



the

HEADLINER

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The Newsletter of the Brain Injury Association of Oregon

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Brain Injury and the Returning Troops

So what is happening now? Congress has authorized a record \$450 million for brain-injury treatment and research in the Iraq spending bill being negotiated by Congress and the White House.

"The military was blindsided by the number of blast injury victims in Iraq and Afghanistan, and it is clear that the proper resources were never in place to care for them," says Rep. Bill Pascrell Jr., D-N.J., co-chairman and founder of the 112-member Congressional Brain Injury Task Force. Oregon Congresswoman Darlene Hooley is a member of the Task Force.

TBIs are not being detected. Some injured troops have explained their symptoms to Army neurologists in Germany—only to be told that memory loss was simply a matter of age. Many TBIs are identified after discharge by friends and family members. For some, once discovered, they may be sent to Palo Alto in California, where doctors can diagnose them as having traumatic brain injury. Dr. Harriett Zeinner from Palo Alto will be the Keynote Speaker at the Annual Conference in October.

An alarming number of soldiers from both Iraq and Afghanistan, who would have died from explosions in the past, survive thanks to body armor, only to emerge with a TBI.

A Fact: The brain is not as well protected as the rest of the body in body armor.

Clinical psychologist Dr. Dan Storzback is seeing more and more veterans with brain injuries at the Portland VA Hospital. Dr. Storzback says, "A compression wave goes through the head and the brain is moved within the head itself to a certain extent. It's essentially what's referred to commonly as concussion. And that causes chemical changes and other psychological changes that might cause the brain to not work quite as well as it should."

Dr. Storzback says anyone knocked out by an explosion is at risk for traumatic brain injury. One need not be knocked unconscious to suffer a significant brain injury.

Some doctors worry that with totals of hundreds of thousands of soldiers returning with a TBI, their injury will go undiagnosed. Currently over 2 million have served in Iraq and Afghanistan, and with a 30% TBI rate among the injured, this could mean 600,000 or more will be returning with a brain injury.

These veterans and others with moderate to severe brain injury will have problems finding a job or may not be able to hold a job, even one that was familiar to them before their deployment. Even a mild brain injury can leave a person unable to perform certain job functions, and that may be sufficient deficit to ruin their efficacy.

The VA may classify someone with a brain injury as 100% disabled, but the Department of Defense will give them zero-percent medical disability for their brain injury. They need a 30-percent or more disability to be eligible for retirement pay and better insurance for their family. A TBI can only be rated as high as a 10% disability according to the Dept of Veteran Affairs-Portland.

Department of Defense data show that the vast majority—nearly 93 percent—of disabled troops are receiving low ratings, and more have been graded similarly in recent years. What's more, ground troops, who suffer the most combat injuries from the ubiquitous roadside bombs, have received the lowest ratings.

At first glance, the disability ratings process seems straightforward. Each branch of service has its own Physical Evaluation Boards (PEBs) which can comprise military officers, medical professionals, and

(Military Continued on page 5)

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Brain Injury Association of Oregon

2145 NW Overton Street
 Portland, Oregon 97210

Executive Director: Sherry Stock

503-413-7707 • Fax: 503-413-6849
 Toll Free in Oregon 1-800-544-5243
 Website: www.biaoregon.org
 Email: biaor@biaoregon.org

Headliner DEADLINES

<u>Issue</u>	<u>Deadline</u>	<u>Publication</u>
Spring	April 15	May 1
Summer	July 15	August 1
Fall	October 15	November 1
Winter	January 15	February 1

Editor: Sherry Stock, 503-413-7707
 Email: biaor@biaoregon.org

Advertising in Headliner

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D: Full Page	\$600	\$2,000

Policy

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

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PI-Personal Injury, WC-Workers Compensation, SSI/SSD-Social Security Claims

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 541-484-9292, PI

† Derek Johnson, Johnson, Clifton, Larson & Schaller, P.C., Eugene 541 484-2434

David Jensen, Jensen, Elmore & Stupasky, PC, Eugene, 541-342-1141, Sisters, 541-549-1617

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Mark R. Bocci, Lake Oswego, 503-607-0222

Todd Bradley, Gaylord Eyeran Bradley, PC, Portland 503-222-3526

Kathleen Carr-Gatti, Portland 503 248-1144

Thomas Carter, Portland 503-228-4317

Tom D'Amore, D'Amore & Associates, Portland 503-222-6333

‡ Dr. Aaron DeShaw, Esq., PC, DeShaw & Hathaway, Portland, 503-227-1233

€ Lori Deveny, Portland, 503-225-0440

Gerald Doble, Doble & Associates PC, Portland 503 226-2300 x205

Wm. Keith Dozier, Portland 503-228-7385

R. Brendan Dummigan, Portland 503-223-7770

Linda Eyeran, Gaylord Eyeran Bradley, PC, Portland 503-222-3526

Peggy Foraker, Gresham 503-669-3406

Bill Gaylord, Gaylord Eyeran Bradley, PC, Portland 503-222-3526

Peter Hansen, Portland 503-228-6040

James R. Jennings, PC, Gresham 503-669-3406

Laura Kalur, Nichols & Associates, Portland 503-224-3018

Rick Klingbeil, Klingbeil Law, Portland 503-473-8565

† David Kracke, Nichols & Associates, Portland 503-224-3018, PI

Sharon Maynard, Bennett, Hartman, Morris & Kaplan, Portland 503-227-4600, SSI/SSD

Jeffrey Mutnick, Landye, Bennett Blumstein, Portland 503 224-4100

Robert Neuberger, Portland 503-228-1221

† Craig Allen Nichols, Nichols & Associates, Portland 503-224-3018

Stephen Piucci, Piucci & Dozier, Portland 503-228-7385

Redman Law Firm, Portland, 503-659-5335

Richard Rogers, Portland 503-221-0561

Richard A. Sly, Portland 503-224-0436

Steve Smucker, Portland 503-224-5077

Judy Snyder, Portland 503-228-5027

Larry Sokol, Sokol & Anuta, PC, Portland 503-228-6469

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Lawrence Wobbrock, Portland 503-228-6600

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Adams, Day & Hill, Salem, 503 399-2667, PI

Chris Lillegard, Dallas 503-623-6676

Southern Oregon area

Samuel Hornreich, Nilsen, Johnson & McKinney, Roseburg 541 673-4451

Shane Reed, Jacksonville 541-899-1085

Nevada

Tim Titolo, Titolo Law Office, Las Vegas, NV, 702-869-5100, PI

Washington

Baumgartner, Nelson & Price, Vancouver 360 694-4344

Donald Jacobs, NW Injury Law Center, Vancouver 360-695-7624

Chiropractic

Robert Pfeiffer, DC, DABCO, Pendleton 541-276-2550

Cognitive Rehabilitation Centers

† Progressive Rehabilitation Associates—BIRC, Portland, 503-292-0765

Dentists

Beverly Cutler, Portland, 503-341-9678

Dr. Nicklis C. Simpson, Adult Dental Care LLC, Gleneden Beach 541-764-3113

Dan Thompson, DMD, Lake Oswego 503-675-6776

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EMT

Brad Cohen, EMT, Owner, Cottage Grove Chevrolet, Inc., Cottage Grove 541-942-4415

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Dr. Theodore J. Becker, Physical Capacity Evaluations, PhD in Human Performance, Certified Disability Analyst, EPI Rehab Everett, WA 425-353-9300

Janet Mott, PhD, CRC, CCM, CLCP, Life Care Planner, Loss of Earning Capacity Evaluator, 425-778-3707

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Ann Swader Angvick, Uhlhorn Program, Eugene, 541 345-4244

