



the

HEADLINER

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The Newsletter of the Brain Injury Association of Oregon

What's Inside?

Professional Members
Page 2-3

Board of Directors
Page 2

The Lawyer's Desk
Page 4

BIAOR Calendar
Page 5

The Top 5 Causes of Head Injuries and How to Avoid Them
Page 6-8

3rd Annual Bike Rodeo- Molalla
Page 9-

Day Programs for TBI
Page 10

fMRI Studies
Page 12

How to Be an Advocate
Page 16-17

1st Annual Rafting & Camping Trip
Page 18-19

Resources
Page 20

Head Injury in Seniors
Page 21

Support Groups
Page 22-23

A Knock on the Head Can Change a Life

The Brain Injury Research Center at Mount Sinai has concluded that a traumatic brain injury, sometimes a long-forgotten one, might be linked to literacy and social problems, a drop in intellectual abilities and to addiction.

Though that may seem a predictable conclusion, what is surprising is the apparently mild nature of these injuries. Doctors and patients imagine mistakenly that recovery has been complete.

Researchers have discovered that there are many other cases where a severe past blow to the head, resulting in unconsciousness or confusion, was not identified. Wayne A. Gordon, director of the Brain Injury Research Center at the Mount Sinai School of Medicine in New York, explains, "Unidentified traumatic brain injury is an unrecognized major source of social and vocational failure."

According to the Mayo Clinic, 75 percent of the traumatic brain injuries that affect 1.4 million Americans each year are mild concussions.

Some of the complications associated with traumatic brain injury include the following: seizures, infections, nerve damage, cognitive disabilities, sensory problems, difficulty swallowing, language difficulties, personality changes and Alzheimer's or Parkinson's disease.

They've found that providing therapy for an underlying brain injury often helps people with a variety of ills ranging from learning disabilities to chronic homelessness and alcoholism. If broadly verified, the findings could have a significant impact in dealing with such intractable difficulties.

That severe head injuries can lead to cognitive and behavioral problems is widely accepted. The U.S. Centers for Disease Control and Prevention estimates 5.3 million

Americans suffer from mental or physical disability that is due to brain injury.

Research by the Brain Injury Research Center at Mount Sinai School of Medicine in New York has consistently found high rates of "hidden" head trauma when screening various populations in New York schools, addiction programs and the general population. The CDC acknowledges its 5.3 million estimate is an undercount based on hospital admissions; it doesn't include people who sought no treatment for a severe blow to the head or who were sent home from a doctor's office or emergency room with little treatment.

Causes of brain injury can include bike and car accidents, sports concussions such as those suffered by professional football players, and abuse and falls that can date back to childhood. Doctors say about 85% of common falls in infancy don't produce long-term deficits, but that some do.

UNDERLYING CAUSE

- **New Findings:** Researchers say a blow to the head years earlier may be linked to problems later in life, such as learning disabilities, homelessness and alcoholism.

- **Early Identification:** Some schools are trying to identify children who may have had head injuries to provide special help in education.

- **The Impact:** The findings are offering new hope to adults coping with the onset of disorders such as losing the ability to read or concentrate.

To be sure, it's difficult to connect with any certainty a long-ago blow to the head to memory and cognition problems years later. Other researchers point out that many people do recover completely from severe head injury, and mental problems arise from other causes. Moreover, Mount Sinai's findings haven't all been published, nor have they been widely evaluated at other institutions.

Lost Ability to Read

Mount Sinai's research involves people like Kate Gleason, a business-college instructor who over the course of a year lost her ability to read, keep her home orderly and even maintain friendships.

In 1998, Ms. Gleason tried to open a window in her New York apartment building's hallway, but the heavy top window fell and bashed her on the head. She was treated by doctors at a local hospital, who she says let her walk home and told her she'd be fine. But on the way back,

(A Knock on the Head on page 13)

When looking for a professional, look for someone who knows and understands brain injuries. The following are supporting professional members of BIAOR.

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Headliner DEADLINES

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Policy

The material in this newsletter is provided for education and information purposes only. The Brain Injury Association of Oregon does not support, endorse or recommend any method, treatment, facility, product or firm mentioned in this newsletter. Always seek medical, legal or other professional advice as appropriate.

We invite contributions and comments regarding brain injury matters and articles included in *The Headliner*.

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* Support Group Facilitator p. 22-23

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The Lawyer's Desk: A Look at TBI Legal Representation

By David Kracke, Attorney at Law
Nichols & Associates, Portland, Oregon



Ultimately, any legal issue culminates in some form of resolution. There are expectations on both sides of the legal fence as to what that ultimate resolution will look like, and there are many paths that can be taken to get to that resolution, but eventually even the most tangled legal mess will get resolved. In the area of traumatic brain injury disputes, sometimes the resolution is straight forward and other times it requires the assistance of a judge, an arbitrator, a mediator or a jury. In this column I will discuss the challenges that a brain injured individual can expect in the process of moving from injury to legal resolution.

In order for an injured person to obtain a recovery from a third party there are two hurdles that need to be crossed. The first of those hurdles is to identify a person,

company or entity that is responsible for the injuries. If there is no such "third party" responsible for the person's injuries, then there is no basis for a claim against anyone. If, for instance, a person falls asleep at the wheel of a car and drives off the road causing himself injury, then there is likely no third person responsible for the driver's injuries. (Of course, a thorough lawyer will examine all the facts before reaching this ultimate conclusion). Any hoped for case is essentially resolved because there is no case. If, however, a defendant can be identified then a case proceeds against that defendant.

Some lawyers will immediately file a lawsuit after receiving a case, while others, like me, prefer to let the plaintiff reach a stable medical condition before attempting to resolve a case through settlement. If the settlement discussions are not effective then

a lawsuit will follow.

My belief is that reaching a settlement benefits the brain injured person in a number of different ways. First, and foremost in my mind, is the certainty that comes with settling a case.

The power over the resolution of the case rests with the parties involved in the settlement negotiations. Both parties know what is being offered by the responsible party to resolve the case, and both can assess their own particular benefits derived from such a negotiation process. For the injured person there can be accurate calculations of compensation received in terms of paying for future treatment and compensating the person for pain and suffering endured by that person as a result of his injuries. For the defendant, or more likely the defendant's insurance representatives, there is a similar assurance of accurately knowing the insurance company's "exposure" for damages caused by their insured.

Unfortunately, settlement is not always a viable option. Often, the parties are simply too far apart in their evaluation of the case to resolve it. When this happens, a lawsuit is filed and the case proceeds into the realm of litigation.

Once in litigation, the case will reach resolution either through a trial, arbitration, mediation or settlement. (Note that settlement is always an option, even after a lawsuit has been filed).

Mediation is an opportunity to let an experienced mediator convince each side to resolve the case. The mediator will typically put the plaintiff and his counsel in one room with the defendant and his counsel (and typically the insurance adjuster) in another, separate room. The mediator then bounces from room to room explaining the strengths and weaknesses of the case to the parties. I think of a mediator as the ultimate juror; someone who knows the intricacies of proceeding to a trial and who can quickly and effectively identify the good, the bad and the ugly about any given set of facts. A good mediator is brutally honest in his or her assessment of the case and let's the respective parties know it. This type of outside evaluation can be helpful in convincing either side that they should resolve the case in the mediation rather than risk the uncertainty of

(Lawyer's Desk Continued on page 5)

Brain Trauma - Even so-called "mild" head injuries turn out to be anything but.

NOVA scienceNow: Brain Trauma aired on PBS July 30th, 2008. In this program scientists discuss concussions—injuries to the brain caused by a blow to the head—and new technologies being developed to diagnose traumatic brain injuries.

This NOVA scienceNOW segment:

- reports that almost four million high school and college athletes suffer concussions each year. Twenty percent of sports-related head injuries result in traumatic brain injury, and 90 percent of these traumatic brain injuries are from concussions.
- explains that the brain's grey matter is organized into regions that control specific functions such as speech, movement, and coordination. Even after a concussion, Magnetic Resonance Imaging (MRI) scans of brain grey matter typically appear normal.
- states that concussions occur in the brain's white matter, which is made of networks of bundled nerve cells that regulate actions and thoughts. White matter also carries water throughout the brain. Tiny tears caused by concussions may disrupt the white matter's ability to contain the water, possibly interfering

with communication and impairing brain function.

