



the

HEADLINER

Summer 2007
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The Newsletter of the Brain Injury Association of Oregon

What's Inside?

Professional Members
Page 2

Board of Directors
Page 2

The Lawyer's Desk
Page 4

BIAOR Calendar
Page 5

Little Known Symptoms from TBI
Page 5

Bicycles and TBI
Page 6-7

A True Advocate
Page 8

Bike Rodeo in Molalla
Page 10

Annual Conference
Page 12-14

Latest Treatments for TBI/SCI
Page 16

Annual Fundraiser
Page 18-20

Support Groups
Page 22-23

Brain Injury Awareness Month SJR 21 Passes Unanimously

In 2007, the Brain Injury Association of Oregon successfully persuaded the Oregon State Senate and House to pass Senate Joint Resolution No. 21. This resolution permanently designates the month of March each year as "Brain Injury Awareness Month."

We want to thank all of our legislators for supporting this bill and passing it with a unanimous vote. See page 10 for the legislation.

Unfortunately, SB 617, creating a TBI Registry and

providing Resource Facilitation for people with brain injury and their families including returning military troops, was not moved out of Ways and Means. But, BIAOR and its advocates will return to Salem for the next session with hopes that these needed services will be passed and signed into law.

Thanks you to all who worked so hard for us. BIAOR gives a special thank you to Dr. Amy Ream, Tootie Smith, Senator Morrisette and Rep Vic Gilliam for their hard work passing SJR21.

5th Annual Pacific Northwest Brain Injury Conference



Living with Brain Injury: Building Bridges October 5-6, 2007

You are invited to participate in the 5th Annual Pacific Northwest Brain Injury Conference *Living with Brain Injury: Building Bridges* to be held October 5-6, 2007 in Portland Oregon at the Holiday Inn Portland Airport. This conference will provide the latest research, techniques and education to professionals across numerous fields and disciplines working with people with brain injury. The preliminary program and registration provides information about the conference on page 12 as well as registration information (13-14).

The 5th Annual Pacific Northwest Brain Injury Conference focuses on Services to Returning Military, Caregiver Training and Education, Pediatric presentations, and looking at depression. Friday's Keynote Speaker, Dr. Harriett Zeiner, Neuropsychologist, is from the Palo Alto VA Medical Center, Palo Alto, CA. Saturday's Keynote Speaker, Marie Theresa Gass, is the author of *The Caregiver's Tale: The True Story of A Woman, Her Husband Who Fell Off the Roof, and Traumatic Brain Injury*. Conference

presenters will examine issues surrounding veterans returning from the war, caregiving training and education, advances in pediatric therapy, suicide after TBI, depression and coping skills, and legal issues for attorneys by Oregon attorney David Kracke and Nevada attorney Tim Titolo.

Friday night will end with a reception with music provided by Thom Dudley hosted by Day-Timer. This will also present a time for networking or just catching up with professionals from over 14 states. Exhibitors will present information on housing, accessibility and mobility, rehab services and resources available in the brain injury field.

Early registration is encouraged. Those who register before September 5 will receive a \$75 discount.

We hope you will join us for this very special conference and enjoy an invigorating educational experience in beautiful Portland Oregon.

BIAOR has a limited number of scholarships for brain injury survivors on Saturday only. Please call or email Sherry, sherry@biaoregon.org or 503-413-7707.

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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

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Advertising in Headliner

Rate Schedule	Issue	Annual/ 4 Issues
A: Business Card	\$100	\$ 350
B: ¼ Page	\$200	\$ 700
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D: Full Page	\$600	\$2,000

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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**To become a supporting professional
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The Lawyer's Desk: A Look at TBI Legal Representation

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



The jury was out for a few hours before they returned a million dollar verdict in favor of our client, a wonderful woman from Gresham, Oregon who had the misfortune of being in the wrong intersection at the wrong time as the negligent driver blew through the red light and smashed into the driver's side of her car. Her traumatic brain injury from this collision was diagnosed to be in the "mild" category despite the permanent disabilities caused by her brain injury. (From the start I have had a problem with the classification of a "mild" traumatic brain injury because of how that designation seems to minimize the effects of the person's brain injury).

After reading the verdict, the juror foreperson asked the judge if some of the jurors could say a few words to our client. The judge checked with us and we thought it would be fine, and for the next fifteen minutes various jurors shared their thoughts with our client. To a person those thoughts were of support, courage and optimism that the future would be brighter for our client.

"Keep trying," I remember a juror saying. "You will get better. Please don't give up because it's a long process. There are many people and groups out there to help you." This juror believed strongly that our client would improve her condition if she would take advantage of the many groups and people in our community who are there to help brain injured individuals.

I wonder if that juror knew about the Brain Injury Association of Oregon and the many support groups available through the BIAOR. I hope she did, and I hope that she has continued to follow the good work of the Brain Injury Association of Oregon. All this leads me to the point of this issue's column. There is a new support group available for TBI sufferers, and it is the Toastmasters.

Dr. Caleb Burns, a prominent psychologist in the Portland area has started a Toastmasters group for brain injured individuals. For decades the Toastmasters have worked to help people improve their public speaking

skills and to eliminate the fear that goes along with public speaking. This new Toastmasters group is specifically tailored to meet the needs of people with brain injuries and the group meets every Wednesday evening from six to seven p.m. at the offices of the Brain Injury Association of Oregon on NW Overton Street in Portland.

