

hesi case study traumatic brain injury

hesi case study traumatic brain injury is a critical topic within nursing education and clinical practice, focusing on the assessment, management, and rehabilitation of patients who have sustained brain injuries. This case study approach provides a detailed exploration of traumatic brain injury (TBI), emphasizing the importance of accurate diagnosis, patient care strategies, and interdisciplinary collaboration. The hesi case study traumatic brain injury serves as a valuable educational tool for nursing students preparing for the Health Education Systems, Inc. (HESI) exam, offering real-world scenarios to enhance clinical reasoning and decision-making skills. This article will delve into the pathophysiology of TBI, clinical manifestations, diagnostic procedures, nursing interventions, and rehabilitation considerations. By understanding the complexities involved in traumatic brain injury, healthcare professionals can improve patient outcomes and deliver comprehensive care. The following sections will guide readers through a structured analysis of the hesi case study traumatic brain injury.

- Understanding Traumatic Brain Injury
- Clinical Presentation and Assessment
- Diagnostic Procedures in TBI
- Nursing Interventions and Management
- Rehabilitation and Long-term Care

Understanding Traumatic Brain Injury

Traumatic brain injury (TBI) occurs when an external mechanical force causes brain dysfunction, often resulting from a violent blow or jolt to the head or body. The severity of TBI can range from mild concussions to severe brain damage, impacting cognitive, physical, and emotional functions. The hesi case study traumatic brain injury highlights the pathophysiological changes that occur following injury, including neuronal damage, inflammation, and cerebral edema. Understanding these underlying mechanisms is essential for nurses to anticipate complications and implement appropriate interventions. Common causes of TBI include falls, motor vehicle accidents, sports injuries, and assaults. The extent of brain injury depends on factors such as the force of impact, location of injury, and the individual's health status prior to injury.

Types of Traumatic Brain Injury

There are several types of TBI, each with distinct characteristics. The hesi case study traumatic brain injury often features:

- **Concussion:** A mild TBI causing temporary loss of brain function.
- **Contusion:** Bruising of brain tissue, which may cause localized swelling.
- **Diffuse Axonal Injury:** Widespread damage to brain cells due to shearing forces.
- **Penetrating Injury:** When an object pierces the skull and damages brain tissue.

Recognizing the type of injury is critical for prognosis and treatment planning in the hesi case study traumatic brain injury scenario.

Clinical Presentation and Assessment

The clinical presentation of TBI varies widely depending on the severity and location of the injury. The hesi case study traumatic brain injury underscores the importance of a thorough neurological assessment to identify deficits and monitor changes. Initial symptoms may include loss of consciousness, confusion, headache, dizziness, nausea, and vomiting. More severe injuries can lead to seizures, paralysis, or coma. Nursing assessments focus on vital signs, Glasgow Coma Scale (GCS) scoring, pupil responsiveness, and motor function evaluation. Early detection of deterioration is crucial for timely intervention.

Glasgow Coma Scale (GCS)

The Glasgow Coma Scale is a standardized tool used to assess the level of consciousness in patients with TBI. It evaluates three components: eye opening, verbal response, and motor response. The total score ranges from 3 to 15, with lower scores indicating more severe brain injury. In the hesi case study traumatic brain injury, accurate GCS scoring guides clinical decisions and helps predict patient outcomes.

Neurological Assessment Components

A comprehensive neurological assessment includes:

1. Assessing pupil size and reaction to light.
2. Evaluating limb strength and motor response.
3. Monitoring for signs of increased intracranial pressure (ICP) such as headache, vomiting, and altered mental status.
4. Observing for changes in vital signs, including blood pressure and heart rate.

This assessment is integral to the hesi case study traumatic brain injury to ensure prompt recognition of complications.