- points out that white matter doesn't appear in standard brain scans. A newly developed technology, called Diffuse Tensor Imaging (DTI), reveals white matter changes by examining water flow through white matter.
- explains that disrupting connections between different brain areas affects attention and memory. To test attention changes, a device was developed that tracks how well eyes follow a moving target. Under normal circumstances, people follow a target smoothly with their eyes. But for someone with a concussion, there are interruptions in the tracking, revealing changes in attention.
- reveals that if a youth has a head injury during a game, there is no objective way to diagnose it. Researchers are developing a portable version of the eye-tracking system. It diagnoses a possible concussion by recording how well someone's eyes can track a dot moving in a circle.

For those who missed this, you can watch it online at <http://www.pbs.org/wgbh/nova/sciencenow/0306/02.html>

letting a jury decide for them.

If the mediation is unsuccessful, then arbitration may be an option. Like mediators, an arbitrator is typically an experienced attorney who can quickly and accurately evaluate any given set of facts. Arbitration is not available in all cases due to various factors including amounts in controversy and a willingness from both parties to arbitrate. Other times it can be required because of contractual relationships between the parties. I approach arbitrations as if they are trials with the difference that I am trying the case to one or more arbitrators as opposed to twelve jurors. While there is typically less opportunity to sway an arbitrator with "bells and whistles", I can count on an arbitrator to understand the facts quickly and to apply the law fairly. The uncertainty factor, however, is high, and an arbitrator is bound only by his or her good judgment (and the law) in deciding the case.

A case that is not resolved otherwise typically ends up being tried to a jury of twelve community members who may or may not know anything about traumatic brain injuries and who may or may not hold biases for or against either of the parties. Lawyers are given an opportunity to talk to prospective jurors before a jury is picked in an effort to determine what biases the prospective jurors hold, but that process is not perfect. Jurors bring their own unique life experience to any given case and that experience can have a profound effect on how that juror responds to the facts of the case. In other words, the uncertainty factor in trying a case to a jury is significantly higher, in my opinion, than it is when presenting a case to a mediator or an arbitrator. Where settlement is the "bird in the hand", a jury's decision is the "two in a bush." It may be a great decision for either party, but it also may cause any hoped for recovery to vanish like a soaring bird.

I strive for certainty whenever I am resolving a case. If a resolution can be reached where both parties know what is on the table then both parties can make a decision with all the facts before them. When certainty is not an option then other, less certain, resolution mechanisms are employed and the outcomes fall where they may.

David Kracke is an attorney with the law firm of Nichols and Associates in Portland. Nichols & Associates has been representing brain injured individuals for over twenty two years. Mr. Kracke is available for consultation at (503) 224-3018.

2008-2009 BIAOR Calendar of Events

For updated information, please go to www.biaoregon.org
Call the office with any questions or requests

Aug 17	Boeing Employee Fair
Sept 27	<i>Fundraiser: Murder Mystery Dinner Theater The Man Who Thought He Was Sherlock Holmes Hoffman House Restaurant</i>
Nov 14	VA Workshop—TBI/PTSD and Co-Occurring Disorders in Returning Veterans— Identification and Treatment—Portland
Dec 7	Fundraiser—Holiday Brunch with Music & Balloons—Portland
Jan 14	VA Workshop—TBI/PTSD and Co-Occurring Disorders in Returning Veterans— Identification and Treatment—Medford
Jan 30	Medical Workshop—Clinical Issues in Working with TBI—Eugene
March 6-7	7th Annual NW Brain Injury Conference Living with Brain Injury: <i>Identifying the Problems - Finding Solutions</i> Sheraton Airport Hotel, Portland OR



Murder Mystery Dinner Theater

The Man Who Thought He
Was Sherlock Holmes
By the Hoffman House Players

\$50-Dinner, Play & Wine Tasting

September 27

(Order Now-Tickets Limited)

Play: 6 p.m. to 8 p.m.

Wine and Cheese Tasting: 8 p.m. to 10 p.m.

Prairie House Inn

**(\$150 - Overnight at Historic Prairie House Inn,
Dinner, Play and Wine & Cheese Tasting)**

For Tickets or More Information BIAOR

503-740-3155

Fundraiser For BIAOR

Brain Injuries: The Five Top Causes and How to Avoid Them

Every 21 seconds someone in the US sustains a traumatic brain injury. One and a half million Americans suffer from head injuries annually, and over 80,000 of these injuries sustain permanent irreversible damage.

According to the Centers for Disease Control and Prevention, head injuries are the leading cause of death in young adults and children. The CDC further finds that head injuries account for 44% of all injury related deaths in the US.

The five most common causes of head injuries or TBI (Traumatic Brain Injury) are:

- Car Accidents (passenger and pedestrian)
- Bicycle /Motorcycle Accidents
- Falls (especially kids and the elderly)
- Sports
- Acts of Violence/Assault

Our brains allow us to interpret ourselves and the world around us. When we sustain a head injury, there's a disruption in the brain's ability to store, process, accumulate and retrieve information. Damage to the brain can interfere with our ability to control emotions and interact socially.

Types and Symptoms of Brain Injuries

Many brain injuries are preventable. Most brain injuries do not result in permanent brain damage.

Although it is common to forget what happened immediately prior to, during and

immediately following injury, great care should be taken as symptoms showing the full extent of a brain injury may not develop for days.

Injuries can range from minor damage to the scalp and face, including lacerations, bruising, and abrasions, to more serious life altering damage to the brain itself.

These are some of the most common types of brain injuries:

- Loss of consciousness, even for a short period of time, is one of the clearest indicators of the brain being affected from an injury
- Concussion: jarring injury to the brain including passing out (short term)
- Brain contusion: bruise of the brain with bleeding in brain causing swelling
- Skull fracture: broken skull cuts the brain and delicate tissues causing bleeding
- Hematoma: bleeding in brain collecting clots, causing swelling

Preventing Brain Injuries from Vehicle Accidents

50,000 children are hit by cars each year, often with serious brain injuries.

Well over 50% of all brain injuries in the U.S. involve car accidents. This includes passengers and pedestrians.

A pedestrian is killed in a traffic accident every 107 minutes.

Most car accidents for passengers are due to improper use of seatbelts and child restraints.

Seatbelts and airbags are the best method of prevention when riding in the car. In the last 10 years seat belts have prevented over 55,000 deaths.

Keys to Preventing Brain Injury Involving a Vehicle:

- For adults and children over 12, Airbags used with lap-shoulder belts offer the most

effective safety protection

- Children in rear facing seats should always be in the back seat
- Infants and children under 12 and should always be in the back seat, using a seatbelt or a car seat if appropriate
- Never put an infant in the front seat, rear facing or otherwise
- For pedestrians: If walking after dark wear bright, reflective clothing
- Do not wear headphones, use a cell phone, or use a texting device when crossing streets
- Teach children to look left, right, then left again before crossing the street

Bicycle/Motorcycle Accidents

Nearly 80% of fatal bicycle crashes are due to brain injuries. Further statistics estimate that only 20% of children in US wear helmets while bike riding. Of the 350,000 children involved in bike related accidents annually, 130,000 sustain brain injuries.

In states without helmet laws, only 20-25% of bikers and 28-40% of motorcyclists wear helmets. Motorcyclists riding without a helmet are 14 times more likely to die in a crash and 3 times more likely to incur a brain injury.

Preventing Brain Injury on a Bike or Motorcycle

The National Highway Traffic Safety Administration (NHTSA) says helmets are 85-88% effective in preventing brain injuries.

Make sure you and your child's helmet fits directly over the forehead with a tight chin strap, and meets the standards of the U.S. Consumer Product Safety Commission and/or the Snell Memorial Foundation.

For children: Help them to understand and obey safety rules of the road and always exercise caution when in traffic.

Important note: If there is a significant fall and your helmet hits a hard surface, immediately replace the helmet. Helmets actually lose their ability to absorb the shock of a hard blow once one has occurred.

Falls are a Top Cause of Brain Injury - Especially to Seniors and Kids

In 2003, 1.8 million seniors 65 and over were treated in the ER for falls. Over 421,000

(5 Top Causes Continued on page 7)

The symptoms to watch for following a blow to the head:

- Headaches
- Lethargy
- Loss of Balance
- Nausea
- Fatigue
- Bad taste in mouth
- Slurred speech
- Ringing in ears
- Neck pain
- Anxiety
- Irritability
- Depression
- Problems concentrating
- Memory loss
- Difficulty collecting thoughts
- Trouble walking (balance)
- Trouble sleeping
- Dilated pupils
- Drainage of bloody or clear fluids from nose or ears
- Weakness or numbness in limbs

(5 Causes Continued from page 6)

are hospitalized each year.

Falls are the leading cause of brain injuries for the elderly. In fall-related deaths, 60% are 75 or older. Many seniors have problems with balance, environmental hazards such as uneven floors, loose rugs, unstable furniture and poor lighting.

