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HEAD INJURIES AND CONCUSSIONS

Employing Hybrid Telehealth Advances to Improve Evaluation and Outcomes



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Brain Injury Webinar Scheduled May 13 @ 9AM (PT)

Brain injury is often referred to as a silent epidemic, as it is not well understood by the general public or by many healthcare professionals. Often, people with a brain injury have not been properly diagnosed and have not received treatment essential to healing. This panel presentation will demonstrate how advanced biometric telehealth systematically is employed to dramatically improve diagnosis, treatment, accelerate MMI and decrease overall costs.

Click the link below to register for this CEU approved webinar, scheduled for May 13 from 9-10 AM (PT), powered by WorkCompCentral.com.

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BRAIN INJURY: EMPLOYING HYBRID TELEHEALTH ADVANCES to Improve Evaluation, and Outcomes



Dr. Crystal Cobos, DPT, CBIS
Director, Head Injury & Concussion Clinic
Institutes of Health

Dr. Clark Smith, M.D., DFAPA
Medical Director
Institutes of Health

Dr. Shelby Moreira, Psy.D
Forensic & Neurocognitive Specialist
Institutes of Health

MAY 13 9:00-10:00 AM (PT) **LIVE**

FEATURED INTERVIEW

Q&A: Treating Brain Injuries

Institutes of Health highlights professionals making an impact and exemplifying excellence in the field of Workers' Compensation. This month we put the spotlight on 3 leaders of IOH's Head Injury and Concussion Clinic. We hope you enjoy this month's featured interview.

 Thank you for your time. Can you provide a brief summary of your background and experience in treating traumatic brain injuries?

Dr. Cobos. I have 13 years of clinical experience as a physical therapist and have treated neurological injury in a variety of settings including post-acute hospitals, home health and outpatient. Having the opportunity to see patients at all stages and severities of brain injury has given me a profound appreciation for the diversity and variation in how a brain injury can present and how it can affect the patients function.

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Dr. Crystal Cobos, DPT, CBIS
Director, Head Injury & Concussion Clinic
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Dr. Shelby Moreira, Psy.D.
Forensic & Neurocognitive Specialist
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Dr. Sandra Martinez, Psy.D.
Neurocognitive Specialist
Institutes of Health

Early diagnosis is key for patients to return to their prior level of function.
— Dr. Crystal Cobos, DPT, CBIS
Director, Head Injury & Concussion Clinic

FEATURED INTERVIEW

Continued

Dr. Moreira. I began working with patients with neurocognitive disorders while working in the prison system by completing cognitive and diagnostic assessments. Traumatic brain injuries are very common amongst incarcerated individuals. Working in the prison system for years provided me the opportunity to assess and treat patients with varying levels of traumatic brain injuries and neurocognitive disorders. I am thrilled to be able to continue working with brain injury patients at IOH, I absolutely love working with this population, they are the most resilient and inspiring patients and working with them provides unique challenges and always keeps me on my toes and is extremely rewarding.

Dr. Martinez. My background is in neuropsychology and I have worked with a diverse group of individuals ranging from pediatric to older adulthood for various neurocognitive disorders. I have assessed athletes and individuals who have experienced multiple concussions and subconcussive impacts to the body. I also have a background in biofeedback, which is a modality that is very important for individuals who have experienced head trauma.

Advanced Biometric Telehealth



Watch a brief overview of the use of biometric telehealth in the treatment of Brain Injuries, PTSD, and Chronic Pain.

Research indicates no two brain injuries are alike and can affect each individual differently. A person who sustains a mild brain injury or a concussion might fare as badly as another whose injury is more severe. How soon during treatment can you determine the patient's likelihood of returning to work after sustaining a blow to the head?