Margaret Horn, Avamere Health Services, Wilsonville, 503-341-7562

Robert Jacobson, Umpqua Homes, Roseberg, Jim Lewis, Sandy, 503-826-0811

Joana Olaru, Alpine House, Beaverton, 503-646-9068

† Ridgeview Assisted Living Facility, Jolene Hermant, Medford, 541-779-2208

† Sharon Slaughter, Windsor Place, Inc., Salem, 503-581-0393

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Priscilla Atkin, Providence Medford Medical Center, Medford, 541.732.5676

Rebecca Bellerive, Rebecca Bellerive, RN, Inc, Portland 503-224-6001

Wayne Eklund, Wayne Eklund RN CNLCP Salem 888-300-5206

Dana Penilton, RN, BSN, CCM, CLCP, Dana Penilton Consulting, Inc., Portland, 503-246-6232

Bonnie Robb, Bonnie Robb Consulting, Lake Oswego, 503-684-8831

Thomas Weiford, Weiford Case Management & Consultation, Voc Rehab Planning, Portland 503-245-5494

Long Term TBI Rehab

Brad Loftis, Cognitive Enhancement Center, Portland, 503-760-0425

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Marie Eckert, RN/CRRN, Legacy HealthCare, Portland, 503-413-7916

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Karen Schade, Trauma-Legacy Emanuel Hospital, Portland 503-413-1679

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Bryan Andresen, Rehabilitation Medicine Associates of Eugene-Springfield, 541-683-4242

Jeffrey Brown, MD, Neurology, Portland 503-282-0943

Janice Cockrell MD, Pediatric Development & Rehabilitation-Emanuel Children's Hospital, Portland 503-413-4505

Danielle L. Erb, M.D., Brain Injury Rehabilitation Center, Portland 503 296-0918

John French, MD, Salem Rehabilitation Associates, Salem 503-561-5976

Molly Hoeflich, Providence Portland Medical Centre -Medical Director of the rehabilitation unit, Portland 503-230-2833

Martha MacRitchie MD, Rehab Medicine Association of Eugene-Springfield, Eugene 541-683-4242

Oregon Rehabilitation Medicine, P.C., Portland, 503-230-2833

Thomas P. Welch, MD, Psychiatry, Portland 503-292-4382

Psychologists/ NeuroPsychologists

Tom Boyd, PhD, Sacred Heart Medical Center, Eugene 541-686-6355

Cheryl Brischetto, PhD, Progressive Rehabilitation Associates, Portland, 503-297-0513

James E. Bryan, PhD, Portland

Caleb Burns, Portland Psychology Clinic, Portland, 503-288-4558

Patricia S. Camplair, Ph. D., OHSU Dept of Neurology, Portland, 503-827-5135

John R Crossen, Portland 503-220-1332

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Sharon M Labs Ph. D, Portland 503 224-3393

Muriel Lezak, OHSU Neurology Dept., Portland

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Margaret Sutko, PhD, Pediatrics, Portland, 503-413-2880

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Linda Lorig, Springfield, 541-726-5444

Carol Mathews-Ayres, Monmouth 503-838-5593

Anne Parrott, Legacy Emanuel Hospital Warren 503-397-6431

Doug Peterson, Progressive Rehabilitation Associates, Portland, 503-292-0765

State of Oregon

Lisa Millet, MSH, Injury Prevention and Epidemiology, Dept of Human Services, State of Oregon

James Walker, LCSW, Douglas County Mental Health Division, 541-440-3532

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Linda L Hill MS CAC, Linda Hill Job Coaching, Portland 503-224-6808

Kristi Hyman, Vocational Rehabilitation, Medford 541-776-6035

Marty Johnson, Community Rehab Services of Oregon, Inc., Eugene, 541-342-1980

Robert Malone, Liberty Northwest Insurance Corporation, Portland, 503-736-7293

Bruce McLean, Vocational Resource Consultants, Ashland, 541-482-8888

Meg Munger, Kaiser Rehab Services Liaison, Milwaukie

Web Design

Karen Cuno-Stoeffler, OregonRose Associates, Corvallis, oregonrose@comcast.net

Business

† Donald Acker, DSI-Developmental Systems Inc (the Mentor Network), Portland 503-258-2440

€ MaryJane Kilhefner, KBI Insurance, Portland, 503-653-1524

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The Lawyer's Desk: A Look at TBI Legal

Representation

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



In a perfect world there would be no need for attorneys. Everyone with a grievance or an injury would be treated fairly by the person who injured them, the damages to the injured person would be fairly and accurately assessed, and once the damages were assessed, they would be promptly paid by the negligent person, or that person's insurance company. Unfortunately, our world is not perfect.

Insurance is a multi-billion dollar industry. The insurance companies exist to make a profit, and they are expert at minimizing their payments for damages caused by their insured's negligence. Part of their plan to maximize profits includes convincing the injured person to settle their case before the damages are fully known.

The effects of a traumatic brain injury can take months, or even years, to be fully realized. The documentation of the effects of a TBI requires testing from highly skilled medical professionals, and it is a necessary fact that this testing takes time. In the first weeks after an injury a person with a TBI might not even recognize that he or she is injured, and instead may only have a vague sense that some things are different for them and that they don't know why. Because it is the "invisible injury" in that often there are no gaping wound that the person's friends and family members can see, the injuries may not be recognized by the TBI victim's support group either.

This is the time when the insurance adjusters will pounce.

Money is a significant inducer, and when an insurance adjuster arrives at the TBI victim's house with a check and a release there is significant pressure on the TBI

victim to settle the case right then and there, but in the vast majority of situations this is a mistake.

The adjuster will say whatever it takes to close the case at this time. I have heard from clients that the adjusters will pressure the TBI victims by advising them that this is the most compensation they will ever receive for their injuries, that this is the "last chance" the TBI victim will have to settle the case, and that it is a "take it or leave it" offer. From what I have been told, the pressure to settle is overwhelming, and many TBI victims do just that.

The adjuster will then present a paper that the TBI victim has to sign to make the settlement official. This is the "Release of All Claims", and it is typically a binding agreement that cannot be undone without a separate legal proceeding to determine the signer's mental capacity, or whether any fraud was committed to induce the TBI sufferer to sign the Release. This is not a fight anyone should have to wage.

Time is on the side of the TBI victim.

There is no reason to rush into anything after a TBI except competent medical treatment and support from family and friends. If an insurance adjuster attempts to rush a settlement please consider that a red flag, and please have the situation reviewed by an attorney who specializes in TBI representation before signing it. I know that the money being offered is a tremendous inducement to most people, but settling a TBI case in the early stages of the injury can be one of the most damaging decisions a TBI sufferer can make.

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.

You Can Make A Difference

Help BIAOR Advocate for Awareness and Services

We need your help to make this happen. We can't make changes without you. Tell your story in Salem or to your legislator. If you don't know who your legislator is, or their phone number, call Sherry at BIAOR.

If you have a computer, go to the BIAOR website, click on the link to find you legislator. www.biaoregon.org

Sherry Stock can give you the phone numbers for both your local Senator and Representative. Call the office at 1-800-544-5243 or email sherry@biaoregon.org.

(Military Continued from page 1)

civilians. The PEBs determine whether the wounded or ill service members are fit for duty. If they are, it's back to work. Those found unfit are assigned a disability rating for the condition that makes them unable to do their military job. The actual rating is key, and here's why: Service members who have served less than 20 years-the great majority of wounded soldiers-who receive a rating under 30 percent are sent home with a severance check. Those who receive a rating of 30 percent or higher qualify for a host of lifelong, enviable benefits from the DOD, which include full military retirement pay (based on rank and tenure), life insurance, health insurance, and access to military commissaries.

