

Minor Head Trauma

Patients with minor head trauma and their families often have many questions. What happens during a head injury? What symptoms are associated with a minor head injury? Will they go away? This guide will help answer these questions. It offers insights on what to expect after an injury, and a section on getting back into the routine of daily living.

Head Injury

Damage to the brain occurs when the soft brain collides with the hard skull bone and supporting structures within the brain. Damage can even occur without the head being struck - a whiplash injury from a car crash is a good example. Injuries to the head may produce changes in brain function.

Disruption of brain function can even occur after a minor head trauma. Head trauma is considered minor if the injury is not serious enough for the patient to need to remain in the hospital for rehabilitation.

The damage that occurs to the brain in minor head trauma is present even though studies such as CT scans and MRI scans are often normal. The damage is usually microscopic with stretching and tearing of the nerve fibers, swelling of nervous tissue and small bruises. More serious injuries usually result in the same type of damage, with marked swelling and bruising that can be seen on brain scans.

Outcome

Patients with minor head trauma usually have a full recovery. There may be temporary problems, such as difficulties with thinking, memory, behavior and emotions. These difficulties usually disappear as the brain injury heals. Most patients recover over the first few days to weeks after a minor head injury. If the injury is severe enough, with more extensive injuries to the nerves, some of these problems may be permanent. Even in this instance there is usually improvement over time.

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Specific Problems

Memory

Memory loss for the period around the accident is common, and may only partially return. Some patients find that learning new things may be difficult over the first few weeks.

Headaches

Headaches are common. Getting headaches does not mean that more serious brain damage has occurred. Sometimes the onset of headaches are delayed after the injury. This does not imply new or progressing damage. Headaches are often dull and constant, and gradually improve over time. They may be treated with a simple pain medication such as Tylenol. On occasion, headaches may be more severe at the base of the head, often as a result of whiplash, and physical therapy may be helpful. In some cases, narcotics such as oxycodone and hydrocodone may actually make the headache more intense. These are called rebound headaches.

In small numbers of patients migraine headaches may occur. There are often warning signs that a migraine headache is coming on. Migraine often begins with distortion of vision, appearing as shimmering and flashing lights, followed by a one-sided throbbing headache. Light and sound are often bothersome during the headache, which can last up to several hours. Cold packs to the painful side, rest in a darkened, quiet room, and pain killers can be helpful. Headaches frequently improve on their own. If they do not, medications are available to decrease both the frequency and severity of all these types of headaches.

Fatigue

Excessive fatigue (extreme tiredness) with difficulty concentrating affects most patients after minor head trauma. Again, this usually will improve after a few weeks. Maintaining activity, especially while still off work, is important in decreasing fatigue. This can be accomplished by a mild exercise program such as taking regular walks.

Emotional Problems

Strong emotions may come and go more quickly. There may be a lack of control over these extremes of emotion. Some patients find themselves to be more irritable, angry and argumentative. Depression may also occur. These emotional

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reactions are a direct result of nerve damage. These problems can be serious, and patients may need counseling or even medication to help alleviate them.

Thinking Difficulties

Difficulty with attention span can lead to memory problems, difficulty in concentrating or becoming mentally fatigued (when reading, for example). It may be more difficult to find the correct word or to express thoughts. Responses may be slower, and it may feel as though thinking is not as quick.

Thinking difficulties may make returning to work or school too big of a challenge. If problems persist for more than two to three months, patients may need retraining and adaptive techniques. An extensive evaluation by a neuropsychologist should be done. A neuropsychologist is a psychologist specially trained to understand the thinking processes of the brain. Neuropsychologists can test the way the brain thinks, check the damage that has occurred and how it affects function. They are able to do this even when other tests like CAT scans are normal.

Dizziness and Balance Problems

Patients may have problems with dizziness ranging from a slight feeling of lightheadedness when getting up from a chair to the feeling that the room is spinning. Problems with balance often become significant when walking in dimly lit areas or when the surface underfoot changes (tile to carpeting or pavement to grass). The use of a night light or assistance from someone may be helpful in challenging situations.

Physical Activity

Patients may notice a change in activity level after head injury. Many people report they are afraid to return to exercise and stay stationary. Patients should try to return to previous activities as soon as they feel comfortable. Fatigue and dizziness are common after physical activity. It is important to use caution and discuss any problems with the physician.

Returning to Work

After a mild head trauma, performance on the job may not be as easy as before. Any of the following may be experienced:

- Exhaustion or fatigue at the end of the day.

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- Difficulty learning new information or routines.
- Unreliable memory: problems remembering names, where items are put, appointments, etc.
- Shorter attention span,
- Problems with being easily distracted,
- Having to exert more effort to do things which were done easily prior to the injury. Difficulty getting along with co-workers and supervisors.

