vary, depending on several factors, but primarily on:

- The nature of your disability;
How quickly we obtain medical evidence from your doctor or other medical source; and
- Whether it is necessary to send you for a medical examination in order to obtain evidence to support your claim.



Can I Do Anything To Speed The Decision?

Yes. You can speed the decision by being prepared for your interview and having information available regarding all the doctors you have seen and your work history. It is very important that you notify Social Security of any address changes that you have while we are working on your claim or any changes in doctors, hospitals or outpatient clinics where you are receiving treatment. This will help to prevent delays.

After the application for Social Security disability benefits is received, it is uniquely identified as a military Servicemember claim, and it is expedited through all phases of processing, both in Social Security and the DDS. Disability claims filed online also are expedited.

Can My Family Get Benefits?

Certain members of your family may qualify for benefits based on your work. They include:

- Your spouse, if he or she is age 62 or older;
- Your spouse, at any age, if he or she is caring for a child of yours who is younger than age 16 or disabled;
- Your unmarried child, including an adopted child, or in some cases a stepchild or grandchild. The child must be younger than age 18 or younger than age 19 if in elementary or secondary school full time; and
- Your unmarried child, age 18 or older, if he or she has a disability that started before age 22. (The child's disability also must meet the definition of disability for adults.)

NOTE: In some situations, a divorced spouse may qualify for benefits based on your earnings if he or she was married to you for at least 10 years, is not currently married and is at least age 62. The money paid to a divorced spouse does not reduce your benefit or any benefits due to your current spouse or children.

Contacting Social Security

For more information and to find copies of our publications, visit our website at www.socialsecurity.gov or call toll-free, 1-800-772-1213 (for the deaf or hard of hearing, call our TTY number, 1-800-325-0778). We can answer specific questions from 7 a.m. to 7 p.m., Monday through Friday. We can provide information by automated phone service 24 hours a day.

We treat all calls confidentially. We also want to make sure you receive accurate and courteous service. That is why we have a second Social Security representative monitor some telephone calls.

Department of Defense Resources

U.S. Department of Defense

www.defense.gov

afterdeployment.org

www.afterdeployment.org

Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury

1-866-966-1020

www.dcoe.health.mil

Center for Deployment Psychology

www.deploymentpsych.org

Center for the Study of Traumatic Stress

www.centerforthestudyoftraumaticstress.org

Defense and Veterans Brain Injury Center

www.dvbic.org



Deployment Health Clinical Center*www.pdhealth.mil***National Center for Telehealth & Technology***www.t2health.org***inTransition***www.health.mil/InTransition***Military HOMEFRONT***www.militaryhomefront.dod.mil***Military OneSource****1-800-342-9647***www.militaryonesource.com***Real Warriors Campaign***www.realwarriors.net***Sesame Workshop***www.archive.sesameworkshop.org/tlc***TRICARE***www.tricare.mil***Warrior Gateway***www.warriorgateway.org***Wounded Warrior Resource Center***www.woundedwarriorresourcecenter.com*

Air Force Resources

U.S. Air Force*www.af.mil***Air Force Community***www.afcommunity.af.mil***Air Force Wounded Warrior***www.woundedwarrior.af.mil***Wingman Project***www.wingmanproject.org*

Army Resources

U.S. Army*www.army.mil***Army Behavioral Health***www.behavioralhealth.army.mil***Army Family Readiness Group***www.armyfrg.org***Army OneSource***www.myarmyonesource.com***Army Suicide Prevention***www.armyg1.army.mil/hr/suicide***Army Wounded Warrior Program***www.aw2.army.mil***Comprehensive Soldier Fitness***www.csf.army.mil***Hooah 4 Health***www.hooah4health.com***Resilience Training***www.resilience.army.mil*

Marine Corps Resources

U.S. Marine Corps*www.marines.mil***Combat Stress Operational Control***www.usmc-mccs.org/cosc***The FOCUS Project***www.focusproject.org***Leaders Guide for Managing Marines in Distress***www.usmc-mccs.org/leadersguide*

Marine Corps Community Services

www.usmc-mccs.org

**Marine Corps Community Services
Deployment Support**

*www.usmc-mccs.org/deploy/deployguide.
cfm?sid=ml&smid=3*

Marines For Life

www.m4l.usmc.mil

Marines Suicide Prevention

www.usmc-mccs.org/suicideprevent

Wounded Warrior Regiment

1-877-487-6299

www.woundedwarriorregiment.org

Navy Resources

U.S. Navy

www.navy.mil

The FOCUS Project

www.focusproject.org

**Naval Center Combat &
Operational Stress Control**

www.med.navy.mil/sites/nmcsd/nccsoc

Naval Services FamilyLine

*www.cnic.navy.mil/CNIC_HQ_Sitel
WhatWeDo/FamilyLine/index.htm*

**Navy and Marine Corps
Public Health Center's
"Minding Your Mental Health"**

*www-nmcpbc.med.navy.mil/Healthy_Living/
Psychological_Health/Mental_Health/mmh_
mental_health.aspx*

Navy Family Readiness Group

www.navyfrg.com

Navy Personnel Command

www.npc.navy.mil

Safe Harbor

*www.npc.navy.mil/CommandSupport/
SafeHarbor*

National Guard & Military Reserve Resources

America's Heroes at Work

www.americasheroesatwork.gov

**Employer Support of the
Guard and Reserve**

www.esgr.org

Flash Forward

*www.resiliencycenter.net/courses/flash_
forward.aspx*

**National Guard Bureau
Joint Services Support**

www.jointservicesupport.org

**Office of the Assistant Secretary of
Defense: Reserve Affairs**

ra.defense.gov

Yellow Ribbon Program

www.yellowribbon.mil

Military Veterans Resources

Veterans Affairs

www.va.gov



Veterans Affairs' Mental Health

www.mentalhealth.va.gov

Veterans Affairs National Center for PTSD

www.ptsd.va.gov

Veterans Affairs' Returning Servicemembers (OEF/OIF)

www.oefoif.va.gov

Veterans Affairs' Vet Center

www.vetcenter.va.gov

Veterans Affairs' Women Veterans Health Care

www.publichealth.va.gov/womenshealth

Veterans Suicide Prevention Hotline

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

Non-Governmental Organization Resources

American Association of School Administrators

www.aasa.org

The Band of Mothers

www.thebandofmothers.com

Blue Star Families

www.bluestarfam.org

Give An Hour

www.giveanhour.org

Military.com

www.military.com

Military SoS

www.militarysos.com

National Military Family Association

www.militaryfamily.org

Operation Mom

www.operationmom.org

Parents Zone

parentszone.org

Spouse Buzz

spousebuzz.com

This Emotional Life

www.pbs.org/thisemotionallife

Organizations By Type Of Injury

Amputation

National Amputation Foundation, Inc. (NAF)

www.nationalamputation.org

Blindness/Visual impairment

Blinded Veterans Association (BVA)

www.bva.org

Post-Traumatic Stress disorder (PTSD)

