



<p>Bell et al (2005). The effect of a scheduled telephone intervention on outcome after moderate to severe traumatic brain injury: A randomised trial. <i>Arch Phys Med Rehabil</i> 86(5): 851-856.</p>	<p>PEDro score - 7/10</p>
<p>Method / Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> • Study Design: RCT. • Population: n=171 moderate to severe TBI patients, mean age 36 years old (age range 18-70 years old), 77% male. • Groups: <ol style="list-style-type: none"> 1. Telephone intervention (n=85) 2. Standard follow-up (n=86). • Setting: Family home via telephone. <p>Primary outcome measure/s:</p> <ul style="list-style-type: none"> • Overall composite score of the secondary outcome measures. <p>Secondary outcome measure/s:</p> <ul style="list-style-type: none"> • Neurobehavioural Functioning Inventory (NFI). • Functional Independence Measure (FIM). • Disability Rating Scale (DRS). • Community Integration Questionnaire (CIQ). • Functional status examination (FSE). • Glasgow Outcome Scale- Extended (GOS-E). • 36-item Short Form Health Survey (SF-36). • Brief Symptom Inventory (BSI) • EuroQol. • Modified Perceived Quality of Life (PQOL). <p>Results: Significantly better outcomes overall were observed for the intervention group compared with the standard follow-up group (as measured on the composite index). Significant differences were also noted on specific measures of functional status and quality of life when comparing between the groups, including emotional state.</p>	<p>Aim: To assist in functional and quality of life outcomes following TBI.</p> <p>Materials: Telephone and toll -free number set up for patients to call, printed resource information sheets, treatment manual on motivational interviewing.</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> • Duration: 9 months. • Procedure: 30-45 minute telephone calls at 2 weeks, 4 weeks, 2, 3, 5, 7, and 9 months post-discharge. Total of 3.5 – 5 contact hours. • Content: <u>Telephone Intervention:</u> Scheduled telephone calls providing telephone counselling and educational sessions. Patients are sent information in the mail outlining the schedule for calls, the contact phone numbers if patients need to initiate calls, and other resource material (e.g. techniques to manage problem solving, motivation for change, and information or referral for other forms of assistance). The structure of the calls involves: <ol style="list-style-type: none"> 1. Follow-up on previously identified concerns 2. Identification of current concerns (behavioural, physical, cognitive, financial, legal) 3. Appropriate intervention in response to concerns (e.g. providing information, mentoring, assisting in goal-setting, giving reassurance, modelling problem-solving etc.). <p><u>Standard follow-up:</u> No additional contact.</p>