I have been to Toastmasters meetings in the past (although I am not affiliated with the group), and I know that Toastmasters does good work. I am confident that a Toastmasters group for TBI sufferers will provide a great environment for TBI sufferers who want to continue down the road to recovery and I encourage anyone with a TBI who is so inclined to go to one of their meetings to see for themselves what they do.

Toastmasters began in 1924 in Southern California when Dr. Ralph Smedley gathered together a group of people "to afford training in the art of public speaking," and "to promote good fellowship among its members." As of today there are over 10,500 Toastmasters clubs with more than 200,000 members in approximately ninety countries. It is a well established group and with the formation of the TBI Toastmasters in Portland, now one dedicated to the advancement and well being of TBI sufferers. Dr. Burns should be congratulated for this effort and his continued dedication to and leadership of this important new group.

So why am I writing about this in a column entitled "From the Lawyer's Desk"? The answer is simple: The more a TBI sufferer does for his or her continued improvement the better it is for their future. Ultimately, any good lawyer representing a brain injured person wants his or her clients to get better. This is why we do what we do. It is a dream of lawyers to have a time machine and to be able to go back and prevent the traumatic brain injury from happening in the first place. But absent this fantasy, it is our hope that the injured person will regain as much of their previously normal life as possible. With TBI sufferers the road to that recovery is long

and difficult, but they are helped by programs that stimulate the brain and help to reintegrate the person back into society as much as possible. This is what Toastmasters does. This is why I am writing about it. I want readers of this column to know about this resource with the hope that some of you will attend a TBI Toastmasters meeting and will benefit as a result.

Toastmasters work to improve their communication skills, to improve their presentation skills and to increase their ability to persuade and to educate. They use time tested programs that are continually updated to meet their participant's needs. They foster an atmosphere of camaraderie which leads to an informal environment, but one founded in the desire to learn and to better the lives of the members. They will focus on specific speaking or leadership skills, and under the expert guidance of Dr. Burns those programs will be uniquely tailored to meet the needs of TBI sufferers.

The jurors in the case I mentioned at the start of this column wanted our client to know that there is hope. Sometimes hope also means opportunity, and with the creation of this new TBI Toastmasters group there is one more opportunity available to TBI sufferers to work toward improving their lives. If you want additional information please contact Sherry Stock at the BIAOR offices and she will be happy to help you.

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.

Little Known Symptoms/Injuries From TBI

Along with the standard injuries involving cognitive ability, personality change, executive function decline, and others which have been widely reported on, there are additional injuries and symptoms suffered by those who have had traumatic brain injury, which are not widely known but can cause profound problems. These include:

VISION DISTURBANCES: Vision disturbances following traumatic brain injury are common, seen in 30% to 85% of cases. These symptoms are often one of the last to be treated and often escape detection. Standard treatment by an eye doctor or ophthalmologist can often fail to find the cause of blurred vision, photo sensitivity, change in field of vision and anomalies of accommodation commonly found after TBI. The most common, difficulties of "accommodation," may result in blurred vision. This is the eye's inability to accurately change focus from far to near or from near to far. Difficulties of "version" are seen in such abnormalities as saccads, pursuit and fixation, and other changes which result in lost of place while reading, skipping lines, or re-reading lines due to abnormal movements of the eye. Thirdly, there are abnormalities of "vergence" which result in occasional or constant eye strain or sense that the print on a book is "shimmering" or "floating" on the page. There can also be abnormalities of the field of vision can result in lack of awareness of one side of the body. Finally, there can be abnormalities in light sensitivity which can cause pain and headache in patients.

1. **SUDDEN SENSORINEURAL HEARING LOSS:** Sudden sensorineural hearing loss (SNHL) is a common phenomena which can be caused by trauma, infectious disease, or tumor. It is often found in conjunction with damage to the vestibular system of the body, which deals with balance. A common test done by physicians called Romberg Test provides information on the integrity of the system. Audiologists can do hearing tests which can confirm or point to this diagnosis.

Many patients recover full or partial hearing loss after a year or two.

ALTERATION OF SMELL OR TASTE:

Cranial nerve damage is a common finding in mild to moderate head injury. One of the results can be a loss or alteration in the sense of smell and because of that the sense of taste. The loss of smell is called anosmia. Many neurologist and other physicians now have the ability to test for loss of smell. This loss can occur on each or both sides, so do not forget to have each nostril tested separately. In a recent study by Varney and others a PET scan was able to detect the specific brain damage associated with anosmia. If there is an alteration in the way food taste or commonly an inability to cook properly because of lack of smell, please have this testing done.

ENDOCRINE/GLANDULAR DYSFUNCTION:

Especially in cases of moderate and severe brain injury, patients should be routinely given blood tests to see if the human hormonal glands are functioning normally. The pituitary gland, which produces the growth hormone, is particularly at risk. Long term effects of a decrease in hormonal output could effect the heart, psychiatric status, as well as many other effect not fully know at this time. However, with a moderate to severe brain injury, damage many not be discernable and blood testing should be done to show whether or not the gland is functioning

properly.