But the system is hideously complicated in practice. The military doctors who prepare the case for the PEBs pick only one condition for the service member's rating, even though many of the current injuries are much more complex. The PEBs use the Department of Veterans Affairs ratings scale, which grades disabilities in increments of 10-a leg amputation, for example, puts a soldier at between 40 and 60 percent disabled. The PEBs claim they have the leeway to rate a soldier 20 percent disabled for pain, say, rather than 30 percent disabled for a back injury. If rated at 20 percent or below and discharged, the soldier enters the VA system as a retiree where he is evaluated again to establish his healthcare benefits.

BIAOR is working with the Oregon Reintegration Team to help those returning with a TBI and their families receive the assistance they need and deserve. The Oregon Reintegration Team provides post-mobilization support to commanders and soldiers by establishing a centralized point of contact on the multitude of agencies that provide support and benefits to soldiers and their dependents. Their mission is to actively

assist demobilizing Oregon National Guard members in transitioning back to their families, their job or school, and their community. BIAOR is working with the Reintegration Team, providing demobilizing members and their families information on traumatic brain injuries, support groups, information and referrals, and community resources.

Senate Bill 617 will help us by giving us additional funding to reach out and support our returning troops and their families. They have put their lives in harm's way for us. Now it is our turn to help them. You can help by doing two important things. First, call your Oregon State legislators and ask them to support our troops by funding Senate Bill 617. Second, call your US Senators and Congressional Representatives and tell them the Department of Defense PEB and disability rating system is unfair to our soldiers.

Fascinating facts about the brain

You have 15 times more neurons in your head than there are people on the planet.

You have as many connections in your brain as there have been seconds since the dinosaurs walked the earth.

If each of your brain cells was as big as a pin head your brain would measure 16.4 feet across.

Your brain has 100 000 million neurons and an ant has only 10 000 - yet we can both form complex societies.

If you counted every second that has passed since the end of the last ice age, that's equivalent to the number of neurons in your brain.

2007 BIAOR Calendar of Events

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

January - April	Advocacy and legislative visits supporting proposed legislation by BIAOR. All interested please contact the office for further information
May	Bike Rodeo May 19-20 Molalla Fire Station For more information call BIAOR 503-413-7707
June	Lecture Series: Blast Injuries, What We Need To Know The Brain Injury Recovery Kit Caregivers—A Practical Training Support Group = SB 617 and what you can do to help June 21, Coos Bay and Gold Beach June 22, Brookings For more information call: Elaine Lortscher, SCILS 541-469-5306 x303
July	Caregiver Workshop—Medford
September	<i>Walk for Thought, Salem Sept 8</i> For more information call: Carol Mathews-Ayers, 503-561-1974 carol.mathews-ayres@salemhospital.org
October	Annual Conference Oct 5-6, 2007 <i>Living with Brain Injury: Building Bridges</i>
December	8th Annual Holiday Fundraiser and Play Dec. 9

Children and Brain Injury

One of the most important differences between children and adults who sustain a brain injury is that a child's brain is still developing.

In children, the injury may disrupt the development of particular areas of the brain and neural pathways which can lead to arrested or delayed development of specific skills and abilities. Damage to a young child's brain may often affect the development of global brain injury rather than producing specific deficits.

Previously acquired skills may also be lost due to substantial brain damage. It is important to remember that there is significant variability in the rate in which children reach developmental milestones and every child is unique.

LONG-TERM CONSEQUENCES

The initial assessment following injury may not provide a very clear picture of the long-term consequences for two reasons. One reason is that a relative level of physical and cognitive recovery can be expected to occur over time. The second reason is that specific areas of impairment may become more apparent when the child reaches a particular stage of development. At different stages of development children with brain injury may lag behind their peers in a number of functional areas unless intensive rehabilitation is provided. Such rehabilitation or special education assistance may be required to address uneven development across functional areas. The most common long-term effects of brain injury in childhood may be divided into several areas.

Sensory and motor

A child may either lose some previously acquired skills or may have difficulty learning new skills relating to the following: holding a pen, drawing, using a computer keyboard, constructing and manipulating objects, using cutlery, getting dressed, recognizing objects and a variety of other eye-hand coordination activities. Other problems may be

balance, coordination or swallowing and speech difficulties. Professionals such as physiotherapists, occupational therapists and speech pathologists play an important role in the assessment and rehabilitation of sensory and motor disorders.

Cognitive

A severe brain injury may lead to a general decline in a number of intellectual abilities. However, similar to adults, a child may be within the normal range on measures of intellectual functioning and yet, display significant problems in specific areas of attention, memory, language, visuo-spatial and executive functioning. Deficits in these areas can affect a child's development

across all areas of school-based knowledge and socialization.

Language and communication

The necessary skills for reading, writing and oral communication may be divided into language reception, comprehension and expression. Many children experience receptive problems which involves difficulty processing different parts of spoken or written information. Comprehension problems occur when a child cannot understand what he or she is reading or what another person is saying. Spoken or written language expression may be affected in terms of pronunciation, fluency, grammar, intelligibility or meaning and retrieval of words.

(Children Continued on page 7)



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Save the Date

5th Annual Pacific Northwest Brain Injury Conference 2007 Living with Brain Injury: Building Bridges

October 5-6, 2007

The Holiday Inn, Portland Airport, Oregon

Friday Keynote Speaker:

Dr. Harriet Zeiner: Neuropsychologist, Polytrauma Rehabilitation Center in Palo Alto, California.

Saturday Keynote Speaker:

Marie Theresa Gass: Author of *A Caregiver's Tale*

Highlights

Pediatric Brain Injury Rehabilitation: A New Standard of Care - Bob Butler
Stroke and TBI physical retraining of brain – neuro spasticity – Dr. Paul Cordo
Depression and BI - Will Levin ~ PTSD & TBI, Maj Jim Sardo VA
What Every Attorney Should Know—David Kracke, OR, Tim Titolo, NV

- Serving the needs of our Citizen Soldiers
- Neuropsychological testing
- Caregiver Training and education
- Coping with Emotions after Brain Injury
- Neurotrauma
- Epilepsy and TBI
- Meth and TBI
- Brain Injury Recovery Kit
- Funding issues
- TBI and Employment: Getting people with TBI back to work
- Advocacy Training - How to Keep the Momentum going
- Vestibular Disorders following Brain
- Children and Safety
- Support Group Facilitation Training

(Children Continued from page 6)

Social, behavioral and emotional

A child may experience difficulties relating to peers and siblings and have difficulty joining group activities. They may appear very demanding of their parents' or teachers' attention and have difficulty following rules and instructions. A range of behavioral problems may arise after brain injury, which may include: depressed or anxious mood, hyperactivity, distractibility, impulsivity, poor judgment, reduced control of anger and frustration, mood swings, aggression, sleep disturbance, and poor motivation and initiation. When social, behavioral and emotional problems are

recognized early in recovery, a number of rehabilitation strategies may be employed in the school and home environment.

THE INFLUENCE OF AGE ON RECOVERY

The relationship between a child's age at the time of injury and their long-term recovery is not well understood. One particular theory suggests that younger children make a greater recovery than older children due to 'neural plasticity', or the ability of the developing brain to reorganize itself to take over the functions performed by a damaged area. However, there is only a weak amount of

support for this theory.

In general, research suggests that injuries acquired at an earlier age are associated with lower levels of functional recovery or outcome across various skill domains. These findings support the view that long-term outcome is greater when basic functional skills are developed prior to a brain injury. The influence of a child's age on level of recovery may prove less significant than other factors, such as: the severity and type of brain injury, the child's pre-injury skills and experiences, family functioning, rehabilitation and support within the home and at school.

