Minnesota Department of



Acquired Brain Injury Information Sheet

Acquired brain injury (ABI) is a broad term that describes an array of injuries that occur to the brain. Those that occur after birth are acquired brain injuries (ABIs). They are not hereditary, congenital or degenerative. An external force, such as a blow to the head that damages the skull or the brain, causes a traumatic brain injury (TBI). TBIs are a subset of ABIs.

Causes of ABIs include strokes, infections such as encephalitis or meningitis, lack of oxygen and brain tumors. The severity of the injury depends upon its location. The damage may be focal (confined to one area) or diffuse (in more than one area). Although brain injuries range in severity, all are serious and require expert care.

Symptoms

The symptoms of a mild brain injury may include any lapse in consciousness, sudden forgetfulness or amnesia, confusion, unsteady balance or dizziness, ringing in the ears, blurred vision, a bad taste in the mouth, headaches, moodiness, difficulties with concentration and memory impairment.

Symptoms in more severe injuries may include the above, as well as continuous headaches, nausea and vomiting, seizures, convulsions, numbness or weakness in limbs, dilated eyes, poor coordination, agitation, slurred speech and coma.

Sometimes symptoms do not appear immediately after the injury.

Treatment

Some brain injuries are mild, with symptoms disappearing over time with proper attention. Others are more severe and may result in permanent disability. The long-term or permanent results of brain injury may require post-injury and possibly lifelong rehabilitation.

Immediately after a moderate to severe injury, treatment usually centers on medicines and surgical procedures to stabilize the person. Then treatment may focus on the recovery of lost abilities or learning to do things in a new way.

Educational Implications

Brain injuries present differently in each student. The effects may not be obvious and potentially could be mistaken for other issues, such as lack of motivation, immaturity or behavior issues. A student may have issues with headaches and sensitivity to light, attention span, memory, problem solving, abstract concepts, multi-step directions, endurance or speech.

Other effects may include anger, sadness and frustration over decreased skill in some activities.

The student's physician or the school nurse will develop a health care plan. This includes any limitations on the student's activity, as well as any medications the student takes.

Education Options

Those students whose acquired brain injury adversely affects their educational performance may benefit from special education under the Individuals with Disabilities Education Act (IDEA). To qualify under IDEA, a student must meet eligibility criteria in one of thirteen specific disability categories. Under IDEA, a student with a disability is entitled to a free appropriate public education (FAPE) and an individualized education program, including individual goals, objectives, related services, accommodations and modifications.

Students that do not qualify for services under IDEA may qualify under Section 504 of the Rehabilitation Act. To qualify under Section 504, a student must have a physical or mental impairment that substantially limits one or more major life activities (for example learning, breathing, thinking, concentrating, walking, bodily functions). Under Section 504, a student is entitled to equal opportunity, and may qualify for a Section 504 plan that provides regular or special education and related aids and services.

A student with a health condition who does not require special instruction and related services can receive, as appropriate, a wide range of supports in the general education classroom, including accommodations, individualized health plans (IHP), emergency care plans (ECP) and local education agency supports.