

CHAPTER 3

Ongoing Physical Problems

In this chapter, you will:

- Find out some good techniques for coping with ongoing physical problems like fatigue, headaches, and dizziness.

Fatigue

The material in this section is condensed and adapted from *Managing Fatigue: a Six Week Course for Energy Conservation*.

Fatigue is a common problem among survivors of brain injury. You may not have the energy to do the things you used to do. This energy shortage or fatigue may be a temporary or a life-long problem. This section discusses basic concepts that will help you make the most of your energy.

What to Expect

It is likely, especially soon after discharge from the hospital, that you will not be able to do all the things you did before the brain injury. You

may experience fatigue in physical or mental ways. For example, you may:

- feel as if your whole body is worn out, or just certain parts are tired;
- find it difficult to concentrate or do other activities that involve thinking, focusing, remembering, or multi-tasking (all tiring activities for survivors of brain injury);
- become “grumpy” or “short” with others;
- say you are tired, lack energy, or lack the desire to do anything;
- become frustrated and feel “down” because your overall activity level is reduced;
- become distressed that you cannot do the things you used to do.

Stress from feeling frustrated or down can also increase fatigue. This creates a cycle of fatigue causing stress, which then increases fatigue. Understanding that you are operating at a different speed will help everyone – yourself, family members, and friends – adjust their expectations.

Managing Energy

To stop the cycle of fatigue or prevent it from happening, you need to manage your energy. This involves developing an energy “budget,” saving as much energy as possible, and spending energy on meaningful and important things first.

To budget energy, you may need help with setting priorities, evaluating standards, and playing an active role in decision making.

- Setting priorities means deciding what activities are most important, and organizing the daily routine to accomplish these activities.
- Standards are expectations of the performance of an activity, such as how often something is done or how well it is done. Changing standards can free up energy and allow you to do things you really want to do. As part of the re-evaluation, you may gradually stop doing certain things.
- Playing an active role in decision making about how you will spend your energy will give you more control over your life. It might be helpful to make a list of activities

and then decide what you will do, what you will not do, and what you might do if you have the energy.

Learning to Rest

Resting is one of the best ways to save energy. Since it is important to rest before becoming fatigued, alternate rest and activity periods. This is called pacing. By alternating a tiring activity with a rest period, you will accomplish more.

There are many ways to rest: sitting, lying down, spending time in a quiet environment without distractions, listening to music, sleeping, or engaging in a quiet hobby. You will need to experiment with what type of rest works best, and when, how long, and how often you need to rest.

Using a Daily Schedule

A daily schedule can be a big help in budgeting, saving, and spending energy. To create a daily schedule, start by inserting rest times through the day, then schedule activities around the rest times. Schedule the more difficult activities for times you are likely to have more energy, such as after a rest. You will spend less energy if your day is planned so that tasks requiring mental activity (concentration,

thinking, problem solving) are broken into shorter periods of time. A daily schedule not only provides a routine for the day, it functions as a memory aid and gives you a sense of control and accomplishment.

Headaches

Headaches are quite common after a brain injury. Their severity usually decreases over time, although some survivors are bothered by headaches for the rest of their lives. For severe headaches, it may be important to see a neurologist. Some survivors say they have found relief through alternative methods, such as acupuncture and massage, or by consulting an orthodontist or a chiropractor.

Some common terms for different types of headaches are:

- Muscle tension headaches tend to start from the back of the head and move around the side or over the top to the forehead. They are often the result of stretched head and neck muscles, caused by the force of the head jerking rapidly forward and backward at the time of injury.

- Migraine headaches tend to occur in the front of the head. Some survivors may complain that their forehead or temples throb, they may be sensitive to light, feel nauseated or actually vomit. Migraines may be caused by damage done to small blood vessels in the brain at the time of injury.
- Some survivors report a very sharp, sudden pain in the head, but because the pain usually only lasts a short time, doctors may not treat this type of headache.
- Analgesic rebound headaches are actually caused by the use (usually overuse) of analgesics (painkillers) for headaches.

Treatment Tips

Treatment for headaches varies. The first step is to give the doctor a good description of the headache. This will help the doctor determine the best way to treat it. In difficult cases, it may be necessary to see a neurologist for help in controlling the headaches.

