

Brain Injury and Chronic Pain

Pain is the most common chronic medical condition reported by people with Traumatic Brain Injury (TBI).

Over 50%

Over 50% of people with TBI develop chronic pain

11 Times

People with TBI are at eleven times greater risk of accidental overdose

Common problems following brain injury, like poor judgment, memory and increased impulsivity make it harder to self-regulate substance use and make overdose more likely.

Common Problems

Providers specializing in treating Chronic Pain should:

SCREEN for prior history of Brain Injury

ASSESS Cognitive & Functional Impairment

EDUCATE staff on Brain Injury

EDUCATE the person about their Brain Injury

PROVIDE and TEACH Accommodations

CONNECT person served with Community Resources

COMMON PROBLEMS

After Brain Injury, we often see problems with:

Attention, memory and new learning

Slowed speed of processing

Organization, problem solving & impulsivity

Irritability, frustration & agitation

Balance, dizziness & headaches

Poor awareness of deficits & difficulties

Difficulty being flexible, poor self-monitoring

What To Look For

Providers specializing in treating Chronic Pain may see:

Looking uninterested because they cannot pay attention

Missing appointments

Appearance of non-compliance because they cannot remember dosages and medication schedules

Slow to follow directions because they cannot process quickly

Falling into things, often getting hurt

Difficulty re-entering community because of cognitive changes

Gets stuck on an idea or a way of doing something, does not recognize mistakes

An estimated 50 million adults in the United States experienced chronic pain (i.e., pain lasting ≥ 3 months) in 2016, resulting in substantial health care costs and lost productivity. – CDC.gov

Common Accommodations for Brain Injury Challenges

Here are some common and simple accommodations:

Working for shorter periods of time

Getting rid of distractions around you, like noise or movement

Taking notes (on paper, in a notebook, on a phone or computer)

Using a phone to set timers to remember appointments & medication schedules; providing a check-off medication schedule to avoid forgetting they have already taken a medication

Repeating information to the person

Slowing down when talking; giving them more time to respond

Giving a written list of non-medication strategies to avoid or reduce pain

Coaching the person to take deep breaths when feeling angry or anxious

Tools for Best Practice

Brain Injury Screening Resources:

NASHIA's OBISSS: <https://www.nashia.org/obisssprogram> - The OBISSS is highly recommended. It is made up of the OSU screening tool, a Symptoms Questionnaire and Strategies. It can be used electronically, on a computer, phone or ipad. It can be self-administered.

OSU TBI Identification Method: <https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id>

Brain Links' Strategies & Accommodations Tool: <https://www.tndisability.org/rehabilitation>

Symptom Questionnaire and Cognitive Strategies:

Adult: bit.ly/3FLkz0V

Juvenile: bit.ly/4iS2bSC

Tennessee Resources

Brain Links' Website with many resources: [www.https://tndisability.org/brain](https://www.tndisability.org/brain)

Brain Links' Toolkits (for Service Professionals and Survivors):

<https://www.tndisability.org/brain-toolkits>

TN Department of Health TBI Program:

<https://tinyurl.com/3v5jrdt3>

Tennessee Brighter Futures' Resource Pages & Training for Brain Injury:

<https://www.tndisability.org/tbf-brain-injury>

Resource Pages & Training for Chronic Pain:

<https://www.tndisability.org/tbf-pain>

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References:

Hammond, F. M., Barrett, R. S., Shea, T., et. al. (2015). Psychotropic medication use during inpatient rehabilitation for traumatic brain injury. Archives of Physical Medicine and Rehabilitation, 96 (8Suppl 3): S256-73. 16.

Hammond, F. M., Dams-O'Connor, K, Ketchum J et al (2018). Mortality secondary to accidental poisoning after inpatient rehabilitation for traumatic brain injury study: A NIDILRR Traumatic Brain Injury Model Systems Study.

John D. Corrigan and Rachel Sayko Adams (2019). The Intersection of Lifetime History of Traumatic Brain Injury and the Opioid Crisis. Addictive Behaviors; 90: 143-145.

<https://doi.org/10.1016/j.addbeh.2018.10.030>

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