Bob Woodruff Exposes The Tragedy of Traumatic Brain Injury

Any one who viewed the ABC Special, "To Iraq and Back", which recounted the severe traumatic brain injuries sustained by Bob Woodruff would have been extremely pleased by his exceptional recovery.

Bob makes a point, however, of saying that he is one of the rare lucky survivors of traumatic brain injury. His recovery and the exceptional care that he received is unfortunately not the rule but the rare exception. He wants the world to know that survivors of traumatic brain injury do not always fare as well as he has.

His recovery was truly miraculous. The care and attention that he received should be the gold standard for all persons in need of medical and rehabilitation services following a TBI.

Unfortunately, the sad truth of traumatic brain injury is that the care received by many brain injury survivors both in and out of the military is not on the same level as the care that Bob Woodruff received. Insurance companies routinely deny benefits to those in need, prematurely terminate rehabilitation services and disallow therapies that would improve the quality of life for brain injury survivors.

Many survivors of traumatic brain injury are unable to return to their homes, families and communities because services are non-existent or inaccessible to them. Far too many survivors of traumatic brain injury are left in institutions rather than returned to the community because of their inability to access benefits.

Bob Woodruff and his family for is

helping open the eyes of the American public to the horrors following traumatic brain injury. The 5.3 million Americans who have sustained a traumatic brain injury need a Bob Woodruff so that our nation confronts this epidemic and public health crisis.

Since the release of Bob Woodruff's ABC News documentary *To Iraq and Back*, there have been many more ABC news features on traumatic brain injuries, the treatment of wounded returning Iraq service members suffering from brain trauma, family issues and more. Following are a few links to view:

To Iraq and Back (video) Bob Woodruff reports <http://abcnews.go.com/Video/playerIndex?id=2909129>

Brain Injuries Overlooked at Some Veterans Hospitals; Local VA Outposts Often Unprepared to Deal With Injuries Sustained in Iraq and Afghanistan <http://abcnews.go.com/WNT/WoodruffReports/story?id=2908676&page=1>

An unforeseen cost of war; Thousands of veterans are returning from war with traumatic brain injuries. <http://abcnews.go.com/GMA/story?id=2910973&page=1&GMA=true>

Are veterans receiving the level of care they deserve (video) <http://abcnews.go.com/Video/playerIndex?id=2911001>

Husband not the same after Iraq Explosion Wife finds him changed, but it takes VA two years to diagnose brain injury <http://abcnews.go.com/Video/playerIndex?id=2938695>

It's an embarrassment, Absolutely Veterans react to Woodruff documentary with complaints of treatment at local VA hospitals <http://abcnews.go.com/Video/playerIndex?id=2938695>

Where are heroes heal Bob Woodruff follows the rehabilitation of wounded veterans <http://abcnews.go.com/Video/playerIndex?id=2938695>

Woodruff Doctors on Brain Injury Treatment (video) Bob Woodruff's doctors answer questions on traumatic brain injury. <http://abcnews.go.com/Video/playerIndex?id=2938695>

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RALPH E. WISER

Attorney at Law

One Centerpointe Drive
Suite 570
Lake Oswego, Oregon 97035

APPROVED: **Jan. 08, 2007**

Traumatic Brain Injury Rehabilitation Study Seeks Participants*

Paul Cordo, Ph.D., of the Neurological Sciences Institute (NSI) at OHSU is seeking volunteers who had a traumatic brain injury at least 9 months ago and continue to have problems with walking or use of their right arm. Eligible participants must:

- Be between 18-85 years old
- Be at least 9 months after an **traumatic brain injury**
- Pass an evaluating exam by the Principal Investigator and a neurologist (at no cost to the subject)
- Be able to walk, communicate, and understand
- Live in or within 25 miles of Portland
- Have a foot size of – men's 6-11, ladies' 7-12
- Be willing to follow the protocol for 6 months and give feedback.

The study is investigating the effects of muscle vibration and exercise on motor strength and flexibility. The procedure involves a non-invasive device that vibrates tendons on the affected side. The duration of the study is six months. Subjects will not be paid for participating. The potential improvement could be increased muscle control, strength, and a reduction in spasticity. NSI is located on the West Campus of OHSU at 505 N.W. 185th Avenue in Beaverton. For more information contact Linda Cordo at 503-418-2518 or www.Cordo@OHSU.EDU.

*eIRB Study #983

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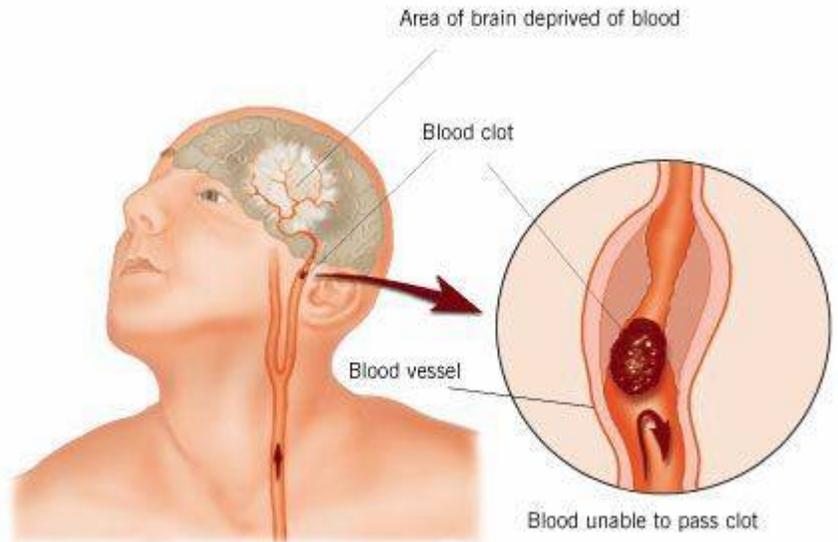
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STROKE: Remember The 1st Three Letters.. S.T.R.

STROKE IDENTIFICATION and EARLY WARNING SIGNS:

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body.
- Sudden confusion, trouble speaking, or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

A neurologist says that if he can get to a stroke victim within 3 hours he can totally reverse the effects of a stroke...totally. He said the trick was getting a stroke recognized, diagnosed, and then getting the patient medically cared for within 3 hours, which is tough.



RECOGNIZING A STROKE

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions:

S * Ask the individual to SMILE.

T * Ask the person to TALK to SPEAK A SIMPLE SENTENCE (Coherently) (i.e. It is sunny out today)

R * Ask him or her to RAISE BOTH ARMS.

If he or she has trouble with ANY ONE of these tasks, call 911 immediately!! And describe the symptoms to the dispatcher.

If I had to live my life again I would have made a rule to read some poetry and listen to some music at least once a week; for perhaps the parts of my brain now atrophied could thus have been kept active through use. -Charles Darwin

Teach
Learn

The Brain Injury Association of Oregon can deliver a range of training for your organization. This includes:

- Brain Injury 101
- Blast Injuries: The “Signature Injury” of the war
- Methamphetamine and Brain Injury
- Brain Injury for the Case Manager
- Brain Injury and Vocational Rehabilitation Counselors
- Dealing with Behavioral Issues
- Native People and Brain Injury
- How Brain Injury Affects Families
- Brain Injury for Medical and Legal Professionals-What you need to know.
- Caregiver Training
- Traumatic Brain Injury: A Guide for Educators
- Returning to Work After Brain Injury
- And more!

For more information contact Sherry Stock, Executive Director, Brain Injury Association of Oregon at sherry@biaoregon.org

Brain Injury Survivor Barbara Wellman: "Toastmasters was my 'Path Out'!"

Barbara Wellman, Founder and Past President of the Ambassador Toastmasters Club in Lowell, MA.