National Center for Post-Traumatic Stress Disorder

(Department of Veterans Affairs)

www.ptsd.va.gov

Spinal cord injury (SCI) /paralysis/traumatic brain injury (TBI)

Paralyzed Veterans of America (PVA)

www.pva.org

Christopher and Dana Reeve Paralysis Research Center

www.paralysis.org

Brain Injury Association of America

www.biausa.org



Disabilities Generally

DisabilityInfo.gov
www.disabilityinfo.gov

**National Rehabilitation
Information Center**
www.naric.com

General Websites

4 Military Families
www.4militaryfamilies.com

ACAP
www.acap.army.mil/

A Million Thanks
www.amillionthanks.org

AllRetailJobs.com
www.allretailjobs.com/

**U.S. Army Material Command/
Always A Soldier**
www.amc.army.mil/alwaysasoldier/index.htm

America Supports You
www.americasupportsyoutexas.org

American Corporate Partners
www.guardfamily.org/

American Disability Assoc
www.adanet.org

American Freedom Foundation
www.americanfreedomfoundation.org

American Legion
www.legion.org

AMVets
www.amvets.org

Any Soldier
www.anysoldier.com

Armed Forces Found
www.armedforcesfoundation.org

Army Civilian Personnel
www.cpol.army.mil/

AW2 Program
www.aw2.army.mil

Assoc of the US Army
www.ausa.org

Career Command Post
www.careercommandpost.com

Career One Stop
www.careeronestop.org

CAUSE
www.cause-usa.org

Salute America's Heros
www.saluteheroes.org

DANTES
www.dantes.doded.mil

Defenders of Freedom
www.efendersoffreedom.us

DAV
www.dav.org



Department of Defense
defense.gov

Fisher House Foundation
www.fisherhouse.org

GiBill.com
www.gibill.com

Grief & Recovery.com
www.griefandrecovery.com

Guard Family.org
www.guardfamily.org

Helmets to Hardhats
www.helmetstohardhats.org

Helping our Heroes Foundation
www.helpingourheroes.org

Hero to Hero
www.herotohero.us

Heroes to Hometowns
www.militaryhomefront.dod.mil

Hire Veterans
www.hireVeterans.com

HireVetsFirst
www.hirevetsfirst.com

Homefront America
www.homefrontamerica.org

Homes for our Troops
www.homesforourtroops.org

Illinois Dept of Employment
www.ides.state.il.us/

Indiana Workforce Dev
www.state.in.us/in.gov/dwd

Indeed.com
www.indeed.com

Iraq and Afghanistan Veterans of America (IAVA)
www.iava.org

Job Accomodation Network
www.askjan.org

Job Central
www.jobcentral.com

Jobs4HR
www.jobs4hr.com

Jobs in Logistics
www.jobsinlogistics.com

Local Careers
localcareers.com

KY Office of Employment
www.desky.org

Mil2Civ
www.military-civilian.com

Military Exits
Career and Job Listing for Veterans
www.militaryexits.com

Military Family Assistance Program
Spouse and Family Member Employment
www.dod.mil/mapcentral

Military Job Zone
www.militaryjobzone.com

Military Order of the Purple Heart
www.purpleheart.org

Mil Sev Injured Ctr Supp
www.militaryhomefront.dod.mil



**Military Spot
Job Career Center**
www.militaryspot.clearancejobs.com

Military Spouse Career Ctr
www.military.com/spouse

Military Stars
www.militarystars.com

Military.com
www.military.com

Military Spouses.com
www.military.com/spouse

Monster.com
www.monster.com

National Association of Uniformed Services
www.naus.org

National Center for PTSD
www.ncptsd.va.gov/

National Guard Family Program
www.jointservicessupport.org

National Mil Family Assoc
www.nmfa.org

National Resource Directory
www.nationalresourcedirectory.gov

National Veterans Legal Service Program
www.nvlsp.org

National Veterans Foundation
www.nvf.org

National Veterans Training Institute
www.nvfi.cudenver.edu

One-Stop Career Centers in Kentucky
oet.ky.gov

Operation Education
www.uihome.uidaho.edu

Operation First Response
www.operationfirstresponse.org

Operation Forever Free
www.operationforeverfree.org

Operation Hero Miles
www.heromiles.org

Operation Second Chance
www.operationsecondchance.org

Our Fallen Soldier
www.ourfallensoldier.com

Paralyzed Vets of America
www.pva.org

Recruit Military
recruit.military.com

**Small Business Association (SBA)
Development**
www.sba.gov

Scholarships for Military Children Program
www.militaryscholar.org OR
collegescholarships.org

Social Security Admin
www.socialsecurity.gov

Spouses to Teachers
www.spousetoteachers.com

Transition Assistance Online.Com
www.taonline.com



The Military Family Network

www.emilitary.org

The Military Coalition

www.themilitarycoalition.org

Troops to Teachers

www.proudtoserveagain.com

Turbo-Tap.Org

www.turbotap.org

U.S. Dept of Labor

www.dol.gov

U.S. Dept of Veterans Affairs

www.va.gov

U.S. Vets

www.usvetsinc.org

USO

www.uso.org

US Wounded Soldiers Foundation

www.uswoundedsoldiers.com

USA Cares

www.usacares.us/about.htm

USA JOBS

www.usajobs.opm.gov

The U.S. Government's Official Portal

usa.gov

**Veteran Employment Coordination
Service (VECS)**

www.va.gov/vecs

Vet Assistance Foundation

www.Veteransassistance.org

Vet Intervention Program (VIP)

www.vipofamerica.org

Veterans of Foreign Wars

www.vfw.org

Veterans Today

www.Veteranstoday.com

Vet Jobs.Com

www.vetjobs.com

Vets4Hire

www.vets4hire.com

Vetsuccess.Gov

www.vetsuccess.gov

Warrior Transition Cmd

www.wtc.armylive.dodlive.mil

Wounded Heroes

www.woundedheroesfund.net

Wounded Soldiers

www.woundedsoldiers.net

Wounded Warrior Project

www.woundedwarriorproject.org

Wounded Warriors

www.woundedwarriors.org



Glossary

Abnormal Posture Tone

The degree of vigor or tension in a muscle which is not normal. This results in a body posture that lacks smoothness of movements.

Abstract Concept

A concept or idea not related to any specific instance or object and which potentially can be applied to many different situations or objects. Persons with cognitive deficits often have difficulty understanding abstract concepts.

