



Bridging the Gap: Traumatic Brain Injury and Long-Term Care

Wednesday, March 4 2026

March has been designated as **Brain Injury Awareness Month** by the Brain Injury Association of America. With patients, caregivers, and loved ones sharing their stories, this month offers a chance to shed more light on traumatic brain injury and how its effects are felt in our communities.

An injury to the brain caused by blunt trauma or penetration of brain tissue is classified by the [National Institute of Neurological Disorders and Stroke](#) as a Traumatic Brain Injury (TBI).

The effects of TBI are widespread. A study published in 2022 in [Lancet Neurology](#) declared that TBI “has the highest incidence of all common neurological disorders, and poses a substantial public health burden.” (Maas AIR et al.) Scientific estimates place the number of adults affected by TBI at 11.4 million in the United States alone. Population-based studies published in [Neurology](#) concluded that “47.4% of individuals ≥ 40 years of age in the United States with a history of head injury are living with disability in at least 1 domain of functioning.” (Schneider ALC et al.)

For many of these affected adults, living with traumatic brain injury comes with its own unique problems, especially as they age and their need for care increases. As a complex clinical issue that can present itself across multiple fronts, TBI poses a formidable challenge for long-term care. Simply put, the average nursing facility may not have the resources in place to best serve TBI patients and ensure their quality of life.

A Dynamic Condition

Though traumatic brain injury’s causes are well known, effective diagnosis and treatment of its long-term effects remain elusive. The *Neurology* study cited above paints a stark picture—“limited tools available for diagnosis and classification” have led to TBI becoming associated with “high rates of morbidity and mortality.” (Schneider ALC et al.)

However, today’s approach to traumatic brain injury is evolving to better understand the needs of these patients. A recent commentary in the [Journal of Neurotrauma](#) stated that “several independent longitudinal studies [showed] that the long-term course of TBI may be better characterized as *dynamic* rather than static.” (Corrigan JD et al.)

What does this mean? In practical terms, treatment for TBI has focused on addressing the patient’s initial injury and recovery. When recovery plateaus, the patient’s condition has been expected to remain largely static. However, many TBI sufferers deal with dynamic and changing long-term effects—physical, emotional, and neurological—that would be better served by ongoing care, management, and education.

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These effects can be seen for decades after the original trauma. “Family caregivers of [persons] with TBI reported multiple unmet needs at 10 to 15 years post-injury, emphasizing the importance of ongoing caregiver support,” noted one study in the [Journal of Head-Trauma Rehabilitation](#). (Tsen J et al.)

An Unmet Need in Traditional Long-Term Care

Even as the clinical community embraces this new picture of traumatic brain injury, there are still many gaps in our working understanding of the condition. While we know that “increasing age is associated with worse outcomes from TBI,” (Maas AIR et al.) looking strictly at life expectancy and mortality rates does not fully elaborate how traumatic brain injury presents over time and can “fail to address how TBIs affect aging, neurological sequelae, cognitive impairment, and psychological or psychiatric disorders.” ([European Journal of Physical and Rehabilitation Medicine](#). DE Tanti A et al.)

In the context of long-term care, TBI sufferers in residential facilities can often miss out on receiving the care and interventions they need. Many of the behavioral and emotional challenges they present may be dismissed as symptomatic of dementia or other conditions stemming from age and infirmity.

The *Lancet Neurology* study found that “patients injured by low-energy falls (who are mostly older people) are about 50% less likely to receive critical care or emergency interventions, compared with those injured by high-energy mechanisms, such as road traffic incidents.” (Maas AIR et al.) This can be a particularly dangerous problem in long-term care facilities where caregivers are [actively involved in mitigating the risk of fall](#).

Even when a patient’s TBI status is known to their caregivers, an effective course of management can be difficult to map out. “Little evidence exists to inform treatment of older patients, who have been commonly excluded from past clinical trials,” noted the *Lancet Neurology* study, “—consequently, appropriate evidence is urgently required.”

Developing a Neurology-Forward Approach to TBI

Providing safety and maintaining a proper level of functionality for TBI patients in long-term care is crucial to maintaining quality of life. Meeting this goal requires acknowledgement of traumatic brain injury’s neurological components and addressing them head on.

While patients with TBI present affective and emotional symptoms, those symptoms do not stem from a traditional psychiatric origin. A traumatic injury to the brain is a neurological event, and its consequences, no matter how far downstream from the initial impact, are neurological as well.



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The Traumatic Brain Injury Program at GuideStar Eldercare

This neurology-led approach to care has been the continual hallmark and mission of GuideStar Eldercare. Furthermore, GuideStar's founder, executive chair, and Chief Medical Officer, Dr. Steven Posar, has vast experience in post-acute settings, treating TBI and other neurological conditions. Coupled with an extensive background in serving long-term care facilities, this has led to the formation of a new program dedicated to treating TBI sufferers.

The program leverages the proven neurology-forward clinical model to provide state-of-the-art, integrated neuro-psychiatric and holistic care for individuals whose behavioral and emotional challenges emerge after a neurological injury.

The GuideStar Eldercare TBI Program is distinct and works specifically within the operational realities post-acute and long-term facilities face daily. GSE clinicians collaborate closely with residential staff to ensure consistent care. The GSE clinical team is also supported by board-certified experts—including neurology, psychiatry, and physical medicine & rehabilitation physicians—for professional consultation and case review.

Bridge the Gap with Us

Partnering with GuideStar Eldercare for your traumatic brain injury patients can dramatically augment your ability to serve this complex neurobehavioral population. Our emphasis on interdisciplinary coordination, regulatory performance, and [overall clinical excellence](#) can help you meet or exceed rising standards of care and set your facility apart.

The positive effects of our TBI program won't just be felt on the facility side; you'll also be making a difference at your patients' bedside. GuideStar Eldercare's emphasis on stabilizing neurologically driven behaviors can be instrumental in patients' recovery and in their journey toward long-term placement. We put functionality and safety first in every consultation and service we offer for traumatic brain injury patients to ensure a better quality of life.

Interested in taking your facility's TBI care forward? [Contact GuideStar Eldercare today](#) and join the program.

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