Falls are also among the top 10 diagnoses in emergency rooms for young children. The most frequent falls are in playgrounds, from walkers, windows and shopping carts. In playgrounds, 60% of injuries are due to falls, and in recent years over 5,500 brain injuries have been reported from shopping cart falls.

Baby walkers send over 14,000 children to hospital each year. Infants can fall over objects, go through gates, down stairs and into pools. Don't use walkers; use a stationary activity saucer instead.

Windows are also responsible for many brain injuries in children. Do not rely on screens in windows. Open windows from the top and use window guards (kids can fall through a 5" opening in windows).

How to Prevent Children from Falling

- Never leave your child unattended in bath/shower
- Use wall mounted, non-accordion safety

gates

- Use doorknob covers, locks, stops and door holders
- Use safety netting for balconies/decks
- Install window guards and open windows from top
- Watch for slippery floors and upper floor windows
- Keep stairs clear
- Watch width between railing/banisters - make sure it is not easy for young children to move through them
- Watch for top heavy furniture your child could climb on
- Use protective padding for hard corners like coffee tables and countertops
- Use nonskid strips in the bathtub
- Make sure top bunks have guard rails and only allow kids 7 and older to sleep in them
- Side rails on cribs should always be up
- Use safety belts for infants in any stationary position: stroller/highchair/changing table/shopping carts
- Don't allow your child to ride or climb on the shopping cart

Sports Related Brain Injuries

There are 300,000 sports-related concussions in the U.S. each year, most occurring in contact sports like football, soccer,

Key bicycle safety habits:

- Stop at stop signs
- Obey all traffic lights
- Yield to all pedestrians
- Take great care at intersections
- Ride with traffic - never against
- Use bike lanes whenever present
- Check driveways and alleys
- Watch for turning cars and parked cars (opening doors)
- Ride single file in the street, never side by side
- Never share a seat
- Have reflectors/headlights/taillights for low visibility and night riding
- Never use headphones while biking
- Use correct hand signals and always look behind you before changing lanes

baseball, boxing and hockey. In football, brain injuries account for 65-85% of fatalities, and nearly 90% of all boxers have sustained some type of brain injury.

There is one proven measure in preventing brain injuries in sports: protective gear. Helmets, mouth guards and padding can help prevent athletes from sustaining sometimes deadly brain injuries.

(5 Top Causes Continued on page 8)



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(Walking Again Continued from page 7)

Acts of Violence

Assaults and violent acts are responsible for over 10% of all reported brain injuries in the U.S. Shaken baby syndrome, firearms, and direct blows to the head are some of the most prevalent causes of these injuries.

Symptoms to Watch for in Young Children who Have Recently Fallen:

- Won't stop crying
- Head/neck pain
- Inconsolable
- Not eating/nursing
- Not walking normally
- Pupils of unequal size
- Loss of bladder / bowel control

Shaken baby syndrome is dangerous not only to the baby's brain but the undeveloped neck, skull and brain as well. If you suspect this abuse, contact the authorities immediately.

As always, knowledge of how to prevent them (which you just learned) and acting on this knowledge (which is up to you) are the main weapons you have in avoiding brain injuries.

Sources:

- <http://www.nlm.nih.gov/medlineplus/headandbraininjuries.html>
- www.nlm.nih.gov/medlineplus/ency/article/000028.htm
- http://www.cdc.gov/ncipc/pub-res/tbi_toolkit/patients/preventing.htm
- <http://familydoctor.org/online/famdocen/home/common/brain/head/084.printerview.html>
- http://kidshealth.org/parent/firstaid_safe/emergencies/head_injury.html
- http://www.braintrauma.org/site/PageServer?ename=TBI_Facts

⇒ Moderate & severe head injury (respectively) are associated with a 2.3 and 4.5 times increased risk of Alzheimer's disease.*

⇒ TBI hospitalization rates have increased from 79 per 100,000 in 2002 to 87.9 per 100,000 in 2003.*

*MMWR Morb Mortal Wkly Rep. 2007; 56:167-170

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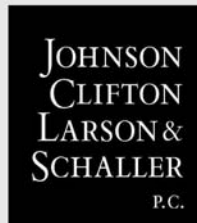
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3rd Annual Bike Safety Rodeo—Molalla

In the springtime, concerns turn toward the horde of child-cyclists turned loose upon the streets of cities and towns across the country. In many communities, concerned agencies ban together to hold one day of training for young bicycle drivers in the hope of preventing accidents. This is the case in Molalla. On May 17th and 18th, BIAOR, the Molalla Police (MPD) and Fire Departments and the Molalla VFW and VFW Woman's Auxiliary held the 3rd Annual Bike Safety Rodeo during the Molalla Spring Fling at the Molalla Fire Department.

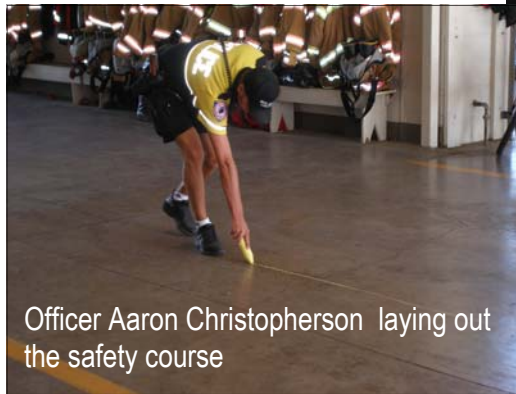


(left to right): Jessie Stober (Woman's Auxiliary), Molalla VFW Ron Jogodnik, George Carroll, Jason Carroll, Steve Morris

BIAOR uses these events as an opportunity to educate parents and children about the safety aspects of riding a bicycle on streets and roads. The goal is to empower young cyclists with a minimal set of skills for on-road riding. We strive to teach them the rules of the road sufficient to keep them safe.

The VFW manned the bike inspection table. Inspecting each bike and filling tires and tightening nuts and bolts as needed. The Molalla Police Department and BIAOR fitted helmets to children and adults. BIAOR and Cathy Kerrigan (MPD) fitted over 300 free bike and skateboard helmets during the two

day event. The MPD registered bikes and took the kids through the safety course.



Officer Aaron Christopherson laying out the safety course



Molalla Police Officers John Redden, Tony Hunt and Aaron Christopherson



I have a theory about the human mind. A brain is a lot like a computer. It will only take so many facts, and then it will go on overload and blow up. - Erma Bombeck

Day Programs For Specific Individuals Post TBI

The recovery process from traumatic brain injury (TBI) is a lifetime process. Once it was believed the brain would recover largely during the first year post TBI, now we experience and appreciate recovery differently; through clinical interventions, medical research and the practical experience of living with someone post TBI. We also know the degree of recovery has a wide spectrum. There is a category of individuals post TBI which this brief article addresses. There are those who recover basic physical skills and exhibit functional linguistic skills but who are not behaviorally or cognitively competent. Often these individuals also have serious emotional complications.

Additionally, this group of people with TBI exhibit chronic anxiety, clinical depression and/or extremes of frustration when they repeatedly fail at tasks which were automatic prior to their injury. Often they are unable to monitor their behavior and lack insight into the effect their behavior has on themselves and others. These frequently overwhelming post traumatic deficits and changes in personality lead family members, long-term caregivers and their various support staff members (i.e.: caseworkers, therapists, and doctors) to question how these individuals will sustain themselves both in the moment and over the years ahead.

Physical and monetary resources often are exhausted by the time this group medically and physically stabilizes. Further, these individuals usually are not candidates for admission to most community re-entry or vocational rehabilitation programs. As a result they are isolated at home or admitted to group or nursing homes. Some even become homeless and aimless on the streets or worse such as becoming involved in crime, illicit drugs or committed to mental institutions. It has become imperative to explore alternative care processes for these individuals.

One alternative is the development and opening of TBI day programs. A TBI day program enables individuals with acquired

brain injury who no longer need 24-hour nursing care to continue their recovery and rehabilitation. Usually the participants of a TBI day program arrive daily to participate in a facility-based program with some emphasis on re-integration training into the community. Goals are designed to assist with common home and daily living tasks as well as critical medical and survival skills, while simultaneously developing emotional and physical abilities. Additionally, TBI day programs provide supervised recreational and social opportunities. Perhaps most important, TBI day programs provide a safe and reliable place for these individuals to go daily which provides consistent and structured program content.

A new TBI day program, Bridge to Independence Day Program will be opening in Hillsboro, Oregon in September, 2008. Within this same newsletter is a page describing its components. This new program plans to provide flexible, individualized plans of care (POC) for each admitted client. There will be a pre-admissions evaluation completed by a licensed professional specializing in post TBI that helps the staff members of Bridge to Independence to develop the POC. Each client participates 8 weeks contiguously and then the POC will be re-evaluated formally with new goals established or recommendations with discharge from the day program.

