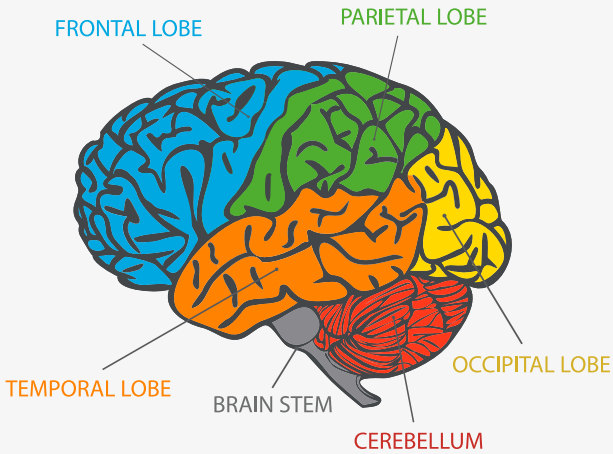




CRAIG

UNYIELDING DETERMINATION.
EMPOWERING LIVES.



INJURY TO BRAIN STEM

- Trouble regulating temperature, heart rate and respiration
- Nausea and dizziness (vertigo)
- Difficulty swallowing (dysphagia)
- Difficulty with balance and movement
- Impaired arousal and sleep regulation
- Double vision

INJURY TO CEREBELLUM

- Loss of ability to walk
- Impaired coordination
- Slurred speech
- Impaired control of eye movement
- Tremors

INJURY TO OCCIPITAL LOBE

- Poor processing of visual information
- Inability to recognize objects
- Hallucinations and visual distortions

INJURY TO PARIETAL LOBE

- Difficulty with math and language skills
- Numbness and impaired sense of touch
- Right-left confusion
- Difficulty with simple skilled tasks (apraxia)
- Impaired hand-eye coordination
- Neglect of the side of body opposite to injury
- Neglect or unawareness of one side of environment

INJURY TO FRONTAL LOBE

- Difficulty with planning and problem solving
- Weakness on opposite side of injured lobe
- Poor awareness of deficit
- Decreased emotion and attention
- Poor initiation of voluntary movements
- Inflexible thinking
- Impaired memory
- Poor self control, including socially inappropriate behavior
- Delayed response to questions
- Difficulty expressing themselves with words (Broca aphasia)
- Repetition of particular response (perseveration)
- Poor eye movements

INJURY TO TEMPORAL LOBE

- Memory loss
- Difficulty with some visual perceptions, such as face recognition and object identification
- Persistent talking
- Difficulty understanding or processing verbal information
- Decreased attention
- Impaired memory for sounds and music

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RANCHO SCALE

I	No response
II	Generalized response
III	Localized response
IV	Confused, agitated
V	Confused, non-agitated, inappropriate
VI	Confused, non-agitated, appropriate
VII	Automatic, appropriate
VIII	Purposeful, appropriate
IX	Purposeful, appropriate, self monitoring
X	Purposeful, appropriate, independent

STAGED RECOVERY

Coma
Vegetative: Wakeful unconsciousness
Minimally conscious
Confusion
Confusion
Confusion
Post confusion
Post confusion, evolving independence
Evolving independence
Independent

LEVELS I-III

Unresponsive or inconsistent, non-purposeful reactions to stimuli. At Level III, a patient is more frequently conscious but inconsistent response persists.

- Calmly talk to the patient; they can hear you.
- Maintain normal wake and sleep times with lights and sound.
- Help prepare the patient for rehabilitation by engaging them in what you are doing and maintaining a calm environment.

LEVELS IV-VI

Period of confusion marked by increasing alertness, persistent memory difficulties, disorientation to present events, impaired attention and information processing, inappropriate responses, and some agitation.

- Establish a routine.
- Schedule an evaluation with a specialized rehab program as soon as possible.
- Remind patient often who you are and where they are.
- Use simple questions and commands allowing ample time for response.
- Encourage active participation in daily therapy.
- Track sleep patterns and promote healthy, consistent sleep hygiene.

LEVELS VII-X

Amnesia decreases and patient begins regaining independence with carryover of new learning. Patient may still struggle with memory and planning, experience low frustration tolerance, depression, and sometimes require assistance with activities of daily living and decision making.

- Give the patient opportunities to work toward their own goals and practice self-care.
- Encourage note taking, use of daily calendars and assistive technology, and other compensatory strategies.
- Continue outpatient therapy to help with their return to work, school and social activities.

LEARN MORE | Learn about Craig's specialized Brain Injury Rehabilitation Program and access more resources at craighospital.org.

MAKE A REFERRAL

Contact our admissions team at **303.789.8344**.