Abstract Thinking

Being able to apply abstract concepts to new situations and surroundings.

Abulia

Absence or inability to exercise will-power or to make decisions. Also, slow reaction, lack of spontaneity, and brief spoken responses. Usually associated with damage to a cerebellar vessel.

Acute Care

The phase of managing health problems which is conducted in a hospital on patients needing medical attention.

Acute Rehabilitation

Based in a medical facility; accepts patient as soon as medically stable; focuses on intensive physical and cognitive restorative services in early months after injury; typical length of stay one week to several months (short term); identifiable team and program with specialized unit.

Acute Rehabilitation Program

Primary emphasis is on the early phase of rehabilitation which usually begins as soon as the patient is medically stable. The program is designed to be comprehensive and based in a medical facility with a typical length of stay of 1-3 months. Treatment is provided by an identifiable team in a designated unit. See Program/Service Types.

Adaptive/Assistive Equipment

A special device which assists in the performance of self-care, work or play/leisure activities or physical exercise.

Affect

The observable emotional condition of an individual at any given time.

Agnosia

Failure to recognize familiar objects although the sensory mechanism is intact. May occur for any sensory modality.

Agraphia

Inability to express thoughts in writing.

Ambulate

To walk.

Amnesia

Lack of memory about events occurring during a particular period of time. See also: anterograde amnesia, retrograde amnesia, post-traumatic amnesia.

Aneurysm

A balloon-like deformity in the wall of a blood vessel. The wall weakens as the balloon grows larger, and may eventually burst, causing a hemorrhage.

Anomia

Inability to recall names of objects. Persons with this problem often can speak fluently but have to use other words to describe familiar objects.

Anosmia

Loss of the sense of smell.

Anoxia

A lack of oxygen. Cells of the brain need oxygen to stay alive. When blood flow to the brain is reduced or when oxygen in the blood is too low, brain cells are damaged.

Anterograde Amnesia

Inability to consolidate information about ongoing events. Difficulty with new learning.

Anticonvulsant

Medication used to decrease the possibility of a seizure (e.g., Dilantin, Phenobarbital, Mysoline, Tegretol).



Antidepressants

Medication used to treat depression.

Aphasia

Loss of the ability to express oneself and/or to understand language. Caused by damage to brain cells rather than deficits in speech or hearing organs.

Apraxia

Inability to carry out a complex or skilled movement; not due to paralysis, sensory changes, or deficiencies in understanding.

Aprosodia

A condition in which there is a loss of production or comprehension of the meaning of different tones of voice.

Arousal

Being awake. Primitive state of alertness managed by the reticular activating system (extending from medulla to the thalamus in the core of the brain stem) activating the cortex. Cognition is not possible without some degree of arousal.

Articulation

Movement of the lips, tongue, teeth and palate into specific patterns for purposes of speech. Also, a movable joint.

Aspiration

When fluid or food enters the lungs through the wind pipe. Can cause a lung infection or pneumonia.

Astereognosia

Inability to recognize things by touch.

Ataxia

A problem of muscle coordination not due to apraxia, weakness, rigidity, spasticity or sensory loss. Caused by lesion of the cerebellum or basal ganglia. Can interfere with a person's ability to walk, talk, eat, and to perform other self care tasks.

Attendant Care

Provision of assistance in activities of daily living for a person with disability. Daily number of hours of required assistance, either physical or supervisory.

Atrophy

A wasting away or decrease in size of a cell, tissue, organ, or part of the body caused by lack of nourishment, inactivity or loss of nerve supply.

Attention/Concentration

The ability to focus on a given task or set of stimuli for an appropriate period of time.

Audiologist

One who evaluates hearing defects and who aids in the rehabilitation of those who have such defects.

Augmentative and Alternative Communication

Use of forms of communication other than speaking, such as: sign language, "yes, no" signals, gestures, picture board, and computerized speech systems to compensate (either temporarily or permanently) for severe expressive communication disorders.

ADL

Activities of daily living. Routine activities carried out for personal hygiene and health (including bathing, dressing, feeding) and for operating a household.

Balance

The ability to use appropriate righting and equilibrium reactions to maintain an upright position. It is usually tested in sitting and standing positions.

Behavior

The total collection of actions and reactions exhibited by a person.

Behavior Disorders

For the patient exhibiting patterns of behavior preventing participation in active rehabilitation, including destructive patient behavior to self and others; continuum of controlled settings.

Bilateral

Pertaining to both right and left sides.



Brain Injury, Acquired

The implication of this term is that the individual experienced normal growth and development from conception through birth, until sustaining an insult to the brain at some later time which resulted in impairment of brain function.

Brain Injury, Closed

Occurs when the head accelerates and then rapidly decelerates or collides with another object (for example the windshield of a car) and brain tissue is damaged, not by the presence of a foreign object within the brain, but by violent smashing, stretching, and twisting, of brain tissue. Closed brain injuries typically cause diffuse tissue damage that results in disabilities which are generalized and highly variable.

Brain Injury, Mild

A patient with a mild traumatic brain injury is a person who has had a traumatically-induced physiological disruption of brain function, as manifested by at least one of the following:

1. any period of loss of consciousness,
2. any loss of memory for events immediately before or after the accident,
3. any alteration in mental state at the time of the accident (e.g., feeling dazed, disoriented, or confused),
4. focal neurological deficit(s) which may or may not be transient; but where the severity of the injury does not exceed the following: a) loss of consciousness of approximately 30 minutes or less; b) an initial Glasgow Coma Scale score of 13-15 after 30 minutes; c) Post Traumatic Amnesia not greater than 24 hours.

Brain Injury, Traumatic

Damage to living brain tissue caused by an external, mechanical force. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months/ indefinitely). The specific disabling condition(s)

may be orthopedic, visual, aural, neurologic, perceptive/cognitive, or mental/emotional in nature. The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes.

Brain Plasticity

The ability of intact brain cells to take over functions of damaged cells; plasticity diminishes with maturation.

Brain Scan

An imaging technique in which a radioactive dye (radionuclide) is injected into the blood stream and then pictures of the brain are taken to detect tumors, hemorrhages, blood clots, abscesses or abnormal anatomy.

Brain Stem

The lower extension of the brain where it connects to the spinal cord. Neurological functions located in the brain stem include those necessary for survival (breathing, heart rate) and for arousal (being awake and alert).

Case Management

Facilitating the access of a patient to appropriate medical, rehabilitation and support programs, and coordination of the delivery of services. This role may involve liaison with various professionals and agencies, advocacy on behalf of the patient, and arranging for purchase of services where no appropriate programs are available.

