

The Traumatic Brain Injury Act of 2012 (H.R. 4238)

Position

The American Physical Therapy Association (APTA) strongly supports the Traumatic Brain Injury Act of 2012 (H.R. 4238), legislation that would reauthorize funds for states to sustain and build traumatic brain injury (TBI) programs, serve patients, and allow better collaboration between agencies. H.R. 4238 was introduced by Representatives Bill Pascrell Jr. (D-NJ) and Todd Platts (D-PA) on March 21, 2012.

Background

Congress first authorized the federal traumatic brain injury program in the Traumatic Brain Injury Act of 1996 to help individuals and families gain access to the most appropriate community-based services. In an effort to conduct expanded studies and to establish innovative programs for TBI, the TBI Act gave the Health Resources and Services Administration (HRSA) authority to establish a grant program for states to assist in addressing the needs of individuals with TBI and their families. The TBI Act also delegated responsibilities in TBI research to the National Institutes of Health, and prevention and surveillance to the Centers for Disease Control and Prevention (CDC).

Federal TBI programs have been reauthorized twice since the original act was signed into law. Existing authorization provisions will expire at the end of 2012.

Traumatic Brain Injury Management and Care

Traumatic brain injury is a complex health condition that challenges the ability of states, individuals with TBI, their families, and caregivers to address the consequences resulting from this disabling condition. The CDC states that TBI can be caused by a bump, blow, or jolt to the head, or a penetrating head injury that disrupts the normal function of the brain. Estimates from the CDC show that falls and motor vehicle or traffic accidents

are the leading causes of TBI in the US, accounting for more than 52% of the approximately 1.7 million cases. TBI also is one of the signature injuries stemming from the Iraqi and Afghanistan conflicts. In 2010 alone, there were more than 31,000 cases reported by the Department of Defense. According to the Defense and Veterans Brain Injury Center, between the year 2000 and 2011, more than 233,000 cases of TBI had been reported. Without coordinated systems of care, individuals are often placed inappropriately in nursing homes or cared for by family members with little or no support or assistance.

The care and rehabilitation of an individual with TBI requires a multidisciplinary team approach. Physical therapists are an integral part of the team that provides a unique contribution to rehabilitation in the areas of balance, vestibular rehabilitation, motor planning and sequencing, mobility, and participation in major life areas.

H.R. 4238 makes critical improvements to current federal programs serving individuals with traumatic brain injury by focusing on direct services to patients, providing flexibility to states and providers, and improving federal investment in this critical public health issue. The bill would provide the CDC the authority to collaborate with other agencies, reducing redundant and duplicative research. It calls for the development of a national plan on TBI and expands HRSA state grants to include service delivery that would help span the continuum of care.

Broadly Supported

H.R. 4238, is widely supported by a number of health care, disability, veteran and education groups, as well as leading brain injury organizations, such as the Brain Injury Association of America (BIAA) and the Christopher and Dana Reeve Foundation.

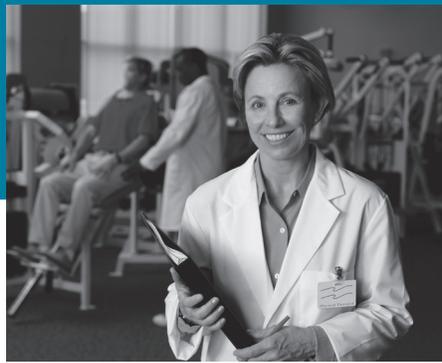


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Co-Sponsor H.R. 4238 Today!

For additional information, contact the American Physical Therapy Association's Government Affairs Department at 703/706-8533 or advocacy@apta.org.



Facts About Physical Therapists and Physical Therapist Assistants

Who We Are

Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the very old, who have medical problems or other health related conditions that limit their ability to move and perform functional activities in their daily lives. PTs also work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles. Physical therapist assistants (PTAs) provide selective physical therapy interventions under the direction and supervision of physical therapists.

What We Do

PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. Under the direction and supervision of the PT, PTAs provide selective physical therapy interventions based on the developed plan of care.

Where We Practice

PTs and PTAs provide care for people in a variety of settings, including outpatient clinics or offices; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

Education & Licensure

All PTs must receive a graduate degree from an accredited physical therapist program before taking a national licensure examination that permits them to practice. The majority of programs offer the doctor of physical therapy (DPT) degree. State licensure is required in each state in which a PT practices. PTAs must complete a 2-year associate's degree and are licensed, certified, or registered in most states.

American Physical Therapy Association

The American Physical Therapy Association (www.apta.org) is a national organization representing more than 80,000 physical therapists, physical therapist assistants, and students nationwide. Its goal is to foster advancements in physical therapist education, practice, and research.

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