Many physicians feel that there needs to be observable damage to the small but powerful glands in the brain in order to consider testing for output. However, there does not have to be observable damage for such an injury to occur. These glandular disruptions would be the cause of the very common sexual dysfunction seen in TBI survivors. Another result of glandular dysfunction following TBI is the onset of cranial diabetes insipidus. Therefore, it is important to be on the lookout for signs of diabetes (unusual thirst, change in urination, lightheadedness or fainting) following TBI.

Homeward Bound

Residential treatment center for traumatic brain injured adults
Located in the beautiful Willamette Valley in Oregon
Providing rehabilitation services for individuals with significant
physical and behavioral impairment

Carol Altman

P.O. Box 1113 Hillsboro, OR 97113
(503) 640-0818 Fax (503) 615-8433
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2007 BIAOR Calendar of Events

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

- | | |
|-----------|---|
| September | <i>Walk for Thought, Salem Sept 8</i>
<i>For more information: Carol Mathews-Ayers,</i>
503-561-1974
carol.mathews-ayres@salemhospital.org

Uhlhorn Walk-a-thon, September 21, 2007.
Memorial for Wally Earle, Eugene
For more information: Ann Angvick
541-345-4244 , aangvick@sheltercare.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
Dinner, Auction and Play, Lakewood Community
Theater, Lake Oswego
For more information see page 19 |

I have been Foolish and Deluded, and I am a Bear of No Brain at All. - A.A. Milne (from *The World of Pooh*, Winnie-the-Pooh talking)

Bicycles and Brain Injury

What is a traumatic brain injury?

A traumatic brain injury (TBI) is defined as a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. A TBI can result in short or long-term problems with independent function.

How many people have TBI?

- ³ 1.4 million traumatic brain injuries occur each year in the United States.
- ³ Traumatic Brain Injury is the leading cause of death and disability in children and young adults.

Brain Injury as a result of a Bicycle Crash

- ³ There are 85 million bicycle riders in the US. (1)
- ³ 1 in 8 of the cyclists with reported injuries have a brain injury. (2)
- ³ 784 bicyclists died on US roads in 2005. 92% of them died in crashes with motor vehicles (720). (3)
- ³ About 540,000 bicyclists visit emergency rooms with injuries every year. Of those, about 67,000 sustain a traumatic brain injury, and 27,000 have injuries serious enough to be hospitalized. (4)
- ³ Bicycle crashes and injuries are under-reported; many crashes are not serious enough for emergency room visits. (5)
- ³ July, August and September have the highest percentage of bicycle-related deaths. (6)
- ³ Bicycle incidents are most likely to occur within five blocks of home. (7)

Children Sustaining a Traumatic Brain Injury as a result of a Bicycle Crash

- ³ Children ages 5 to 14 go to the hospital



without stopping, turning left or swerving into traffic that is coming from behind, running a stop sign, and riding against the flow of traffic. (13)

Bicycle Helmet Use

- ³ Bicycle helmets have been shown to reduce the risk of traumatic brain injury by as much as 85 percent. Bicycle helmets have also been shown to offer substantial protection to the forehead and midface. (14)
- ³ It is estimated that 75 percent of bicycle-related fatalities among children could be prevented with a bicycle helmet. (15)
- ³ Universal use of bicycle helmets by children ages 4 to 15 could prevent between 135 and 155 deaths, between 39,000 and 45,000 traumatic brain injuries, and between 18,000 and 55,000 scalp and face injuries annually. (16)

Bicycle Helmet Laws and Regulations

emergency departments with injuries related to biking more than with any other sport. (8)

- ³ Children ages 10 to 14 are at greater risk for traumatic brain injury from a bicycle-related crash compared with younger children, most likely because helmet use declines as children age. (9)
- ³ Children ages 14 and under are nearly four times more likely to be injured riding in non-daylight hours (e.g., at dawn, dusk or night) than during the daytime. (10)
- ³ Children ages 10 to 14, especially males, have the highest death rate of all ages from bicycle-related traumatic brain injuries. (11)
- ³ Children are more likely to die from motor vehicle-related bicycle crashes at non-intersection locations (74 percent), during the months of April through October (81 percent) and between 3 p.m. and 7 p.m. (55 percent). (12)
- ³ Among children ages 14 and under, more than 80 percent of bicycle-related fatalities are associated with the bicyclist's behavior, including riding into a street

- ³ Currently, 21 states, the District of Columbia and numerous localities have enacted some form of bicycle helmet legislation, most of which cover only young riders. (17)
- ³ Various studies have shown bicycle helmet legislation to be effective at increasing bicycle helmet use and reducing bicycle-related death and injury among children covered under the law. One example shows that in the five years following the passage of a state mandatory bicycle helmet law for children ages 13 and under, bicycle-related fatalities decreased by 60 percent. Police enforcement increases the effectiveness of these laws. (18)

Health Care Costs and Savings

- ³ Every dollar spent on a bike helmet saves society \$30 in direct medical costs and other costs to society. (19)
- ³ Direct costs of cyclists' injuries due to not wearing helmets are estimated at \$81 million each year. (20)

(Children Continued on page 7)

(Children Continued from page 6)

3 Indirect costs of cyclists' injuries due to not wearing helmets are estimated at \$2.3 billion each year. (21)

Bicycle Helmet Checklist:

Buy a helmet that meets the safety standards of the American National Standards Institute (ANSI) or the Snell Memorial Foundation.