Diagnostic Procedures in TBI

Diagnostic evaluation is essential to determine the extent of brain injury and guide treatment. The hesi case study traumatic brain injury emphasizes the use of neuroimaging and laboratory tests in the diagnostic process. Computed tomography (CT) scans are the primary imaging modality for detecting fractures, hemorrhages, and brain swelling. Magnetic resonance imaging (MRI) offers detailed visualization of soft tissue injury and is useful in assessing diffuse axonal injury. Additional diagnostic tests may include intracranial pressure monitoring and blood tests to evaluate for metabolic disturbances or coagulopathies.

Neuroimaging Techniques

CT scans are rapid and widely available, making them the first choice in emergency settings. The hesi case study traumatic brain injury highlights that CT scans can quickly identify epidural hematomas, subdural hematomas, and contusions. MRI provides more detailed images but is less accessible in acute settings. Both imaging techniques play complementary roles in the diagnosis and management of TBI.

Laboratory and Monitoring Tests

Laboratory tests aid in assessing the patient's overall condition and identifying complications. These may include:

- Complete blood count (CBC) to detect anemia or infection.
- Coagulation profile to evaluate bleeding risk.
- Electrolyte panel to monitor for imbalances.
- Intracranial pressure monitoring for severe cases to detect elevated ICP.

These diagnostic tools are critical components of the hesi case study traumatic brain injury framework.

Nursing Interventions and Management

Nursing care in traumatic brain injury focuses on maintaining airway patency, ensuring adequate oxygenation, preventing secondary brain injury, and monitoring neurological status. The hesi case study traumatic brain injury outlines essential nursing interventions that support patient stabilization and recovery. Nurses play a pivotal role in managing intracranial pressure, administering medications, and providing patient and family education. Vigilant monitoring and timely interventions can significantly impact patient outcomes in TBI cases.

Airway and Breathing Management

Maintaining a patent airway and adequate oxygenation is a priority in TBI management. Hypoxia and hypercapnia can exacerbate brain injury by increasing intracranial pressure. The hesi case study traumatic brain injury emphasizes the use of supplemental oxygen, suctioning, and mechanical ventilation when necessary to ensure optimal respiratory function.

Intracranial Pressure Monitoring and Control

Elevated intracranial pressure is a life-threatening complication of TBI. Nursing interventions include:

- Positioning the patient with the head of the bed elevated 30 degrees to promote venous drainage.
- Avoiding activities that increase ICP, such as suctioning or coughing without proper precautions.
- Administering osmotic diuretics like mannitol as prescribed to reduce cerebral edema.
- Monitoring neurological status frequently for signs of deterioration.

These strategies are integral to the hesi case study traumatic brain injury nursing care plan.

Medication Administration and Monitoring

Medications used in TBI management may include analgesics, anticonvulsants, sedatives, and corticosteroids. The hesi case study traumatic brain injury outlines the importance of administering medications accurately and monitoring for side effects. Nurses must also educate patients and families about the purpose and potential adverse effects of prescribed drugs.

Rehabilitation and Long-term Care

Recovery from traumatic brain injury is often prolonged and requires a multidisciplinary rehabilitation approach. The hesi case study traumatic brain injury highlights the need for individualized rehabilitation plans that address physical, cognitive, and emotional deficits. Early initiation of rehabilitation can improve functional outcomes and quality of life. Long-term care may involve physical therapy, occupational therapy, speech therapy, and psychological support. Nurses coordinate care and facilitate communication among the healthcare team, patient, and family throughout the recovery process.

Physical Rehabilitation

Physical therapy aims to restore mobility, strength, and coordination. The hesi case study traumatic brain injury stresses the importance of preventing complications such as contractures and pressure ulcers through regular repositioning and exercise. Rehabilitation specialists work closely with nurses to develop and implement effective physical therapy regimens.

Cognitive and Emotional Support

Cognitive impairments such as memory loss, attention deficits, and impaired executive function are common after TBI. Emotional challenges may include depression, anxiety, and personality changes. Nursing care involves:

- Monitoring cognitive status and behavioral changes.
- Providing supportive counseling and referrals to mental health services.
- Educating families on coping strategies and anticipatory guidance.

