

Traumatic Brain Injury (TBI): Pediatric Causes and Prevention Strategies



TBI is an injury caused by a blow, jolt, or penetrating object that disrupts normal functioning of the brain.

CDC reports that more than **2.8 million** U.S. people sustain a TBI each year; of those, more than **55,000** die and more than **280,000** are hospitalized.¹

TBI can be **mild to severe**.



Severe TBI can lead to permanent disability and even death.

75% of brain injuries are mild (not life-threatening). Concussion is a type of mild TBI.²

All types of TBI can seriously affect a child's daily life.



Brain injury can cause problems with speaking or understanding, movement or mobility, thinking or memory, and personality or mood.

Causes

The **leading causes of TBI in the United States** are¹

Falls



About half of brain injuries in children are caused by falls from objects like stairs and bicycles.

Unintentional blunt trauma



28% of brain injuries in children are caused by being hit in the head with an object, like a baseball or soccer ball.

Motor vehicle crashes



Car accidents are the **#1** cause of TBI-related death in children older than age 5.

Homicide



Homicide is the **#1** cause of TBI-related death in children age 4 and younger.

Prevention Strategies

Take the following actions to **reduce the risk of TBI in children**.



Use a child safety seat or a seat belt when the child is in a motor vehicle.



Make sure the child wears a helmet when riding a bicycle, skateboarding, and playing sports like hockey and football.



Install window guards and stair safety gates at home.



Avoid shaking your baby. Learn how to prevent shaken baby syndrome.³

NICHHD supports research to better understand and find safe and effective treatment options for TBI. To learn more, visit: <https://www.nichd.nih.gov/health/topics/tbi>.

¹ Centers for Disease Control and Prevention. (2015). TBI: Get the Facts.

² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2003). Report to Congress on mild traumatic brain injury in the United States: Steps to prevent a serious public health problem.

³ National Institute of Neurological Disorders and Stroke. (2019). Shaken Baby Syndrome Information Page.



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Eunice Kennedy Shriver National Institute of Child Health and Human Development



Rehabilitation Of The Adult And Child With Traumatic Brain Injury

Mitchell Rosenthal



Rehabilitation Of The Adult And Child With Traumatic Brain Injury:

Rehabilitation of the Adult and Child with Traumatic Brain Injury Mitchell Rosenthal, 1990 Revised edition of Rehabilitation of the head injured adult 1983 A resource for clinicians and students in health care and related professions New to this edition is a pediatric section and chapters on therapeutic recreation and medico legal aspects Annotation copyrighted by Book News Inc Portland OR

Rehabilitation of the adult and child with traumatic brain injury Mitchell Rosenthal, Ernest R. Griffith, Michael R. Bond, 1983

Brain Injury Medicine Nathan D. Zasler, Douglas I. Katz, Ross Zafonte, DO, 2007 Covers the full continuum from early diagnosis and evaluation through rehabilitation post acute care and community re entry Includes assessment and treatment epidemiology pathophysiology neuroanatomy neuroimaging the neuroscientific basis for rehabilitation ethical and medicolegal issues life care planning and more

Rehabilitation of Persons with Traumatic Brain Injury Ronald L. Gorden, 1998

Physiotherapy for Children Teresa Pountney, 2007-09-13 A comprehensive clinical manual and reference on paediatric physiotherapy which examines all of the theoretical and clinical aspects of physiotherapy provision for children and young adults including Neurology Cardio respiratory Musculoskeletal Oncology and palliative care Mental health Acquired brain injury Dr Teresa Pountney heads up a team of experienced practitioners who cover a range of conditions from those experienced by the typically developing child to those with disabilities and diseases The changing needs of children with long term conditions is described as well as methods of service delivery to enable children and families to benefit as much as possible from their treatment The different settings in which physiotherapy is provided for children school home and hospital is described in addition to strategies and legislation relating to this Strong emphasis on evidence based practice Case studies illustrate practical applications of concepts and techniques and offer clinical reasoning behind decision making Outcome measures discussed in depth over 14 different assessments are reviewed Up to date most recent research and newest legislation taken into account