Always do these things to ensure a proper fit:

1. Tighten the chinstrap to keep the helmet from slipping forward or backward.
2. Only two fingers should fit under the chinstrap.
3. Place the helmet directly over the forehead.

Sources:

- 1, 2,3,4,5. Bicycle Helmet Safety Institute: A Compendium of Statistics from Various Sources <http://www.helmets.org/stats.htm> (July 2007)
6. NHTSA, *Traffic Safety Facts: Pedal Cyclists*, 1999
7. Maryland Community and Public Health Administration: Bicycle Crash Statistics. http://mdpublichealth.org/oidp/html/bike_stats.html (January 29, 2001)
8. CPSC, McDonald's Release National Survey on Bike Helmet Usage: Helmet Use on the Rise But Half of All Riders Still Not Wearing Helmets, April 21, 1999.
- 9, 10,11,12,13. Safe Kids USA: Bike/Helmet <http://www.usa.safekids.org/> (July 2007)
- 14, 15, 16. Bicycle Helmet Safety Institute: A Compendium of Statistics from Various Sources <http://www.helmets.org/stats.htm> (July 2007)
- 17, 18, 19. Safe Kids USA: Bike/Helmet <http://www.usa.safekids.org/> (July 2007)
- 20, 21 Bicycle Helmet Safety Institute: A Compendium of Statistics from Various Sources



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A True Advocate

By Ann S. Angvick

Wallace P. Earle sustained a brain injury in his 30's in rural Idaho. He was logging on his property when a "widow-maker" fell out of a tree, penetrated his hard-hat and the roof of his caterpillar and went into his brain. Wally struggled to rehabilitate himself at a time and place where there were very little options for a survivor of a brain injury. He even washed dishes to strengthen his weak hand and arm. He felt he needed to get back to work to support his wife and 2 daughters. Wally once told me when he woke up from his coma, the nurse asked what he would like to drink. He said "green beans". They brought him the juice of the cooked green beans from the kitchen. That was exactly what he wanted, because his mother used to give it to him to drink. He earned his Master's degree in History and eventually worked for the state of Arizona.

In 1988, Wally began working with ShelterCare (then Eugene Emergency Housing) to start providing services to survivors of brain injury. He began with a pilot program at their emergency shelter, Brethren Housing, while writing proposals and grants to HUD and Oregon Dept. of Human Services to build an apartment complex for survivors. Wally knew from experience that survivors need extra light in their homes, so he got HUD to approve a different design so the residents would have lots of light. He knew the importance of privacy and security, so he pushed for

individual apartments rather than shared apartments or shared spaces. He knew how memory problems caused people to get distracted, so he had open cabinets built in the apartments. He knew that attention problems could cause fire hazards, so he pushed for timers on the stoves and microwave ovens rather than conventional

worked with Lane Transit District to make sure that transportation was available and affordable for disabled people and seniors. He also worked on the Disability Services Advisory Coalition in Lane County for many years, trying to shape the services available to people in the area.



A memorial dedication for Wally Earle will be at the Uhlhorn Walk-a-thon in Eugene, on September 21, 2007.

For more information contact:
Ann S. Angvick
Uhlhorn Program Manager
ShelterCare
aangvick@sheltercare.org
541-345-4244

ovens. Then, within a few years, Wally realized that not all survivors needed Uhlhorn's (ShelterCare) level of care, but some still needed support. So he started a partnership with Olive Plaza who built a HUD apartment complex, River Kourt, for more independent residents. Wally retired from the Uhlhorn program in May, 2001.

Wally also took his role as an advocate for survivors very seriously. He worked with the State of Oregon Dept of Human Services and lobbied every session for continued and increased funding for disabled people and seniors. He helped form the Brain Injury Association of Oregon and was on their board of directors for over 5 years. He

Most importantly, Wally touched many lives personally through his work at the Uhlhorn program. He interviewed each potential client before they moved in and had a personal stake in their success. He coached each staff member on brain injury and techniques for helping clients. He taught respect and patience, persistence and flexibility. He urged the staff to remember that Uhlhorn was the residents' home. At one time, he taught street crossing safety to a particular resident by bringing a gift from his grand-daughter to work, the "flat cat".

Wally passed away March 2, 2007 in Arizona. He had a heart attack in February and was undergoing therapy to strengthen himself and prepare for heart surgery. Wally is survived by his 2 daughters, 3 grand-daughters and a sister. He is very truly missed by his family and the community which benefited from his works, Eugene, Oregon and all survivors of brain injury.

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

- 3! Brain Injury 101
- 3! Blast Injuries: The "Signature Injury" of the war
- 3! Methamphetamine and Brain Injury
- 3! ADA Awareness—including cognitive interactive simulation
- 3! Judicial and Police: Working with People with Brain Injury
- 3! Traumatic Brain Injury: A Guide for Educators
- 3! Native People and Brain Injury
- 3! How Brain Injury Affects Families
- 3! Brain Injury for Medical and Legal Professionals-What you need to know.
- 3! Caregiver Training
- 3! Dealing with Behavioral Issues
- 3! Returning to Work After Brain Injury
- 3! And more!

For more information contact Sherry Stock, Executive Director, Brain Injury Association of Oregon at sherry@biaoregon.org 503-413-7707 or 800-544-5243

Traumatic Brain Injury: The Challenge of Awareness and Education

Using figures from Oregon DHS, the expected cumulative number of Oregon students with functional limitations due to TBI would total roughly 3,000 across grades K-12.