Cathetera

A flexible tube for withdrawing fluids from, or introducing fluids into, a cavity of the body. Frequently used to drain the urinary bladder (Foley catheter).

Cerebellum

The portion of the brain (located at the back) which helps coordinate movement. Damage may result in ataxia.

Cerebral-spinal Fluid (CSF)

Liquid which fills the ventricles of the brain and surrounds the brain and spinal cord.



Chronic

Marked by long duration or frequent recurrence.

Circumlocution

Use of other words to describe a specific word or idea which cannot be remembered.

Client

A person under the protection of another; one who engages the professional advice or services of another. See Consumer and Patient.

Clonus

A sustained series of rhythmic jerks following quick stretch of a muscle.

Cognition

The conscious process of knowing or being aware of thoughts or perceptions, including understanding and reasoning.

Cognitive Rehabilitation

Therapy programs which aid persons in the management of specific problems in perception, memory, thinking and problem solving. Skills are practiced and strategies are taught to help improve function and/or compensate for remaining deficits. The interventions are based on an assessment and understanding of the person's brain-behavior deficits and services are provided by qualified practitioners.

Coma

A state of unconsciousness from which the patient cannot be awakened or aroused, even by powerful stimulation; lack of any response to one's environment. Defined clinically as an inability to follow a one-step command consistently; Glasgow Coma Scale score of 8 or less.

Communicative Disorder

An impairment in the ability to 1) receive and/or process a symbol system, 2) represent concepts or symbol systems, and/or 3) transmit and use symbol systems. The impairment may be observed in disorders of hearing, language, and/or speech processes.

Community Integration Program

Provides services designed to accomplish functional outcomes focused on home and community integration, including productive activity. Services may be provided in residential facilities, day treatment programs, the consumer's home. They may be of short-term (several weeks) or long-term duration (several months).

Community Skills

Those abilities needed to function independently in the community. They may include: telephone skills, money management, pedestrian skills, use of public transportation, meal planning and cooking.

Comprehension

Understanding of spoken, written, or gestural communication.

Concentration

Maintaining attention on a task over a period of time; remaining attentive and not easily diverted.

Concrete Thinking

A style of thinking in which the individual sees each situation as unique and is unable to generalize from the similarities between situations. Language and perceptions are interpreted literally so that a proverb such as "a stitch in time saves nine" cannot be readily grasped.

Concussion

The common result of a blow to the head or sudden deceleration usually causing an altered mental state, either temporary or prolonged. Physiologic and/or anatomic disruption of connections between some nerve cells in the brain may occur. Often used by the public to refer to a brief loss of consciousness.

Confabulation

Verbalizations about people, places, and events with no basis in reality. May be a detailed account delivered.

Confusion

A state in which a person is bewildered, perplexed, or unable to self-orient.



Conjugate Movement

Both eyes move simultaneously in the same direction. Convergence of the eyes toward the midline (crossed eyes) is a disconjugate movement.

Contracture

Loss of range of motion in a joint due to abnormal shortening of soft tissues.

Convergence

Movement of two eyeballs inward to focus on an object moved closer. The nearer the object, the greater is the degree of convergence necessary to maintain single vision.

Cortical Blindness

Loss of vision resulting from a lesion of the primary visual areas of the occipital lobe. Light reflex is preserved.

Contrecoup

Bruising of brain tissue on the side opposite where the blow was struck.

CT Scan/Computerized Axial Tomography

A series of X-rays taken at different levels of the brain that allows the direct visualization of the skull and intracranial structures. A scan is often taken soon after the injury to help decide if surgery is needed. The scan may be repeated later to see how the brain is recovering.

Decerebrate Posture (Decerebrate Rigidity)

Exaggerated posture of extension as a result of a lesion to the prepontine area of the brain stem, and is rarely seen fully developed in humans. In reporting, it is preferable to describe the posture seen.

Decorticate Posture (Decorticate Rigidity)

Exaggerated posture of upper extremity flexion and lower extremity extension as a result of a lesion to the mesencephalon or above. In reporting, it is preferable to describe the posture seen.

Decubitus

Pressure area, bed sore, skin opening, skin breakdown. A discolored or open area of skin damage caused by pressure. Common areas most prone to breakdown are buttocks or backside, hips, shoulder blades, heels, ankles and elbows.

Deficit

A decrease in functioning; the inability to perform a particular task at a previous level.

Diffuse Axonal Injury (DAI)

A shearing injury of large nerve fibers (axons covered with myelin) in many areas of the brain. It appears to be one of the two primary lesions of brain injury, the other being stretching or shearing of blood vessels from the same forces, producing hemorrhage.

Diffuse Brain Injury

Injury to cells in many areas of the brain rather than in one specific location.

Diplopia

Seeing two images of a single object; double vision.

Discipline

When referring to health care or education it means a particular field of study, such as medicine, occupational therapy, nursing, recreation therapy or others.

Disinhibition

Inability to suppress (inhibit) impulsive behavior and emotions.

Disorientation

Not knowing where you are, who you are, or the current date. Health professionals often speak of a normal person as being oriented "times three" which refers to person, place and time.

Dorsiflexion

When applied to the ankle, the ability to bend at the ankle, moving the front of the foot upward.

Dysarthria

Difficulty in forming words or speaking them because of weakness of muscles used in speaking or because of disruption in the neuromotor stimulus patterns required for accuracy and velocity of speech.



Dysphagia

A swallowing disorder characterized by difficulty in oral preparation for the swallow, or in moving material from the mouth to the stomach. This also includes problems in positioning food in the mouth.

Edema

Collection of fluid in the tissue causing swelling.

Electroencephalogram (EEG)

A procedure that uses electrodes on the scalp to record electrical activity of the brain. Used for detection of epilepsy, coma, and brain death.

Electromyography (EMG)

An insertion of needle electrodes into muscles to study the electrical activity of muscle and nerve fibers. It may be somewhat painful to the patient. Helps diagnose damage to nerves or muscles.

Emesis

Vomiting

Emotional Lability

Exhibiting rapid and drastic changes in emotional state (laughing, crying, anger) inappropriately without apparent reason.

Endotracheal Tube

A tube that serves as an artificial airway and is inserted through the patient's mouth or nose. It passes through the throat and into the air passages to help breathing. To do this it must also pass through the patient's vocal cords. The patient will be unable to speak as long as the endotracheal tube is in place. It is this tube that connects the respirator to the patient.

Evoked Potential

Registration of the electrical responses of active brain cells as detected by electrodes placed on the surface of the head at various places. The evoked potential, unlike the waves on an EEG, is elicited by a specific stimulus applied to the visual, auditory or other sensory receptors of the body. Evoked potentials are used to diagnose a wide variety of central nervous system disorders.

