Traumatic Brain Injury Reading List for Speech and Language Therapists

THIS READING LIST IS DIVIDED INTO NINE SECTIONS:

1. Communication
2. Cognitive and other deficits
3. Acute stage, coma, PTA and vegetative state
4. Outcome and rehabilitation
5. Family and psychosocial
6. Dysphagia
7. Service planning
8. Epidemiology and general
9. National Guidance

It is hoped that this reading list will be regularly updated. Suggestions for additions or amendments would be welcomed. These should be sent to Ashleigh Denman, Speech and Language Therapy Department, Gloucestershire Royal Hospital, Great Western Road, Gloucester, GL1 3NN. Telephone: 08454 225138. E-mail: ashleigh.denman@glos.nhs.uk

THANKS GO TO:

- George Willis and Sue Toller, Clinical Advisors in Traumatic Brain Injury for the Royal College of Speech and Language Therapists
- Elaine Robertson, SLT
- The committee and members of the Head Injury Specific Interest Group, especially Selena Mathie

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February 2007
1. **Communication**


HAMMOND, F.M., HART, T., BUSHNIK, T., CORRIGAN, J.D., SASSER, H. *Change and predictors of change in communication, cognition and social function between 1 and 5 years after traumatic brain injury*. *Journal of Head Trauma Rehabilitation*, 2004, source: proquest all.


SELLARS, C., HUGHES, T., LANGTHORNE, P. Speech and Language Therapy for Dysarthria due to non-progressive brain damage. The Cochrane database of systematic reviews, 2005, issue 3.


2. **Cognitive and Other Deficits**


ANONYMOUS *Rehabilitation of children and adults with cognitive-communication disorders after traumatic brain injury; Ad Hoc committee on interprofessional relationships of the American speech-language-hearing association (ASHA) and division 40 (clinical Psychology) of the American Psychological Association (APA).* ASHA, 2003, source: proquest all.


The Mental Capacity Bill / Mental Capacity Act– April 2005 [www.doh.gov.uk](http://www.doh.gov.uk)

HAGAN, C. & Malkmus, D. *Levels of cognitive functioning.* Publ: Rancho Los Amigos Hospital, 1974


LEZAK, M. (ed.) *Assessment of the behavioural consequences of head injury.* Publ: Alan Liss, 1989

McDONALD S. Exploring the cognitive basis of right hemisphere pragmatic language disorders. *Brain and Language*, 2000, Vol 75, 82-107


SACKS, O. *The man who mistook his wife for a hat*. Publ: Penguin.


YLVISAKER, M., DeBONIS, D. Executive function impairment in adolescence: TBI and ADHD. Topics in Language Disorders, 2000, Vol. 20 issue 2, pp 29-58

3. **Acute Stage, Coma, PTA and Vegetative State.**


DAVIES, P. M. *Starting again: early rehabilitation after traumatic brain injury or other severe brain Lesions.* Publ: Springer-Verlag, Berlin, 1994


MacKENZIE, S. Minimally responsive state: exploring communication potential. Speech and Language Therapy in Practice, 1997, pp 11-13


WADE, D. 


WILSON, S. L, POWELL, G. E, BROCK, D. & THWAITES, H. 
*Vegetative state and responses to sensory stimulation: an analysis of 24 cases.* Brain Injury, 1996, Vol. 10 (11), pp 807-818


4. **Outcome and Rehabilitation.**


DAVIES P. *Starting Again: Early rehabilitation after Traumatic Brain Injury or other severe brain lesion. Note: 'Re-animating the face and mouth' Chapter 5.* Publ: Springer Verlag, 1994

DIKEMAN K. and KAZANDJIANS M. Communication and Swallowing Management of Tracheostomised and Ventilator Dependent Adults. Publ: Singular Publishing Group Inc., 2003


GIACINO, J. & ZASLER, N. Outcome after severe traumatic brain injury: coma, the vegetative state and the minimally responsive state. Journal of Head Trauma Rehabilitation, 1995, Vol. 10, p 1


SCHNEIDERT, M., HURST, R., MILLERS, J & USTUN, B. *The role of the environment in the International Classification of Functioning, Disability and Health (ICF).* Disability and Rehabilitation, 2003: vol 25, No 11-12, 588-595.


STUCKI, G., EWART, T. & CEIZA, A. *Value and application of the ICF in rehabilitation medicine.* Disability and Rehabilitation, 2002; vol. No. 17, 932

TEMPEST, S & MCINTYRE, A. *Using the ICF to clarify team roles and demonstrate clinical reasoning in stroke rehabilitation.* Disability and Rehabilitation, May 2006; 28(10): 663-667


5. **Family and Psychosocial:**


HEADWAY PUBLICATIONS: available from Headway – the Brain Injury Association, 4 King Edward Court, King Edward Street, Nottingham, NG1 1EW, Telephone: 0115 924 0800/Helpline: 0808 800 2244

Coma After Brain Injury
Communication Problems
Memory Problems
Minor Brain Injury
The Effects of Brain Injury
What is a Head Injury?
Coping with Severe Brain Injury
Personal and Sexual Relationships Following Brain Injury
Returning to Work
Welfare Benefits
Managing Anger
Driving After Brain Injury
Claiming Compensation
My Dad’s Had a Brain Injury
Redeveloping Skills


LEZAK, M. D. *Brain damage is a family affair*. Journal of Clinical & Experimental Neuropsychology,1988, Vol. 10 (1), pp 111-123


MEYERS, V.L. *Needs of families of severe traumatic brain injured individuals during the critical care experience*. **Grand Valley State University**, Source: Proquest all.


6. Dysphagia


BUCKLEY, T. ET AL. Ethics roundtable debate: Withdrawal of tube feeding in a patient with persistent vegetative state where the patients wishes are unclear and there is family dissension. Critical care, 2004, Vol. 8, pp 79-84.


ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS Guidelines on endoscopy and radiological imaging of dysphagia. 1999


7. **Service Planning**


8. **Epidemiology and General**

GUILMETTE *Pocket guide to head injury, cognitive, and neurobehavioural rehabilitation*. Publ: Singular Publishing, 1997


POWELL T. *Head Injury: A Practical Guide* Publ: Speechmark, 2004


9. National Guidance

National Guidance


The Mental Capacity Bill / Mental Capacity Act– April 2005 www.doh.gov.uk