These interventions are essential components of the hesi case study traumatic brain injury rehabilitation plan.

Frequently Asked Questions

What is the primary focus of the HESI case study on traumatic brain injury (TBI)?

The primary focus of the HESI case study on traumatic brain injury is to evaluate a patient's neurological status, identify the severity of the injury, and develop an appropriate nursing care plan to manage complications and promote recovery.

What are common signs and symptoms to assess in a patient with traumatic brain injury in the HESI case study?

Common signs and symptoms include altered level of consciousness, headache, dizziness, nausea, vomiting, pupil changes, weakness or paralysis, seizures, and changes in vital signs such as blood pressure and heart rate.

How does the HESI case study recommend monitoring intracranial pressure (ICP) in traumatic brain injury

patients?

The case study recommends close monitoring of ICP through clinical assessment and, if available, ICP monitoring devices to detect increased pressure early, prevent brain herniation, and guide interventions like head elevation and medication administration.

What nursing interventions are emphasized in the HESI traumatic brain injury case study?

Key nursing interventions include frequent neurological assessments, maintaining airway patency, ensuring adequate oxygenation, preventing secondary injury by controlling ICP, managing fluids and electrolytes, providing patient safety, and educating the patient and family.

How is Glasgow Coma Scale (GCS) used in the HESI case study for traumatic brain injury?

The Glasgow Coma Scale is used to assess the level of consciousness and neurological function. It helps classify the severity of TBI (mild, moderate, severe), guides treatment decisions, and monitors changes in the patient's condition over time.

Additional Resources

1. *HESI Case Studies: Traumatic Brain Injury Review*

This book provides a comprehensive review of traumatic brain injury (TBI) cases tailored for nursing students preparing for the HESI exam. It includes detailed case scenarios, questions, and rationales to help students understand the pathophysiology, assessment, and management of TBI. The content is designed to enhance critical thinking and clinical decision-making skills.

2. *Traumatic Brain Injury Nursing Care: A Case Study Approach*

Focusing on nursing care for patients with TBI, this book presents real-life case studies that explore assessment techniques, nursing interventions, and rehabilitation strategies. It emphasizes evidence-based practice and patient-centered care, making it a valuable resource for students and practicing nurses alike.

3. *Clinical Cases in Neurocritical Care: Traumatic Brain Injury*

This text offers a collection of neurocritical care cases, with a strong emphasis on traumatic brain injury scenarios. It guides readers through complex clinical situations, diagnostic challenges, and multidisciplinary management approaches. The book is ideal for advanced nursing students and healthcare professionals in critical care settings.

4. *Essentials of Traumatic Brain Injury: A Case-Based Learning Approach*

Designed to facilitate learning through detailed case studies, this book covers the essentials of TBI, including mechanisms of injury, clinical manifestations, and rehabilitation. Each case is followed by questions and discussion points that help reinforce key concepts and promote active learning.

5. Nursing Care Plans: Traumatic Brain Injury

This book specializes in developing nursing care plans specific to patients with traumatic brain injuries. It includes step-by-step guidance on assessment, planning, implementation, and evaluation, with sample care plans that align with HESI exam standards. The resource is practical for both students and clinical nurses.

6. Traumatic Brain Injury: Assessment and Management Case Studies

Providing in-depth case studies, this book focuses on the assessment and management of TBI patients across different stages of care. It highlights clinical reasoning, interdisciplinary collaboration, and patient safety considerations. The content is suitable for nursing students preparing for HESI and other clinical exams.

7. HESI Comprehensive Review for Traumatic Brain Injury Nursing

This review book is tailored to help nursing students master the concepts related to TBI as part of their HESI exam preparation. It includes practice questions, case scenarios, and detailed explanations that cover neurological assessment, emergency interventions, and long-term care.

