

Back to Baseline

The editors of *AFP* welcome submissions for Close-ups. Guidelines for contributing to this feature can be found in the Authors' Guide at <http://www.aafp.org/afp/authors>.

Close-ups is coordinated by Caroline Wellbery, MD, Associate Deputy Editor, with assistance from Amy Crawford-Faucher, MD; Jo Marie Reilly, MD; and Sanaz Sara Majd, MD. Questions about this department may be sent to Dr. Wellbery at afpjourn@afp.org.

A collection of Close-ups published in *AFP* is available at <http://www.aafp.org/afp/closeups>.

I woke up in the trauma bay confused and with a pounding headache. My last memory was of walking down the steps of my home to drive to the hospital for work. Witnesses said I swerved to avoid some deer, went off a 5-ft embankment, and crashed into the base of a tree. I went from being a family medicine resident to a patient in the blink of an eye.

The next few days were a blur. I did not have a scratch on me except for a slight bump on the back of my head, but the headache and relentless fogginess were my broken bones.

I was diagnosed with a traumatic brain injury, a fancy phrase for a concussion. When my symptoms did not improve after a few weeks of rest, my physician referred me to a rehabilitation hospital where I had a comprehensive evaluation by a neurologist, a physiatrist, a psychologist, and multiple therapists. After starting intensive outpatient therapies, I improved slightly, but then began to regress. The headaches, bouts of vertigo, constant fatigue, and impaired memory and concentration just didn't resolve.

Finally, I started to recover. But, some impairments, like reaction times, reflexes, and concentration skills, took longer to improve.

It took two months of intense rehab to get back to my baseline, a very frustrating time for me. I could work only a few hours a day for several weeks and became tired easily. I was afraid that I would never fully recover or complete my residency, and I worried that people thought I was faking. No one could see my injury, and normal CT scans and MRIs made the situation even harder. Only the therapists and rehab physicians knew that my impairments and symptoms were real. Diseases that cannot be seen weigh heavily on a person's psyche and can cause as much emotional damage as the condition itself.—JASON DELCOLLO, DO



COMMENTARY

The uncertainty and pace of recovery were very challenging for Jason. However, despite intermittent headaches that continued for months after the accident, he was eventually able to return to his residency full time, and even served as chief resident. Most people with concussion recover within one to two weeks of their injury, but the prevalence of traumatic brain injury with persistent symptoms in combat veterans and athletes has increased awareness of the need for multidisciplinary evaluation and coordinated care.

AMY CRAWFORD-FAUCHER, MD

RESOURCES

Defense and Veterans Brain Injury Center
<http://www.dvbic.org>

Mott TF, McConnon ML, Rieger BP. Subacute to chronic mild traumatic brain injury. *Am Fam Physician*. 2012;86(11):1045-1051.

U.S. Department of Veterans Affairs, U.S. Department of Defense. Clinical practice guideline. Management of concussion/mild traumatic brain injury. April 2009.
http://www.healthquality.va.gov/mtbi/concussion_mtbi_full_1_0.pdf. Accessed June 10, 2013. ■