Extended Care Facility-Basic

Residential facility which supplies 24-hour nursing care and supervision and assistance with activities of daily life. See Program/Service Types.

Extended Care Facility-Skilled

A residential facility for the patient who requires 24-hour nursing care (IV, intramuscular injections, special feeding tubes, skin care, oxygen) and rehabilitative therapy, such as physical therapy, occupational therapy, or speech therapy on a less intensive basis than as an inpatient in a comprehensive rehabilitation center. An extended care facility can be a short-term alternative (a few months) prior to placement at home (with outpatient therapy) or in a nursing home. See Program/Service Types.

Extremity

Arm or leg.

Figure-Ground

The differentiation between the foreground and the background of a scene; this refers to all sensory systems, including vision, hearing, touch.

Flaccid

Lacking normal muscle tone; limp.

Flexion

Bending a joint.

Foley Catheter

This is a tube inserted into the urinary bladder for drainage of urine. The urine drains through the tube and collects into a plastic bag.

Frontal Lobe

Front part of the brain; involved in planning, organizing, problem solving, selective attention, personality and a variety of "higher cognitive functions."

Frustration Tolerance

The ability to persist in completing a task despite apparent difficulty. Individuals with a poor frustration tolerance will often refuse to complete tasks which are the least bit difficult. Angry behavior, such as yelling or throwing things while attempting a task is also indicative of poor frustration tolerance



Gainful Occupation

Includes employment in the competitive labor market, practice of a profession, farm or family work (including work for which payment is “in kind” rather than in cash), sheltered employment, work activity (to the extent that there is net pay), and home industries or other home-bound work.

Gait Training

Instruction in walking, with or without equipment; also called “ambulation training.”

GI Tube

A tube inserted through a surgical opening into the stomach. It is used to introduce liquids, food, or medication into the stomach when the patient is unable to take these substances by mouth.

Glasgow Coma Scale

A standardized system used to assess the degree of brain impairment and to identify the seriousness of injury in relation to outcome. The system involves three determinants: eye opening, verbal responses and motor response all of which are evaluated independently according to a numerical value that indicates the level of consciousness and degree of dysfunction. Scores run from a high of 15 to a low of 3. Persons are considered to have experienced a ‘mild’ brain injury when their score is 13 to 15. A score of 9 to 12 is considered to reflect a ‘moderate’ brain injury and a score of 8 or less reflects a ‘severe’ brain injury.

The GCS is scored between 3 and 15, 3 being the worst, and 15 the best. It is composed of three parameters : Best Eye Response, Best Verbal Response, Best Motor Response, as given below:

Best Eye Response. (4)

1. No eye opening.
2. Eye opening to pain.
3. Eye opening to verbal command.
4. Eyes open spontaneously.

Best Verbal Response. (5)

1. No verbal response
2. Incomprehensible sounds.
3. Inappropriate words.
4. Confused
5. Orientated

Best Motor Response. (6)

1. No motor response.
2. Extension to pain.
3. Flexion to pain.
4. Withdrawal from pain.
5. Localising pain.
6. Obeys Commands.

Note that the phrase ‘GCS of 11’ is essentially meaningless, and it is important to break the figure down into its components, such as E3V3M5 = GCS 11.

A Coma Score of 13 or higher correlates with a mild brain injury, 9 to 12 is a moderate injury and 8 or less a severe brain injury.

Group Home

A closely supervised living situation for persons with disabilities which focuses on development of self-help skills to prepare individuals for semi-independent or independent living.

Halo

A metal ring placed around the head of patients with spinal injuries to prevent their head from moving.

Head Injury

Refers to an injury of the head and/or brain, including lacerations and contusions of the head, scalp and/or forehead. See Brain Injury.

Hematoma

The collection of blood in tissues or a space following rupture of a blood vessel.

Regarding Brain:

Epidural--Outside the brain and its fibrous covering, the dura, but under the skull.

Subdural--Between the brain and its fibrous covering (dura).



Intracerebral--In the brain tissue.

Subarachnoid--Around the surfaces of the brain, between the dura and arachnoid membranes.

Hemianopsia Hemianopia

Visual field cut. Blindness for one half of the field of vision. This is not the right or left eye, but the right or left half of vision in each eye.

Hemiparesis

Weakness of one side of the body.

Hydrocephalus

Enlargement of fluid-filled cavities in the brain, not due to brain atrophy.

Hypoxia

Insufficient oxygen reaching the tissues of the body.

Impulse Control

Refers to the individual's ability to withhold inappropriate verbal or motor responses while completing a task. Persons who act or speak without first considering the consequences are viewed as having poor impulse control.

Incontinent

Inability to control bowel and bladder functions. Many people who are incontinent can become continent with training.

Independent Living

Community-based to maximize a person's ability to be empowered and self-directed; allows an individual to live in one's own home with maximum personal control over how services are delivered, combined with the opportunity to work as appropriate.

Initiative

Refers to the individual's ability to begin a series of behaviors directed toward a goal.

Interdisciplinary Approach

A method of diagnosis, evaluation, and individual program planning in which two or more specialists, such as medical doctors, psychologists, recreational therapists, social workers, etc., participate as a team, contributing their skills, competencies, insights, and perspectives to focus

on identifying the developmental needs of the person with a disability and on devising ways to meet those needs.

Intracranial Pressure (ICP)

Cerebrospinal fluid (CSF) pressure measured from a needle or bolt introduced into the CSF space surrounding the brain. It reflects the pressure inside of the skull.

Jargon

Spoken language that has a normal rate and rhythm but is full of nonsense words.

Job Analysis

Involves the systematic study of an occupation in terms of what the worker does in relation to data, people, and things; the methods and techniques employed, the machines, tools, equipment, and work aids used; the materials, products, subject matter or services which result, and the traits required of the worker.

Kinesthesia

The sensory awareness of body parts as they move (see Position Sense and Proprioception).

Lability

State of having notable shifts in emotional state (e.g., uncontrolled laughing or crying).

Leg Bag

A small, thick plastic bag that can be tied to the leg and collects urine. It is connected by tubing to a catheter inserted into the urinary bladder.

Lifelong Living

For persons discharged from rehabilitation who need ongoing lifetime supports; located in residential or skilled nursing environment; structured activities available on individual and group basis.

Locked-in Syndrome

A condition resulting from interruption of motor pathways in the ventral pons, usually by infarction. This disconnection of the motor cells in the lower brain stem and spinal cord from controlling signals issued by the brain leaves the patient completely paralyzed and mute, but



able to receive and understand sensory stimuli; communication may be possible by code using blinking, or movements of the jaw or eyes, which can be spared.

