



Hope after brain injury

No one can truly understand the devastating impact a brain injury can have without experiencing it personally. Many face despair and depression in the early days, as the extent to which their lives have changed becomes clear. However, there is always hope.

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Recovery after brain injury

In the past it was commonly believed that recovery occurred mainly the first six months, and tapered off, or plateaued at around two years after the injury. This could be very discouraging for people to think recovery was limited to two years. However, this idea that recovery reaches a plateau at some point has been questioned. Many people report continued improvements and even significant breakthroughs many years later.

It is important to find a comfortable balance between working hard on recovery and accepting limitations. Hope and determination are helpful qualities for people adjusting to brain injury.

The following tips may be helpful to make the most out of rehabilitation and recovery:

- Keep working on things you know you're good at, but also deliberately target problem areas.
- Keep a diary so you can look back and see how far you've come.
- Pace yourself- find the balance between putting in effort and taking care of yourself. If you're wiped out for days you are doing too much.
- Pick the times of day where you have the most energy.
- Make sure you have a suitable environment when you need to take a break, away from noise, disruptions, and bright light.
- Cry when needed, and tell people if you feel overwhelmed. Know when to ask for support from health professionals, family or friends.
- Remember you are not alone, many people have gone through the experience of brain injury, and emerged as stronger people for the experience. Consider a peer support group if you think it would be helpful for you.

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Most people who have experienced brain injury report that they have slowly managed to piece their lives back together; finding meaning, growth and enjoyment in life again. Recovery from brain injury doesn't necessarily mean people will be the same as they were before the injury. Rehabilitation will help regain as much lost function as possible.

This idea of getting back to "normal" can be a good motivator for people to work hard on their recovery. But for some people, particularly when the injury is severe, changes can be permanent. Recovery can involve learning how to integrate the injury into one's life, and finding new ways of doing things. It's important to get involved in activities which bring meaning and purpose to life.

Neuroplasticity and brain injury rehabilitation

Research in the field of neuroplasticity is cause for optimism for people with brain injury and their families (Chauvin, McIntyre and Blackett, 2013).

Modern neuroimaging techniques have shown, contrary to previous understandings of the adult brain as "fixed," that the brain is malleable (or plastic), and changes over time in response to experiences.

In his ground-breaking book "the brain that changes itself," Norman Doidge (2010) explained how it is possible for the injured brain to reorganise itself, substituting injured parts for non-injured parts, and that dead brain cells can sometimes be replaced. Importantly it was shown that neuroplasticity can be intentionally directed through targeted activities which can affect physical and cognitive functioning, and mental health.

Knowledge about how best to work with neuroplasticity in the context of brain injury rehabilitation is still in its infancy, and it is not yet clear which activities are optimal for improving which impairments. However, researchers are beginning to understand how to influence neuroplasticity for brain injury recovery. Research to date suggest that brain injury interventions need to include a range of physical and cognitive therapies, and be intensive and frequent (Kolb et al., 2011). New and innovative techniques and therapies are currently being developed that aim to harness the mechanisms of neuroplasticity to enhance recovery or maximise the surviving brain tissue (Young and Tolentino, 2011).