For muscle tension headaches, the following may prove helpful:

- Physiotherapy treatment, including exercises as instructed by the therapist.

- Experimenting with different pillows, including pillows specially designed to better support your neck. Poor neck position while sleeping can increase headaches.
- Ensuring the prescription for your glasses is correct. Straining while reading or watching television can increase muscle tension.
- Reading or watching television for short periods of time only, since the effort of concentrating may increase tension.
- Massaging uncomfortable muscles.
- Asking your doctor or therapist to show you how to do exercises that will help you relax your neck and shoulders.
- Using hot or cold packs on your neck or head.

Migraine headaches can be very difficult to treat. Medications are frequently used, but it can take time to find the right medication. It is very important to take medications exactly as prescribed. If you have trouble with your memory, you may need an advocate to remember for you. You can also use an aid, such as a watch alarm set to go off at medication time.

The following suggestions may be helpful for migraine-type headaches:

- Take prescribed migraine medication and lie down in a dark, quiet room as soon as a headache starts. Bright lights and noise can make migraines worse.
- Wear dark sunglasses (very dark ones are best).
- Keep track of what you have eaten prior to a headache as some foods can trigger a migraine. Also, it may be helpful to note what you were doing and what the weather was like prior to the onset of a migraine. This may help you notice a pattern, and help you avoid things that may trigger a migraine.

Several general tips can help ease muscle tension and migraine headaches:

- Get adequate rest. Fatigue can often cause headaches.
- Practice deep breathing and relaxation exercises for 20-30 minutes per day. Many headaches are associated with stress, and these exercises are excellent for relieving

stress. Ask a psychologist, nurse, physiotherapist, or occupational therapist to teach you these exercises.

- Avoid noisy environments and too much stimulation.
- Do not concentrate too long on one thing.
- Stop smoking.
- Stop drinking caffeine beverages or limit yourself to 3-4 cups per day.

If headaches are severe and difficult to treat, you can keep a headache journal. In the journal, rate the severity of headaches on a scale discussed with your doctor, such as 1 to 10, with "1" being a mild headache and "10" being the worst. Also, write in the journal what events happened before the headaches. If a pattern can be seen, steps can be taken to prevent headaches.

Some over-the-counter medication can have serious side effects, like liver damage, so be sure you do not take more than the recommended daily dose. If you are exceeding the daily dose or feel the daily dose is inadequate, talk to your doctor about other solutions. This assumes you

are not exceeding the daily dose due to memory difficulties.

Dizziness

Dizziness is another common symptom that tends to get better with time. It can be described as a feeling of imbalance, lightheadedness, drunkenness, blurriness, or a “turning” sensation. It can last for seconds or hours, and may be severe enough to make it difficult to climb, bend, or move around. It can also result in nausea and/or vomiting. Dizziness may result from injury to the inner ear, eyes, or neck, or it may be due to emotional distress caused by the injury, or by side effects of the medication you are on.

- Moving quickly can make dizziness worse. You can adapt by moving slowly, especially when changing from a lying to a standing position.
- If necessary, see an eye specialist, ear, nose and throat specialist, or physiotherapist for treatment. The specialist can help determine the exact cause of dizziness; the physiotherapist can provide exercises to help cope with dizziness.

- Be aware of what brings the dizziness on, and try to avoid those things. For example, if you have difficulty taking elevators and escalators, use stairways instead.

Mobility Problems and Physical Disabilities

You may experience some mobility problems as a result of your brain injury or there may be other physical disabilities that limit your mobility. However, not every person who has experienced a brain injury will experience physical or mobility problems. The supports required by a survivor will depend on their degree of disability.

Rehabilitation for disability and mobility problems may include a number of people working together on a rehabilitation team. These could include:

- your primary doctor (provides care and supervision for medical problems);
- a neurologist (specializes in the brain and nervous system);

- a physiotherapist (specializes in exercises and techniques to improve muscle control, balance and walking);
- an occupational therapist (helps survivors learn new practical skills);
- a speech-language pathologist (helps survivors learn other ways to communicate and deal with swallowing problems).

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