

# IOM Report Backs Cognitive Rehab Therapy in Brain Injury

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November 2, 2011 — Despite shortcomings in the evidence supporting cognitive rehabilitation therapy (CRT) for individuals with traumatic brain injury (TBI), ongoing use of this therapy remains recommended while improvements are made to the ways it is being evaluated, according to a report from the Institute of Medicine that was [published online](#) October 11.

The authors of the report, which was commissioned by the US Department of Defense, searched studies on CRT in the literature and concluded that although current evidence shows there is benefit in some forms of CRT for TBI, "the evidence for the therapeutic value of CRT is variable across domains and is currently insufficient overall to provide definitive guidelines for the development of clinical best practice."

"The variation among patient characteristics, severity of injuries, and CRT interventions has made it difficult for researchers to know with certainty how effective a specific CRT intervention is in the long-term recovery of a specific individual. A lack of standardized terms for the different forms of CRT also presents a challenge for researchers," the authors note.

The report recommends investment in "a comprehensive research agenda" to "further define, standardize, and assess" the therapy, as well as "to reach consensus among a multiagency and multidisciplinary team on the variables included in future studies and the strategy to advance the common definition of CRT interventions."

## "Signature Wound"

TBI has become known as the "signature wound" of the wars in Iraq and Afghanistan, with a tripling in the number of diagnoses in military personnel in the last decade, from just less than 11,000 to more than 30,700, according to a press release accompanying the report.

TBI is also a major health concern for the general public. Each year, an estimated 1.7 million individuals in the United States sustain a TBI, of whom approximately 52,000 will die from the injury and almost 125,000 will suffer long-term impairment or disability.

"Survivors of [TBI] may face long-term challenges in rehabilitation and reintegration to everyday life," said committee chair Ira Shoulson, MD, professor of neurology, pharmacology, and human science and director of the Program for Regulatory Science and Medicine at Georgetown University in Washington, DC, in the press release. "They need an effective health care infrastructure and evidence-based treatment and rehabilitation policies to care for and cope with their impairments."

The committee was a multidisciplinary one, made up of experts in neurology, psychology, psychiatry, rehabilitation medicine, neuropsychology, neuropharmacology, nursing, speech-language pathology, epidemiology, neurocognitive study design, and disability and long-term care.

The authors emphasize that "the conclusions based on the limited evidence regarding the effectiveness of CRT does not indicate that the effectiveness of CRT treatments are 'limited;' the limitations of the evidence do not rule out meaningful benefit," they conclude. "In fact, the committee supports the ongoing clinical application of CRT interventions for individuals with cognitive and behavioral deficits due to TBI."

*The study was supported by the National Academy of Sciences and the US Department of Defense.*

*Cognitive Rehabilitation Therapy for Traumatic Brain Injury: Evaluating the Evidence.* [Full text](#)

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