

# Coma Recovery Scale Revised Crs R

**CH Cherryholmes**

**Handbook on the Neuropsychology of Traumatic Brain Injury** Mark Sherer, Angelle M. Sander, 2014-05-17 This book collects and synthesizes the latest thinking on the condition in its variety of cognitive and behavioral presentations, matched by a variety of clinical responses. Acknowledging the continuum of injury and the multi-stage nature of recovery, expert contributors review salient research data and offer clinical guidelines for the neuropsychologist working with TBI patients, detailing key areas of impairment, brief and comprehensive assessment methods and proven rehabilitation strategies. Taken together, these chapters provide a framework for best serving a wide range of TBI patients (including children, elders, and patients in multidisciplinary settings) and model treatment that is evidence-based and relevant. A sample of the topics featured in the Handbook: Bedside evaluations in TBI. Outcome assessment in TBI. Collaborating with family caregivers in the rehabilitation of persons with TBI. Behavioral assessment of acute neurobehavioral syndromes to inform treatment. Pediatric TBI: assessment, outcomes, intervention. Special issues with mild TBI in veterans and active duty service members. Expanding professional knowledge on a topic that continues to grow in importance, the Handbook on the Neuropsychology of Traumatic Brain Injury is a premier resource, not only for neuropsychologists but also for other professionals in cognitive care, and trainees entering the field.

**Encyclopedia of the Neurological Sciences**, 2014-04-29 The Encyclopedia of the Neurological Sciences, Second Edition, Four Volume Set develops from the first edition, covering all areas of neurological sciences through over 1000 entries focused on a wide variety of topics in neurology, neurosurgery, psychiatry and other related areas of neuroscience. The contributing authors represent all aspects of neurology from many viewpoints and disciplines to provide a complete overview of the field. Entries are designed to be understandable without detailed background knowledge in the subject matter, and cross-referencing and suggested further reading lead the reader from a basic knowledge of the subject to more advanced understanding. The easy-to-use 'encyclopedia-dictionary' format of the Encyclopedia of the Neurological Sciences, Second Edition features alphabetic entries, extensive cross-referencing, and a thorough index for quick reference. The wealth of information provided by these four volumes makes this reference work a trusted source of valuable information for a wide range of researchers, from undergraduate students to academic researchers. Provides comprehensive coverage of the field of neurological science in over 1,000 entries in 4 volumes Encyclopedic-dictionary format provides for concise, readable entries

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**Traumatic Brain Injury Rehabilitation, An Issue of Physical Medicine and Rehabilitation Clinics of North America, E-Book** Amy Hao,Blessen C. Eapen,2024-07-03 In this issue of Physical Medicine and Rehabilitation Clinics, guest editors Drs. Amy Hao and Blessen C. Eapen bring their considerable expertise to the topic of Traumatic Brain Injury Rehabilitation. With well over 220,000 TBI-related hospitalizations per year, traumatic brain injury (TBI) remains a major cause of death and disability in the U.S. This issue provides insight on the current state of science, as well as clinical advances in the field of brain injury rehabilitation. - Contains 14 relevant, practice-oriented topics including disorders of consciousness; management of pain and headache after TBI; neuropsychological evaluation in traumatic brain injury; pharmacotherapy in rehabilitation of post-acute TBI; medicolegal issues in TBI; and more. - Provides in-depth clinical reviews on traumatic brain injury rehabilitation, offering actionable insights for clinical practice. - Presents the latest information on this timely, focused topic under the leadership of experienced editors in the field. Authors synthesize and distill the latest research and practice guidelines to create clinically significant, topic-based reviews.

**Monitoring in Neurocritical Care E-Book** Peter D. Le Roux,Joshua Levine,W. Andrew Kofke,2013-02-01 Ideal for neurosurgeons, neurologists, neuroanesthesiologists, and intensivists, Monitoring in Neurocritical Care helps you use the latest technology to more successfully detect deteriorations in neurological status in the ICU. This neurosurgery reference offers in-depth coverage of state-of-the-art management strategies and techniques so you can effectively monitor your patients and ensure the best outcomes. Understand the scientific basis and rationale of particular monitoring techniques and how they can be used to assess neuro-ICU patients. Make optimal use of the most advanced technology, including transcranial Doppler sonography, transcranial color-coded sonography, measurements of jugular venous oxygen saturation, near-infrared spectroscopy, brain electrical monitoring techniques, and intracerebral microdialysis and techniques based on imaging. Apply multimodal monitoring for a more accurate view of brain function, and utilize the latest computer systems to integrate data at the bedside. Access practical information on basic principles, such as quality assurance, ethics, and ICU design.