Day programs for the post TBI individual exhibiting lifetime behavioral, cognitive and emotional deficits are one alternative care process separate from the traditional medical model. It is estimated that at least 2.2% or approximately 6.5 million Americans live post TBI. Since the United States is currently at war those numbers are going to increase. It is essential that alternative intervention processes such as TBI day care programs develop and succeed.

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fMRI Study Shows Specific Visual Training Effect on Brain Activity

New functional magnetic resonance images demonstrates brain activity supporting vision restoration therapy's ability to enhance vision in stroke patients.

Columbia University Medical Center researchers have demonstrated, using functional magnetic resonance imaging (fMRI), that brain activity was increased in stroke survivors who underwent Vision Restoration Therapy (VRT), a rehabilitative treatment that helps these patients recover lost vision. The data have been published in the journal *Neurorehabilitation and Neural Repair* on April 1, 2008.

Researchers, led by Randolph S. Marshall, M.D., M.S., associate professor of clinical neurology and acting director, Division of Stroke and Critical Care at Columbia University College of Physicians and Surgeons, examined the fMRIs of six patients aged 35-77 with vision loss on the

same side of both eyes (homonymous hemianopia) caused by stroke. The therapy is based on visual stimulation, which the patient performs daily at home on a dedicated computer device. The fMRI data showed increased activity in visual processing areas of the brain as patients learned to detect stimuli in the borderzone between the seeing and non-seeing fields. This enhanced activity was identified one month after beginning treatment and suggests that the brain is responding accordingly.

"This study is encouraging because the fMRI technique allowed us to see and compare the activity levels in specific regions of the brain before and during Vision Restoration Therapy. After examining the images, the increased activity levels demonstrate progress associated with the treatment," said Dr. Marshall. "Based on these initial results, we will continue to investigate the relationship between the imaging findings and the degree to which vision is recovered."

The findings underscore the growing scientific evidence validating Vision Restoration Therapy. For stroke and brain injury survivors with impaired vision, these data further show that VRT may help them regain lost sight – and ultimately help them reclaim their independence.

Developed in Germany, VRT is approved by the U.S. Food and Drug Administration to treat vision problems in people who have been left partially blind due to stroke or brain trauma. Customized treatment is created from comprehensive diagnostics that map the seeing and non-seeing areas of vision. Patients perform the therapy daily at home for six to seven months, gradually improving their vision through the repeated detection of light stimuli directed at the border between the seeing and blind areas of the visual field.

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Since we humans have the better brain, isn't it our responsibility to protect our fellow creatures from, oddly enough, ourselves?
- Joy Adamson

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(A Knock on the Head Continued from page 1)

she was still so confused she had to hang onto lampposts and buildings to keep from losing her way.

A slim, auburn-haired woman then in her mid-40s, Ms. Gleason kept teaching, but found that the bright lights and hectic office were overwhelming. She says she confided in a boss about her troubles and soon lost her job. After that, she made ends meet by returning to proofreading work, but she slowly withdrew socially.

She didn't pay bills on time. Her house was a mess. "Years and years went by, and I had lots of problems," she says. "I didn't know it was from the head injury. I just thought I had a clutter problem." By 1999, Ms. Gleason, who has a master's from Columbia University, was "so bad on the level of functioning as a college grad that I wanted to die." She had no idea why.

Then about two years ago, she got a strange letter from Mount Sinai: It asked if she was having trouble thinking or solving problems or if she became easily overwhelmed. It turned out Mount Sinai doctors were reaching out to people whose medical records showed a blow to the head. Ms. Gleason responded, and when researchers interviewed her, she began to sob, saying, "Life is just so hard."

For five days a week for six months, she worked through five hours of attention exercises, reading articles to explain the main idea, interpreting charts and graphs, taking classes on how to take apart a problem and reduce it to smaller steps, writing mock "advice columns" on how to handle life issues.

At first, she found the work so intense she needed a break every 15 minutes. By a week

later, she could concentrate a little longer. She completed the program in August 2006, eight years after the window struck her. Now she's studying to be a church-based counselor. "That program gave me my life back," she says.

A group for whom the research on undiagnosed head injuries could be especially relevant is the homeless. Assessments by Mount Sinai researchers of about 100 homeless men in New York found that 82% had suffered brain injury in childhood, primarily as a result of parental abuse.

An epidemiological study in 2000 was larger. Researchers went door-to-door in New Haven, Conn., interviewing 5,000 people, 7.2% of whom recalled a past blow to the head that was followed by unconsciousness or a period of confusion. In follow-up testing, the researchers found that those who reported such injuries had more than twice the rate of depression and of alcohol and drug abuse as others.

They also had sharply elevated rates of panic disorder, obsessive-compulsive disorder and suicide attempts, say the researchers, led by Jonathan Silver of New York University.

Such research began in the late 1980s with Mount Sinai's Dr. Gordon and Mary Hibbard, both Ph.D. psychologists specializing in rehabilitation and neuropsychology. In questioning patients referred to them, they were struck by how often they turned up a history of a brain injury that wasn't in the patients' medical records.

Using a questionnaire they devised, they tried to determine how many children in the city school system had head injuries that were followed by cognitive difficulties. At one school, 10% of students told of having once had a significant head injury. Later testing of these children frequently "was suggestive of impairments," Dr. Hibbard says.

Next, with a grant from the U.S. Department of Education, they set out to determine how many pupils enrolled in programs for children with learning disabilities had ever suffered a hard blow to the head. The results were startling: About 50% had.

"The accident can be three months ago, but by the time the symptoms happen, the accident is forgotten. Nobody puts it together," says Tamar Martin, a psychologist in the program. The team worked with about 400 children, finding that many children who'd had brain injuries were lost in regular learning-disabilities classrooms.

They have trouble with their memory from day to day, and teachers can assume they're not trying hard, Dr. Martin says. They need more breaks between topics. But their performance varies greatly from day to day, and a teacher can also erroneously perceive this fluctuation as lack of initiative.

Just giving such children more time often helps, she says, as do special prompts from teachers. For instance, Dr. Martin says, a teacher may say, "In a couple of minutes, I am going to ask you about problem No. 10," and give the child time to prepare before officially asking.

High Intellect

One 14-year-old girl had a high intellect, but after she was hit by a car, she suddenly couldn't do outlines or organize her time, her mother says in an interview. "Her processing was slower," adds Michelle Kornbleuth, another psychologist in the Mount Sinai program. "She was frustrated, and her scores came out in the average range."

With Dr. Kornbleuth's help, the girl was allowed to take exams privately in an office and could concentrate better. With such accommodations, she completed high school and went on to

(A Knock on the Head Continued on page 14)



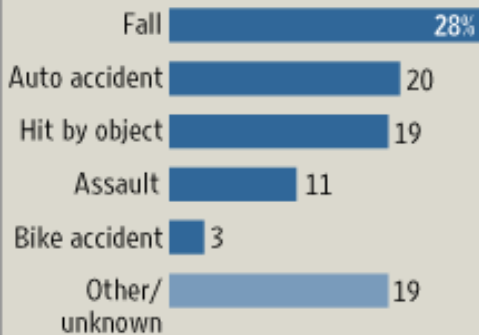
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For more information contact Sherry Stock, Executive Director, Brain Injury Association of Oregon at sherry@biaoregon.org 503-740-3155 or 800-544-5243

A Pervasive Problem

Causes of traumatic brain injuries



Groups at risk

- Children ages 0 to 4 and 15 to 19: greatest risk of brain injury
- Adults 75 and older: highest rates of hospitalization and death

Note: 'Hit by object' includes sports injuries

Source: Centers for Disease Control and Prevention

(A Knock on the Head Continued from page 13)

graduate from prestigious Smith College.

Kansas systematically tries to identify brain injuries among the "learning disabled." School social workers and teachers with special training across the state show other teachers how to recognize and work with the brain-injured, says Janet Tyler, director of a neurologic-disabilities project in the state education department.

"When you look at children with learning disabilities or behavior problems, there's often an underlying high percentage of children with traumatic brain injury. We're looking at about 20%," she says.

In Mulvane, Kan., Sandy Baca's son Timothy, who was hit by a car at age 2, struggled in school for years. Ms. Baca says that once teachers understood the difference between brain injury and other disabilities, "they found ways for him to be successful. If he couldn't do the work one day, they would lower expectations for the day." Ultimately, he finished high school.