However, the 2004-2005 Oregon Special Education Census indicates only 322 school age students eligible for special education under the category of TBI. The under-identification of students with TBI is one of the most persistent and serious challenges facing school systems, as well as students with TBI and their families.

Although students with TBI may share some common characteristics, all students with TBI have unique needs, making individual planning and intervention strategies essential. Because the effects of TBI may not be immediately apparent, issues arising from TBI may be wrongly attributed to development "*he's being a typical teenager*" or willful misconduct "*she is just trying to get attention,*" resulting in promotion of ineffective interventions.

Because TBI is considered a low-incidence disability in schools, most educators are not formally trained in strategies to address these issues. This often results in frustration for the teacher, student and parents, and makes the transition back to school potentially difficult

for everyone concerned.

Help is available.

The Teaching Research Institute (TRI), in collaboration with Oregon Department of Education, offers the following resources to educators in Oregon:

TBI Consulting Teams: These interdisciplinary regional teams of consultants offer training and consultation to educators working with students with TBI. Please contact Pat Sublette at (877) 872-7246, or email: TBITeam@wou.edu

Statewide trainings: Trainings on topics of interest to educators are offered throughout the year. Please contact Pat Sublette at TBITeam@wou.edu

Oregon Brain Injury Resource Network (OBIRN): The OBIRN library provides information to individuals with brain injury, their families, and the professionals who serve them. Services include personalized literature and resource searches.

Please contact Laura Beck at (877) 872-7246, or email: tbi@wou.edu

Introducing Giveline as a Revolutionary 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!

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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BIAOR Bike Rodeo in Molalla

BIAOR, the Molalla Police Department (MPD), and the Molalla VFW, held its 2nd Annual Bike Rodeo at the Molalla Fire Department on May 18 & 19, 2007. Together, BIAOR and the MPD gave away 300 helmets and safety information, to children and their parents. The Molalla Veterans of Foreign Wars (VFW) were on hand to inspect all bicycles. Helmets were provided by the MPD and BIAOR thanks to generous donations from the MVFW, VFW Auxiliary, Molalla Communications, and Steve Loutzenhiser, CEO and President of Molalla Communications.

In front: VFW members
Gene Niels and Jason Carroll



John Redden and Aaron Christopherson of the MPD



Aaron Christopherson and Cathy Kerrigan, MPD

74th OREGON LEGISLATIVE ASSEMBLY--2007 Regular Session

Enrolled Senate Joint Resolution 21

Sponsored by Senator MORRISETTE, Representative BOQUIST; Senators DECKERT, KRUSE, MONNES ANDERSON, NELSON, WALKER, Representatives BARKER, BONAMICI, BOONE, CAMERON, DALLUM, DINGFELDER, FLORES, GILLIAM, HUNT, KRIEGER, MAURER, MORGAN, NELSON, OLSON, ROSENBAUM, SCHAUFLE, THATCHER, WHISNANT (at the request of Brain Injury Association of Oregon)

Whereas 1.5 million Americans sustain a traumatic brain injury each year, and 500,000 of those individuals die as a result of these injuries; and

Whereas approximately 5.3 million Americans live with disabilities resulting from traumatic brain injury each year, and 500,000 of those individuals die as a result of these injuries, including 72,000 Oregonians; and

Whereas traumatic brain injury ranks as the leading cause of death and disability in children and young adults; and

Whereas 40,000 individuals over the age of 65 visit hospital emergency rooms for traumatic brain injury resulting from a fall, leading to the hospitalization of 16,000 senior citizens and the deaths of 4,000 senior citizens annually; and

Whereas the costs relating to brain injury are staggering, and individuals with traumatic brain injury typically face 5 to 10 years of intensive rehabilitation with cumulative costs exceeding \$60 billion annually; and

Whereas individuals with traumatic brain injury suffer from serious physical impairments and a variety of perceptual, cognitive, psychiatric, emotional and behavioral complications, including impaired interpersonal and problem-solving skills, memory loss, decreased thought-processing abilities, speech and seizure disorders, and physical deficits; and

Whereas the only cure for traumatic brain injury is prevention, and public awareness is critical to the prevention of brain injury and to enhancing the recovery process of all individuals affected by traumatic brain injury; now, therefore,

Be It Resolved by the Legislative Assembly of the State of Oregon:

That the month of March in each year is designated as Brain Injury Awareness Month. All Oregon citizens are urged to recognize that knowing the consequences of traumatic brain injury is critical to public understanding, and that this understanding can lead to the prevention of traumatic brain injury and enhance the recovery process for traumatic brain injury survivors.

New Hope For Those Living with Traumatic Brain Injuries: Learning to Walk Again

There is a current therapy paradigm shift toward recovery focused rehabilitation for those experiencing traumatic brain injuries (TBI).

With the increasing number of war veterans returning with complicated TBI's, therapist workloads have grown in epidemic proportions. This has created the need for new solutions facilitating those living with TBI to walk and stand again.

Physical and Occupational Therapists at the VA Polytrauma Hospital unit in Tampa FL report that the amount of returning war veterans they observe coming in with TBI have more than doubled this past year. Many of the TBI injuries source from blast exposure. Co-morbidities or multiple medical problems [such as spinal cord injury (SCI), fracture, and amputations or lost limbs] are common among the returning veterans in the TBI population.

