



Barbara Rinehart

BOOK NEUROLOGY

My responsibilities were:

- Reviewed 10 yrs of author's notes
- Worked closely with author for 6 mo. to write this 11-chapter, 400-page textbook
- Prepared author's revisions
- Edited and proofread final copy

TABLE OF CONTENTS

Summary of Contents
Preface
Acknowledgments

CHAPTER 1

**AN OVERVIEW OF MILD TO MODERATE
CLOSED-HEAD INJURY**

§ 1-1. Understanding the Condition
 § 1-1(a). Defining Closed-Head Injury
 § 1-1(b). Types of Brain Injury
 § 1-1(c). Incidence and Prevalence
 § 1-1(d). Costs and Economic Impact
§ 1-2. Postconcussion Syndrome (PCS)
§ 1-3. Recovery and Outcome
 § 1-3(a). Assessment of Progress
 § 1-3(a)(1). Glasgow Coma Scale 14
 § 1-3(a)(2). Rancho Los Amigos Levels of Cognitive Recovery
 § 1-3(b). Predictors of Recovery
 § 1-3(c). Outcome Measurement
 § 1-3(c)(1). Glasgow Outcome Scale 16
 § 1-3(c)(2). Disability Rating Scale 16
 § 1-3(c)(3). Functional Independence Measure 16
 § 1-3(d). Effects on Life Expectancy 16
References 18

CHAPTER 2

**DIAGNOSING CLOSED-HEAD INJURY: CLINICAL
EXAMINATION AND SEQUELAE OF
MILD TO MODERATE CLOSED-
HEAD INJURY**

§ 2-1. The Neurologic Examination 22
 § 2-1(a). Mental Status Examination 23

ix

ACKNOWLEDGMENTS

I wish to recognize Dr. Fred Gibbs, who devoted his life to the study of brain waves (EEG) and was supportive of my interest in head injury. For my teachers at McGill University, Montreal; Queen Square, London; USC Medical Center, Los Angeles; Massachusetts General Hospital; Harvard University; The National Institutes of Health; Johns Hopkins University and Siroka Medical Center, Ben-Gurion University, Beersheba, Israel, I am especially thankful. I am also grateful to my students and patients. From them I learned compassion and equanimity. **Special thanks are due to Barbara Rinehart for her research efforts, medical writing skills and conscientious editing of this book.** I also appreciate the excellent assistance I received from the editors at the Michie Company.

and assaults are other frequent causes of head injury (Evans, 1992). Because of improved emergency medical care and the availability of more well-developed trauma systems, today many more individuals are surviving the acute phase of their

1

Prevention in Reanimation. Arch. Phys. Med. Rehab.
1985; 66:52-54.
Ford, J.S., *Posttraumatic Headache. Headache* 1985; 4:3-11.
Frazee, J.G., *Head Trauma. Emerg. Med. Clin. N. Am.* 1986;
4:859-874.

371

