

World Brain Injury Congress
Den Hague, Netherlands
March 2016

In March 2016 I attended the World Brain Injury Congress in Den Hague, Netherlands. It was my first time at an international conference. My typical continuing education activities involve attending both discipline specific and ABI specific conferences around Ontario. One of the most enjoyable things about attending a conference further away from home was that I got to network with so many interesting people that I otherwise would not have had the opportunity to meet. When I attend a conference in Ontario, I often tend to socialize with the same people. It is great to talk to other colleagues from around Ontario but a bigger international conference offers a much more diverse group of colleagues with sometimes different or unique approaches.

A highlight of the congress for me was a keynote address by Dr Andrew Maas. Dr Maas spoke about the changing landscape of ABI care. He provided a very simple and organized review of the current status of ABI research. One of the things that I enjoyed most about his talk was that he suggested that we need to embrace the heterogeneity of ABI. Very often in ABI we use outcome measures, or make treatment decisions based on stroke research. This is because stroke patients tend to be a lot more homogeneous and as a result easier to study in a randomized control trial. However, Dr Maas highlighted how we can exploit the differences in ABI patients in large cohort studies to help us gain further insight in to optimal care for ABI patients. He talk was articulate, engaging and inspiring.

One of the researchers in my field that publishes a lot of good quality journal papers is Lynn Turner-Stokes. She is someone whose writing and research I admire. While at the Congress in the Netherlands, not only did I have the opportunity to hear her speak but I also got to meet her and discuss some of my own research with her. She spoke about the cost efficiency of in-patient specialist rehabilitation following brain injury and presented data from her large multi centre study to support this.

The congress offered a diverse program with something of interest to just about anyone working in the field of ABI. However, there seemed to be a few key themes that emerged over the week. One of those was a disorder of consciousness stream. There were multiple sessions on disorders of consciousness ranging from diagnosis, neuro-imaging techniques, coma stimulation programs to ethics and pharmacology. It was announced at the congress that moving forward there would be a special interest group and a disorder of consciousness stream at subsequent conferences.

A second theme that emerged was the use of technology in both the diagnosis and treatment of ABI and associated impairments. Various presenters highlighted their research on tools that can help measure impairments, monitor progress and motivate patients. Some examples of this that we learned about were the use of accelerometers to measure activity of impaired limbs, the use of apps that can

remind, motivate or facilitate communication and the use of robotics to retrain movement or even cognitive functions.

A third theme that was of great interest to many people was regarding concussion. There were sessions on treatment, diagnosis, prevention and return to work/play. However, the most interesting thing that I learned is that there is work underway to try and identify biomarkers associated with concussion. The goal of this research is, in part, to be able to diagnose concussion and concussive symptoms with a simple blood test. This would reduce the need for neuro-imaging and potentially provide insight in to safe return to activity.

One very popular aspect of this congress was the poster sessions. There were over 700 posters divided in to 4 sessions. I was fortunate to have a poster selected for inclusion. The poster that I presented was “inter-rater reliability of the chedoke arm and hand inventory in an ABI population”. There were a lot of questions and interest in my topic. My poster session turned out to be a great opportunity to connect with other people interested in upper extremity measures but also reliability studies in general and I was able to exchange contact information with many people.

On return from the congress I did a 30-minute power point presentation at our staff meeting on some of the novel things that I learned at congress. I also talked about how the conference confirmed for me some of the things that we are already doing really well and highlighted some of the areas that I think that we are well positioned to improve upon, particularly with regards to teamwork and research.

Overall the congress was definitely one of the best educational events that I have attended in awhile. Next year World Brain Injury Congress 2017 will be held in New Orleans, Louisiana. I would highly encourage anyone interested in ABI, particularly those with an interest in research to consider attending. The quality of the presenters was excellent and the networking opportunities are invaluable. I am thankful to OBIA and PIA law for the clinician bursary that helped cover a portion of my costs to attend the World Brain Injury Congress in the Netherlands without which I would not have had the opportunity to attend.

Respectfully submitted by

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