The Mount Sinai team evaluates people via a battery of "neuropsych" tests lasting up to nine hours. They are shown pictures of objects, then asked minutes later what they saw. They see a complex geometric design with triangles, lines and circles and are asked to draw it from memory. They're shown a series of multiple random letters and asked to cross out, say, the

"c" and "e" every time they see one.

On a recent morning, a 44-year-old manager at a New York investment firm was working on attention training with a postdoctoral fellow. He had sustained several sports concussions as a younger man and then in recent years twice banged his head hard. Lately, he had been feeling confused. Commuting between New York City and Long Island, he boarded the wrong train three days in a row.

In the first of several exercises, the patient was asked to read a page of text while crossing out all words ending in "ing," and then to answer questions about what he'd read. The first time through, he caught only seven of 12 "ing" words. A second test asked him to choose a word that didn't belong in a group of five, while listening to other words and pressing a buzzer when he heard words with four letters.

About five years ago, the Mount Sinai team began looking at residents of New York centers for alcoholism and drug abuse. They evaluated

845 patients and determined that 54% had once suffered a hard blow to the head. Of course, some had injuries after they began drinking, so there is a certain chicken-and-egg problem with that number.

Link to Addiction

Steven Kipnis, medical director of a New York state agency for alcoholism and addiction, says his work with counselors convinces him that many of the patients became alcoholic or addicted in part because of a head injury, and knowing about it helps in treatment.

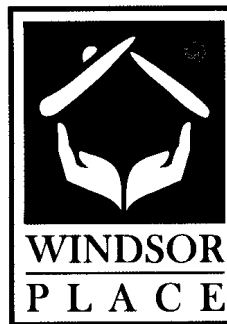
"Someone can get hit in the head with a softball and still be working. They tend to be in denial. They get mood swings, they yell at a spouse. It's a slow downward spiral, and that's when alcohol and drugs" become an option, he says.

The agency has a program specifically for the brain-injured at the R.E. Blaisdell Addiction Treatment Center in Orangeburg, N.Y. A counselor there, Steve Oswald, tells of

one patient who dropped out of a general alcoholism program three times before the program for the brain-injured began, and then successfully completed the program.

In 2006, Mount Sinai's Dr. Gordon began to work with Common Ground, a New York nonprofit that builds housing for the homeless. About 70% of 100 homeless people they tested came out in the 10th percentile or lower for memory, language or attention, says the group's director of psychiatric services, Jennifer Highley. Questioning uncovered that 82% had a significant blow to the head prior to becoming homeless, usually from severe parental abuse during childhood.

"People get abused as kids, making them inattentive in school and sometimes unable to learn," says Ms. Highley. She says head injury and the emotional fallout from abuse can lead to alcoholism and addiction, and "that combination creates the inability to function and often leads to homelessness."



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Bill Gates formed a company to sell a computerized traffic counting system to cities, which made \$20,000 its first year. Business dropped sharply when customers learned Gates was only 14 years old.

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Imagine What Your Gift Can Do.

The most important achievements often start where they are least expected. That's why BIAOR is the perfect place to give. It allows your money to go where it's needed most, when it's needed most. BIAOR provides information about brain injury, resources and services, awareness and prevention education, advocacy, support groups, and conferences and meetings throughout the state for professionals, survivors and family members. Your gift makes a difference at BIAOR.

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PO Box 549
Molalla OR 97038
 503-7403155
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How To Be An Advocate In Your Spare Time ...

Three activities you can do:

- (1) Contact your lawmakers and urge them to support the legislation listed below;
- (2) Make phone calls, attend town hall meetings, write letters to your local newspapers; and
- (3) Get others involved! Educate your family, co-workers and friends about brain injury and what needs to be done to help those with brain injury.

Believe it or not, doing these three things is fast, easy, and incredibly effective! After all, you as a constituent are your lawmakers' boss. They need to hear from you. You don't have to be an expert or a professional lobbyist. It won't take up much of your valuable time, and whatever time you do give will have a tremendous impact in our efforts to ensure access to quality healthcare. **And if you follow a few guidelines, you can become a truly effective brain injury advocate in less than five minutes!**

1. CONTACT YOUR LAWMAKERS WRITE A LETTER

Lawmakers often calculate that each letter they receive from one of their constituents represents a similar view of at least 100 constituents. That's why letters to lawmakers are so important. If you haven't communicated with an elected official before, the best way to get started is to utilize a time-tested, results-oriented method—letter writing! Personally written letters to lawmakers can achieve results, as your letters allow you to present your position without interruption. And it's your position that just might affect the way a lawmaker will vote on a specific bill. To make the most of your letter, be sure to:

- Keep Your Letter to One Topic · Keep Your Letter Short & To the Point
- Let Your Lawmaker Know How the Issue Affects You Personally
- Let Your Lawmaker Know You Live & Vote in the District

PLACE A PHONE CALL

When you need to get in touch with your lawmaker immediately and you don't have time to write and mail a letter, the best way to communicate your thoughts is by telephone. Your call will take less than 30 seconds and could change the way your lawmaker will vote

on an issue. Chances are you won't speak with the lawmaker, but your call is still very important, will carry weight, and can achieve results. Here are several tips to help maximize the effectiveness of your telephone call:

Even if you only have an hour or half an hour to spare each week, or want to remain anonymous, there are still many ways in which you can help improve life for all people with brain injury. Here are a few ideas to jump-start your imagination. Some might take a few hours a week - others might only take 5 minutes.

Educate one person, and you're an advocate.

A) Identify yourself as a constituent.

Lawmakers are most concerned and interested in the thoughts and opinions of people who live and vote in their state or district, who may vote for or against them in the next election. Being a constituent gives you power, so always be sure to identify yourself as a constituent.

B) Be brief & clear. Be brief and specific. State why you are calling, identify a bill, and ask that the legislator support the bill.

C) Be courteous and ask for a response.

Regardless of where your lawmaker stands on an issue, never threaten or use abusive language. If the lawmaker does not support your bill, let your lawmaker know you're disappointed. If the office does not know where the lawmaker stands on the bill, be sure to ask for a response once they have had a chance to review the legislation.

PERSONAL VISITS

By far the most effective way to articulate your views to your elected official and positively affect the outcome of legislation is to speak with your lawmaker face-to face. And while it may take longer than five minutes to schedule, sit down, and speak with your lawmaker, and perhaps it appears to be a little intimidating, the truth is, it's much easier than you may think and more than worth the effort! Here are some suggestions for meeting with your lawmakers:

A) Attend a Lawmaker's Town Meeting. Your local newspaper should list where and when

your lawmaker is hosting a town meeting. Ask a member of your family or friends to join you, be prepared to ask a simple and concise question, and attend! These meetings are generally quite informal and very small, so they are great places to get to know your lawmaker, and ask your question in an open and public forum.

B) Schedule an Appointment with the Lawmaker's Office. Scheduling a formal face-to-face meeting is by far the most effective way to communicate with your lawmaker. It's not as difficult as you may think; in fact it's easy! Remember, you, as a constituent, hold the key to your elected official's future. Constituents determine who gets elected. So as a constituent, your thoughts and positions are important to your lawmaker. Your lawmaker wants to hear from you. Your lawmaker needs to meet with you. Most meetings do not exceed 10 minutes, and you do not need to be an expert on an issue or a professional lobbyist to make it a successful meeting. All you have to do is believe in the reason you are there. Lawmakers will do their best to put you at ease and make you feel comfortable.

Remember, the lawmaker works for you, and keep focused on why you are there.

To schedule an appointment, call your lawmaker's office, ask for the "scheduler" and set a meeting.

When meeting with a lawmaker or staffer, be sure to discuss how the legislation will directly affect you. Personal stories carry weight and truly achieve results. Always be polite, and follow-up your visit with a personal letter thanking the lawmaker or staffer for their time.

2. MONITOR THE MEDIA

Keep BIAOR Issues Alive in Your Local Newspapers, TV & Radio Stations and Magazines.

You can help maximize the potential of this resource by writing letters to the editor and participating in radio call-in programs. As a newspaper or magazine subscriber, or a member of the listening audience, your letters and phone calls carry weight and achieve results. Here are some tips to following in monitoring and utilizing your local media:

(Advocacy Continued on page 17)

(Advocacy Continued from page 16)

LETTERS TO THE EDITOR. Letters to the Editor provide you with an opportunity to comment on articles, editorials, and advertisements appearing in local newspapers or on the radio. Studies show that people read the "Letters to the Editor" section more than they read the editorials by journalists. Even more importantly, Letters to the Editor are widely read by lawmakers and community leaders to gauge public sentiment about current issues in the news.