From a 2-26-07 telephone contact with Caleb Burns, PhD (503-288-4558)

"I am a brain-injury survivor who was speaking at about the level of a two-year old," said Ms. Wellman. "A drunken driver hit my mother and me. It was a head on car crash. And my mother and I couldn't function. After that she spent four months in intensive care at a city hospital and I was left to my own devices. I had amnesia and constant memory problems for more than 10 years. At the beginning I didn't remember my husband or my children. Neither could I remember how to do the simplest task...I had to learn everything all over again."

Before her accident, she had been extremely active. "Before the drunk driver hit me I was out there -- I flew planes, raced cars, etc.," she said. Asked whether she is back to these activities, she said, "I have two sports cars in my garage now -- I built a garage for them. But after the brain injury, I was so repressed and depressed, I wouldn't even ride a bike." Because of balance problems, she no longer tries to fly a plane.

Ms. Wellman said that her injury was in 1986. "And I discovered Toastmasters in 2001," she said.

"Someone dragged me to it. Before then, I did not socialize with 'civilians' -- that's what brain injury survivors call those without brain injuries. At first TM was very scary. I went to a corporate club, Genzyme, with a female friend. And I had my CTM (Competent Toastmasters Award which requires completion of the basic 10 speech manual) in five months. Then I got my Toastmasters Silver a month later! I was an officer of the club a month after joining, district officer within a year and I had the major part of two DTMs (Distinguished Toastmasters Awards) before my first year was up!"

Ms. Wellman and other dedicated toastmasters then started the 'Ambassador Toastmasters Club' for other brain injury survivors because of what TM had done for her. The group she has most overseen is a group specifically for brain injured people. "And there is another group for veterans," she said.

Ms. Wellman is now definitely not just a passive observer of what is going on in the world. "I have launched two businesses and started a cable TV show," she said. "The title of the TV show is 'Surviving with Barbara' and I interview people who have been through terrible life events, in an effort to to get them to demonstrate to the viewers that there is a path out of terrible times. Toastmasters

was my path out and it was a fun ride!! Now I need to show others that path."

Ms. Wellman recently completed a national program to be a Certified Senior Advisor and said: "Now I'm planning to start another TV show -- 'Senior Resources' and we'll be interviewing providers of services to seniors who have a proven track record of honesty and integrity. Seniors all too often can be taken advantage of by others and we'd like to help them find what they need to age successfully in their own homes."

Asked for her suggestions about starting a Toastmasters club for brain injury survivors, Ms. Wellman said, "We emphasize praise, praise, praise. We know it's difficult for anyone to speak in public, especially those with a brain injury. Once I was talking about Toastmasters and a man came up to see me, and he said he couldn't talk, because of aphasia, and he said that all he could do was cry. And he joined Toastmasters and is able to speak now for five minutes, and his speeches are coherent and interesting. But we loosen the rules to make Toastmasters fit with the brain injury survivor characteristics."

Ms. Wellman's advice for those with brain injuries is to find an appropriate Toastmasters Club. And if you can't find a local one, maybe you might find someone to start one with you!

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DAVID R. KRACKE
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Movie Review: "The Lookout"

"The Lookout" may look like just another bank heist caper, but it's actually a beautifully drawn character drama and the rare film that manages to balance subtlety with suspense.

Gordon-Levitt stars as Chris Pratt, a once-promising high school athlete who suffers a head injury in a dramatic car crash that leaves him with short-term memory loss. Chris' life consists of a daily routine he must remind himself to run through.

As part of his rehab, Chris has been paired with a blind man with whom he shares a spare downtown apartment. This idea alone could have been painfully

feel-good – these two damaged, brave men helping each other navigate the intricacies of life – but as played by a randy Jeff Daniels, it's mainly a source of dark comic relief.

One night several years after his accident, Chris makes some dangerous new friends at a bar who eventually ask him to help them rob the bank where he works as a night janitor – to serve as the lookout.

Gary (Matthew Goode) buddies up to him and treats him like one of the guys, something Chris hasn't experienced in a long time. unexpectedly brash and alive.)

Meanwhile, a stripper with a heart of gold named Luvlee (Isla Fisher) kills him with kindness, makes him feel like the big man on campus he once was.

Whether these guys can pull off the robbery with Chris' help provides plenty of thrilling moments, but ultimately it's just a vehicle, a device for delving into the more compelling issue of how the robbery changes Chris, for better and for worse. "The Lookout" explores how far ordinary people will go when they find themselves in extraordinary situations.

There are no easy answers in this small gem of a picture. And except for a couple of coincidences that feel a bit too convenient, the script is pretty close to perfect.



Toastmasters Club for People with Brain Injury

A Toastmasters Club is starting in the Portland Area for those with Brain Injuries who are having some problems with verbal communication!

Caleb Burns, PhD, is a Portland psychologist and a long term member of Toastmasters International speaking group. Caleb met his far better half in Toastmasters in 1975 and has been a big supporter of the group since then.

The mission of Toastmasters is to make people better speakers, better communicators, and it does a terrific job at this! Toastmasters is an international, nonprofit organization with branches in many, many countries of the world! (To learn more about Toastmasters, please visit Portland area website: <http://www.d7toastmasters.org>)

If a brain injury is keeping you from

communicating as well as you would like -- perhaps because you are self-conscious, have word-finding problems or have difficulty in organizing your thoughts, etc. -- please consider joining this Toastmasters group! This group will be particularly helpful if you are reasonably capable of everyday verbal interactions but would like to improve your communication skills!

We hope to have an evening meeting in the Portland area two times a month. The meetings will last about an hour and we will emphasize PRAISE! PRAISE! PRAISE!

People will learn how to introduce speakers, set up the meeting room, give short speeches and practice impromptu speaking, learn new vocabulary words, and so on. People in Toastmasters start off working through a basic manual and

we will make sure that the manual assignments are not too difficult for those who attend the meetings.

If you are interested in finding out more about this upcoming group, please feel free to call Caleb at his work number: 503-288-4558. (If you reach a psychology clinic when you call, then you called the right number!)

The cost for belonging to Toastmasters International is about \$30 for six months, but if you cannot afford this, we will try to get scholarships so you can participate!

Why not try it for a meeting or two and see if it's right for you?

Caleb Burns

Office: 503-288-4558
Cell: 503-913-4517

Daddy's Poem

Her hair was up in a pony tail,
her favorite dress tied with a bow.
Today was Daddy's Day at school,
and she couldn't wait to go.

But her mommy tried to tell her,
that she probably should stay home.
Why the kids might not understand,
if she went to school alone.

But she was not afraid;
she knew just what to say.
What to tell her classmates
of why he wasn't there today.

But still her mother worried,
for her to face this day alone.
And that was why once again,
she tried to keep her daughter home.

But the little girl went to school
eager to tell them all.
About a dad she never sees
a dad who never calls.

There were daddies along the wall in back,
for everyone to meet.
Children squirming impatiently,
anxious in their seats

One by one the teacher called
a student from the class.
To introduce their daddy,
as seconds slowly passed.

At last the teacher called her name,
every child turned to stare.
Each of them was searching,
a man who wasn't there.

"Where's her daddy at?"
She heard a boy call out.
"She probably doesn't have one,"
another student dared to shout.

And from somewhere near the back,
she heard a daddy say,
"Looks like another deadbeat dad,
too busy to waste his day."
The words did not offend her,
as she smiled up at her Mom.
And looked back at her teacher,
who told her to go on.

And with hands behind her back,
slowly she began to speak.
And out from the mouth of a child,
came words incredibly unique.

"My Daddy couldn't be here,
because he lives so far away".
But I know he wishes he could be,
since this is such a special day.

