**Objective.**—To analyse usefulness of a regional coordinated facility programme to assist traumatic brain injury (TBI) persons in returning to work and retaining their job in the ordinary work environment.

**Design.**—A retrospective study including 100 subjects aged over 18 who had suffered traumatic brain injury (GOS 1 or 2). The criterion for return to work (RTW) success was the ability to return to the job he/she had before the accident or to a new professional activity.

**Results.**—Factors associated with RTW success were at short-term (2–3 years): the presence of significant workplace support OR = 15.1 [3.7–61.7], the presence of physical disabilities OR = 0.32 [0.12–0.87] or serious traumatic brain injury OR = 0.22 [0.07–0.66]. At medium-term (over 3 years) these factors were: significant workplace support OR = 3.9 [1.3–11.3] and presence of mental illness OR = 0.15 [0.03–0.7].

**Conclusion.**—This study suggests that a case coordination vocational programme may facilitate the return and maintain to work of TBI persons. It reveals that the workplace support is a key factor for job retention in the medium-term.

http://dx.doi.org/10.1016/j.rehab.2014.03.261

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**P012-e**

**Metacognitive training after traumatic brain injury**

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**Keywords:** Metacognitive; Brain injury; Daily life; Group; Training; Social abilities

**Introduction.**—Cognitive deficits, personality changes and behavioural disturbances are common after traumatic brain injury (TBI) and can cause remarkable difficulties in social situations and daily life activities.

**Objective.**—The aim of this study is to explore the benefits of a metacognitive-training program conceived to improve social abilities and independence in TBI patients’ daily life.

**Methods.**—Two TBI patients participated to a 7 days full-time program. The intervention was provided in-group format and included two parts to be done every day. The first part took place inside the clinic center with a psychologist and involved activity planning, problem solving and strategy management. In the second part, patients were invited to use the strategies previously learned in an ecological situation. The last part was done either with either without clinician supervision. A pre- and post-training evaluation of independence and social abilities was made.

**Results.**—After the training patients showed significant improvement on independence level and social abilities measures.

**Discussion.**—A metacognitive and ecological training could be useful to improve social abilities and independence in TBI patients. However, this is a pilot study and other future studies are needed to confirm the effectiveness and the generalization of learned abilities in daily life.

http://dx.doi.org/10.1016/j.rehab.2014.03.264

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**P013-e**

**Traumatic brain injury: Lower cranial nerves palsy**

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**Keywords:** Traumatic brain injury; Cranial nerve palsy; Dysphagia; Skull base fracture; Dysphonia

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Introduction.– Lower cranial nerves palsy is less than 1% after head injury, but strike the prognosis (75% mortality) [1].

Observations.– Three patients, 16 to 20 years, suffered a head injury, presented a multiple cranial nerve impairment, confirmed 18.7 ± 4.5 days after admission. All underwent ventilation and enteral nutrition for severe swallowing disorders. Etiology was peripheral (2 traumatic Collet-Sicard syndrome) or central (brain stem contusion). Swallowing and voice survey at 1 year was favourable.

Discussion.– Lower cranial nerves palsy reflects the severity of the initial trauma and is rarely isolated [2,3]. However, our observation differs from the literature by a high initial Glasgow [1].

References


http://dx.doi.org/10.1016/j.rehab.2014.03.265