Dr. Cobos. Return to work and home life depends on the severity of the brain injury, location of the injury in the brain, and the support system available during recovery. Immediately following a brain injury a patient's sympathetic nervous system is elevated. Stress hormones increase and the metabolism and electrical system of the brain changes. These changes cannot be seen on an MRI or CT, making it difficult to diagnose using traditional methods. Early diagnosis is key for patients to return to their prior level of function. How quickly a patient can return to their highest practical level of function depends on how quickly the patient's impairments are identified and how quickly these impairments can be addressed by treatment.

Dr. Moreira. When a patient can return to work varies greatly depending on the severity of their injury, how they are progressing in treatment, and the type of work they are going to return to. Also, we know from research that early identification and diagnosis of traumatic brain injury provides better outcomes in general, including return to work. Goal setting with patients is very important. Our team collaborates to help patients formulate physical, cognitive, and emotional goals geared toward a return to work. In addition to cognitive functioning deficits and chronic pain, many of the brain injury patients in our program struggle with regulating their emotions and controlling their impulses which makes it difficult for them to return work environments where they have to manage stress and other challenging emotions. It is very important that a brain injury patient is able to learn the coping skills necessary to manage stress and regulate their emotions in the workplace. The process of learning these coping skills varies greatly from patient to patient, some of them pick it up in a matter of a few months while others may take years or may never really be able to regulate themselves emotionally to the same extent prior to their brain injury. Teaching patients to recognize emotional dysregulation, label and identify their emotional experiences, and learn coping skills to manage overwhelming and distressing emotions is one of the most important aspects of what I do as a psychologist working with brain injury patients.

Dr. Martinez. I focus on the neuropsychological assessment of brain injury, and one major part of assessing a neurocognitive disorder is to demonstrate a decrease in cognitive functioning in one or more domains (executive function, memory and learning, language, etc.). The label "mild" can be misleading because when diagnosing a Mild Neurocognitive Disorder an individual has to demonstrate at least moderate levels of impairment in one of the domains mentioned above. At times, an individual may be functioning intact in one area, but have significant problems in another area. The location and severity of the injury may differ from person to person; therefore, the area of impairment will also differ. Most mental disorders, including cognitive disorders, are not well understood by others because not everything is identified through traditional imaging (although, the introduction of EEG has helped identify abnormal brain waves). Concussions and brain injury also impact one's mood. This is a symptom that is often not considered. Those with more psychiatric symptoms may demonstrate more problems with cognition. The cognitive and neurobehavioral sequelae often lead to a significant decline in a person's functioning and impact their ability to return to work, even if they experience different symptoms.

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Significant number of patients with traumatic brain injuries, including those who are severely injured, have been able return to productive employment if sufficient and appropriate effort was invested during treatment. How are you leveraging technology and biometric telehealth to overcome many of the barriers to brain injury care?

Dr. Cobos. Biometric telehealth has an advantage over traditional therapy in the way that it brings the practitioner into the patient’s house. As a physical therapist I am most interested in seeing how a patient moves around his or her own environment so that together we can work toward functional mobility and activities of daily living goals. Both parties are served by treatment in the rooms and with the tools that they will use in daily life. Recommendations and modifications can be made in a custom manner tailored to the patient’s environment. Other biometric tools such as heart rate and sleep tracking watches, smart blood pressure cuffs, sleep study devices allow us to monitor patients virtually and encourages patients to practice healthy habits around the clock.

Dr. Moreira. With regard to psychotherapy telehealth, it provides many advantages and also some challenges. One of the challenges is that some brain injury patients struggle with using technology, but even this challenge presents us with the opportunity for them to work through frustrating situations and learn to use technology in effective ways which is helpful for their overall recovery. Overall, telehealth allows patients to access mental health treatment from their own homes which is crucial as many of our brain injury patients struggle with driving or are unable to drive due to memory issues and other cognitive functioning limitations, severe chronic pain, and issues that sometimes come along with brain injury such as seizures. Biometric telehealth allows us to use thermometers, heart rate monitors, and sleep tracking devices to help patients learn more about the connections between their emotions and their physical functioning, this increases somatic awareness and helps patients learn to do things such as regulate anxiety or identify early physiological warning signs of a panic attack. It is so important that our brain injury patients learn how to activate the parasympathetic nervous systems to reduce stress and tension in their bodies and create an internal environment conducive to neuroplasticity, healing, and recovery.