Magnetic Resonance Imaging (MRI)

A type of diagnostic radiography using electromagnetic energy to create an image of soft tissue, central nervous system and musculoskeletal systems.

Malingering

To pretend inability so as to avoid duty or work.

Memory, Episodic

Memory for ongoing events in a person's life. More easily impaired than semantic memory, perhaps because rehearsal or repetition tends to be minimal.

Memory, Immediate

The ability to recall numbers, pictures, or words immediately following presentation. Patients with immediate memory problems have difficulty learning new tasks because they cannot remember instructions. Relies upon concentration and attention.

Memory, Long Term

In neuropsychological testing, this refers to recall thirty minutes or longer after presentation. Requires storage and retrieval of information which exceeds the limit of short term memory.

Memory, Short Term

Primary or 'working' memory; its contents are in conscious awareness. A limited capacity system that holds up to seven chunks of information over periods of 30 seconds to several minutes, depending upon the person's attention to the task.

Money Management

Ability to distinguish the different denominations of money, count money, make change, budget.

Motor Control

Regulation of the timing and amount of contraction of muscles of the body to produce smooth and coordinated movement. The regulation is carried out by operation of the nervous system.

Motor Planning

Action formulated in the mind before attempting to perform.

Muscle Tone

Used in clinical practice to describe the resistance of a muscle to being stretched. When the peripheral nerve to a muscle is severed, the muscle becomes flaccid (limp). When nerve fibers in the brain or spinal cord are damaged, the balance between facilitation and inhibition of muscle tone is disturbed. The tone of some muscles may become increased and they resist being stretched--a condition called hypertonicity or spasticity.

Nasogastric Tube (NG Tube)

A tube that passes through the patient's nose and throat and ends in the patient's stomach. This tube allows for direct "tube feeding" to maintain the nutritional status of the patient or removal of stomach acids.

Neglect

Paying little or no attention to a part of the body.

Neologism

Nonsense or made-up word used when speaking. The person often does not realize that the word makes no sense.

Neurologist

A physician who specializes in the nervous system and its disorders.

Neuropsychologist

A psychologist who specializes in evaluating (by tests) brain/behavior relationships, planning training programs to help the survivor of brain injury return to normal functioning and recommending alternative cognitive and behavioral strategies to minimize the effects of brain injury. Often works closely with schools and employers as well as with family members of the injured person.

Non-ambulatory

Not able to walk.

Nystagmus

Involuntary horizontal, vertical, or rotary movement of the eyeballs.



Occipital Lobe

Region in the back of the brain which processes visual information. Damage to this lobe can cause visual deficits.

Occupational Therapy

Occupational Therapy is the therapeutic use of self-care, work and play activities to increase independent function, enhance development and prevent disability; may include the adaptation of a task or the environment to achieve maximum independence and to enhance the quality of life. The term occupation, as used in occupational therapy, refers to any activity engaged in for evaluating, specifying and treating problems interfering with functional performance.

Orientation

Awareness of one's environment and/or situation, along with the ability to use this information appropriately in a functional setting.

See Disorientation

Orthopedics

The branch of medicine devoted to the study and treatment of the skeletal system, its joints, muscles and associated structures.

Orthosis

Splint or brace designed to improve function or provide stability.

Outpatient

The patient residing outside the hospital but returning on a regular basis for one or more therapeutic services.

Paraplegia

Paralysis of the legs (from the waist down).

Parietal Lobe

One of the two parietal lobes of the brain located behind the frontal lobe at the top of the brain.

Perception

The ability to make sense of what one sees, hears, feels, tastes or smells. Perceptual losses are often very subtle, and the patient and/or family may be unaware of them.

Perseveration

The inappropriate persistence of a response in a current task which may have been appropriate for a former task. Perseverations may be verbal or motoric.

Persistent Vegetative State (PVS)

A long-standing condition in which the patient utters no words and does not follow commands or make any response that is meaningful. See Persistent Unawareness.

Phonation

The production of sound by means of vocal cord vibration.

Physiatrist

Pronounced Fizz ee at' rist. A physician who specializes in physical medicine and rehabilitation. Some physiatrists are experts in neurologic rehabilitation, trained to diagnose and treat disabling conditions. The physiatrist examines the patient to assure that medical issues are addressed; provides appropriate medical information to the patient, family members and members of the treatment team. The physiatrist follows the patient closely throughout treatment and oversees the patient's rehabilitation program.

Physical Therapist

The physical therapist evaluates components of movement, including: muscle strength, muscle tone, posture, coordination, endurance, and general mobility. The physical therapist also evaluates the potential for functional movement, such as ability to move in the bed, transfers and walking and then proceeds to establish an individualized treatment program to help the patient achieve functional independence.

Plasticity

The ability of cellular or tissue structures and their resultant function to be influenced by an ongoing activity.

Plateau

A temporary or permanent leveling off in the recovery process.

Post Traumatic Amnesia (PTA)

A period of hours, weeks, days or months after the injury when the patient exhibits a loss of day-to-day memory. The patient is unable to store new information and therefore has a decreased



ability to learn. Memory of the PTA period is never stored, therefore things that happened during that period cannot be recalled. May also be called Anterograde Amnesia.

Posture

The attitude of the body. Posture is maintained by low-grade, continuous contraction of muscles which counteract the pull of gravity on body parts. Injury to the nervous system can impair the ability to maintain normal posture, for example holding up the head.

Pre-Morbid Condition

Characteristics of an individual present before the disease or injury occurred.

Problem-Solving Skill

Ability to consider the probable factors that can influence the outcome of each of various solutions to a problem, and to select the most advantageous solution. Individuals with deficits in this skill may become “immobilized” when faced with a problem. By being unable to think of possible solutions, they may respond by doing nothing.

Prognosis

The prospect as to recovery from a disease or injury as indicated by the nature and symptoms of the case.

Prone

Lying on one’s stomach.

The sensory awareness of the position of body parts with or without movement. Combination of kinesthesia and position sense.

Psychologist

A professional specializing in counseling, including adjustment to disability. Psychologists use tests to identify personality and cognitive functioning. This information is shared with team members to assure consistency in approaches. The psychologist may provide individual or group psychotherapy for the purpose of cognitive retraining, management of behavior and the

development of coping skills by the patient/client and members of the family.

Rancho Los Amigos Hospital Scale

Recovery from a serious traumatic brain injury that is accompanied by coma is a slow process that follows a fairly predictable course. The Rancho Los Amigos Hospital Scale (Malkmus, et al., 1980) divides the progressive return of cognitive functions into up to eleven levels. Eight of which are summarized below. All levels are intended for application with closed brain injury patients

I. No Response

Patient appears to be in a deep sleep and is unresponsive to stimuli.

