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LETTER TO THE EDITOR

Addressing a continuum of recovery after acquired brain injury

THOMAS A. NOVACK[1] AND BRICK JOHNSTONE[2]

[1]University of Alabama at Birmingham, Department of Physical Medicine and Rehabilitation, Birmingham, AL 35233
[2]Brick Johnstone, University of Missouri, Department of Physical Medicine and Rehabilitation, Columbia, MO 56212

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In their dialogue published in *JINS*, Wilson (1997) and Prigatano (1997) have eloquently and concisely presented the challenges facing neuropsychology with respect to cognitive rehabilitation. However, both authors neglect two important issues that must be addressed if people with cognitive disorders are to be effectively treated. First, cognitive impairment must be treated during the acute stages of recovery; as to ignore cognitive deficits until patients are more fully recovered may bypass an opportune time for intervention. Evidence is mounting that the injured brain adapts to the losses sustained and that the adaptation will be enhanced by increasing interaction with the environment, as compared to more passive states (Johansson & Ohlsson, 1996; Stein et al., 1995). Given such information, it is difficult to justify withholding cognitive stimulation and remediation from people during acute stages of recovery and instead awaiting a point when spontaneous recovery (presumably) will be complete.

Second, there is a need to evaluate the efficacy of treatment at different stages of recovery. Measuring improvement in terms of impairment is appropriate to the acute stages of recovery from TBI, while measuring improvement in terms of a disability or handicap is more appropriate for later stages of recovery. Postacute rehabilitation should be focused on diminishing levels of disability or handicap and those providing such activities can select individuals who have the best potential for benefiting from such interventions. In an acute rehabilitation setting it is difficult to describe interventions in terms of disability or handicap and use of impairment is a reasonable alternative under such conditions.

The practice of cognitive remediation will benefit from viewing different models of cognitive remediation as hierarchical levels with appropriately stated goals and outcomes. Early in recovery, when severe cognitive and behavior problems exist, impairment-focused cognitive remediation may be the best alternative to provide the environmental stimulation that could potentially promote the brain adaptation process. The techniques utilized early in recovery would not be suitable for interventions during a postacute program, but neither would the interventions of a postacute program be appropriate for acute phases of recovery. Wilson summarized it well herself in her reply to Prigatano by noting that focusing exclusively on a single approach to cognitive remediation presents the danger of throwing the baby out with the bathwater, an impression with which we concur.

Reprint requests to: Thomas A. Novack, Department of Physical Medicine and Rehabilitation, The University of Alabama at Birmingham, Spain Rehabilitation Center, 1717 6th Avenue South, Birmingham, AL 35233.

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