

VPP & Understanding Traumatic Brain Injury



***Improving upon cognition performance
is really no different to taking the
kink out of the garden hose***



In recent years, how we deal with concussion has come under increasing scrutiny. There is no doubt about it, [traumatic brain injuries](#) can be incredibly debilitating, especially when they do not receive treatment that addresses the actual problem. So often people are told to just rest and that it may take some time, even months, to get back to 'normal.' However, such advice is typically accompanied by non-action, simply because the contemporary approach to these injuries does not know what to do.

Ultimately, a concussion is a traumatic brain injury and calling it anything else minimises the reality of what we are dealing with. Traumatic brain injuries are serious injuries, no matter how slight that blow to the head may seem. These injuries damage the nerve fibres of the brain, disrupting our capacity to deal with the volumes of [sensory information](#) found within our everyday experiences. As soon as this happens, we go into [sensory overload](#), and that causes a great many of the symptoms experienced with these injuries: fatigue, anxiety, a sense of being overwhelmed, even nausea.

Fundamentally, anyone who is telling us to 'rest' without referring us on to someone who is actively able to treat these injuries, is telling us that they do not understand these injuries.

That treatment is absolutely critical, in returning people to a functional life, without the continued unpleasantness experienced from the injury.

Treatment

Treatment needs to focus on restoring our capacity to process [sensory information](#). Basically, the injury damages the neurones (fibres in the brain), disrupting the pathways we utilise to process sensory information. It is not just enough to restore these pathways but we also have to restore the functionality associated with them. When I refer to [function or functional performance](#), I am referring to whether or not something we are doing is actually working, and from my occupational therapy background, I am looking at the skills base my client has, and whether or not it is intact and working properly.

If we tell someone to just ‘rest’ and do nothing else, we are basically saying 3 things:

1. We have no idea how neurological and cognitive performance works and what to do when it goes wrong
2. We assume that the body will heal itself in such a way that functionality will be restored
3. We don’t actually know what we are doing

If the human body was ever actually able to heal itself on its own, whilst restoring complete functionality, we would not have to intervene and fix fractures or operate for appendicitis or gall bladder issues, for example. This is just such a nonsense statement to make to anyone, especially if the person telling us this is willing to blithely sit back, and wait and see what happens. To me, this type of advice only ever says that the person giving it doesn’t actually know what to do. There is no way that this is any type of ‘best practice.’

Treatment should commence as soon as possible. I do have my own criteria, which I apply to every situation. It makes use of what are called [functional indicators](#), which are pointers to what is going on beneath the surface. Functional indicators tell me a lot about what is going on for a person and allow me to make decisions with a high degree of accuracy. Over the years I have been able to develop a wide base of understanding around many of the signs and symptoms of issues, which are often overlooked by other practitioners. Seizures are a great example here, because they can and do occur as a result of traumatic brain injury, but sensory overload can also cause a similar type of issue. The trick is knowing how to interpret what a client is conveying, from a useful perspective. That way, people do get the best care possible and we are able to head potential problems off at the pass.

Returning To Normal Activities

Just about everyone I work with wants to know when they can get back to doing what they normally do, including work. Really, the answer very much depends on individual circumstances. Whilst most people I see experience an immediate improvement in symptoms and performance, there is such a thing as overwhelming the central nervous system and creating even more problems. I like people with mild injuries to wait at least 2 weeks after our

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first session,¹ before making any decisions about returning to work. I tend to be very clear in my recommendations and it is up to the client to work with me on this, or we will just not achieve the outcomes they may be expecting.

Probably the most useful thing I can say here is that most of what I do is incredibly practical. Once the basic issues are pointed out, and I explain what is going on and why, and the client gets to experience the transformative power of the [Visual Perceptual Therapy](#), usually we are all on the same page. The thing to remember here is that we will get the outcomes, and we will get them far more quickly than contemporary approaches do; but we still need to progress at a steady pace and not jump back on the hamster wheel.

Summary

Fundamentally there is no reason why most people should not make a full and complete recovery from a traumatic brain injury; however, this is entirely dependent upon the type of therapy they have access to. I came to be doing what I do, because I realised very early on in my career, that the contemporary approach to traumatic brain injury was incredibly limited. I knew something was missing and I am happy to say that I now know what that was.

The [Visual Perceptual Therapy](#) represents a new generation of therapy, which allows us to look beneath the surface of a client's performance, see what is going on and fix it. It allows traumatic brain injury's to be resolved very quickly, with most mild to moderate injuries being completely resolved. If you would like to discover more about this therapy, you can visit the website at www.visualperceptual.com and, you can book an appointment online for an initial consultation [here](#).

Welcome to my world, the world of visual perceptual performance

Natoya Rose
Occupational Therapist



¹ I see my clients only once every 2 weeks as a general rule. Consequently, I will typically advise that I need to see them for a second follow-up appointment, before confirming that they should return to work. This also allows me to see how that client manages themselves and their life. Optimum human performance is relaxed and at ease performance, without 'getting on the hamster wheel and going all out.' The goal is for my clients to find their optimum level of performance.