**Occupational Therapy Assessments for Older Adults** Kevin Bortnick,2024-06-01 The role of measurement and the benefits of outcome measures are defined as important tools used to document change in one or more constructs over time, help to describe a client's condition, formulate a prognosis, as well as to evaluate the effects of occupational therapy intervention. Occupational Therapy Assessments for Older Adults: 100 Instruments for Measuring Occupational Performance presents over 100 outcome measures in the form of vignettes that encompass a brief description of each instrument, a review of its psychometric properties, its advantages and disadvantages, administration procedures, permissions to use, author

contact information, as well as where and how to procure the instrument. *Occupational Therapy Assessments for Older Adults* by Dr. Kevin Bortnick narrows down the list of possible choices for the occupational therapy student or clinician to only those with an amount of peer review, bibliographic citations, as well as acceptance within the profession. The text also includes research-based information with text citations and has over 100 tables, diagrams, and figures. Included in the review of each outcome measure: **Description:** A brief record of the measure. **Psychometrics:** A review of the level of research evidence that either supports or does not support the instrument, including such items as inter-rater, intra-rater, and test-retest reliabilities, as well as internal consistencies and construct validities among others. **Advantages:** Synopsis of the benefits of using the measure over others including its unique attributes. **Disadvantages:** A summary of its faults. For example, the amount of research evidence may be limited or the measure may be expensive. **Administration:** Information regarding how to administer, score, and interpret results. **Permissions:** How and where to procure the instrument, such as websites where it may be purchased or journal articles or publications that may contain the scale. **Summary:** A brief summation of important information. *Occupational Therapy Assessments for Older Adults: 100 Instruments for Measuring Occupational Performance* encourages occupational therapy and occupational therapy assistants to expand their thinking about the use of appropriate outcome measures with older adult populations. Using the appropriate outcome measure based on evidence can aid in the promotion of health, well-being, and participation of clients.

*Neurologic Interventions for Physical Therapy- E-Book* Suzanne Tink Martin, Mary Kessler, 2020-05-05 - UPDATED! Best evidence for interventions; clear, concise tables; graphics and pictures; and current literature engage you in the spectrum of neurologic conditions and interventions. - NEW! Autism Spectrum Disorder chapter covers clinical features, diagnosis, and intervention, with a special focus on using play and aquatics, to support the integral role of physical therapy in working with children and families with autism. - NEW! Common threads throughout the Children section focus on motor competence as a driving force in a child's cognitive and language development and highlight how meaningful, fun activities with family and friends encourage children with disabilities to participate. - UPDATED! Neuroanatomy chapter provides a more comprehensive review on nervous system structures and their contributions to patient function and recovery after an injury or neurologic condition. - UPDATED! Adult chapters feature updated information on medical and pharmacological management. - NEW! The Core Set of Outcome Measures for Adults with Neurologic Conditions assists you in measuring common outcomes in the examination and evaluation of patients. - NEW! Emphasis on the evidence for locomotor training, dual-task training, and high intensity gait training are included in the intervention sections.

**Between Theory and Clinic: The Contribution of Neuroimaging in the Field of Consciousness Disorders** Olivia Gosseries, Steven Laureys, Caroline Schnakers, 2019-05-16 The amount of patients surviving severe brain injury has gradually increased over these last decades thanks to the development of intensive care. These patients either recover quickly from