And though you cannot meet him,
I wanted you to know.
All about my daddy,
and how much he loves me so.

He loved to tell me stories
he taught me to ride my bike.
He surprised me with pink roses,
and taught me to fly a kite.

We used to share fudge sundaes,
and ice cream in a cone.
And though you cannot see him,
I'm not standing here alone.

"Cause my daddy's always with me,
even though we are apart
I know because he told me,
he'll forever be in my heart"

With that, her little hand reached up,
and lay across her chest.
Feeling her own heartbeat,
beneath her favorite dress.

And from somewhere here in the crowd of dads,
her mother stood in tears.
Proudly watching her daughter,
who was wise beyond her years.

For she stood up for the love
of a man not in her life.
Doing what was best for her,
doing what was right.

And when she dropped her hand back down,
staring straight into the crowd.
She finished with a voice so soft,
but its message clear and loud.

"I love my daddy very much,
he's my shining star".
And if he could, he'd be here,
but heaven's just too far.

You see he is a Marine
and died just this past year
When a roadside bomb hit his convoy
and taught Americans to fear.

But sometimes when I close my eyes,
it's like he never went away.
And then she closed her eyes,
and saw him there that day.

And to her mothers amazement,
she witnessed with surprise.
A room full of daddies and children,
all starting to close their eyes.

Who knows what they saw before them,
who knows what they felt inside.
Perhaps for merely a second,
they saw him at her side.

"I know you're with me Daddy,"
to the silence she called out.
And what happened next made believers,
of those once filled with doubt.

Not one in that room could explain it,
for each of their eyes had been closed.
But there on the desk beside her,
was a fragrant long-stemmed pink rose.

And a child was blessed, if only for a moment,
by the love of her shining star.
And given the gift of believing,
that heaven is never too far.

They say it takes a minute to find a special person,
an hour to appreciate them, a day to love them,
but then an entire life to forget them.

-Unknown

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Brain Injury and Ice Skating



Kaitlin Greer

Like any political battle, the battle to pass Senate Bill 617 in the 2007 session of the Oregon legislature is fought with statistics, but here you'll read about the human side of head trauma in one family. Statistics always have a face.

Our 18-year-old daughter, Kaitlin, is an avid figure skater, but like other figures skaters, she does not train with a helmet. Her parents find some consolation in knowing that Kaitlin learned how to fall as part of her early training and knowing that figure skating is a no contact sport. That doesn't stop the worry, of course, because figure skaters do fall, sometimes hard.

In fact, Kaitlin's mother did take a hard fall when she was introducing Kaitlin to the sport in Eugene. Skaters who are in control usually fall forward or land on their backside when they do fall, but Kaitlin's mother had not been on skates in years and took the worst kind of fall, the one that causes serious head trauma. She fell backward.

When the human body falls backward on the ice, it is similar to being rear ended in your car. Your back slam into the ice, which is as hard as concrete, and your head snaps back and cracks the skull on the ice. Lauren was knocked

unconscious and had to be transported by paramedics to the local hospital. She suffered a concussion, her jaw was knocked out of alignment, and she now has permanent inner ear damage.

For those who would argue that risk cannot be removed from life, that people need to be responsible for their own actions if they take part in high-risk sports, that parents need to demand that their children wear safety helmets, that parents should set an example and wear safety helmets, the answer is a simple question. Why do we have fire departments?

We have fire departments because risk cannot be entirely avoided in life no matter how many precautions are taken.

Homeowners choose to use electric heat, gas heat, fireplaces, wood stoves, cooking stoves, clothes dryers, and electrical current running through wires in the walls. Those choices are made because the reward outweighs the risk of fire, but fire does occur, and when it occurs, homeowners do not simply standby and shrug and say, "Well, we took the risk, now we have to pay the price."

Children will take risks, as did (and do)

their parents. The alternative is to live cloistered in padded rooms, but risk does not mean punishment if injury results from taking the risk. When a home catches fire, the taxpayers are more than willing to support the fire department that responds to the emergency. The taxpayers and the insurance companies also support the collection of data to determine the extent of fire risk in each community.

It seems perfectly logical, then, that the taxpayers would support Senate Bill 617. Figure skaters are only one small segment of a constituency that includes hockey players, roller bladers, bicyclists, football players, baseball players, automobile accident victims, and war wounded.

By Barry and Kaitlin Greer

Martin Russo
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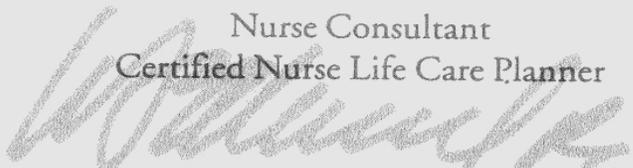
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EFFECTS OF A BRAIN INJURY: FAMILY CHANGES

A brain injury is a life-altering event not just for the individual who received the brain injury, but also for those who live with the brain injury survivor. The role the person performed before the injury will need to be reviewed. Does the person have the same skills and functions in the household? Will that person be able to go back to work or be retrained? If not, who will have these functions and responsibilities?

Many family members will go through a process similar to that of grieving a death in the family. The changes in the person with the brain injury may be dramatic. There may be marked personality changes. These changes are not always negative; there are times when the changes are actually for the better. Nevertheless, it is possible that you will feel

like you are with a stranger. Others who don't understand all of the changes that have happened to your family member can unintentionally make these feelings worse. Often people think that because a brain injury survivor looks the same, then

Some of the emotions you may experience are grief, anger, guilt, blame, and denial.

he/she must be the same.

Some of the emotions you may experience are grief, anger, guilt, blame, and denial. It is natural to feel these emotions. Recognize that these feelings are normal. It may help to talk to others about how you are feeling.

Stress is another common reaction family members have after brain injury. You have many things to think about and plans to make. Stress can feel worse when you are tired. Realize how important your sleep is and try to get enough. Remember to take time to care for yourself.

Let other family members and friends give you support. Keep in touch with your friends. If they want to help, try and let them. This can be difficult to do. Many people feel the need to "keep up a good front", to do everything themselves, and to be present at the hospital as much as possible. This is understandable, but it is very hard to keep this up. So when someone asks if he/she can help, try to think of something that can be done that will help you.

BIAOR has support groups for family members. If you need to talk, they are here to listen. See pages 22-23 for a support group near you.

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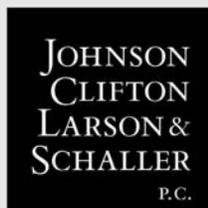
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Brain Injury Publications Online

Traumatic Brain Injury and the Criminal Justice System

The Centers for Disease Control and Prevention (CDC) have developed two new TBI resources. The first, "Traumatic Brain Injury: A Guide for Criminal Justice Professionals," provides an overview of TBI, information on the extent of TBI and related problems within the criminal justice system, and how these problems can be addressed. Download your copy of the 7-page [Traumatic Brain Injury Guide for Criminal Justice Professionals](http://www.cdc.gov/ncipc/tbi/FactSheets/Prisoner_Crim_Justice_Prof.pdf) publication. http://www.cdc.gov/ncipc/tbi/FactSheets/Prisoner_Crim_Justice_Prof.pdf

The second is titled "Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem." This 5-page guide provides information for TBI professionals about what is known about individuals with TBI in prisons and jails, how TBI-related problems affect them and others while they are incarcerated, and what is needed to address these problems.

Obtain the [Traumatic Brain Injury In Prisons and Jail publication](http://www.cdc.gov/ncipc/tbi/FactSheets/Prisoner_TBI_Prof.pdf) at http://www.cdc.gov/ncipc/tbi/FactSheets/Prisoner_TBI_Prof.pdf

Latest CDC Statistics Show Increases in Traumatic Brain Injury

The latest data from the Centers for Disease Control on the epidemic of traumatic brain injury in the United States as contained in the MMWR (Morbidity and Mortality weekly review) [March 2, 2007 / 56(08);167-170] shows a startling increase in the rates of hospitalization for persons suffering from head trauma.

