

to assist traumatic brain injury (TBI) persons in returning to work and retaining their job in the ordinary work environment.

**Design.**— A retrospective study including 100 subjects aged over 18 who had suffered traumatic brain injury (GOS 1 or 2). The criterion for return to work (RTW) success was the ability to return to the job he/she had before the accident or to a new professional activity.

**Results.**— Factors associated with RTW success were at short-term (2–3 years): the presence of significant workplace support OR = 15.1 [3.7–61.7], the presence of physical disabilities OR = 0.32 [0.12–0.87] or serious traumatic brain injury OR = 0.22 [0.07–0.66]. At medium-term (over 3 years) these factors were: significant workplace support OR = 3.9 [1.3–11.3] and presence of mental illness OR = 0.15 [0.03–0.7].

**Conclusion.**— This study suggests that a case coordination vocational programme may facilitate the return and maintain to work of TBI persons. It reveals that the workplace support is a key factor for job retention in the medium-term.

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### The ESPARR cohort: The future of serious injured aged 16 years and over (M.AIS3+) with a traumatic brain injury (TBI) 3 years after the crash

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**Keywords:** Traumatic brain injury; Road crash; Follow-up at 3 years; French cohort

**Introduction.**— Few longitudinal studies investigated the long-term future of road accident victims. The ESPARR cohort has been followed for 5 years after the crash occurred.

**Objective.**— To study the future of serious injured with TBI 3 years after their road accident.

**Methods.**— The ESPARR cohort comprises 324 serious injured including 72 mild TBI (AIS2) and 70 moderate/severe TBI (AIS3+). Fifty-one TBI2 and 49 TBI3+ responded to the questionnaire at 3 years. They are compared to 131 serious injured who have not had TBI (noTBI).

**Results.**— The same proportion of victims declares a non-recovered health status 3 years after the accident (TBI2 = 69%, TBI3+ = 65%, noTBI = 68%). Compared to noTBI, TBI3+ report more neurological sequelae, headache, sensory disorders, or psychocognitive. Only psychocognitive sequelae are more frequent for TBI2. Twelve percent of TBI3+ (TBI2 = 4%, noTBI = 5%) declare a poor quality of life. Fourteen percent of TBI3+ (TBI2 = 4%, noTBI = 8%) are still off work due to the accident. TBI3+ report more frequently than other a disturbance of their family and friendly relations.

**Discussion.**— TBI3+ still suffer serious consequences 3 years after the accident, resulting in a lower quality of life.

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### Severe brain injured patients' families: Problems and needs after discharge. A study carried out in the north of Italy

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**Keywords:** Quality of life; Brain injury

**Introduction.**— Severe brain injured patients have to find help in their family in order to continue rehabilitation and reintegration in daily life. "Associazione Genesis" and "La rete associazioni riunite per il trauma cranico" carried out

injured patients' families.

**Materials and methods.**— Thanks to these associations we sent them a Family Questionnaire to collect patients' data and family data.

**Results.**— We sent 200 questionnaires and we collected 144 showing: families are the most important care giver (95.8%); parents provide for children with severe brain injured; land services are considered inadequate (36.3%), enough adequate (38%); 65.5% had to buy special aid supports by themselves. Families feel discharge as and hard moment: their quality of life changes due to great economic and interpersonal relationships problems.

**Discussion.**— Italian families hold out, but their quality of life change drastically. The majority of the participants never thought their injured relative's death is the solution but establishments can spend much effort to help them such as volunteers associations do.

**Further reading**

Truelle JL, Fayol P, et al. Community integration after severe traumatic brain injury in adults. *Curr Neurol* 2010;23:668–94.

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### Metacognitive training after traumatic brain injury

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**Keywords:** Metacognitive; Brain injury; Daily life; Group; Training; Social abilities

**Introduction.**— Cognitive deficits, personality changes and behavioural disturbances are common after traumatic brain injury (TBI) and can cause remarkable difficulties in social situations and daily life activities.

**Objective.**— The aim of this study is to explore the benefits of a metacognitive-training program conceived to improve social abilities and independence in TBI patients' daily life.

**Methods.**— Two TBI patients participated to a 7 days full-time program. The intervention was provided in-group format and included two parts to be done every day. The first part took place inside the clinic center with a psychologist and involved activity planning, problem solving and strategy management. In the second part, patients were invited to use the strategies previously learned in an ecological situation. The last part was done either with either without clinician supervision. A pre- and post-training evaluation of independence and social abilities was made.

**Results.**— After the training patients showed significant improvement on independence level and social abilities measures.

**Discussion.**— A metacognitive and ecological training could be useful to improve social abilities and independence in TBI patients. However, this is a pilot study and other future studies are needed to confirm the effectiveness and the generalization of learned abilities in daily life.

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### Traumatic brain injury: Lower cranial nerves palsy

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**Keywords:** Traumatic brain injury; Cranial nerve palsy; Dysphagia; Skull base fracture; Dysphonia