- A) **Know the Rules.** Check the paper's guidelines for writing letters, which should be clearly stated on the editorial page of your newspaper. Be sure to include your name, address, and telephone number, as papers do not print anonymous letters, and often times will call to verify authorship. Always address your letters to "The Letters Editor" or "Dear Editor."
- B) **Be Specific.** Letters should never exceed one page (preferably less than 125 words) Be sure to state the purpose of your letter in the first paragraph.
- C) **Keep it Current.** Respond promptly to recently printed stories or editorials.

RADIO TALK SHOWS

Participating in the radio talk shows in your area is a great way to get your message across to

thousands of listeners—free! Call your local television and radio stations to see if they have any open forums. If they do, dial-up during the show and make short, concise statements about a current issue - what the issue is, why it's important, what it will do for the community. If there is a bill making its way through the legislative process, the host may keep the topic on the air for several minutes, or even dedicate an entire program to the debate. Even better, contact the producer of the call-in show and urge the producer to cover a specific issue on an upcoming show. Provide the producer with the telephone number of the BIAOR to secure a participant for the program. Once the program is scheduled, be sure to tell your family and friends and encourage them to listen in and actively participate!

3. GET OTHERS INVOLVED

Make sure your family, friends, and co-workers are aware of legislation affecting people with brain injury and encourage them to get involved. The more people involved in our efforts, the better our chances of creating a future we can all live with. Start a phone tree to alert friends and co-workers quickly when a bill is up for a vote, or in danger of being ignored. Let them know the outcome of that vote, and how your specific lawmaker voted on the measure.

Highland Heights
503-618-0089
Medically Fragile

Shaun's Place
503-674-6790
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Serving the Community for 20+ Plus Years
Specializing in Traumatic Brain Injury And Acquired Brain Injury

19715 NE Hassalo Ct. • Portland, OR 97230

Karen Campbell *Owner/Operator*

971-227-4350 Cell

So there you have it, the tips for becoming an effective BIAOR Advocate in less than 5 minutes. Simple, time-tested methods of how you can make a tremendous impact on the legislative process.

For more information, please contact the BIAOR via e-mail at biaor@biaoregon.org.

What Are The Issues ...

BIAOR will be sponsoring six pieces of legislation in the 2009 session. We will need your help to get these passed. Our six pieces of legislation will be:

- 1 – A bill asking for an optional \$5 on every moving traffic violation. This bill was passed in Washington State in 2007. The funds will go to DHS for brain injury support services.
- 2 – A bill requiring all medical insurance in the state of Oregon to cover cognitive rehabilitation. This bill was passed in Texas in 2007.
- 3 – A TBI/ABI Community based Waiver. Currently 23 states offer this waiver in some form. This waiver would allow persons with ABI between ages 21-65 who meet the nursing facility level of care to remain living at home and in the community (community based residential homes). Services offered under this waiver might include: personal care, case management, respite care, environmental modifications, specialized medical equipment and supplies, and community residential services.
- 4 – A TBI Registry. A registry is a method of systematic and ongoing data collection that is population-based (includes all cases of TBI in a defined population, e.g., a State), includes personal identifying and contact information for each case, and may be used for follow-up of TBI cases over time and/or linking TBI cases to services.
- 5 - One Stop Toll Free number and support services for TBI. The bill would cover Neuro-Resource facilitation that would promote TBI awareness and education, help link survivors and families with information and services, and promote coordination of services. Neuro-Resource services would provide ongoing support for individuals with brain injury in coping with the issues of living with a brain injury and in assisting such individuals in transitioning back to employment and living in the community. The resource facilitator is intended to provide a linkage to existing state services and increase the capacity of the state's providers of services to persons with brain injury by doing all of the following:
 - Providing brain injury specific information, support, and resources.
 - Enhancing the usage of support commonly available to an individual with brain injury from the community, family, and personal contacts and linking such individuals to appropriate services and community resources.
 - Training service providers to provide appropriate brain injury services.
 - Accessing, securing, and maximizing the private and public funding available to support an individual with a brain injury.
- 6 - A bill requiring all coaches at the elementary, middle and high school levels to have concussion identification training, all helmets used to have bar codes for tracking the number of repairs and type of repair, and helmets to be decommissioned after ten years of use. (See page 5 for online PBS program on concussions.)



1st Annual Brain Injury Camping and Rafting Trip By Lorita Cushman



By 3:00 p.m. we were set up and ready for check in at our first annual Camping, Rafting, Hiking Trip—though with brain injuries it doesn't always mean we're there on time, or that we will even get there at all. I arrived at 3:00, instead of my intended 1:00. Thanks to Mary Ann Blaschka, Glenn and Rose May for arriving earlier and setting up. By 6:00 most participants had arrived. Some people never got around to registering, some had to cancel shortly beforehand and others were ready to leave only to cancel due to last minute changes of plans. We hope they will join us next year.

Twenty-four people showed up. Within that number we had eleven rafters, fourteen hikers and fifteen campers. Not the numbers we'd expected, though I believe God knew a smaller group would be best for our first year. Around 6:00, a mobile BBQ pit pulled into one of our sites. Dave Mortimer, owner of the 4X6 foot creation, had volunteered to cook Friday and Saturday nights. This meant NO COOKING required for any of us campers. Bruce McLean, Brain Injury Association of Oregon board member, and his wife, joined us that first night for barbecued hamburgers, hot dogs, Kim's Chinese chicken salad, pasta salads, Maureen's baked beans and chips. For dessert we enjoyed a huge chocolate cake and everyone sang "Happy Birthday" to Jenny Way.

Team games were scheduled for mid-evening. However, some games sat on my living room floor, while others were in Portland with Loni and Larry Elzinga, who'd had to cancel at the last minute. Frankie Lee saved the day with Apples to Apples, a hilarious game and easy for everyone to catch on to. I started out with a heavy lead, but soon most everyone blew past me. My husband Mick went on to win the game. Those who didn't participate in the game sat around the campfire enjoying the night and conversation. When it came time for smores, we passed—everyone remained stuffed from dinner and cake.

I woke around 6:00 a.m. Saturday

morning, surprised to see Sandy Doss and her husband Russ sitting in their car. They'd volunteered to fix breakfast, but through miscommunication about the schedule, thought we were to be on the river by 8:00, so they were on the spot early, ready to go. Next year I'll try to confirm things in writing to avoid confusion. Sandy and Russ fixed bacon, scrambled eggs and pancakes, along with Sandy's homemade cinnamon rolls.

We arrived at Rogue Wilderness Adventure's Rafting at 10:00, were fitted for life jackets, then put in the bus and shuttled to Hog's Creek Landing. We had an eight-man raft and three Tahitis. The difference between the two is that a raft sits higher in the water and is more stable, less likely to tip. The Tahiti, however, is easier to maneuver, gives you more of a ride, gets you

wetter and presents the challenge of trying not to tip. I myself am a Tahiti girl, and used to tell my older brother, adamant about his raft, that if I rode with him I'd have to bring along my crocheting. Jenny and her father Ed Way, Lisa Lee and her daughter Frankie, Rose and her husband, along with Mechelle Greenwood, all rode in the raft. Russ and Tom Boyd manned individual Tahitis, while I rode in the other one with my husband. I hated no



Lorita and Mick Cushman



Back-left to right- Mary Ann Blaschka, Mechelle, Frankie Lee, Lisa, Lorita Cushman, Glenn May
Front-left to right- Joe, Tom Boyd, Jenny Way, Rose May, Sam, Gloria, Mick Cushman, Russ, Ed Way

longer being able to navigate my own Tahiti, but was grateful to be on the river. We shoved off through Hell's Gate into Hell's Canyon, where scenes from movies such as *Butch Cassidy and the Sundance Kid*, *The River Wild*, and *Rooster Cogburn* were filmed. The eight-mile, four-hour trip consisted of Class 1 and 2 rapids, along with one Class 3. We enjoyed breathtaking scenery, as well as ducks, geese, blue herons and sunbathing turtles.

Midway, we stopped for sack lunches. We'd gotten separated during this first leg and talked about the importance of staying together for safety reasons. Right after setting back in the river, our lone wolf Russ took off again. The rest of us arrived together and safely at the end of the ride and found a completely drenched Russ. He'd spilled on the last rapid, been helped by strangers and was only bruised. He said we'd not have wanted to see it. His brother-in-law said otherwise.

While we rafted, the others stayed back at camp to enjoy time reading, resting and exploring.