The Second Step Gait Harness System® (GHS) has proven effective both with acute injury SCI and TBI patients in VA hospitals, and also in private home or long term care facilities. It offers new hope to returning veterans and their families who are trying to find practical therapy solutions.

This GHS has also been recently integrated into a local adult day health center here in Oregon, where it is helping those living with TBI to walk again. Grace Center for Adult Day Services is an adult day health center located in Corvallis, Oregon. They have been using the GHS since late 2005, and have seen great results with several of their participants living with brain and neurological disorders.

Of particular note is the experience of their youngest participant, Knute M., who is now 34 years old. When Knute was 11 years old, he had a traumatic brain injury from a MVA and had never walked after that accident. In

February 2006 Knute began walking in the GHS twice a week at Grace Center. This was described as a "dream come true!" for this young man. Knute began walking only a few feet, now routinely walks 100 feet, and has walked up to 200 feet in the GHS. A recent video of Knute walking is on the internet, and is titled "Walking Again after 22 years!"

The GHS has been proven to be highly effective dealing with the extremely challenging circumstances of those living with SCI and TBI. Many of these people had not walked in many years, and were told they would never walk again. The GHS is offering new direction and a possible therapy solution for those living with TBI who are learning to walk again.

For additional information or video viewing, please visit our website at www.secondstepinc.com, or contact Second Step, Inc., Steffani Dubats, Director of Marketing, at 541.337.5790, steffani@secondstepinc.com

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Attorney at Law

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**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

5th Annual Pacific Northwest Brain Injury Conference

The Brain Injury Association of Oregon (BIAOR) invites you to participate in the 5th Annual Pacific Northwest Brain Injury Conference: "*Living with Brain Injury: Building Bridges*". The two day conference will be held on Friday and Saturday, October 5-6, 2007, at The Holiday Inn Airport Hotel, Portland, OR. 8439 NE Columbia Blvd. Portland, Oregon 97220 (800-465-4329)

Preliminary Conference Program

Friday, October 6 (Professional Focus)	Saturday, October 7 (Professional & Consumer Focus)
7:00 a.m. - 7:45 a.m. Registration and Check-in - Continental Breakfast	7:00 a.m. - 7:45 a.m. Registration and Check-in - Continental Breakfast
8:00 a.m. - 9:15 a.m. Welcome to BIA Conference 2006 Opening with Traditional Tribal Ceremony-Ramona Ahto, WA, Bell Ceremony Keynote Speaker - Harriett Zeiner, PhD - Neuropsychologist, TBI and the war in Iraq: What it means for families and the nation.	7:30 a.m. - 8:00 a.m. Meeting of the Members 8:00 a.m. - 9:30 a.m. Welcome to BIA Conference 2006 Opening with Traditional Tribal Ceremony-Ramona Ahto, WA Keynote Speaker: Marie Theresa Gass, Author of <i>The Caregiver's Tale: The True Story of A Woman, Her Husband Who Fell Off the Roof, and TBI</i>
9:30 a.m. - 10:15 a.m. Track 1: Round Table: PTSD & TBI- Dr. Harriett Zeiner, VA, CA; Major Jim Sardo, VA, OR; Jay Uomoto, PhD, WA Track 2: Neuropsychological testing Track 3: Managing the funding crisis in cognitive rehabilitation: Practical tips and advocacy Track 4: Northwest Veiwpoint	10:00 a.m. - 10:45 a.m. Track 1: Stop the Spinning: Dizziness After Brain Injury – Kevi Ames Track 2: Returning vets—what are the issues—Oregon Reintegration Team Track 3: Brain Injury Recovery Kit – How to use the BIRK with mentors: The New Mexico Model – Martin Russo and Clara Track 4: TBI Needs and the Challenges in Recovery Among Native Americans –Alta Bruce-ND
10:30 a.m. - 11:45 p.m. Track 1: Suicide after a Brain Injury—Lisa Millet, OR Dept of Epidemiology Track 2: Neurotrauma—The latest research Track 3: Caregiver Training—CA, OR and WA Track 4: Native People—Let's Work Together—Alta Bruce	11:00 a.m. - 12:00 p.m. Track 1: Stroke and TBI physical retraining of brain – neuro spasticity – Dr. Paul Cordo Track 2: Returning vets—what are the issues—Oregon Reintegration Team Track 3: Depression and BI - Will Levin Track 4: Native People and Health Prevention Activities - Beverly Francisco James
12 noon - 1:00 p.m. Lunch	12 noon - 1:00 p.m. Lunch
1:00 p.m. - 1:45 p.m. Track 1: Panel: Serving the needs of our Citizen Soldiers: What Oregon is doing— the Oregon Reintegration Team Track 2: What Every Attorney Needs to Know About Brain Injury: David Kracke, Esq., OR; Tim Titolo, Esq., NV Track 3: Caregiver Training and Education—CA, OR, and WA	1:00 p.m. - 1:45 p.m. Track 1: Families Need Care Too: Muriel B. Lezak—OR Track 2: Panel: Getting people with TBI back to work-Bruce McLean-Voc Rehab focus-state, VA Voc Rehab, Guy Goode, ORVS; Carol Christophero Snider; Sara Kendall, Oregon Competitive Employment Project Track 3: Caregiver Training and education – California, Oregon, and Washington
2:00 p.m. - 2:45 p.m. Track 1: What can the VA do to help returning military—VA panel from Voc Rehab and Oregon Reintegration Team Track 2: What Every Attorney Needs to Know About Brain Injury: cont. Track 3: Practical Strategies for Serving Students with TBI in the Schools McKay Moore Sohlberg, UO; Bryan Ness, UO	2:00 p.m. - 2:45 p.m. Track 1: Family Support Issues for returning military - Panel - family and survivors - Harriett Zeiner and VA Medical Center Track 2: Children and Brain Injury - A Road Map - Aleyna Reed, PhD, Pediatric Nurse Practitioner Track 3: Caregiver Training and education – California, Oregon, and Washington
3:00 p.m. - 3:45 p.m. Track 1: Round Table: Resources for Returning Military: What we can do to help Track 2: Methamphetamine and TBI– Rob Bovett—OR Narcotics Enforcement Assoc Track 3: Pediatric Brain Injury Rehab: A New Standard of Care - Bob Butler	3:00 p.m. - 3:45 p.m. Track 1: Coping with Emotions after Brain Injury – Will Levin Track 2: Children and safety - Impact - Sports Track 3: Support Group Facilitation training - Curtis Brown-Steve Wright
4:00 p.m. - 5:00 p.m. Track 1: Round Table: Resources for Returning Military: What we can do to help Track 2: Methamphetamine and TBI– Rob Bovett—OR Narcotics Enforcement Assoc Track 3: Pediatric Brain Injury Rehab: A New Standard of Care - Bob Butler	4:00 p.m. - 5:00 p.m. Track 1: Meth and TBI – Rob Bovett - Oregon Narcotics Enforcement Assoc Track 2: Advocacy Training - How to Keep the Momentum going - Tootie Smith, BIAOR, and Gene van den Bosch, ED, BIAWA Track 3: Family Panel - Families dealing with the emotions of dealing with TBI
5 PM Reception featuring Thom Dudley Hosted by Day -Timer®	