II. Generalized Response

Patient reacts inconsistently and non-purposefully to stimuli in a nonspecific manner. Reflexes are limited and often the same, regardless of stimuli presented.

III. Localized Response

Patient responses are specific but inconsistent, and are directly related to the type of stimulus presented, such as turning head toward a sound or focusing on a presented object. He may follow simple commands in an inconsistent and delayed manner.

IV. Confused-Agitated

Patient is in a heightened state of activity and severely confused, disoriented, and unaware of present events. His behavior is frequently bizarre and inappropriate to his immediate environment. He is unable to perform self-care. If not physically disabled, he may perform automatic motor activities such as sitting, reaching and walking as part of his agitated state, but not necessarily as a purposeful act.

V. Confused-Inappropriate, Non-Agitated

Patient appears alert and responds to simple commands. More complex commands, however, produce responses that are nonpurposeful and random. The patient may



show some agitated behavior it is in response to external stimuli rather than internal confusion. The patient is highly distractible and generally has difficulty in learning new information. He can manage self-care activities with assistance. His memory is impaired and verbalization is often inappropriate.

VI. Confused-Appropriate

Patient shows goal-directed behavior, but relies on cueing for direction. He can relearn old skills such as activities of daily living, but memory problems interfere with new learning. He has a beginning awareness of self and others.

VII. Automatic-Appropriate

Patient goes through daily routine automatically, but is robot-like with appropriate behavior and minimal confusion. He has shallow recall of activities, and superficial awareness of, but lack of insight to, his condition. He requires at least minimal supervision because judgment, problem solving, and planning skills are impaired.

VIII. Purposeful-Appropriate

Patient is alert and oriented, and is able to recall and integrate past and recent events. He can learn new activities and continue in home and living skills, though deficits in stress tolerance, judgment, abstract reasoning, social, emotional, and intellectual capacities may persist.

Range of Motion (ROM)

Refers to movement of a joint (important to prevent contractures).

Reasoning, Abstract

Mode of thinking in which the individual recognizes a phrase that has multiple meanings and selects the meaning most appropriate to a given situation. The term “abstract” typically refers to concepts not readily apparent from the physical attributes of an object or situation.

Reasoning, Concrete

The ability to understand the literal meaning of a phrase.

Reasoning, Problem-Solving

The ability to analyze information related to a given situation and generate appropriate response options. Problem-solving is a sequential process that typically proceeds as follows: identification of problem; generation of response options; evaluation of response option appropriateness; selection and testing of first option; analysis as to whether solution has been reached. A patient/client may discontinue making a cup of coffee because the sugar bowl is empty, even though sugar is readily available in a nearby cabinet. A patient/client may easily navigate his way into a room crowded with furniture, but request staff assistance to navigate his way out.

Reasoning, Sequencing

The ability to organize information or objects according to specified rules, or the ability to arrange information or objects in a logical, progressive manner. Nearly every activity, including work and leisure tasks, requires sequencing. For example, in cooking certain foods it is important that ingredients be added and mixed in a specified order; in dressing, undergarments must be put on prior to outergarments.

Recreation Therapist

Individual within the facility responsible for developing a program to assist persons with disabilities plan and manage their leisure activities; may also schedule specific activities and coordinate the program with existing community resources.

Rehabilitation

Comprehensive program to reduce/overcome deficits following injury or illness, and to assist the individual to attain the optimal level of mental and physical ability.



Rehabilitation Counselor

Also called Vocational Counselor. A specialist in social and vocational issues who helps the patient develop the skills and aptitudes necessary for return to productive activity and the community.

Rehabilitation Facility

Agency of multiple, coordinated services designed to minimize for the individual the disabling effects of one's physical, mental, social, and/or vocational difficulties and to help realize individual potential.

Rehabilitation Nurse

A nurse specializing in rehabilitation techniques as well as basic nursing care. Nurses assist the patient and family in acquiring new information, developing skills, achieving competence and exhibiting behaviors that contribute to the attainment of a healthy state.

Residential Services

Assumes a 24-hour residential environment outside the home and includes 24-hour provision of or access to support personnel capable of meeting the client's needs. (Adopted by the PostAcute Committee of ISIG on Head Injury October 28, 1991.)

Retrograde Amnesia

Inability to recall events that occurred prior to the accident; may be a specific span of time or type of information.

Seizure

An uncontrolled discharge of nerve cells which may spread to other cells nearby or throughout the entire brain. It usually lasts only a few minutes. It may be associated with loss of consciousness, loss of bowel and bladder control and tremors. May also cause aggression or other behavioral change.

Sensation

Feeling stimuli which activate sensory organs of the body, such as touch, temperature, pressure and pain. Also seeing, hearing, smelling and tasting.

Sensorimotor

Refers to all aspects of movement and sensation and the interaction of the two.

Sensory Integration

Interaction of two or more sensory processes in a manner that enhances the adaptiveness of the brain.

Sequelae

Events following or resulting from the injury.

Sequencing

Reading, listening, expressing thoughts, describing events or contracting muscles in an orderly and meaningful manner.

Sheltered Workshop

A work setting certified as such by the Wage & Hour Division. It provides transitional and/or long-term employment in a controlled and protected working environment for those who are unable either to compete or to function in the open job market due to their disabilities. May provide vocational evaluation and work adjustment services.

Shunt

A procedure to draw off excessive fluid in the brain. A surgically-placed tube running from the ventricles which deposits fluid into either the abdominal cavity, heart or large veins of the neck.

Somatosensory

Sensory activity having its origin elsewhere than in the special sense organs (such as eyes and ears) and conveying information to the brain about the state of the body proper and its immediate environment.

Spasticity

An involuntary increase in muscle tone (tension) that occurs following injury to the brain or spinal cord, causing the muscles to resist being moved. Characteristics may include increase in deep tendon reflexes, resistance to passive stretch, clasp knife phenomenon, and clonus.



Spatial Ability

Ability to perceive the construction of an object in both two and three dimensions. Spatial ability has four components: the ability to perceive a static figure in different positions, the ability to interpret and duplicate the movements between various parts of a figure, the ability to perceive the relationship between an object and a person's own body sphere, and the ability to interpret the person's body as an object in space.

Speech-language Pathology Services

A continuum of services including prevention, identification, diagnosis, consultation, and treatment of patients regarding speech, language, oral and pharyngeal sensorimotor function.

Spontaneous Recovery

The recovery which occurs as damage to body tissues heals. This type of recovery occurs with or without rehabilitation and it is very difficult to know how much improvement is spontaneous and how much is due to rehabilitative interventions. However, when the recovery is guided by an experienced rehabilitation team, complications can be anticipated and minimized; the return of function can be channeled in useful directions and in progressive steps so that the eventual outcome is the best that is possible.