8. Case Studies in Emergency and Trauma Nursing: Traumatic Brain Injury Focus

Targeted at emergency and trauma nursing, this book presents case studies that deal with the acute management of TBI patients. It covers rapid assessment, stabilization techniques, and critical interventions needed in emergency settings, supporting students and nurses in high-pressure environments.

9. Rehabilitation and Recovery in Traumatic Brain Injury: Case Study Perspectives

This book explores the rehabilitation phase of TBI through a series of case studies emphasizing multidisciplinary approaches to recovery. It discusses physical, cognitive, and emotional rehabilitation strategies, aiming to improve functional outcomes and quality of life for TBI patients.

Hesi Case Study Traumatic Brain Injury

HESI Case Study: Traumatic Brain Injury – Master the Challenge

Imagine facing a HESI case study on traumatic brain injury (TBI) and feeling completely overwhelmed. The complex neurological symptoms, the diverse treatment approaches, and the pressure to accurately diagnose and manage the patient can be paralyzing. You need a resource that not only explains the intricacies of TBI but also provides you with the practical tools and strategies to confidently tackle those challenging case studies. You're struggling with understanding the nuances of different TBI severities, interpreting complex diagnostic data, and developing effective treatment plans. The time constraints of the exam add to the pressure, leaving you feeling anxious and unprepared.

This ebook provides a comprehensive and accessible guide to mastering HESI case studies focused on traumatic brain injury. It transforms the daunting task into a manageable and even enjoyable learning experience.

Mastering HESI Case Studies: Traumatic Brain Injury

By: Dr. Evelyn Reed (fictional expert)

Contents:

Introduction: Understanding the HESI Exam and the Scope of TBI

Chapter 1: Pathophysiology of Traumatic Brain Injury: Mechanisms, Classifications, and Severity Scales (Glasgow Coma Scale, etc.)

Chapter 2: Clinical Manifestations of TBI: Neurological Assessment and Diagnostic Imaging (CT, MRI)

Chapter 3: Medical Management of TBI: Pharmacological and Surgical Interventions

Chapter 4: Rehabilitation and Recovery from TBI: Physical, Occupational, and Speech Therapy

Chapter 5: Ethical and Legal Considerations in TBI Care

Chapter 6: Case Study Analysis and Practice: Step-by-Step Approach to Solving HESI Case Studies

Chapter 7: Exam Strategies and Time Management Techniques

Conclusion: Building Confidence and Achieving Success

Mastering HESI Case Studies: Traumatic Brain Injury - A Comprehensive Guide

Introduction: Understanding the HESI Exam and the Scope of TBI

The Health Education Systems, Inc. (HESI) exam is a critical hurdle for many aspiring healthcare professionals. Its case studies test not only knowledge but also critical thinking, problem-solving, and clinical judgment. Traumatic brain injury (TBI) is a frequently tested topic due to its complexity and the wide range of clinical presentations. This ebook provides a structured approach to understanding and mastering HESI case studies focusing on TBI. We'll delve into the pathophysiology, clinical presentation, diagnosis, treatment, and rehabilitation of TBI, equipping you with the knowledge and skills to tackle any related case study with confidence. Understanding the scope of TBI, from mild concussions to severe diffuse axonal injuries, is essential. We'll explore the various severity scales, such as the Glasgow Coma Scale (GCS), and their clinical significance. This foundation will enable you to accurately interpret patient data and develop effective treatment plans.

Chapter 1: Pathophysiology of Traumatic Brain Injury: Mechanisms, Classifications, and Severity Scales

Traumatic brain injury occurs when an external force causes damage to the brain. The mechanisms of injury can be categorized into primary and secondary injuries. Primary injuries are direct consequences of the initial impact, such as contusions, lacerations, and diffuse axonal injury (DAI). Secondary injuries are delayed consequences that result from the body's physiological response to the initial trauma. These include cerebral edema, ischemia, and increased intracranial pressure (ICP). Understanding the different types of TBI—open versus closed, focal versus diffuse—is critical for accurate diagnosis and treatment planning.

