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Background & Purpose: The purpose of this case series is to discuss the use of an individualized command following protocol, in the acute care setting, to assist in emerging patients with traumatic brain injuries (TBI) from a minimally conscious state. Existing tools that assess consciousness and command following seek responses to uniform stimuli rather than individualized behaviors. However, in our clinical practice, it was noted that an introduction of a personalized command following protocol facilitated emergence of their consciousness that correlated well to their Rancho Los Amigos (RLA) score. Additionally, we were able to advance participation in purposeful activity and objectively document progress to facilitate transition to the next level of care. Within the acute care setting, we recognized a clinical gap in the use of information gathered from the assessment tool, Coma Recovery Scale-Revised (CRS-R), and the implementation of therapeutic interventions in patients with TBI. In our experience in this setting, this tool is used largely for evaluation without extrapolation of the information for clinical treatment. It is our claim that using the CRS-R can guide the structure of a single subject standardized command following protocol to provide the necessary therapeutic intervention to assist with emerging a minimally conscious patient in the acute care setting.

Case Description: For this case series, we selected 3 low-level TBI patients; male and female ages 35-62, with initial Glasgow Coma Scale (GCS) 3-15, RLA 1-3 and CRS-R 0-7. Upon evaluation, RLA was assigned and CRS-R was performed as appropriate. In subsequent interventions, RLA was adjusted and the CRS-R was re-administered as time and medical stability allowed. Based on observations and behavioral responses on the CRS-R and during therapy sessions, an individualized command following protocol was implemented once the patient demonstrated recognizable movement that could be formulated into a command. This included a functional object manipulation task, verbal response, and an upper and/or lower limb motor command. The patient was asked to perform each command 4 times, cued up to every 10 seconds, and allowed 30 seconds for a response.

Outcomes: We found by implementing a single subject command following protocol in patients with low-level TBI in the acute care setting, we were able to increase command following
which correlated to an increase in RLA and CRS-R. It also assisted with highlighting patients’ abilities in order to select interventions that maximize functional outcomes and objectively document progress to facilitate discharge and placement.

**Discussion:** The implications of this study are specific to the use of an individualized command following protocol in the minimally conscious patient in the acute care setting. However, the results of a single subject methodology intervention can be generalized to any population in order to facilitate patient-centered, patient-specific interventions that better answer clinical questions revealed during standardized assessments.

**References:** Must include 5 current references (less than 10 years old):