According to the CDC: "Traumatic brain injury (TBI) is a major cause of morbidity

and mortality in the United States. Each year, on average, TBIs are associated with an estimated 1.1 million emergency department visits, 235,000 hospitalizations, and 50,000 deaths in the United States (1). For 2002, the overall rate of TBI-related hospitalization reported by the 12 states in the CDC TBI surveillance system was 79.0 per 100,000 population (2); across these states, however, the rates varied substantially (from 50.6 in Nebraska to 96.9 in Arizona). To update results from the CDC TBI surveillance system, CDC analyzed data from 2003, the most recent year for which data were available.

This report summarizes the results of that analysis, which indicated that an estimated 28,819 persons (87.9 per 100,000 population) were hospitalized with a TBI-related diagnosis in the nine states that reported data for 2003. For all age groups combined, rates were higher among males. Age-specific rates were highest among persons aged >75 years. Unintentional motor-vehicle--traffic incidents (MV-T) and unintentional falls were the two leading causes associated with TBI-related hospitalization. The findings underscore the need for states to continue monitoring the occurrence, external causes, and risk factors for TBI and to design and implement more effective injury-prevention programs."

With the increasing number of service connected brain injuries, these numbers are only going to increase. Adequate funding for TBI research, treatment and prevention programs still needs to be addressed. Support the reauthorization of the TBI ACT!

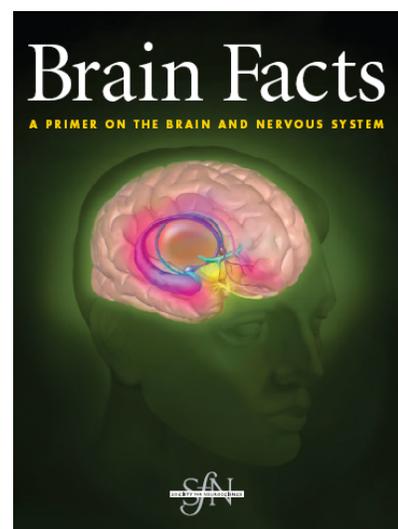
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5608a4.htm>

Brain Facts: Free Book About The Brain

You can now download a pdf version of "Brain Facts", a primer on the brain and nervous system published by the American Society of Neuroscience.

The publication has loads of great diagrams of the brain and nervous system and is well written. It provides good descriptions of the various areas of the brain and their function.

Download it at: <http://www.geekland.org/ebooks/brainfacts.pdf>



It is not the brains that matter most, but that which guides them—the character, the heart, generous qualities, progressive ideas.

Fyodor Dostoyevsky
(1821-1881)
Russian novelist

Day-Timers - Brain Injury Recovery Kit

For the past three years Day-Timers, Inc® – a world leader in organization tools has offered the Brain Injury Recovery Kit™ (BIRK) to hospitals, rehabilitation facilities, associations, and families as means to help brain injured individuals and their loved ones during their recovery process. The Kit is the result of collaboration between an individual who sustained a brain injury and her brain injury case manager. Together, they developed a series of tools which has been described as “a positive approach to a devastating change.” According to Dr. Alya Reeve, Neuropsychiatrist and President of AMR-Medicine Division, University of New Mexico, School of Medicine, “*The Brain Injury Recovery Kit puts the tools everyone needs to recover in one place...it's portable rehab*”. Further, Dr. Eziel Kornel, FACS, Neurosurgeon states, “*I'd love to be able to prescribe the Brain Injury Recovery Kit to a patient just the same as I write a prescription for a neck brace for a broken neck. I'm not aware of any product like this Kit... [or] a concept even close to it.*”

As we spoke and met with several therapists, doctors, and case managers

we found that many facilities and agencies currently use organizational tools, including Day-Timer Planners, to assist brain injured individuals during recovery. The planner, along with the other tools found in the Brain Injury Recovery Kit, is found to be vital in the healing process.

“The very hardest part of recovery is trying to return to your previous life. Having the Brain Injury Recovery Kit ... makes sure that I have the tools necessary to move on with living.”

Jessica Clements, a retired Army Staff Sergeant who sustained a brain injury in Iraq

The Kit has, and continues to achieve great successes with groups in Virginia (Brain Injury Services), New Mexico BIA, and Oregon BIA; as well as hundreds of individuals across the United States and Canada. In a recent article in the Akron Journal Beacon, Jessica Clements, a retired Army Staff Sergeant who sustained a brain injury in Iraq said, “The very hardest part of recovery is trying to return to your previous life. Having the Brain Injury Recovery Kit ... makes sure

that I have the tools necessary to move on with living.”

Day-Timers would like to make sure more individuals have the same experience as Jessica. We are offering all Brain Injury Associations and their members a 20% discount on most Day-Timer products and a 10% discount on the Brain Injury Recovery Kit (a \$35.00 savings). To review our products or to place orders please visit our website at www.daytimer.com/bia, or call toll free at 800-805-2617. Please be sure to share this information with your members

Please contact me directly with any additional questions.

Martin Russo
Healthcare Relationship Manager

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Fax: 541-343-1206

fbocci@luvaascobb.com

You know you've got to exercise your brain just like your muscles. - Will Rogers

Oregon
ADA
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1-866-790-8686 tollfree
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www.oregonadacenter.org

Oregon ADA Center

The Oregon ADA Center is the Oregon affiliate for the Region 10, DBTAC: Northwest ADA Center located at Western Washington University. The National Institute on Disability and Rehabilitation Research funds ten regional Disability and Business Technical Assistance Centers throughout the country.

What We Offer ~

The Oregon ADA Center provides:

- technical assistance
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Traumatic Brain Injury Study

For the past 20 years, Paul Cordo PhD, a Senior Scientist at the Neurological Science Institute (OHSU) has been studying the effects of muscle vibration on proprioception and movement. Proprioception is the sense of where your body is located in space and how it is moving. In other words, if you close your eyes you still know where your arms and legs are because your brain is receiving sensory signals from your muscles. The modern meaning of the term "sixth sense" comes from proprioception, which was the 6th sense discovered and is normally sensed at a subconscious level, that is, intuitively.

As a basic scientist, Dr. Cordo has spent much of his career studying the interaction between the motor cortex of the brain and the muscles that results in movement. He wondered why, in some cases after an injury to the brain, a person might lose the ability to move their arm or leg, even though the injured area was not in the motor cortex. His idea was that maybe the motor cortex and the sensory cortex were disconnected by the stroke, and that the two need to be connected for the brain to

figure out which muscles are needed for any particular movement. If a person suffering a stroke could get the motor cortex and the sensory cortex working together, it might be possible to reconnect those areas and reestablish

If a person suffering a stroke or traumatic brain injury could get the motor cortex and the sensory cortex working together, it might be possible to reconnect those areas and reestablish functional movement.