Sub-acute rehabilitation program

This program is designed for patients following the acute level of therapy; generally for people with a longer recovery time and for which more time is needed to decide the best treatment.

Subdural

Beneath the dura (tough membrane) covering the brain and spinal cord.

Supervised Living

Setting is a home which is like other homes in the neighborhood in terms of size and number of residents. Consumers are provided individualized care, supervision, support and training services to maximize and/or maintain function and self-direction. Staff is present at night and other times when the consumer is present.

Supine

Lying on one's back.

Supported Independent Living

Setting is a home chosen by the consumer who is primarily independent. Program offers support to assist the resident in maximizing and/or maintaining independence and self-direction. Staff is available as needed and at planned intervals to offer assistance and support but not to provide supervision.

Suppository

Medicine contained in a capsule which is inserted into the rectum so that the medicine can be absorbed into the blood stream.

Tactile Defensiveness

Being overly sensitive to touch; withdrawing, crying, yelling or striking when one is touched.

Task Analysis

Breakdown of a particular job into its component parts; information gained from task analysis can be utilized to develop training curricula or to price a product or service.

Temporal Lobes

There are two temporal lobes, one on each side of the brain located at about the level of the ears. These lobes allow a person to tell one smell from another and one sound from another. They also help in sorting new information and are believed to be responsible for short-term memory.

Right Lobe--Mainly involved in visual memory (i.e., memory for pictures and faces).

Left Lobe--Mainly involved in verbal memory (i.e., memory for words and names).

Tracheostomy

A temporary surgical opening at the front of the throat providing access to the trachea or windpipe to assist in breathing.

Tracking, Visual

Visually following an object as it moves through space.



Transitional Living

Non-medical residential program providing training for living in a setting of greater independence. The primary focus is on teaching functional skills and compensating for abilities that cannot be restored. **Tremor, Intention**

Course, rhythmical movements of a body part that become intensified the harder one tries to control them.

Tremor, Resting

Rhythmical movements present at rest and may be diminished during voluntary movement

Unilateral Neglect

Paying little or no attention to things on one side of the body. This usually occurs on the side opposite from the location of the injury to the brain because nerve fibers from the brain typically cross before innervating body structures. In extreme cases, the patient may not bathe, dress or acknowledge one side of the body.

Urinary Tract Infection

When bacteria have reproduced to a large number in the bladder. This can cause fever, chills, burning on urination, urgency, frequency, incontinence or foul smelling urine.

Verbal Apraxia

Impaired control of proper sequencing of muscles used in speech (tongue, lips, jaw muscles, vocal cords). These muscles are not weak but their control is defective. Speech is labored and characterized by sound reversals, additions and word approximations.

Vestibular

Pertaining to the vestibular system in the middle ear and the brain which senses movements of the head. Disorders of the vestibular system can lead to dizziness, poor regulation of postural muscle tone and inability to detect quick movements of the head.

Vocational Evaluation

An organized and comprehensive service staffed by specialists who systematically and comprehensively utilize work activities (real or simulated) and/or educational services as the focal point for educational and vocational assessment and exploration. In addition, psychological testing, counseling, social summaries, occupational information, etc., are other evaluation tools that are used. It incorporates the medical, psychological, social, vocational, educational, cultural, and economic data for establishment and attainment of individual goals.



Employer Support of the Guard and Reserve

www.esgr.mil



Employer Support of the Guard and Reserve (ESGR) is a Department of Defense agency that seeks to develop and promote a culture in which all American employers support and value the military service of their employees with ESGR as the principal advocate within DoD. It does so by advocating relevant initiatives, recognizing outstanding support, increasing awareness of applicable laws, and resolving conflict between employers and service members.

More than 4,600 volunteers and support staff are located in all 54 U.S. states and territories to provide the following services:

ADVOCATE: We advocate relevant initiatives on behalf of employers, service members and their families. We promote the importance of employer support through regular communications to military leadership, and serve as a communication link between employers and the Department of Defense.

RECOGNIZE: We applaud employers who practice personnel policies that support employee participation in the Guard and Reserve.

INFORM: We inform and educate service members and their civilian employers regarding their rights and responsibilities under the Uniformed Services Employment and Reemployment Rights Act (USERRA). Statutory authority for USERRA resides with the Department of Labor, and ESGR serves as a neutral, free resource to employers and service members. ESGR has many resources available online.

MEDIATE: Trained ombudsmen provide information, consultation and mediation concerning USERRA compliance. We have hundreds of trained volunteer ombudsmen throughout the country ready to provide free mediation. Many times a conflict is resolved because it is due to a misunderstanding rather than a purposeful violation of the law.

What does ESGR provide for Service members?

- **Resources.** ESGR provides samples of military leave absence forms, sample letters, service policies, and tips to help you avoid employment challenges.
- **Understanding of the law.** Confused? ESGR can help! The ESGR provides wallet cards and other resources to help you understand your rights and responsibilities under USERRA. ESGR volunteers attend mobilization/demobilization briefings to answer questions.

Call ESGR toll-free at 1-800-336-4590, visit online at www.esgr.mil, find on Facebook, or contact your local Guard or Reserve unit for more information.



Soldier's Prayer

**Steady my hands.
Help me to remain calm and confident,
especially when I face my enemies in combat.**

**Open my eyes.
Help me to see hidden dangers that lie before me.
Be my shield and strong fortress.**

**Light my path.
Sometimes the best way is unclear;
help me to always live by the Warrior Ethos and Army Values.**

**Develop my skills.
As a servant and defender of the Constitution,
make me proficient in all Soldier tasks.**

**Inspire my mind.
Grant me such a thirst for knowledge that I will never stop learning.**

**Examine my heart.
Show me when my motives are wrong,
and may I always be thankful for family and all Your many blessings.**

**Renew my spirit.
Help me always to make the right choice,
even when it is hard and to never grow weary of doing good.**

- AMEN



This journal is a collaborative effort between the following: The Kentucky Department of Veteran Affairs, The Kentucky National Guard and The Brain Injury Alliance of Kentucky. Many thanks go out to those who contributed articles, personal stories, valuable time and information. Our goal is to help identify Servicemembers and Veterans that may have suffered a traumatic brain injury during their service to our country. We hope that the information will be helpful to you and your loved ones. Please use the resources available and do not hesitate to reach out to organizations that have been put in place to assist you during your transition back to a “New Normal” life. Thank you very much for allowing us to serve you as you have served your country.



Brain Injury Alliance of Kentucky
7321 New LaGrange Road, Suite 100, Louisville, KY 40222
800 592 1117 www.biak.us