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A blow or jolt to the head can result in a traumatic brain injury (TBI), which can disrupt the function of the brain.

Each year in the United States, an estimated 1.4 million people sustain a TBI, and 80,000 to 90,000 people experience the onset of long-term disability associated with a TBI.

Direct medical costs and indirect costs (such as lost productivity) of TBI totaled an estimated \$60 billion in the United States in 2000.

Traumatic Brain Injury Model Systems Program

Traumatic brain injury (TBI) is among the most misdiagnosed, misunderstood, under-funded public health problems our country faces. TBIs are caused by car crashes, falls, explosions, assaults and sports accidents. Often, the injury leads to physical, cognitive, and psychosocial challenges including balance and coordination problems, loss of hearing, vision or speech; fatigue; memory or concentration difficulty; anxiety, depression, impulsivity; or impaired judgment.

At least 5.3 million Americans live with a long-term disability as a result of TBI—that's about 2 percent of the U.S. population and about 10 percent of all people with disabilities.

History of Accomplishment

In 1987, the U.S. Department of Education National Institute on Disability and Rehabilitation Research (NIDRR) established the TBI Model Systems program to answer fundamental questions about rehabilitation interventions, treatment effectiveness, and likely pathways for individuals to successfully re-enter their communities following a TBI.

Currently, 16 regionally distributed centers and a centralized data center develop and validate treatment interventions, conduct innovative research, and contribute to a national longitudinal study that extends beyond 15 years post-injury.

The TBI Model Systems program has played a pivotal role in building a national capacity for high quality treatment and research serving persons with TBI and their communities. In less than two decades, the TBI Model Systems has recorded an impressive list of accomplishments:

- ♦ Development of practice parameters in important areas of medical care (e.g., management of post-traumatic seizures, spasticity, and post-traumatic agitation);
- ♦ Development of innovative interventions for the acute phase of brain injury recovery;
- ♦ Creation of novel diagnostic procedures and instruments for previously undiagnosed conditions;

- ♦ Identification of adverse rehabilitation outcomes common to TBI and associated risk factors;
- ♦ Development and validation of new technologies used as compensatory devices for persons with cognitive impairments;
- ♦ Characterization of the recovery trajectory in the first 5 years following injury;
- ♦ Creation of well utilized, web-based information dissemination resources for professionals and consumers (i.e., www.tbindc.org, www.tbims.org/combi, www.biausa.org/Pages/tbi_model_systems.html).

Preparing for the Future

Individuals with brain injury, family members, public health agencies and policy makers are growing increasingly concerned about the potential negative consequence these injuries have on the normal aging process. Long-term survivors of brain injury can offer much insight into the issues they confront; however, a full understanding of prognostic and public health implications requires well-executed, longitudinal research.

Individuals with brain injury need valid data to anticipate and plan for their futures. Valid data are needed to ensure state health and social service delivery systems can be responsive to the needs of individuals as they age. And most important, valid data are needed to address those consequences that limit quality of life.

The TBI Model Systems program requires additional resources now to establish the foundation of a valid, longitudinal dataset that will serve the future needs of persons with brain injury.

Recommendations

Advocates urge Congress to increase NIDRR's FY 2007 appropriation to \$117 and to allocate \$15 million to support the TBI Model Systems program as follows:

- ♦ \$10.4 million to support the 16 regional centers
- ♦ \$1.3 million for centralized data compilation, follow-up and dissemination
- ♦ \$3.3 million for collaborative, multi-center intervention studies

This represents a doubling of the annual amount that NIDRR spends on the TBI Model Systems program.