



Neuropsychological Rehabilitation in Traumatic Brain Injury

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Editorial

Health is defined by WHO as a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity. This definition has been critiqued by many researchers; one such article has raised clarity for the link of health to socio-economic and environmental policies. Advancement in medical profession has brought forward specialties and sub-specialties, thereby, clinician lay emphasis on medical and surgical management as crucial restorative therapies. As medical professionals, the corporeal issues of the patient are very well addressed and full attention is paid to ailments related to physical being [1]. The concept of rehabilitation is hypothesized to physical fitness and aimed at mobility in maximum capacity. The missing link is the mental incapability, which is not identified and very few of practitioners discourse the social and mental issues associated to ailments in particular post trauma. Head injuries have been talked of since times immemorial, and research has been targeted to survival, morbidities and mortalities after traumatic injury. As we are aware, road traffic accidents pose a major threat which is adding up to the multiplying burden of non-communicable diseases. According to WHO, fact sheet Dec 2018, between 20 to 50 million people suffer non-fatal injuries, which may incur as a disability. The impact of injury to the people who fell victim is not confined to physical disabilities; in addition they suffer from psychological issues and socio-economic problems [2]. Many patients triaged in emergency might be admitted under neurosurgical wards, whereas some hospitals have trauma centers to cater the needs of this rising epidemic. The system of health delivery in these units is focused on medical and surgical needs assessment and management depending on the severity of injury to brain. The physical trauma is taken care of to the best of medical and surgical knowledge, and physical therapy also remains the collaborative approach of rehabilitation. However, way beyond, meaning post discharge from these units, what is the fate of these individuals in still undebated? The treatment aims at physical fitness through medical and surgical interventions and finally discharging from hospitals. Patients, who remain in vegetative state or again talking about physical disabilities, are sent for physical therapy and care at home by either a family member or a specialized person. As a society, we need to consider, the neuropsychological trauma these patients suffer, some might lose their jobs and work placements due to prolong illness. Neuropsychological rehabilitation models are in place in the developed world, appropriate guidelines and centers are working towards achieving the best for traumatic brain injury patients [3]. However, for under developed world, the identified problems to the program are financial constraints, lack of awareness, shortage of research, social, political and stake-holders' commitment. The severity of post trauma can be well categorized by the Glasgow Outcome scale, thereby implementing the most effective rehabilitation strategy for each target group. This has been validated by an article where assessment with this scale discusses prognosis of patients with traumatic brain injury [4]. Family support stands crucial to the process; their active participation is a prerequisite for the patient's early return to normal life. Therefore, rehabilitation extends and involves teaching of the immediate family members to understand the behavior of patient, which is the consequence of brain damage [4]. Traumatic brain injury survivors outnumber due to increasing population and advent of better management guidelines in the acute phase of injury, where most suffer with misery of disabilities [5]. This has been debated by one of the research article, and conclusion has highlighted neuro-restoration and neuro rehabilitation for sufferers of brain injury. The issue should be accentuated and made part of management for head injury patients, keeping in view that rehabilitation is essential step towards restoration of mental health [6]. This can be achieved by applying the concepts of patient centered and multidisciplinary approach towards management. Within existing guidelines, the addition of neuro rehabilitation can be regarded as a way forward and step ahead in management of traumatic brain injuries. To conclude, "Healthy mind in a healthy body", can be rephrased as "healthy body is obligatory to healthy mind", neuropsychology is the mainstay for neuro rehabilitation.

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