To Be Continued...One mile hike

The Camping and Rafting trip was made possible through the generous donations from the following sponsors:

- | | |
|----------------------------------|----------------------|
| Southern Oregon Subaru | Coca Cola |
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| Declaw Archery Supplies | Maureen Calsing |
| Alan Gray | Mary Calsing |
| Laura Imperia | Earlene & Carl Burk |
| Glenn May | Candy Miller |
| SOFCU | Linda Crawford |



United Way Campaign

As a 501(c)3 tax-exempt organization, the Brain Injury Association of Oregon is eligible to receive United Way funds. When donating to United Way, you can specify that all or part of the donation be directed to the Brain Injury Association of Oregon .

On the donor form, check the "Specific Requests" box and include the sentence, "Send my gift to Brain Injury Association of Oregon, 2145 NW Overton St, Portland OR 97210, Tax ID # 93-0900797"

If your employer has a policy of matching United Way donations, you can take advantage of that. BIAOR Tax ID #: 93-0900797

Use Giveline - a Way to Support Brain Injury Association of Oregon!

Giveline.com is an online store created for the community-minded shopper, offering more than a million bestselling products including books, movies, music, electronics, housewares, gifts and more. Every purchase generates a substantial donation to Brain Injury Association of Oregon – an amazing average of 16% of store sales, sometimes as high as 33%. Giveline has great products, great service, and great prices – the only difference between Giveline and other major online retailers is that every purchase earns money for our organization. Check it out today, and if you decide to buy, remember that Brain Injury Association of Oregon will earn significant funds in support of our mission!

If you, or someone you know needs help-contact:

People Helping People

Sharon Bareis

Phone: (503) 703-9051

Email: peoplehelpingpeople@comcast.net

Website: www.phpnw.org

Returning Veterans Resource Project NW

Returning Veterans Resource Project NW is a nonprofit organization comprised of politically unaffiliated and independent health care practitioners who offer free and confidential services to veterans and their families of past and current Iraq and Afghanistan campaigns. Our volunteers include mental health professionals, acupuncturists and other allied health care providers. We believe it is our collective responsibility to offer education, support, and healing for the short and long-term repercussions of military combat on veterans and their families.

For more information contact:
Carol Levine, President/Returning Veterans
www.returningveterans.com
503-223-9256; email: cld47@teleport.com

Resources

The Oregon TBI Team

The Oregon TBI Team is a multidisciplinary group of professionals and parents trained in pediatric brain injury. They provide support, in-service and consultation to educators of students with brain injury. TBI Team members are available to work with school teams and families to assist in locating resources and information about specific concerns such as: consultation and presentations on topics such as re-entry to school following a brain injury, support in schools, special education process, problem solving for academic and social difficulties and the creation of transition plans. For more information please go to the website at www.tr.wou.edu/tbi/TEAM, email tbiteam@wou.edu, or phone 541-346-0573

Affordable Naturopathic Clinic in Southeast Portland

An affordable, natural medicine clinic is held the second Saturday of each month. Dr. Cristina Cooke, a naturopathic physician, will offer a sliding-scale.

Naturopaths see people with a range of health concerns including allergies, diabetes, fatigue, high blood-pressure, and issues from past physical or emotional injuries.

The clinic is located at: The Southeast Community Church of the Nazarene
5535 SE Rhone, Portland.

For more information of to make an appointment, please call:
Dr. Cooke, 503-984-5652

Brain Injury Partners: Navigating the School System

“Brain Injury Partners: Navigating the School System,” an interactive, multi-media intervention, is now available on-line free of charge. The easy-to-use website is designed to give parents of school-aged children with a brain injury the skills they need to become successful advocates.

This program was evaluated in a clinical trial with 174 parents of school-aged children with brain injury. Results showed that family members found the skills and materials in the program very helpful in making meetings at school more successful.

“Brain Injury Partners: Navigating the School System” allows parents to:

- Learn advocacy skills in an engaging, self-paced format to learn ways to communicate

better with school staff in order to get what is needed for their child. The 5-lesson tutorial on advocacy skills comes complete with realistic video examples.

- Apply easy-to-use, practical tools to help organize records, prepare for meetings, set goals, and keep track of progress.
- Explore resources and information on Individualized Educational Plans (IEP)/504 plans, post-school transition, and legal support.
- Develop strategies to prevent burnout, better cope with guilt and grief, and understand the unique challenges faced by families.

The free training can be accessed at: [<http://free.braininjurypartners.com/>](http://free.braininjurypartners.com/).

FREE

Brain Games to Sharpen Your Memory and Mind

<http://www.realage.com/HealthyYOUcenter/Games/intro.aspx?gamenum=82>

<http://brainist.com/>

Head Injuries in Seniors

Have you had an insurance claim for cognitive therapy denied?

If so call:

Julia Greenfield
Staff Attorney
Oregon Disability Rights
620 SW Fifth Avenue, Suite 500
Portland, OR 97204
Phone: (503) 243-2081 Fax: (503) 243 1738
jgreenfield@oradvocacy.org

Traumatic brain injuries suffered in falls accounted for nearly 8,000 deaths and 56,000 hospitalizations of Americans 65 and older in 2005 — numbers that will continue to grow with an aging population and without preventive action by caregivers, the U.S. Centers for Disease Control and Prevention says in a new report.

"Most people think older adults may only break their hip when they fall, but our research shows that traumatic brain injuries can also be a serious consequence," Ileana Arias, MD, director of the National Center for Injury Prevention and Control, says of the study published in the *Journal of Safety*.

Men were more likely than women to die from a fall resulting in traumatic brain injury. Hospitalization rates, however, were roughly equal, and both deaths and hospitalizations generally increase with age. To stem the strain of such injuries on health care — hospitalizations run two to six days with a median cost of \$19,191 for men and \$16,006 for women — the CDC announced an initiative with 26 organizations to help prevent, recognize and respond to traumatic brain injuries. Materials in English and Spanish are at www.cdc.gov/BrainInjuryInSeniors.

ARE YOU A MEMBER?

The Brain Injury Association of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help. Your membership is vitally important when we are talking to our legislators. For further information, please call 1-800-544-5243 or email biaor@biaoregon.org.

Brain Injury Association of Oregon

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Type of Membership

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In memory of: _____

Member is:

- Individual with brain injury Family Member
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Expiration date: _____
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Signature Approval: _____
Date: _____

Please mail to:

BIAOR Membership
PO Box 549
Molalla, OR 97038

800-544-5243 Fax: 503- 961-8730

www.biaoregon.org • biaor@biaoregon.org

Oregon Brain Injury Support Groups

Bend

CENTRAL OREGON SUPPORT GROUP

2nd Saturday 10:30am to 12:00 noon
St. Charles Medical Center
2500 NE Neff Rd, Bend 97701
Rehab Conference Room, Lower Level
Joyce & Dave Accornero, 541 382 9451
Accornero@bendbroadband.com

Brookings

BRAIN INJURY GROUP (BIG)

To be announced
1-877-469-8844, 541-469-8887

Cottage Grove

BIG II (Brain Injury Group II)

Thursdays 11 a.m. to 12:30 p.m.
Jefferson Park Recreation Room
325 S. Fifth St, Cottage Grove
For directions and information,
Anna, 541-767-0845.

Corvallis

STROKE & BRAIN INJURY SUPPORT GROUP

1st Tuesday 1:30 to 3:00 pm
Church of the Good Samaritan Lng
333 NW 35th Street, Corvallis, OR 97330
Call for Specifics: Amy Nistico, (541) 768-5157
aeasterl@samhealth.org

Coos Bay

Traumatic Brain Injury (TBI) Support Group
2nd Saturday August 9th 3:00pm – 5:00pm
Kaffe 101, 171 South Broadway
Coos Bay, Oregon 97420
tbicbsupport@gmail.com

Eugene (2)

COMMUNITY

REHABILITATION SERVICE OF OREGON

3rd Tuesday 7:00 to 8:30 pm
Central Presbyterian Church
15th & Patterson, Eugene, OR. 97401
Call for Information
Jan Johnson, (541) 342-1980
comrehabjan@aol.com

BIG (BRAIN INJURY GROUP)

Tuesdays 11:00am-1pm
Hilyard Community Center
2580 Hilyard Avenue, Eugene, OR. 97401
Curtis Brown, (541) 998-3951
BCCBrown@aol.com

Hillsboro

HOMEWARD BOUND SUPPORT GROUP

1st Monday 7-8 starting in August
Tuality Community Hospital
335 South East 8th Street
Hillsboro, OR 97123
Carol Altman, (503)640-0818

Klamath Falls

BRAIN INJURY SUPPORT GROUP

2nd and 4th Tuesday 1:00pm to 2:30pm
Lower Level
Klamath County Courthouse
316 Main St
Klamath Falls, OR 97601
Cheryl Broyles, 541-273-0334
biota@charter.net