Registration Form
5th Annual Pacific Northwest Brain Injury Conference 2007
Living with Brain Injury: Building Bridges In Portland OR, Holiday Inn Airport Hotel
Friday, October 5 & Saturday, October 6, 2007

Please register before October 4, 2007 to assure admittance and facilitate check-in.
(Note: A separate registration form is needed for each person attending. Please make extra copies of the form as needed for other attendees. Members of BIAWA and BIACA receive member rates)

First Name _____	Last Name _____
Badge Name _____	Affiliation/Company _____
Address _____	City _____ State _____ Zip _____
Phone _____	Fax _____ Email _____
Special Needs _____	

Please check all that apply:

- I am interested in volunteering at the conference. Please call me.
- I am requesting continuing education credits (CLE's, CEU's and CME's) for the conference.
- I would like to make a donation to cover costs of survivors unable to pay (see below).
- Call me about sponsorship/exhibitor opportunities.

Conference Registration Fees: Registration fees include: continental breakfast and lunch on Friday and Saturday; all conference related materials; continuing medical/educational units; and access to all conference sessions, exhibits, posters and roundtables.

Early Registration: Before 9/05 Save \$75	<i>BIAOR Member</i> ¹	<i>Non-Member</i>	Includes	Amount
<input type="checkbox"/> <u>2 Day 10/5-10/6</u> Conference	\$400	\$525	Conference Program CD	\$
<input type="checkbox"/> <u>Friday Only 10/5</u>	\$250	\$375	Conference Program CD	\$
<input type="checkbox"/> <u>Saturday Only 10/6</u> Courtesy ³	\$25	\$35		\$
<input type="checkbox"/> <u>Saturday Only 10/6</u> Survivor/Family	\$150	\$200		\$
<input type="checkbox"/> <u>Saturday Only 10/6</u> Professional	\$250	\$375	Conference Program CD	\$
<input type="checkbox"/> Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)				\$

1) A limited number of conference scholarships are available to survivor members of BIAOR to cover the costs of conference registration. Please call the office to see if there are any available. 503-413-7707 or 1-800-544-5243

2) Accompanying Person: If you have a guest who will not attend the conference but would like to attend meals and breaks including continental breakfast, lunch and exhibition only. Fee does not include admission to conference sessions. \$75 per day

3) Courtesy rate is for brain injury survivors with limited means. \$75 discount does not apply.

I want to become a BIAOR member NOW to receive the discounted registration fee:

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| <input type="checkbox"/> Student-\$25 | <input type="checkbox"/> Survivor Courtesy ³ -donation | | | |
| <input type="checkbox"/> Basic-\$35 | <input type="checkbox"/> Family-up to 3 people-\$50 | <input type="checkbox"/> Non-Profit-\$75 | <input type="checkbox"/> Professional-\$100 | <input type="checkbox"/> Sustaining-\$250 |
| <input type="checkbox"/> Corporation-\$300 | <input type="checkbox"/> Sponsorship Bronze-\$250 | <input type="checkbox"/> Sponsorship Silver-\$500 | <input type="checkbox"/> Sponsorship Gold-\$1000 | <input type="checkbox"/> Sponsorship Platinum-\$2000 |

Sponsorships (2 day) and Exhibitors: Diamond \$5,000 Silver \$1,000 Gold \$1,500 Platinum \$3,000 (2 day) \$2,000 (1 day)
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Customized Sponsorship: Continental Breakfast Luncheon-Friday Luncheon-Saturday Breaks Friday Breaks Saturday

Registration and Membership

Registration in full before 9/5/07 -\$ 75.00
Total \$

(Please add totals from Registration Fee, Membership Fee and Scholarship Contribution for final total costs)

Confirmation and Cancellation Policies

Confirmation letters will be e-mailed within five business days of receipt of registration. If your confirmation is not received within 2 weeks, please contact us via e-mail at biaor@biaoregon.org or by telephone at 1-800-544-5243 or 503-413-7707, M-F, 9-5.

