

### MEDICAL HISTORY

Lance McFarren, a 58-year-old schoolteacher was injured in a motorcycle crash in August 2015. As an un-helmeted motorcycle operator, he suffered injuries when his head hit the pavement. Lance sustained a **severe traumatic brain injury (TBI) with depressed skull fracture** with resulting craniotomy and shunt procedures that required several revisions both preceding and subsequent to his admission to Hope Network Neuro Rehabilitation. He also sustained a **severe burn injury** across his lower back and buttocks that further complicated his care.

### REHABILITATION

Lance was referred to Hope Network Neuro Rehabilitation by his neurologist from an inpatient rehabilitation hospital in Indiana. At seven weeks post-injury, he was admitted to Hope Network. **Upon admission, Lance demonstrated very confused behavior. During periods of acute confusion he became physically challenging and combative and required 1:1 monitoring for safety and judgement as his impulse control and awareness were very impaired.** Lance was walking, but required contact guard for balance and impulsivity, and support for all self-care due to continuing severe cognitive impairment. He spoke only in short word phrases with poor verbal comprehension for simple commands, and was unable to consistently address basic care needs.

Frequent wound dressing changes and other specialized interventions were required for the care of Lance's burn injury for the duration of his transitional rehabilitation at Hope Network. Lance was engaged in rehabilitation and responsive to therapies, however serial screening assessments revealed persistent post-traumatic confusion which resolved two months after being admitted to Hope Network. **Once this confusion resolved, Lance made accelerated, substantial improvement in his last phase of rehabilitation, allowing for the discontinuation of 1:1 supervision and establishing basic life skills that would become the basis for his lifestyle and his return to the family home.**

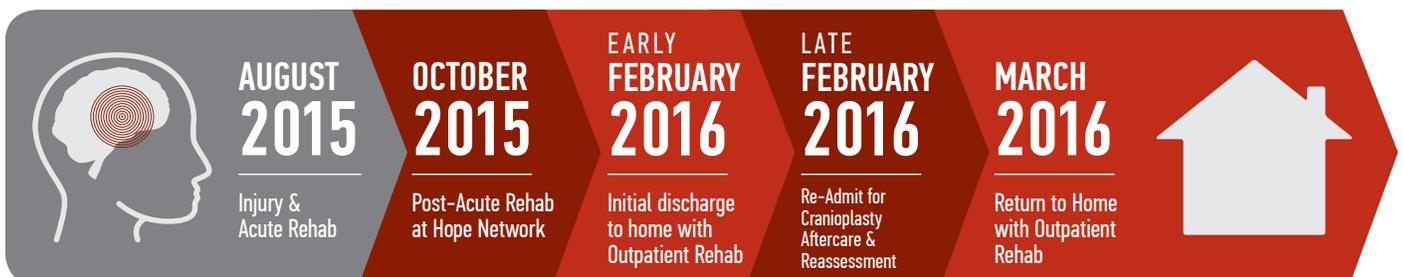
Complications with seizure symptoms required careful monitoring by the clinical team and direct support professionals. **The on-site evaluation by neuropsychiatry was coordinated with Lance's neurologist to achieve a delicate balance of seizure control and medication management, while maintaining arousal necessary for full participation in rehabilitation activities.** The responsive and integrated treatment environment allowed a balance of active interventions and support that marked his course of recovery.



"The first thing I remember about Hope Network is the warm welcoming and care offered to me - as the wife of a patient.

Lance's therapy team was respectful, supportive and understanding. I appreciated their constant push, and open and honest communication."

- Betts McFarren



**Transitional post-acute treatment** progressed for approximately 5 ½ months, with team assessments indicating the need for brief re-hospitalizations to address neurological and shunt complications. A pause in treatment was also required for a cranioplasty skull repair and brief stabilization reassessment. Lance's initial goals focused on basic safety with care routines, establishing normalized sleep and arousal patterns, basic ambulation support, and an emphasis on orientation. **As treatment progressed and as Lance prepared for discharge, his primary goals shifted to focus on self-awareness and risk assessment, endurance building, and initiation for self-care and safe, healthy activity.**

### ADMISSION

- 1:1 supervision
- Oriented only to person
- Acute confusion
- Impaired communication
- Limited new learning
- High impulsivity
- Limited attention span
- Physically combative

### DISCHARGE

- Limited supervision
- Seizure control
- Mild impairments of expression
- Functional language
- Mild memory impairment
- Restored awareness
- Basic problem solving
- Fulfilling basic needs
- Restored his role at home

"Lance participated in therapy up to 35 - 40 hours per week. His therapists respectfully pushed him to get as far as he could go."

- Betts McFarren

### OUTCOME: BACK AT HOME

**Lance has achieved seizure control, transitioned from all formal supervision, and is restored to driving and community independent travel.** His language is marked by only mild impairments of expression, his memory is only mildly impaired, and problem solving meets most daily needs. His charming personality and humor have returned, and he is able to care for all his basic needs and resume many of his advanced roles. While retired from being a teacher, Lance is now a volunteer coach for the football team where he previously had been the head coach. **Best of all, Lance has restored his role in the home, with his family, and resumed many of the responsibilities of the family farm.**



"WE ARE SO THANKFUL FOR HOPE NETWORK. WITH THEIR HELP AND ENCOURAGEMENT, LANCE WAS ABLE TO MAKE AN OUTSTANDING, MIRACULOUS RECOVERY." - BETTS MCFARREN

CALL OUR ADMISSIONS TEAM AT 855.407.7575 FOR MORE INFORMATION

WE BELIEVE IN COMEBACKS.  
VISIT [HOPENETWORKREHAB.ORG](http://HOPENETWORKREHAB.ORG) TO LEARN MORE.

