## Douglas B Cooper

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Screening for Postdeployment Conditions. Journal of Head Trauma Rehabilitation, 2014, 29, 1-10.	1.7	170
2	Treatment of persistent post-concussive symptoms after mild traumatic brain injury: a systematic review of cognitive rehabilitation and behavioral health interventions in military service members and veterans. Brain Imaging and Behavior, 2015, 9, 403-420.	2.1	97
3	Association between combat stress and post-concussive symptom reporting in OEF/OIF service members with mild traumatic brain injuries. Brain Injury, 2011, 25, 1-7.	1.2	96
4	Cognitive Rehabilitation for Military Service Members With Mild Traumatic Brain Injury: A Randomized Clinical Trial. Journal of Head Trauma Rehabilitation, 2017, 32, E1-E15.	1.7	75
5	Utility of the Mild Brain Injury Atypical Symptoms Scale as a Screening Measure for Symptom Over-Reporting in Operation Enduring Freedom/Operation Iraqi Freedom Service Members with Post-Concussive Complaints. Archives of Clinical Neuropsychology, 2011, 26, 718-727.	0.5	71
6	A Multisite Study of the Relationships between Blast Exposures and Symptom Reporting in a Post-Deployment Active Duty Military Population with Mild Traumatic Brain Injury. Journal of Neurotrauma, 2014, 31, 1899-1906.	3.4	67
7	Unique Aspects of Traumatic Brain Injury in Military and Veteran Populations. Physical Medicine and Rehabilitation Clinics of North America, 2017, 28, 323-337.	1.3	61
8	Completion of Multidisciplinary Treatment for Persistent Postconcussive Symptoms Is Associated With Reduced Symptom Burden. Journal of Head Trauma Rehabilitation, 2017, 32, 1-15.	1.7	54
9	The Personality Assessment Inventory in individuals with Traumatic Brain Injury. Archives of Clinical Neuropsychology, 2007, 22, 123-130.	0.5	40
10	Relationship Between Mechanism of Injury and Neurocognitive Functioning in OEF/OIF Service Members With Mild Traumatic Brain Injuries. Military Medicine, 2012, 177, 1157-1160.	0.8	37
11	Clinical utility of the mBIAS and NSI validity-10 to detect symptom over-reporting following mild TBI: A multicenter investigation with military service members. Journal of Clinical and Experimental Neuropsychology, 2018, 40, 213-223.	1.3	37
12	Susceptibility Weighted Imaging and White Matter Abnormality Findings in Service Members With Persistent Cognitive Symptoms Following Mild Traumatic Brain Injury. Military Medicine, 2017, 182, e1651-e1658.	0.8	34
13	Factors influencing cognitive functioning following mild traumatic brain injury in OIF/OEF burn patients1. NeuroRehabilitation, 2010, 26, 233-238.	1.3	26
14	Subgroups of US IRAQ and Afghanistan veterans: associations with traumatic brain injury and mental health conditions. Brain Imaging and Behavior, 2015, 9, 445-455.	2.1	25
15	The role of performance validity tests in the assessment of cognitive functioning after military concussion: A replication and extension. Applied Neuropsychology Adult, 2016, 23, 264-273.	1.2	23
16	Neuropsychological Performance and Subjective Symptom Reporting in Military Service Members With a History of Multiple Concussions: Comparison With a Single Concussion, Posttraumatic Stress Disorder, and Orthopedic Trauma. Journal of Head Trauma Rehabilitation, 2018, 33, 81-90.	1.7	19
17	Utility of the Mild Brain Injury Atypical Symptoms Scale to detect symptom exaggeration: An analogue simulation study. Journal of Clinical and Experimental Neuropsychology, 2013, 35, 192-209.	1.3	18
18	Utility of the Mayo-Portland Adaptability Inventory-4 for Self-Reported Outcomes in a Military Sample With Traumatic Brain Injury. Archives of Physical Medicine and Rehabilitation, 2013, 94, 2417-2424.	0.9	14

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19	Influence of the Severity and Location of Bodily Injuries on Post-Concussive and Combat Stress Symptom Reporting after Military-Related Concurrent Mild Traumatic Brain Injuries and Polytrauma. Journal of Neurotrauma, 2014, 31, 1607-1616.	3.4	14
20	Profile Analyses of the Personality Assessment Inventory Following Military-Related Traumatic Brain Injury. Archives of Clinical Neuropsychology, 2015, 30, 236-247.	0.5	13
21	Sleep problems contribute to post-concussive symptoms in service members with a history of mild traumatic brain injury without posttraumatic stress disorder or major depressive disorder. NeuroRehabilitation, 2019, 44, 511-521.	1.3	11
22	Factors associated with neurocognitive performance in OIF/OEF servicemembers with postconcussive complaints in postdeployment clinical settings. Journal of Rehabilitation Research and Development, 2014, 51, 1023-34.	1.6	9
23	Atypical Onset of Symptoms in Huntington Disease: Severe Cognitive Decline Preceding Chorea or Other Motor Manifestations. Cognitive and Behavioral Neurology, 2006, 19, 222-224.	0.9	7
24	Symptom Reporting and Management of Chronic Post-Concussive Symptoms in Military Service Members and Veterans. Current Physical Medicine and Rehabilitation Reports, 2018, 6, 62-73.	0.8	7
25	Patient Attribution of Posttraumatic Symptoms to Brain Injury Versus PTSD in Military-Related Mild TBI. Journal of Neuropsychiatry and Clinical Neurosciences, 2020, 32, 252-258.	1.8	5
26	Single-Item Versus Multiple-Item Headache Ratings in Service Members Seeking Treatment for Brain Injury. Military Medicine, 2020, 185, e43-e46.	0.8	4
27	Number of Concussions Does Not Affect Treatment Response to Cognitive Rehabilitation Interventions Following Mild TBI in Military Service Members. Archives of Clinical Neuropsychology, 2020, 36, 850-856.	0.5	2
28	Self-reported neurobehavioral symptoms in combat veterans: An examination of NSI with mBIAS symptom validity scales and potential effects of psychological distress Psychological Assessment, 2021, 33, 1192-1199.	1.5	2
29	Latent Neuropsychological Profiles to Discriminate Mild Traumatic Brain Injury and Posttraumatic Stress Disorder in Active-Duty Service Members. Journal of Head Trauma Rehabilitation, 2022, 37, E438-E448.	1.7	2
30	Assessment and Treatment of Concussion in Service Members and Veterans. , 2020, , 149-159.		0