



Post-Deployment Rehabilitation and Evaluation Program (PREP)

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PREP: Inpatient treatment for active-duty service members. Focus is to treat Mild Traumatic Brain injury and other associated diagnoses, such as, post traumatic stress disorder and chronic pain. Prep is a 3-week program that can be extended up to 12 weeks if there's a medical necessity.

Common abnormal nursing assessment finding:

- Suicidal ideation
- Excessive caffeine/alcohol consumption
- Elevated blood pressure
- Numbness/tingling/reduced sensation to upper or lower extremities
- Headaches
- Chronic pain
- Hearing loss
- Vision disturbances
- Urinary frequency
- Difficulty sleeping/Night terrors
- Hypervigilance
- Obstructive sleep apnea

Common abnormal labs:

- Low hormone levels such as testosterone and T3 and T4
- Low vitamin D
- Low vitamin B complex
- High Cholesterol/Triglycerides

Diet:

- High protein, double portions

Common Non-pharmacological treatments:

- Hot or cold therapy
- Dimming lights/blackout windows
- Sleep hygiene
- Active listening
- Prosthetics equipment
- Cpap

Common Pharmacological treatments:

- Eyes: Refresh plus
- Focus/concentration: Adderall
- Sleep: Melatonin, Prazosin, Clonidine
- Headache: Magnesium, NSAIDS, Tylenol, Sumatriptan
- Chronic Pain: Tylenol, NSAIDS, lidocaine patch, Diclofenac gel

Specialties:

- Neuropsychologist
- Psychologist
- Ophthalmologist
- Audiology
- Respiratory therapy/Sleep study
- Social Worker
- Sleep medicine
- Rehab nursing

Therapies:

- Psychology
- Occupational
- Speech
- Physical
- Aquatic
- Vision
- Vestibular
- Recreation
- Art
- Music



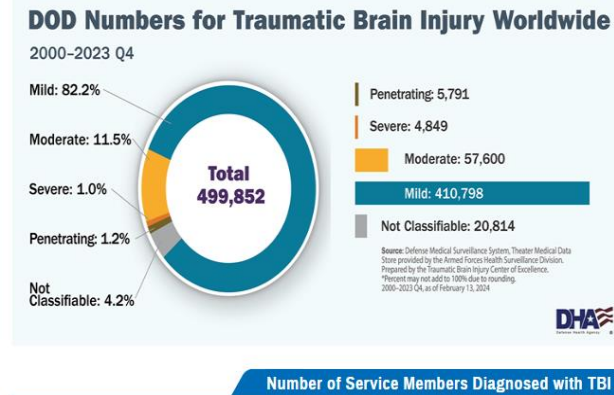
Case Study

Mr. X is 40 years old Army medic active-duty service member admitted to PREP. Mr. X has had multiple combat deployments in Afghanistan from 2006-2007 and 2009-2010; furthermore, he's had exposure to multiple concussive events, combat training, heavy weapon fire, multiple vehicle crashes, IED explosions, and hard parachute landings. He has medical history of Mild TBI, PTSD. Mr. X's chief complaint is poor sleep quality, poor focus, poor memory, impaired balance, 5/10 chronic pain baseline, frequent migraines, and severe PTSD related symptoms.

At discharge, Mr. X sleep went from 4.5 hours to 7-8 hours per night and claimed that the improved sleep aided his focus. Memory has improved with the acronym usage from speech therapy. He received prescription glasses that aided PRISM issue and the visual tracking exercises from vestibular therapy all helped with his balance and focus. Baseline pain score went from 5/10 to 4/10. He has reduced migraines from better quality sleep, magnesium and vitamin d intake, and alpha stim. Mr. X had low vitamin d levels at 28.2 on admission, at discharge now 44.2. Lastly, described the CPT sessions with psychology to be most impactful to process his traumatic experiences.

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The typical PREP patient is in their late 30's to Mid 50s, serving for over 20 years, Alert and oriented x's 4 and ambulatory. They've had multiple combat deployments, physically fit, and PREP is the first time they have addressed their Mild TBI symptoms.

Common Symptom Inventory:

- Frequent Headaches
- Poor coordination/concentration/memory
- Numbness & tingling to parts of body
- Depression/anxiety/irritability



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