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON

1st Thursday 6:30 pm
Lebanon Community Hospital
525 North Santiam Hwy, Lebanon, OR 97355
Conf Rm #6
Lisa Stoffey 541-752-0816
lstoffey@aol.com

Medford (2)

TURNING POINT

3rd Tuesday 4:00pm-5:00pm
11 W. Jackson St, Medford, 97501
Pam Ogden, (541) 776-3427
Pamela.Ogden@sogoodwill.org

SOUTHERN OREGON BRAINSTORMERS SUPPORT AND SOCIAL CLUB

1st Tuesday of every month, 3:30 – 5:30 PM
Providence Medical Center
Birthplace Conf Rm (Main Entrance, turn left),
1111 Crater Lake Avenue, Medford
Lorita Cushman-541-772-6528
LORITAMICKCUSH@aol.com

Molalla

BRAIN INJURY SUPPORT GROUP OF MOLALLA

4th Monday 6:30-7:30 pm
Son'light Vital Foods, Inc.
123 Robbins St., Molalla, OR 97038
Raeleah Brensen, 503.829.9456
Skeeter@molalla.net

Newport

BRAIN INJURY SUPPORT GROUP OF NEWPORT

2nd Saturday 2-4 pm
4909 S Coast Hwy Suite 340
South Beach, Oregon 97366
(541) 867-4335 or progop541@yahoo.com
www.progressive-options.org

Oregon City

1st & 3rd Friday 1-3 pm (Starts again in Sept)
Clackamas Community College McLoughlin Hall
Rm #M226 (2nd floor)
Sonja Bolon, MA 503-816-1053
Brain4you2@gmail.com

Pendleton

Inactive at this time.
For more information contact:
Joyce McFarland-Orr (541) 278-1194
jmcfarland@Oregontrail.net

Portland (12)

BRAINSTORMERS I

2nd Saturday 10:00 - 11:30am
Women's self-help group
Wilcox Building Conference Room A
2211 NW Marshall St., Portland 97210
Next to Good Samaritan Hospital
Northwest Portland
Jane Starbird, Ph.D., (503) 493-1221
drstarbird@aol.com

BIRC Alumni Support Group

Last Tuesday of every odd month
1815 SW Marlow, Ste 110, Portland, 97225
Contact Doug Peterson for additional information
503-292-0765 or doug@progrehab.com

BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon
Survivor self-help group
Emanuel Hospital, M.O.B.-West
2801 N Gantenbein, Portland, 97227
Northeast Portland
Steve Wright (503) 413-7707
biaor@biaoregon.org

CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm
Independent Living Resources
2410 SE 11th, Portland, OR 97214
Christopher Eason, 503-232-7411
christopher@ilr.org

FAMILY SUPPORT GROUP

3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with PARENTS OF
CHILDREN WITH BRAIN INJURY
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Joyce Kerley (503) 413-7707
joycek1145@aol.com

FARADAY CLUB

Must be pre-registered -
1st Saturday 1:00-2:30pm
Peer self-help group for professionals
with brain injury
Emanuel Hospital, Rm. 1035
2801 N Gantenbein, Portland, 97227
Arvid Lonseth, (503) 680-2251 (pager)
alonseth@pacifier.com

HELP

(Help Each Other Live Positively)
4th Saturday - 1:00-3:00 pm
TBI Survivor self-help group (Odd months)
TBI Family & Spouse (Even Months)
Cognitive Enhancement Center
15705 S.E. Powell Blvd. Portland Or.
Brad Loftis, (503) 760-0425
bcmuse2002@yahoo.com
Please contact at least two days in advance

New Group

PARENTS OF CHILDREN WITH BRAIN INJURY
 This group will meet once a month, and is a self-help support group. Currently combined with **FAMILY SUPPORT GROUP**

TBI SOCIAL CLUB

Location varies, call for times & locations
 Meets twice a month - days and times vary call for information
 Sandra Ward, (503) 735-4857
 slwsundance@qwest.net

Toastmasters Club for People with Brain Injury
 Every Wednesday 6:00-7:00 pm
 Open to all including family members
 2145 NW Overton St, Portland OR 97210
 Caleb Burns, (503) 913-4517

Roseburg
UMPQUA VALLEY DISABILITIES NETWORK
 2nd Monday 12 noon - 1pm
 419 NE Winchester, Roseburg, OR 97470
 Tim Rogers, (541) 672-6336 x202
 timrogers@udvn.org

Salem (3)
SALEM BRAIN INJURY SUPPORT GROUP
 4th Thursday 6pm-8pm
 Salem Rehabilitation Center
 2561 Center Street, Salem OR 97301
 Traci Wilson, (503) 561-1974
 TRACI.WILSON@salemhospital.org

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP
 2nd Friday 1 pm -3pm
 Salem Rehabilitation Center
 2561 Center Street, Salem OR 97301
 Scott Werdebaugh 503-838-6868
 Ruby McElroy 503-390-3372

SALEM SOCIAL CLUB
 Temporarily inactive
 Windsor Place
 3005 Windsor Ave. NE, Salem, OR 97301
 Sharon Slaughter, (503) 581-0393
 sharonslaughter@qwest.net

Spring 2008 Sudoku Answers

8	7	3	4	2	5	9	6	1
4	9	5	6	1	3	2	7	8
1	2	6	8	9	7	5	4	3
6	4	2	3	7	9	1	8	5
9	5	1	2	4	8	7	3	6
7	3	8	1	5	6	4	9	2
5	6	4	7	8	1	3	2	9
2	8	9	5	3	4	6	1	7
3	1	7	9	6	2	8	5	4

Vancouver Washington
VANCOUVER TBI SUPPORT
 2nd and 4th Thursdays 2-3 pm
 disAbility Resources of SW Washington
 2700 NE Andresen, Suite D5
 Contact: Charlie Gourde charlie@darsw.com
 10-4 Monday – Friday 360-694-6790 ext. 103

Idaho and Surrounding TBI Support Groups
Quad Cities
 2nd Saturday
 Tri State Memorial Hosp.
 1221 Highland Ave.,
 Clarkston, WA 99403
 Deby Smith 509-758-9661
 biaqcdeby@earthlink.net

Spokane
 2nd Wednesday
 St. Luke's Rehab Institute
 711 S. Cowley, Room 200
 Spokane, WA 99403
 Gloria Malmoe justformejustice@msn.com,
 Ashley Richard vjwcamis@earthlink.net
 509-340-0786

Treasure Valley BI Support Group
 4th Thursday 7-9 pm
 Idaho Elks Rehab. Hosp. 4th Floor, Sawtooth Rms.
 600 North Robbins Road Boise, ID 83702
 Kathy Smith, 208-367-8962
 kathsmi@sarmc.org

Southeastern Idaho TBI support group
 2nd Wednesday 12:30 p.m.
 LIFE, Inc., 640 Pershing Ste. A
 Pocatello, ID 83201
 Tracy Martin 208-232-2747
 tracyfm@velocity.net

Twin Falls
 3rd Tuesday of each month 6:30-8 p.m.
 St. Lukes Idaho Elks Rehab.
 560 Shoup Avenue West, Twin Falls
 Keran Juker KeranJ@mvrnc.org

Aristotle taught that the brain exists merely to cool the blood and is not involved in the process of thinking. This is true only of certain persons.

—Will Cuppy

Summer Sudoku

The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3x3 box must contain the digits 1 through 9 exactly once. (Answer will be in next issue)

	7			2		9	6	
	9			1	3		7	
	2	6	8			5		
6	4			7				
9	5		2		8		3	6
				5			9	2
		4			1	3	2	
	8		5	3			1	
	1	7		6			5	

If you are receiving unwanted or multiple newsletters or have errors in your name or address, please contact BIAOR 1-800-544-5243 or biaor@biaoregon.org. Thank you.



The Brain Injury Association of Oregon
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Website: www.biaoregon.org

Oregon Brain Injury Resource Network (OBIRN)
Toll free: (800) 544-5243
Email: tbi@wou.edu
Website: www.tr.wou.edu/tbi

BIAOR Open
biaoropen-subscribe@yahoogroups.com
BIAOR Advocacy Network
BIAORAdvocacy-subscribe@yahoogroups.com

Vehicle Donations



Vehicle Donation Program

Through a partnership with VDAC (Vehicle Donations to Any Charity), The Brain Injury Association of Oregon, BIAOR, is now a part of a vehicle donation system. BIAOR can accept vehicles from anywhere in the country. VDAC will handle the towing, issue a charitable receipt to you, auction the vehicle, handle the transfer of title, etc. Donations can be accepted online, or call 1-866-332-1778. The online web site is <http://www.v-dac.com/org/?id=930900797>

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