The Glasgow Coma Scale (GCS) is a crucial tool for assessing the severity of TBI. It measures three aspects of neurological function: eye opening, verbal response, and motor response. Scores range from 3 (deep coma) to 15 (fully conscious). The GCS provides a standardized way to assess the level of consciousness and can be used to predict prognosis and guide treatment decisions. Other important scales include the Rancho Los Amigos Levels of Cognitive Functioning scale, which assesses cognitive and behavioral recovery.

Chapter 2: Clinical Manifestations of TBI: Neurological Assessment and Diagnostic Imaging

The clinical presentation of TBI varies widely depending on the severity and location of the injury. Common symptoms include altered level of consciousness, headache, nausea and vomiting, dizziness, amnesia, cognitive impairment, and motor deficits. Neurological assessment is crucial to identify the specific neurological deficits and their extent. This includes assessing cranial nerves, reflexes, motor strength, sensation, and cognitive function.

Diagnostic imaging plays a vital role in evaluating TBI. Computed tomography (CT) scans are often the initial imaging modality used due to their speed and availability. CT scans can identify intracranial hemorrhages, skull fractures, and edema. Magnetic resonance imaging (MRI) provides higher resolution images and is particularly useful for detecting diffuse axonal injury and other subtle brain injuries.

Chapter 3: Medical Management of TBI: Pharmacological and Surgical Interventions

Medical management of TBI focuses on maintaining cerebral perfusion, reducing intracranial pressure (ICP), and preventing secondary brain injury. This often involves the administration of medications such as osmotic diuretics (mannitol) to reduce cerebral edema, corticosteroids (controversial use currently), and anticonvulsants to prevent seizures. Surgical interventions may be

necessary in cases of intracranial hemorrhage, brain swelling, or skull fractures. Craniotomy, a surgical procedure to remove part of the skull to relieve pressure, may be required.

Chapter 4: Rehabilitation and Recovery from TBI: Physical, Occupational, and Speech Therapy

Rehabilitation is a crucial aspect of TBI management. The goal of rehabilitation is to maximize functional independence and improve quality of life. This involves a multidisciplinary team approach, including physical therapy, occupational therapy, and speech therapy. Physical therapy focuses on restoring motor function and improving mobility. Occupational therapy aims to improve daily living skills, while speech therapy helps address communication and cognitive deficits. The length and intensity of rehabilitation depend on the severity of the injury and the individual's response to treatment.

Chapter 5: Ethical and Legal Considerations in TBI Care

TBI care involves several ethical and legal considerations. Decisions about life support, end-of-life care, and the use of experimental treatments often involve complex ethical dilemmas. Legal issues related to informed consent, liability, and the patient's right to autonomy must also be considered. Understanding these aspects is crucial for making informed decisions and ensuring ethical and legal compliance.

Chapter 6: Case Study Analysis and Practice: Step-by-Step Approach to Solving HESI Case Studies

This chapter provides a structured, step-by-step approach to analyzing HESI case studies on TBI. We will review several case studies, breaking down the process of identifying key information, formulating differential diagnoses, selecting appropriate diagnostic tests, planning treatment strategies, and evaluating outcomes. This practical application of the knowledge acquired in previous chapters helps solidify understanding and builds confidence.

Chapter 7: Exam Strategies and Time Management Techniques

Effective exam preparation includes developing efficient exam-taking strategies. We will cover time management techniques to ensure you can answer all questions within the allotted time. Strategies to approach questions systematically and how to identify key information quickly will also be provided.

Conclusion: Building Confidence and Achieving Success

Mastering HESI case studies on TBI requires a comprehensive understanding of the pathophysiology, clinical presentation, diagnosis, treatment, and rehabilitation of TBI. By systematically working through this book, you'll build confidence in your ability to effectively analyze and solve complex case studies. Remember, consistent practice and a structured learning approach are key to success on the HESI exam.