coma or go through prolonged disorders of consciousness such as vegetative state/unresponsive wakefulness syndrome (VS/UWS) or minimally conscious state (MCS). While patients in a minimally conscious state are to some extent aware of themselves and the environment, and show fluctuating but reproducible signs of consciousness, patients in a vegetative state/unresponsive wakefulness syndrome are awake but only show reflexive behaviors. These patients are unable to communicate and present vigilance fluctuation, sensory deficits as well as severe motor and language impairments. Even though behavioral assessment currently remains the gold standard for diagnosis, a number of studies highlights the difficulty in making the distinction between conscious and unconscious patients based on clinical examinations and show a misdiagnosis rate as high as 40%. Misdiagnosis can nevertheless have serious consequences on patient's management, medically but also ethically (i.e., regarding end-of-life decision). The emergence of functional neuroimaging techniques (such as positron emission tomography – PET and functional magnetic resonance imaging – fMRI) opened new opportunities to study brain activity in patients with disorders of consciousness (DOC). Recent neuroimaging tools have brought new understandings on how the brain functions after coma, and how these tools can complement bedside assessment by improving diagnosis and prognosis of DOC patients. Indeed, we know now that most patients in VS/UWS present partial activation of sensory networks and impaired functional connectivity contrary to patients in MCS. The reemergence of thalamo-cortical connections has also been associated with recovery of consciousness; whereas, thalamic atrophy has been associated to chronic DOC. Recent findings have also stressed the interest of neuroimaging in the management and the treatment of these patients. fMRI has been used as brain computer interfaces to detect consciousness in unresponsive patients and to allow basic communication in minimally conscious patients. Neuroimaging techniques are also currently being used to examine the effects of potential therapy such as pharmacological medications (e.g., Amantadine or Zolpidem) and brain stimulations (e.g., transcranial direct current stimulation or repetitive transcranial magnetic stimulation).

*Neurocritical Care* Michel T. Torbey, 2019-07-18 A comprehensive, practical guide, providing critical solutions in the management of critically ill neurologic and neurosurgical patients.

### **Prognostic Value of CRS-R for Long-term Outcome in VS and MCS Patients** Maria Daniela Sapio, 2017

**Introduction** Patients with Disorders of Consciousness (DoC) following a severe brain injury can survive for a long time and show clinical improvements in level of disability and consciousness even beyond 12 months after injury [1]. Better outcome is more frequent in minimal conscious state (MCS) than in vegetative state (VS) [2], and in traumatic than in non-traumatic aetiology [3]. Nowadays, specific markers for long-term prognosis in VS and MCS are still unavailable. Recently, it has been observed that the Coma Recovery Scale Revised (CRS-R, [4]) predicts 1-year outcome in patients with DoC (5). Here, we assessed the prognostic value of CRS-R, along with other clinical and demographic variables, on long-term outcome (from 12 to 36 months post-injury) in VS and MCS patients separately. **Materials and methods** Patients. 159 patients in VS (61 females,

mean age 59.8u00b117 years, traumatic=31, vascular=67 and anoxic=61) and 57 patients in MCS (23 females; mean age: 56.7u00b118.7 years; traumatic=18, vascular=29 and anoxic=10). Procedure. Demographic (i.e., sex, age at time of injury), anamnestic (i.e., time since onset and aetiology) and clinical data (i.e., level of consciousness and of functional disability, assessed by CRS-R and Disability Rating Scale u2013 DRS respectively) were collected at study entry as possible predictors. Outcome measures, including incident mortality and improvement in clinical diagnosis (i.e., transition from VS to MCS and from MCS to full consciousness), were collected at 12, 24 and 36 months post-onset. Multivariate logistic regression analyses were used to assess relationships of candidate predictors with outcome measures. Results In VS, CRS-R total scores at enrolment predicted higher chance of survival and clinical improvement at 12 months. At the same time point, younger age and shorter time since injury were associated to higher survival and clinical improvements respectively. Moreover, female sex predicted clinical improvements at 24 months. In MCS group, younger age and female sex were predictive of improvements in clinical diagnosis at 12 months. Conclusions We found that CRS-R was a valuable prognostic indicator for relatively long-term (12 months) prognosis in VS but not in MCS. Moreover we identified some other clinical factors (age, sex and time from injury) related to the clinical evolution up to 24 months in VS. We also observed that sex and age predict 1-year prognosis in MCS group, but the clinical heterogeneity of MCS (that might be subcategorized in MCS minus and plus) likely prevented identification of other relevant prognostic markers.

**Principles of Rehabilitation Medicine** Raj Mitra, 2018-10-12 A concise, expertly written overview of physical medicine and rehabilitation—from leaders in the field A Doody's Core Title for 2022 & 2024! Principles of Rehabilitation Medicine is comprehensive and authoritative review for the specialty of Physical Medicine and Rehabilitation. The book offers a wide array of chapters with complete reviews of classical rehabilitation topics such as brain injury, spinal cord injury, stroke, pain management and electrodiagnostic medicine. Additionally, there is in-depth coverage of musculoskeletal medicine, pediatric rehabilitation and sports. An expansive first section reviews fundamental knowledge essential to the basic rehabilitation assessment. Chapters reflect cutting edge topics in the field such as: Regenerative medicine Rehabilitation of the veteran Rehabilitation of the polytrauma patient Hand rehabilitation Ethics Rehabilitation in pregnancy Sexual rehabilitation Rehabilitation of the injured worker Rehabilitation issues in the developing world Rehabilitation at the end of life Chapters are authored by proven leaders in the field with a focus on pathophysiology, diagnosis and rehabilitative management. Information is presented in a clear, concise manner, with direct patient applications. The text is complemented by numerous figures, tables and patient care algorithms which are designed to confer a basic understanding of principles.

