Message From the Editor

Veterans' Day Reflections

Veterans' Day is not only an opportunity to remember those who have served, but to examine the care they receive. Many of our readers are involved in addressing the physical, psychological, social and emotional difficulties faced by soldiers returning from the wars in Afghanistan and Iraq. As methods of warfare change, so do the injuries that are sustained. Health care providers are adapting their strategies for acute and chronic care, just as veterans are readapting to life in civilian society. The challenges facing professionals in military medicine rehabilitation was a major theme of this year's *Congress on Spinal Cord Medicine and Rehabilitation* held in Orlando, Florida. Improving care for veterans was the topic of the keynote address, "War Injuries and the Challenge to Rehabilitation;" the featured presentation, "War Aftermath: The Evolution of Polytrauma Rehabilitation," by Doloresco and Scott; and the symposium, "Polytrauma Management Issues," featuring presentations by Drs. Sabharwal, Sigford and Uomoto.

The scope and complexity of the injuries seen today are much broader than in the past, placing even greater importance on the multidisciplinary approach. In his keynote address, Dr. Paul Pasquina, chief of Physical Medicine and Rehabilitation at Walter Reed Army Medical Center, clearly outlined the challenges facing the rehabilitation of soldiers wounded in the battlefield. While survival rates are much higher than in prior wars, many soldiers face the future with severe disabilities. Blasts and explosions have increased the incidence of amputations, burns, inhalation injuries, fragmentation injuries and traumatic ear and brain injuries, necessitating new, more comprehensive approaches to traditional rehabilitation care. Patients with spinal cord injury often have multiple types of injuries, which complicates the plan for recovery.

The VA Polytrauma System of Care, which offers a continuum of post-injury care, provides comprehensive rehabilitation services for wounded soldiers. The 4 regional polytrauma rehabilitation centers—Minneapolis, Richmond, Tampa, and Palo Alto—are staffed by specialists in ophthalmology, neurosurgery, plastic surgery, orthopedics, prosthetics, internal medicine, and oral surgery, as well as physical medicine and rehabilitation. The change in injury patterns has necessitated the incorporation of cognitive, auditory and speech therapy. Therapy and nursing services address visual and hearing deficits, chronic pain and depression, as well as physical disabilities. Screening and intervention are required for traumatic brain injury, as well as for the post-traumatic stress disorder and depression that are often associated with this type of injury. The VA Polytrauma System includes transitional rehabilitation and followup care, which are administered through outpatient polytrauma network sites, support clinics and case managers. New educational initiatives are enabling staff to improve needed skills in physical assessment and management of brain injury and learn strategies to prevent burnout as they care for the heroes who have served us so well.

With dedicated professionals from all disciplines contributing to the knowledge base required for the evolution of polytrauma rehabilitation, we will continue to improve care and expand opportunities for the new generation of war veterans and their families.

Donald R. Bodner, MD
Editor

REMINDER

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