The TBI Annual Research Index Arokiasamy, 1990-01-01 With survival rates increasing for persons sustaining head injuries and the number of TBI programs exceeding 1000 nationwide the need for access to information is more important than ever This publication presents a compendium of bibliographic information available worldwide on head injury through 1990 The TBI Annual Research Index is divided into three major sections Post Acute Acute and Books Bibliographies Presents in 33 chapters information is compiled from worldwide sources e g print computerized data bases and publishers and more than 1 500 entries on traumatic brain injury are included

Traumatic Brain Injury in Children and Adolescents Margaret Semrud-Clikeman, 2001-08-01 The return to school following traumatic brain injury TBI is fraught with challenges for children and adolescents their families and school professionals This volume provides the practical knowledge needed to understand the neuropsychological problems associated with TBI and facilitate students reintegration into the regular or special education classroom Research based strategies are presented for assessing and accommodating each student s needs with suggestions for testing that can

be completed by practitioners without extensive neuropsychological training. Featuring numerous illustrative clinical examples, the book also includes an extended case history that brings to life the entire process of recovery from TBI. Reviewing basic neuroanatomy, the book first discusses the functional problems and areas of learning difficulty that typically arise from different types of injury. It explores the associated emotional challenges and issues facing families, emphasizing the importance of working closely with parents and building effective home-school partnerships. Identified and briefly described are over 30 psychological measures that can be used to evaluate cognitive and academic skills, memory and learning, attention, executive and reasoning skills, visual motor and perceptual skills, and psychosocial, emotional, and behavioral functioning. Detailed sample assessments are provided for two students with injuries of varying severity, showing how test results and other information can be integrated into a useful, comprehensive report. Guidelines are then presented for managing school reentry and conducting team-based planning and decision making. General programming considerations are discussed, as are specific interventions that incorporate knowledge from the fields of ADHD, learning disabilities, and adult rehabilitation. Written in a clear, non-technical style, this book is an essential resource for school psychologists, counselors, and social workers, special education professionals, and other clinicians working with young people. It will also serve as a text in graduate-level neuropsychological assessment courses.

Neurobehavioural Sequelae of Traumatic Brain Injury Rodger L.

Wood, 1990 **Handbook on the Neuropsychology of Traumatic Brain Injury** Mark Sherer, Angelle M.

Sander, 2014-05-17 This book collects and synthesizes the latest thinking on the condition in its variety of cognitive and behavioral presentations, matched by a variety of clinical responses. Acknowledging the continuum of injury and the multi-stage nature of recovery, expert contributors review salient research data and offer clinical guidelines for the neuropsychologist working with TBI patients, detailing key areas of impairment, brief and comprehensive assessment methods, and proven rehabilitation strategies. Taken together, these chapters provide a framework for best serving a wide range of TBI patients, including children, elders, and patients in multidisciplinary settings, and model treatment that is evidence-based and relevant. A sample of the topics featured in the Handbook: Bedside evaluations in TBI, Outcome assessment in TBI, Collaborating with family caregivers in the rehabilitation of persons with TBI, Behavioral assessment of acute neurobehavioral syndromes to inform treatment, Pediatric TBI assessment outcomes, intervention, Special issues with mild TBI in veterans and active-duty service members. Expanding professional knowledge on a topic that continues to grow in importance, the Handbook on the Neuropsychology of Traumatic Brain Injury is a premier resource not only for neuropsychologists but also for other professionals in cognitive care and trainees entering the field.

Evaluation of the Disability Determination Process for Traumatic Brain Injury in Veterans National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on the Review of the Department of Veterans Affairs Examinations for Traumatic Brain Injury, 2019-06-20 The Veterans Benefits Administration (VBA) provides

disability compensation to veterans with a service connected injury and to receive disability compensation from the Department of Veterans Affairs VA a veteran must submit a claim or have a claim submitted on his or her behalf Evaluation of the Disability Determination Process for Traumatic Brain Injury in Veterans reviews the process by which the VA assesses impairments resulting from traumatic brain injury for purposes of awarding disability compensation This report also provides recommendations for legislative or administrative action for improving the adjudication of veterans claims seeking entitlement to compensation for all impairments arising from a traumatic brain injury

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