**Coma and Disorders of Consciousness** Caroline Schnakers, Steven Laureys, 2024-02-26 Coma and Disorders of Consciousness, 3e is a fully revised new edition offering a comprehensive review of the field for clinicians and researchers in the field of disorders of consciousness. Caring for patients with disorders of consciousness (DOC) such as unresponsive

wakefulness syndrome (vegetative state) or minimally conscious state and related conditions such as locked-in syndrome currently represent a financial, medical and ethical conundrum. Although severe brain injuries represent a fraction of the population with brain injury, their cost is enormous (around \$4 billion in direct medical costs per year), mostly due to the long-term care they need. The impressive number of studies performed on disorders of consciousness in the last decade has allowed refining diagnosis criteria, acquiring a better understanding of prognosis, and developing new tools to care and treat this challenging population. In this context, recently published milestone papers have provided new guidelines to clinicians for managing patients with DOC. This should lead to a shift in mentality and in the way we care for these patients. This book brings together researchers and clinicians to write about recent and future changes that will altogether improve the outcome of patients with DOC.

Further Exploration Into the Coma Recovery Scale - Revised and the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness Alike D. Seu, 2018 Due to the high rate of misdiagnosis of individuals with disorders of consciousness (DOC) it has been a priority to develop clinical tools to accurately diagnose and assess these individuals (Seel et al., 2010). The Coma Recovery Scale - Revised has been regarded as the gold standard assessment for this population, however, a recent pilot study has shown that the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC) may have increased sensitivity in several assessment domains (auditory, visual, arousal, and verbal commands) in relation to the overall diagnostic outcome. The data sets from this pilot study were re-analyzed to further investigate how items between each assessment compare, to determine the relationship between arousal and the other assessment items within each assessment, and to investigate what other relationships are present between the items within each assessment. Results showed significant relationships between arousal, visual, and verbal command items in the MATADOC and arousal, visual, and communication items within the CRS-R. Findings continue to show strong similarities between the two assessments and support further investigation into the use of the MATADOC as a behavioral assessment for individuals with disorders of consciousness. Further research is recommended to continue to investigate the influence of music on arousal and influence this may have on the other assessment items.

**Coma and Disorders of Consciousness: An Overview** Shraddha Mainali, Neha Dangayach, Christa O'Hana Nobleza, Olivia Gosseries, Aarti Sarwal, Leonard Polizzotto, Brian L. Edlow, 2024-02-28 Coma and Disorders of consciousness (DoC) result from disruptions of neural systems and connections that regulate arousal and awareness. These terms encompass a spectrum of severity of illness due to a variety of modes and mechanisms of injury and lead to an enormous burden of morbidity and mortality. Additionally, Coma and DoC lead to a tremendous economic burden. For perspective, per 2010 USA data, the Center for Disease Control and Prevention estimated a societal cost of over \$76 billion dollars from traumatic brain injury alone!

Current Diagnosis and Treatment Physical Medicine and Rehabilitation Ian Maitin, 2015-01-05 Maximize your patients' independence, quality of life, mobility, and functional improvement with this evidence-based guide to physical medicine and rehabilitation LANGE Valuable to practicing physicians, residents, medical students, as well as recertifying psychiatrists Includes timely chapters on sports, trauma, cardiac, and spinal rehabilitation Covers therapeutic exercise and treatment modalities for pain and dysfunction Presents a practical approach to the physical medicine and rehabilitation patient, including common pathologies and complications Focuses on the clinical aspects of physical medicine and rehabilitation with an emphasis on evidence-based medicine Lays down a foundation of anatomy, kinesiology, and biomechanics before progressing to therapeutic exercise and modalities Reviews diagnostic and therapeutic procedures performed by physicians such as electrodiagnostics, musculoskeletal ultrasound, and spine and joint injections Concludes with a comprehensive review of major primary care issues