FAQs

1. What is the Glasgow Coma Scale (GCS)? The GCS is a neurological scale used to assess the severity of TBI by measuring eye opening, verbal response, and motor response.
2. What are the different types of TBI? TBI can be classified as open or closed, focal or diffuse, and mild, moderate, or severe.
3. What are the common diagnostic tests for TBI? CT scans and MRI are the primary imaging modalities used to diagnose TBI.
4. What is the role of rehabilitation in TBI recovery? Rehabilitation involves physical, occupational, and speech therapy to maximize functional independence.
5. What are some ethical and legal considerations in TBI care? Ethical considerations include decision-making regarding life support, end-of-life care, and experimental treatments. Legal considerations involve informed consent and liability.
6. How can I improve my time management during the HESI exam? Practice using timed case studies and develop a systematic approach to analyzing case information.
7. What are some common mistakes students make when answering HESI case studies? Rushing, overlooking important details, and failing to properly interpret diagnostic results are common errors.
8. How does secondary brain injury affect TBI patients? Secondary brain injury involves delayed consequences such as cerebral edema, ischemia, and increased ICP.

9. What is diffuse axonal injury (DAI)? DAI is a widespread injury to the brain's axons that commonly occurs in severe TBI.

Related Articles

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2. Interpreting CT and MRI Scans in Traumatic Brain Injury: A practical guide to analyzing brain imaging data in TBI.
3. The Role of the Glasgow Coma Scale in Assessing TBI Severity: A detailed explanation of the GCS and its clinical significance.
4. Medical Management of Increased Intracranial Pressure (ICP) in TBI: A comprehensive overview of strategies to reduce ICP.
5. Rehabilitation Strategies for Cognitive Impairment After TBI: A focus on interventions for cognitive deficits following TBI.
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9. Long-Term Effects of Traumatic Brain Injury: Examining the lasting physical, cognitive, and emotional consequences of TBI.

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scholars of literary theory. Drawing on the work of such authors as Oliver Sacks, Anatole Broyard, Norman Cousins, and Audre Lorde, as well as from people he met during the years he spent among different illness groups, Frank recounts a stirring collection of illness stories, ranging from the well-known—Gilda Radner’s battle with ovarian cancer—to the private testimonials of people with cancer, chronic fatigue syndrome, and disabilities. Their stories are more than accounts of personal suffering: They abound with moral choices and point to a social ethic. In this new edition Frank adds a preface describing the personal and cultural times when the first edition was written. His new afterword extends the book’s argument significantly, discussing storytelling and experience, other modes of illness narration, and a version of hope that is both realistic and aspirational. Reflecting on his own life during the creation of the first edition and the conclusions of the book itself, he reminds us of the power of storytelling as way to understand our own suffering. “Arthur W. Frank’s second edition of *The Wounded Storyteller* provides instructions for use of this now-classic text in the study of illness narratives.” —Rita Charon, author of *Narrative Medicine* “Frank sees the value of illness narratives not so much in solving clinical conundrums as in addressing the question of how to live a good life.” —Christianity Today

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hesi case study traumatic brain injury: Enhancing Cognitive Fitness in Adults PAULA HARTMAN-STEIN, Asenath LaRue, 2011-08-02 Late life is characterized by great diversity in memory and other cognitive functions. Although a substantial proportion of older adults suffer from Alzheimer's disease or another form of dementia, a majority retain a high level of cognitive skills throughout the life span. Identifying factors that sustain and enhance cognitive well-being is a growing area of original and translational research. In 2009, there are as many as 5.2 million Americans living with Alzheimer's disease, and that figure is expected to grow to as many as 16 million by 2050. One in six women and one in 10 men who live to be at least age 55 will develop Alzheimer's disease in their remaining lifetime. Approximately 10 million of the 78 million baby boomers who were alive in 2008 can expect to develop Alzheimer's disease. Seventy percent of people with Alzheimer's disease live at home, cared for by family and friends. In 2008, 9.8 million family members, friends, and neighbors provided unpaid care for someone with Alzheimer's disease or another form of dementia. The direct costs to Medicare and Medicaid for care of people with Alzheimer's disease amount to more than \$148 billion annually (from Alzheimer's Association, 2008 *Alzheimer's Disease Facts and Figures*). This book will highlight the research foundations behind

brain fitness interventions as well as showcase innovative community-based programs to maintain and promote mental fitness and intervene with adults with cognitive impairment. The emphasis is on illustrating the nuts and bolts of setting up and utilizing cognitive health programs in the community, not just the laboratory.