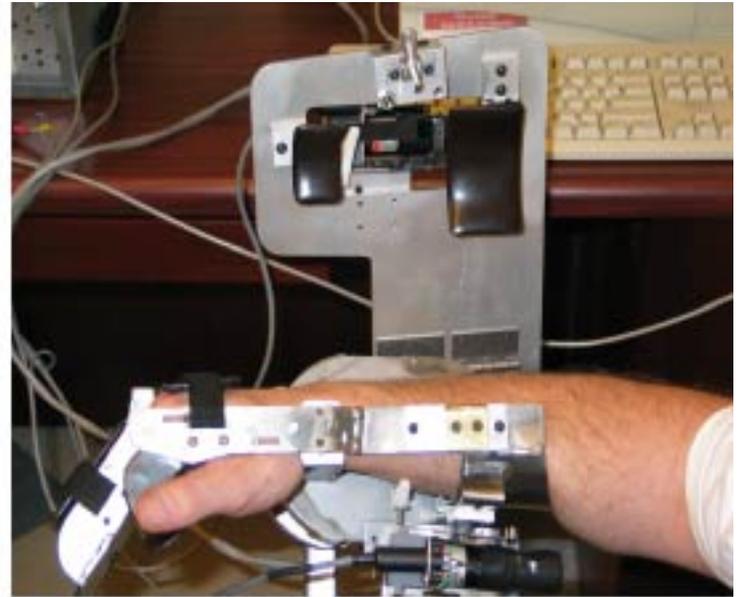
functional movement.

Dr. Cordo used his understanding about the brain and movement to design a machine that can help people regain movement in their affected arms and legs after neurological damage, such as that resulting from a stroke. The AMES device (which stands for Assisted Movement with Enhanced Sensation) appears to help many people regain control of the use of their arms and legs. For the past 6 years, the AMES device has been used in a group of 22 subjects (2 to 16 years post stroke). The results of this study offer a new therapy for

rehabilitation of motor disability in chronic stroke.

With a patent on the AMES device, Dr. Cordo is now getting ready to start a sub-acute stroke clinical at several rehabilitation centers across the country. This clinical trial will be sponsored by a biotech company Dr. Cordo launched 3 years ago called AMES Technology, Inc.. The company is currently producing a new clinic-compatible version of the AMES device for the clinical trial, which is expected to start early this summer.

Although much of the use of the AMES device has thus far been focused on stroke subjects, this technology has also been tried on a limited number of subjects with traumatic brain injury (TBI). The results from the first 3 TBI subjects look promising. Dr. Cordo will be enrolling more subjects who have had a TBI. Enrolled subjects will be individuals who had a TBI at least 9 months ago and who are willing to exercise at least one-half hour each day on the an AMES device in their home. Interested persons may call 503-418-2518.





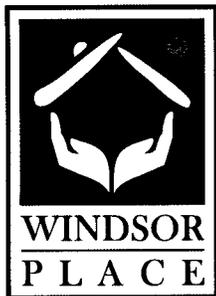
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Neil Simon's
The Diner Party



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sharonslaughter@qwest.net

**Have you had an
insurance claim for
cognitive therapy denied?**

If so call:

Julia Greenfield
Staff Attorney

Oregon Advocacy Center
620 SW Fifth Avenue, Suite 500
Portland, OR 97204

Phone: (503) 243-2081 Fax: (503) 243 1738
jgreenfield@oradvocacy.org

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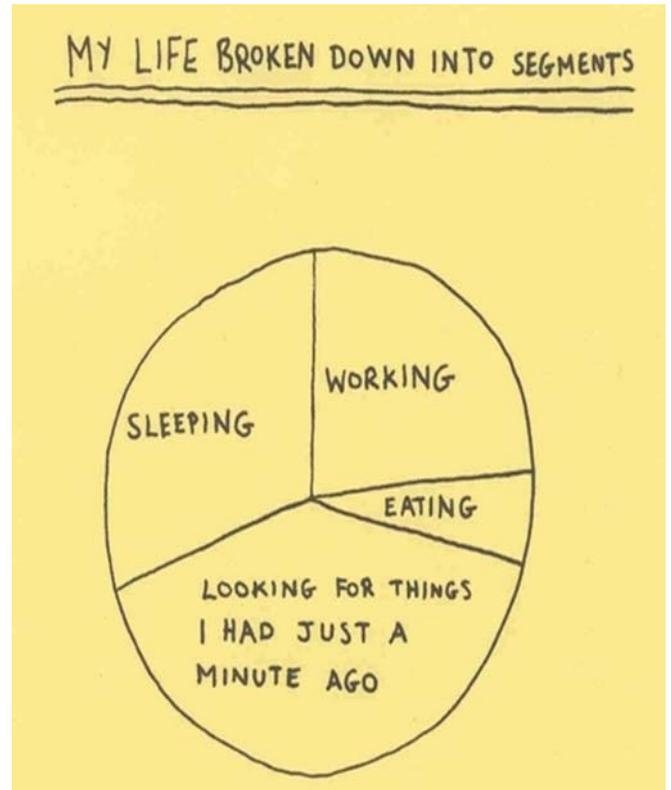
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Sudoku

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

Answer from Winter 2007

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

Spring Sudoku

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

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)
1st Monday 7:00—8:30 pm
Brookings Evergreen Federal Bank
850 Chetco Ave, Brookings OR 97415
Dynelle Lentz, 541-412-8531

Cottage Grove

BIG II (Brain Injury Group II)
every Thursday 11 a.m. to 12:30 p.m.
the Jefferson Park Recreation Room
325 S. Fifth St, Cottage Grove
For directions and information,
Anna, 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

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 Hospital
Carol Altman, (503)640-0818

Klamath Falls

SPOKES UNLIMITED TBI GROUP
4th Friday 3:00pm to 4:30pm
415 Main Street
Klamath Falls, OR 97601
Dawn Lytle, (541) 883-7547
dlytle@spokesunlimited.org

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

Molalla

BRAIN INJURY SUPPORT GROUP OF Molalla
3rd Monday 7:00pm-8:00pm
Son'light Vital Foods, Inc.
123 Robbins St., Molalla, OR 97038
Raeleah Brensen, 503.829.9456

Medford

TURNING POINT
3rd Tuesday 4:00pm-5:00pm
Call for More Information
Pam Ogden, (541) 776-3427
Pamela.Ogden@sogoodwill.org

Newport

BRAIN INJURY SUPPORT GROUP OF NEWPORT
2nd Saturday 2-4 pm
657 SW Coast Hwy
Newport, OR 97365
(541) 574-0384
www.progressive-options.org

Pendleton

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

Portland (11)

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
Southeast Portland
Christopher Eason, 503-232-7411
christopher@ilir.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
Northeast Portland
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
Northeast Portland
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

TBI SOCIAL CLUB

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

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**
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Joyce Kerley (503) 413-7707
joycek1145@aol.com

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 SOCIAL CLUB
 6:30pm - 8:30pm
 2nd Wednesday of
 March, June, September and December
 Windsor Place
 3005 Windsor Ave. NE, Salem, OR 97301
 Sharon Slaughter, (503) 581-0393
 sharonslaughter@qwest.net

Salem (2)
SALEM BRAIN INJURY SUPPORT GROUP
 4th Thursday 5pm-7pm
 Salem Rehabilitation Center
 2561 Center Street, Salem OR 97301
 Carol Mathews-Ayers, (503) 561-1974
 carol.mathews-ayres@salemhospital.org

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

WORKING OUT DEPRESSION

Take a friend for a walk, jog or to the gym. Even moderate exercise help brighten your mood...Exercise can have the same mood-elevating effects as aerobic workouts. A regular schedule of moderate or mild exercise appears to be key in helping treat depression. Having a time set aside for exercise helps to ease the mind of the problems one is having.

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 503-413-7707 or 1-800-544-5243 or email biaor@biaoregon.org.

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See Page 7 for more information

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DAVID JENSEN, OF COUNSEL
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(503) 413-7707
Toll free: (800) 544-5243
Email: biaor@biaoregon.org
Website: www.biaoregon.org

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Network (OBIRN)
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Website: www.tr.wou.edu/tbi

BIAOR Open

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**Vehicle
Donations**



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 via a toll free number. The online web site is <http://www.v-dac.com/org/?id=930900797>

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