*Disorders of Consciousness, Volume 1157* Nicholas D. Schiff, Steven Laureys, 2009-04-27 This volume is the result of a conference entitled Disorders of Consciousness, the 87th Annual Conference of the Association for Research in Nervous and Mental Disease, held on December 7-8, 2007 at the New York Academy of Medicine in New York City

**New Scientist ,2009**

*Management Dilemmas at the Junction of Neurocritical Care and Neurosurgery: What is the Evidence?* Kevin T. Huang, Wenya Linda Bi, Saef Izzy, 2024-06-05 Effectively treat life-threatening diseases of the nervous system using the latest evidence-based information and insights Covering the most important literature on the topic, Management Dilemmas at the Junction of Neurocritical Care and Neurosurgery provides the latest evidence-based information and insights for improving patient outcomes across various clinical scenarios. It reviews landmark studies over the last 30 years, covering the issues you're most likely to encounter. Nearly every study included has been published in the best general medicine peer-reviewed journals and has been highlighted in the lay press upon publication. Most are multi-institutional, prospective, randomized controlled trials that have helped shape modern neurosurgery and neurocritical practice guidelines. Chapters include: • Intracerebral Hemorrhage • Subarachnoid Hemorrhage • Traumatic Brain Injury • Status Epilepticus • Stroke • Neurovascular Neurosurgery • Neuro-oncology • Spine Injury • Functional and Epilepsy Surgery

Förderung von Menschen im Wachkoma Dorothea J. Thimm, Attila Czirfusz, 2016-09-23 Forschungsarbeit aus dem Jahr 2016 im Fachbereich Gesundheit - Sonstiges, Vysoká škola zdravotníctva a sociálnej práce sv. Alžbety (St. Elisabeth Universität in Bratislava), Veranstaltung: PhD-Seminar, Sprache: Deutsch, Abstract: Durch ein unfallbedingtes Schädel-Hirn-Trauma oder eine hypoxische Hirnschädigung kann ein Mensch ins Wachkoma fallen. Viele dieser schwerstbehinderten Menschen verbleiben in einer Langzeitversorgung der Phase F. Individuelle Förderung durch körpernahe Interaktionen bei gleichzeitigem Kommunikationsaufbau führen auch in dieser Phase zu Remissionen. Die vibratorische Wahrnehmung scheint

von Bedeutung. Manuelle Therapien der Basalen Stimulation® werden seit Jahren mit Erfolg angewandt. Gerätegestützte Therapien sind noch wenig erforscht. Hier setzt die vorliegende explorative Studie an. Sie befasst sich mit der Erprobung der Schallwellentherapie bei Menschen im Wachkoma der Phase F. Hauptzielsetzung ist die Erkundung von Wirkungsweisen und Nutzungsmöglichkeiten dieser ergänzenden Therapieform. Die Leitfrage lautet: „Kann die Schallwellentherapie Menschen im Wachkoma der Phase F helfen?“ Es wurden drei Untersuchungsmethoden kombiniert: eine siebenwöchige quasi-experimentelle Feldstudie und eine siebenmonatige Beobachtungsstudie in einem Wachkomazentrum der Phase F sowie eine schriftliche Befragung in 15 Pflegeheimen und bei acht Angehörigen über insgesamt 40 Betroffene. Die Studie weist kurz-, mittel- und langfristige Effekte im biomedizinischen und psychisch-emotionalen Bereich nach. Systolischer Blutdruck, Sauerstoffsättigung des Blutes, Wachheit, Mimik, vegetative und tonische Merkmale werden statistisch signifikant beeinflusst. Spasmen lassen nach, die Betroffenen entspannen stärker, die Darmtätigkeit verbessert sich. Einige dieser Effekte besitzen klinische Relevanz. Hinsichtlich des Kommunikationsaufbaus zu begleitenden Personen verändert sich wenig. Die Ergebnisse der schriftlichen Befragung stützen die experimentell erhobenen Daten. Die Schallwellentherapie scheint für Menschen im Wachkoma der Phase F eine wirkungsvolle ergänzende Therapieform der Basalen Stimulation® zu sein.

**Repère** ,2010

**Acta psychiATRica belgica** ,2008 Includes the annals of the Societe royale de medecine mentale de Belgique and of the Groupement belge de psychopathologie de l'expression

The Enigmatic Realm of **Coma Recovery Scale Revised Crs R**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing lacking extraordinary. Within the captivating pages of **Coma Recovery Scale Revised Crs R** a literary masterpiece penned by a renowned author, readers attempt a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting effect on the hearts and minds of those who partake in its reading experience.



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