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hesi case study traumatic brain injury: A Historical Review and Analysis of Army Physical Readiness Training and Assessment Whitfield East, 2013-12 The Drillmaster of Valley Forge-Baron Von Steuben-correctly noted in his Blue Book how physical conditioning and health (which he found woefully missing when he joined Washington's camp) would always be directly linked to individual and unit discipline, courage in the fight, and victory on the battlefield. That remains true today. Even an amateur historian, choosing any study on the performance of units in combat, quickly discovers how the levels of conditioning and physical performance of Soldiers is directly proportional to success or failure in the field. In this monograph, Dr. Whitfield Chip East provides a pragmatic history of physical readiness training in our Army. He tells us we initially mirrored the professional Armies of Europe as they prepared their forces for war on the continent. Then he introduces us to some master trainers, and shows us how they initiated an American brand of physical conditioning when our forces were found lacking in the early wars of the last century. Finally, he shows us how we have and must incorporate science (even when there exists considerable debate!) to contribute to what we do-and how we do it-in shaping today's Army. Dr. East provides the history, the analysis, and the pragmatism, and all of it is geared to understanding how our Army has and must train Soldiers for the physical demands of combat. Our culture is becoming increasingly "unfit, due to poor nutrition, a lack of adequate and formal exercise, and too much technology. Still, the Soldiers who come to our Army from our society will be asked to fight in increasingly complex and demanding conflicts, and they must be prepared through new, unique, and scientifically based techniques. So while Dr. East's monograph is a fascinating history, it is also a required call for all leaders to better understand the science and the art of physical preparation for the battlefield. It was and is important for us to get this area of training right, because getting it right means a better chance for success in combat.

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2003-04-23 This book on complementary alternative medicine (CAM) for the Elderly provides a critical and objective evaluation of alternative medical therapy for the elderly. The focus on practical aspects such as adverse effects and general risks of various therapeutic methods makes it a valuable reference book for the general practitioner, for geriatricians and professionals within the area of alternative medicine, but also for interested laypeople. In the three sections, Epidemiology, Types of CAM, and Common Medical Problems and CAM, a broad range of issues are covered. They range from drug compliance in elderly people to CAM in the treatment of specific conditions such as pulmonary diseases, arthritis or cancer. The above features and in particular the unbiased approach to discuss the pros and cons of CAM make this publication a must-have for everybody searching for detailed information on alternative medicine for the elderly.

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Credibility assessment refers to any attempt to ascertain truthfulness. Other terms which have been used to refer to the assessment of credibility include the detection of deception and lie detection. The term lie detection has become virtually synonymous with the use of the polygraph and can no longer be used to refer to the range of procedures currently employed to assess credibility. Also, both lie detection and the detection of deception have a negative cast which does not fully capture the orientation of current approaches to credibility. Consequently, the term credibility assessment has emerged recently as the preferred label. The goal of credibility assessment is typically the determination of the truth of a statement or be found in set of statements. The need or desire to make such an assessment can every human context from marital relations through clinical examinations to police and court interrogations. Examples of the kinds of statements which require credibility assessment are: 1) A child's assertion that she or he has been sexually abused. 2) The claim by a previously suicidal person that he or she has recovered and will not attempt suicide again. 3) The denial of guilt by a suspect in a criminal investigation. 4) The confident statement of a witness that he or she is sure in his or her identification of a thief. 5) The vow of loyalty by a potential employee for a security job. It is necessary to assess the credibility of these and similar statements.

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