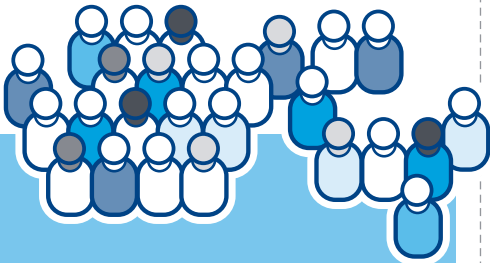


# Center for Transitional Neuro-Rehabilitation Disclosure Statement 2022

Total Number of Patients Seen

**68**

(Data based on 37 discharged patients in 2022)



## Programs Participated in:

- 34% Work Re-Entry
- 16% Home Independence
- 14% Home Independence and Work Re-Entry
- 14% Transitional
- 8% Transitional and Work Re-Entry
- 8% Refresher
- 3% Work and School Re-Entry
- 3% Home Independence, Work, and School



## Patient Satisfaction

**5/5** Patients felt that the CTN positively impacted their recovery.

**4.8/5** Patients felt that they were able to meet the goals they set while program participants.

**4.8/5** Patients felt that all areas of their rehabilitation were adequately/fully addressed by CTN.

**37 YEARS**  
Mean Age

**11.2 MONTHS**  
Mean Length of Stay



Patients in the **Work/School Re-Entry** program who successfully returned to work/school



Patients who improved **driving independence** (for patients with a return to driving goal)

## Average Number of Treatment Days by Treating Diagnosis

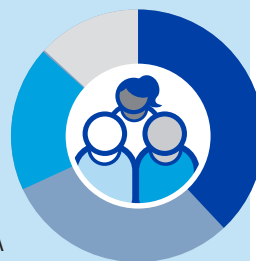
Patients with a return to work/school goal discharged in 2022 (n=30)

- 146.9** Traumatic Brain Injury (n = 12)
- 199.5** Cerebrovascular Accident (n = 8)
- 207.8** Brain Tumor (n = 6)
- 115.5** Other Neurological (n = 4)



## Etiology

- 38% TBI
- 30% CVA
- 19% Tumor
- 13% Other Neurological



## Published Outcome Data

Cheng, W.C., Klonoff, P.S., and Perumparaichallai, R.K. (in press). Components of self-awareness affecting caregiver burden: A long-term follow-up study. This study focused on using components of the Mayo-Portland Adaptability Inventory-4 (Ability, Adjustment, Participation, and Total Score) (Malec & Lezak, 2008) to measure awareness of one's social and emotional status and daily functioning to explore their effects on caregiver burden for ABI survivors. The Total Score (with diverse components) is best for measuring self-awareness and caregiver burden.

Johnson, S.F., Klonoff, P.S., & Perumparaichallai, R.K. (2022). Long-term neurorehabilitation outcomes of pediatric vs. adult onset acquired brain injury. *Frontiers in Neurology*, 13: 981991. doi: 10.3389/fneur.2022.981991. This study examined the long-term outcomes of survivors with pediatric onset vs. adult onset ABI who completed holistic milieu-oriented neurorehabilitation up to 30 years ago. There were significant and beneficial gains in productivity, functional status, return to driving/starting to drive in both groups, regardless of the time between the ABI and CTN neurorehabilitation.

Maffett, A., Klonoff, P.S., Johnson, S.F., Roth-Roemer, S., & Koberstein, E. The relationship between demographic and injury-related factors and return to driving following holistic milieu-oriented neurorehabilitation. Poster presentation at the 42nd Annual National Academy of Neuropsychology Conference, October 2022. This retrospective study explored the return to driving (RTD) rate in an outpatient holistic, milieu-oriented, interdisciplinary neurorehabilitation program and investigated the demographic and injury-related factors associated with a successful RTD for survivors of brain injury. Findings support that the holistic milieu-oriented treatment approach is beneficial across a wide spectrum of brain injury etiologies, demographics, and injury variables.

Rubin, E., Klonoff P.S., & Perumparaichallai R.K. (2020). Does self-awareness influence caregiver burden? *NeuroRehabilitation* 46(4), 511-518. This study investigated the relationship between self-awareness and caregiver burden following acquired brain injury (ABI). Survivors of ABI with impaired self-awareness not only lack insight into their functional abilities but also tend to overestimate their capabilities; this likely contributes to the need for greater levels of supervision and worsened caregiver burden.