Head injury sufferers may be more irritable, more angry and more emotional over minor issues. They may say or do things others find offensive, or that they ordinarily would not do. Having to exert more effort to get organized, to plan and carry out duties or assignments. Co-workers or supervisors notice you're just not the same. If any of these things affect job performance, contact the physician, explain the problems and ask for a referral for a neuropsychological evaluation. Neuropsychologists are trained to understand and treat the issues that can occur following head trauma.

Driving

In addition to difficulty performing on the job; patients may also have decreased performance in operating a motor vehicle. Any of the following may occur:
Dizziness or vertigo (spinning) while driving.

Visual changes.

Decreased reaction time.

Problems with being easily distracted.

Difficulty dealing with simultaneous information/stimuli.

Increased irritability and anger over minor traffic issues.

Family and friends notice your driving is not the same.

Call the physician if any of these problems should occur.

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Tips for Dealing with Difficulties in Thinking

How to reduce communication problems in conversations:

What family members can do

- Talk slowly.
- Speak in short phrases.
- Pause between phrases.
- Check for accuracy.

What the patient can do:

- Ask for repetition.
- Repeat to check on accuracy of what you heard.
- Restate what was said in a different way.

How to reduce communication problems about messages, dates and activities:

What everyone in the household can do

- Keep a big calendar (for everyone in the household to use) in a prominent place.
- Keep a message board by the telephone and write down all messages received for the patient.

What the patient can do:

- Write telephone messages on a message board.
- Keep a pocket dairy/memo book.

How to improve the patient's mental efficiency:

For the family:

- Keep noise level down.
- Deal with one issue at a time with the patient.
- Don't interrupt the patient unless necessary.

For the patient

- Work, read, study and watch TV in a quiet area.
- Don't try to do two things at once.
- Don't work when fatigued if at all possible.

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How to deal with memory problems:

For the family

- Keep the house tidy; don't change things around.
- Try to keep to a schedule.
- Use the family calendar.

For the patient

- Develop habitual keeping places (e.g., for keys, memo book).
- Use memo book and the family calendar.

How to diminish depression, irritability:

For the family

- Understand that the patient will need more rest than before.
- Schedule activities for times when the patient is rested.

For the patient

- Don't fight fatigue.
- Pace yourself: don't overdo.

How to enjoy leisure time:

For the family

- Help the patient limit time spent with large noisy groups.
- Plan small gatherings.
- Plan activities for quiet places.

For the patient

- For large gatherings: arrive late, go early.
- Socialize in small groups.
- Find quiet restaurants

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RESOURCES

National Institute of Neurological Disorders and Stroke (NINDS)

Fact Sheet : Coping with Behavior Problems after Head Injury

<http://www.ninds.nih.gov/disorders/tbi/tbi.htm>

[Traumatic Brain Injury: Hope Through Research](#) A booklet about traumatic brain injury (TBI), or head injury, prepared by the National Institute of Neurological Disorders and Stroke (NINDS).

Brain Information and Injury Referral and Resource Development (BIRRDSONG)

Includes links to Portland area support groups, and local and national resources

PO Box 16367

Portland OR 97292

<http://www.birrdsong.org/>

Brain Injury Association of America, Inc.

1608 Spring Hill Rd, Suite 110

Vienna, VA 22182

<http://www.biausa.org>

Tel: 703-761-0750 800-444-6443

Brain Trauma Foundation

523 East 72nd Street, 8th Floor

New York, NY 10021

<http://www.braintrauma.org>

Tel: 212-772-0608

Fax: 212-772-0357

Brain Injury Support Community

1020 SW Taylor St. #347

Portland, OR 97205

www.braininjuryhelp.org

Codi—Research and Training Outside the Box

Resource Guide for TBI Survivors, Family, Educators and Providers

<http://www.codi-ak.org/codi/Pages/TBI%20Resources.html>

Family Caregiver Alliance/ National Center on Caregiving

180 Montgomery Street, Suite 1100

San Francisco, CA 94104

<http://www.caregiver.org>

Tel: 415-434-3388 800-445-8106

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National Rehabilitation Information Center (NARIC)

4200 Forbes Boulevard, Suite 202

Lanham, MD 20706-4829

<http://www.naric.com>

Tel: 301-459-5900/301-459-5984 (TTY) 800-346-2742

National Institute on Disability and Rehabilitation Research (NIDRR)

U.S. Department of Education Office of Special Education and Rehabilitative Services

400 Maryland Ave., S.W.

Washington, DC 20202-7100

<http://www.ed.gov/about/offices/list/osers/nidrr>

Tel: 202-245-7460 202-245-7316 (TTY)

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