Dr. Martinez. During treatment at IOH individuals are assessed several times to help chart improvement in cognitive functioning. If individuals are vested in their treatment, you often see an improvement in test scores. They also engage in cognitive remediation (brain games) and have access to it at home through their tablets or computers.



Are there challenges treating patients with brain injuries in the current California workers’ compensation system?

Dr. Cobos. Treating brain injuries in the CA work comp system has its challenges that can significantly impact a patient’s recovery time. If a patient is not authorized for treatment in a timely manner, the impairments that the patient suffers cannot be addressed. Neuroplasticity or the ability of the brain to reorganize the connections after a brain injury takes place is most efficient within the first few months of injury. In other words, the sooner a patient can begin relearning skills, whether it be cognitive, physical or emotional skills happens, the better. Obtaining authorization for appropriate brain injury treatment under the workers comp system without delay can certainly be challenging.

Dr. Moreira. The most significant challenge we face with regard to treating patients in the work comp system is the authorizations. Many of our patients are not authorized for treatment until months or even years after their brain injury, this delay in the onset of treatment impacts outcomes and, in my opinion, likely reduces positive return to work outcomes. It is also difficult to begin working with a patient and then at times be unable to offer treatment to that patient due to authorizations expiring. Another issue I see a lot as a psychotherapist is the amount of stress and anxiety the system itself can cause. Patients involved in

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the work comp system can often feel overwhelmed and at times neglected or mistreated. Many patients receive numerous denials for treatment and medications and often report they feel they have to fight for basic medical care related to their industrial injuries. Also, the economic challenges many of them face due to reduction in income as well as uncertainty about their ability to return to work in the future are factors that cause significant increases in stress, anxiety, and at times depression and hopelessness, which are all things that come up in psychotherapy.

Dr. Martinez. During the assessment process building rapport with patients is important. Many patients we see have been dismissed and mistreated by the system. They lose faith in doctors and programs because their symptoms have not been validated. In extreme cases some patients are told that they are lying, exaggerating symptoms, or have had “pre-existing” diagnosis; as a result, they never receive the appropriate treatment when it is needed. This can lead to an exacerbation of cognitive, emotional, and physical symptoms.

 **Spring is here with summer fast approaching. How do you maintain a healthy work/life balance?**

Dr. Cobos. A healthy work/life balance can be difficult to achieve. I personally try to carve out 10,000 steps a day, 5 days a week along with some social outdoor exercise to keep my mind and body refreshed. Using a smart watch that monitors your steps can give you some insight into what chores and activities keep your total steps and heart rate up throughout the day.

Dr. Moreira. Exercise is a crucial aspect of my self-care routine, it helps keep me balanced and focused. It is certainly challenging to find time to exercise; however, I make it a priority which means I get up at 5 AM every day to exercise before I need to focus on my family and work. I also really enjoy my job which makes it feel less like “work.” It is wonderful to spend my work days doing something I love. I really enjoy the patients I work with and my IOH co-workers are amazing and super fun! I also use many of the techniques I teach my patients including deep breathing and mindfulness. I love to do square breathing 2-3 times per day and I practice brief mindfulness meditations allowing me to stay grounded and present throughout my day.

Dr. Martinez. I am a big believer in practicing what I preach. This includes having a balanced life. I make sure to include exercise 5 times a week (minimum) and I do my best to practice relaxation techniques. I also think it is very important to pick at least one enjoyable activity a day and be mindful in the process. It is amazing how the mind loves to wander during our daily activities; therefore, it is important to be mentally present in our everyday tasks. This can do wonders for cognition and one’s mood.

 **Thank you for your time. =)**



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