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Tenacity, Therapy Can Lead to 'Miraculous' Recovery from Acquired Brain Injury

During his high school football career at Wichita Falls Rider, Daniel Whisenhunt was the classic mobile, agile and hostile linebacker. Helmet-rattling hits were his trademark.

Today, the former scourge of opposing ball carriers spends much of his time in a wheelchair and receives therapy to re-learn how to think, speak and walk. But not for the reason you might expect.

The traumatic brain injury that put Daniel in the CORE Health Care rehabilitation center in Dripping Springs happened three years after Daniel's last football game, at a party with some old friends and acquaintances. Accounts of the evening vary, but drug use was involved. Then, a hurried drive to a Wichita Falls hospital emergency room after one of Daniel's friends became ill.

Daniel himself collapsed shortly after arrival and went into cardiac arrest. Although doctors were able to restart his heart in just minutes, even the short period without oxygen was enough to cause permanent brain damage.

Medically speaking, he'd suffered an acquired brain injury, a class of injuries that occur after birth and result from among other causes blows to or penetration of the skull, oxygen loss or sudden movement of the brain. According to the Brain Injury Association of America, more than 1.4 million such injuries happen each year, including 144,000 in Texas. Daniel Whisenhunt is one of 381,000 Texans living with a brain-injury-related disability.

"Daniel was totally unconscious for three weeks," recalls his mother, Carol Gibbs, a speech and language pathologist at the North Texas Rehabilitation Center in Wichita Falls. "The doctors said the right side of his brain wasn't functioning at all, and the left side just barely."

Daniel eventually regained minimal consciousness — eyes open but little response to any stimulus. That, most physicians told Carol, was about as good as it was ever going to get.



Daniel Whisenhunt prepares for his exercise and physical therapy routine at the CORE center in Dripping Springs

Recovery Built on Determination, Faith

Readers, having heard their share of “miraculous medical recovery” stories, may suspect that the doctors’ consensus was proved wrong. And, in fact, it was.

Daniel, now 23, is scheduled to check out of CORE in January after six months of remarkable — and ongoing — progress in regaining his mobility, speech and cognitive ability. He looks ahead to a happy, socially useful future, perhaps delivering anti-drug presentations in public schools. Based on what they’ve seen so far, Daniel’s mom and therapists consider this a realistic goal.

Although Daniel beams at Carol’s description of him as a “walking, talking miracle,” he seems to attribute his progress less to miracles and more to his own bull-headed determination, his spiritual belief and the skill of his therapists.

There was also Carol’s refusal to give up hope.

Her faith was built initially on vague hunches that, despite Daniel’s unresponsiveness, “there was still someone in there.”

Clearer indications came with time: nod of the head in response to a question; the way the blank-faced Daniel’s heart monitor went crazy when his former high school girlfriend came to visit. Then, his ability to repeat simple words and phrases. And, finally, his ability to sing along with his mom on an old nursery school song:

*“There were 10 in a bed
And the little one said
Roll over, roll over...”*

The remainder of his progress has come through treatment and therapy at CORE and several previous facilities. Daniel feels he’s earned every bit of it, as surely as his first team all-district recognition in high school.

“It makes me feel good to accomplish what I have,” said Daniel, whose speech is a bit labored, though understandable. His expressive eyes and face reflect an active mind, but he keeps his sentences spare to move conversations along.



“That doctor in Dallas, the one who said I’d never get better. I want to go see him someday. He’ll just look at me in amazement.”

CORE therapist Julie Dyken smiled at this statement by her star client. “What did you *specifically* say about his reaction the other day?” she prodded.

“Said he’d probably have a heart attack,” Daniel said, chuckling.

Later, when Dyken inadvertently spoke of working on Daniel’s leg “weakness” rather than improving their coordination, he interrupted in mock indignation.

"I beg to differ with you about the legs," he said, arching an eyebrow. "They're not weak."

With a laugh, Dyken corrected herself.

These increasingly frequent flashes of humor are evidence of what CORE psychologist Richard Temple calls neuroplasticity — a process by which the brain finds new pathways around nonfunctioning brain cells. This, along with "spontaneous recovery" of some damaged cells, forms the basis of Daniel's seemingly impossible recovery.

"There's a growing body of research showing how much more you can accomplish with traumatic brain injury patients than we'd previously believed," Temple said.

CORE therapist and marketing executive Nicole Harmon said she and Temple often consult with social workers and insurance companies, explaining the significance of neuroplasticity from a rehab perspective. "It's important for them to realize that, even years after a brain injury, it's still possible to help a patient improve through therapy."

Therapy of this type, Temple noted, requires a serious commitment from the patient. "We're not talking about the one-hour-a-day kind of therapy. It's more like five to seven hours of intensive cognitive and physical therapy almost every day of the week."

That's the challenge Daniel has accepted, fiercely, during his time at CORE. And he's fully aware that years of additional, equally hard work lie ahead.

Although weight-training and other exercises have restored his beefy linebacker's physique, he's still working to regain full muscular coordination. He's walking more and more these days, but isn't quite ready to put the wheelchair on eBay. His emotions can be unpredictable, hard to control at times. Yet, according to Carol Gibbs, both she and Daniel actively reject pity.

"When people hear about what's happened to him, they'll sometimes say, 'Aw, poor Daniel,'" Carol says. "What they don't understand is that every single ability he's regained is a gift and a blessing.

"My greatest hope shortly after his injury was that he'd simply be able to be part of our family again. And now, thank God, he is."

Facts and Resources on Acquired Brain Injury

Carol Gibbs urges all families, whether affected by acquired brain injury or not, to learn about the subject, particularly the need for greater public awareness and research funding. Here are some of the basics:

- Acquired brain injury is an injury to the brain that occurs after birth, caused by events such as traumatic blows to or rapid movement of the brain, poisoning, loss of oxygen to the brain, stroke or heart attack. In cases involving loss of oxygen, brain damage can occur in as few as four to six minutes.
- Males are twice as likely as females to sustain a brain injury. The highest rates of brain injury occur in young males.
- Some of the most common symptoms may include dilated pupils, dizziness, confusion, lethargy, paralysis, body numbness or tingling, cessation of breathing, slow pulse and

difficulty with speech.

- Brain injury can cause a wide range of functional changes affecting thinking, language, learning, emotions, behavior and/or sensation.
- Brain injury also may cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease and other brain disorders that become more prevalent with age.

For additional information, visit the Brain Injury Association of America website at www.biausa.org.