Cancellations must be received in writing by September 15, 2007 to qualify for a refund. A \$25.00 administrative fee will be deducted.

Substitutions are always welcomed and no-shows will be billed.

Registration, Payment, and Refund Policy

Please submit payment with completed registration form.

Fees are payable by check, credit card, or state government purchase orders which obligate payment. All payments must be before September 5, 2007, to be eligible for discount. All cancellations are subject to a \$25 processing fee. No refunds will be issued for cancellations received after September 15; however, registrations are transferable.

Mail registration forms and payments to:

2007 Conference

Brain Injury Association of Oregon

2145 NW Overton • Portland OR 97210-2924

Or Fax to: (503) 413-6849 or 503-961-8730

Online registration available at: www.biaoregon.org — all major credit cards accepted

Accommodation Information

Please make reservations directly with The Holiday Inn Airport Hotel, 8439 NE Columbia Blvd. Portland, Oregon 97220

Reservations: (503) 256-5000 or (800) 465-4329 Reservation Deadline: September 13, 2007 overflow hotel available.

A block of rooms has been reserved for the conference participants at a special rate of \$87 for both single's and double's. Reference the "Brain Injury Conference" for rooms. Rooms are limited, please make your reservations early.

Questions? Please contact BIAOR
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biaor@biaoregon.org • www.biaoregon.org

Continuing Education Credit available.

Friday Keynote Speaker:

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

Saturday Keynote Speaker:

Marie Theresa Gass: Author of *The 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

- | | |
|--|---|
| 3! Serving the needs of our Citizen Soldiers | 3! Funding issues |
| 3! Neuropsychological testing | 3! TBI and Employment: Getting people with TBI back to work |
| 3! Caregiver Training and education –WA & CA | 3! Advocacy Training - How to Keep the Momentum going |
| 3! Coping with Emotions after Brain Injury | 3! Vestibular Disorders following Brain |
| 3! Neurotrauma | 3! Children and Safety |
| 3! Epilepsy and TBI | 3! Support Group Facilitation Training |
| 3! Meth and TBI | 3! Native Americans and Brain injury |
| 3! Brain Injury Recovery Kit | |

GOOD INFORMATION!

TripCheck.com – Transportation Options

Find statewide public transportation information on Oregon Department of Transportation's TripCheck.com

Step 1: Visit www.TripCheck.com and click on the Transportation Options tab.

Step 2: Search by:

City or County – allows users to search for transportation providers within a specific city or county. Users can refine the search with filters for wheelchair accessibility, service

days and by travel mode, such as bus, train and taxi.

City to City – allows users to search for intercity public transit connections. Services can be filtered by wheelchair accommodations. General information about transportation providers, including contact information and Web site, is also available. Travel from Medford to Baker City using public transportation.

Special Accommodations – allows users to

find transit services that accommodate mobility devices or provide door to door, curb to curb or other specialized services, including those not open to the general public.

Step 3: Contact the providers listed via telephone number or visit their Web sites for more information.

TripCheck is a service of the Oregon Department of Transportation.

How do you get from Coos Bay to Portland on public transportation? Go to www.TripCheck.com

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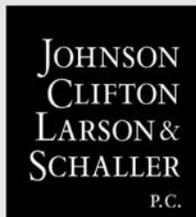
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The Latest Treatments for TBI/SCI

No magic bullet has yet been found, but doctors have discovered several methods to stave off severe neurological damage caused by head and spinal cord injuries and to improve neurological function. These treatments include better imaging techniques, methods to understand and improve the brain's ability to regenerate and repair itself, and improved rehabilitation techniques.

Some 750,000 people suffer traumatic head injuries requiring hospitalization each year, and roughly 100,000 die—many before reaching the hospital. Economic costs approach \$60 billion annually.

Greater access to and use of computed tomography (CT) and magnetic resonance imaging (MRI) offer physicians the opportunity to diagnose the extent of trauma and to avoid secondary injury related to edema, or swelling, and a reduction in blood flow to the brain (ischemia). In general, patients who arrive in the emergency room and are diagnosed with a severe head injury have a pressure-monitoring device inserted into their brain, usually within the lateral ventricle. As swelling progresses, the CT or MRI images of the brain show the surface of the brain being pressed against the inside of the skull. This pressure inside the skull increases and can become life-threatening. Patients so injured are not allowed to lie flat on their backs in bed. Rather, they are positioned in a modified sitting position, which raises the head to reduce pressure effects within the skull.

Treatments for increases in intracranial pressure include the removal of

cerebrospinal fluid, moderate hyperventilation to decrease blood volume, and the administration of drugs to reduce cellular metabolism or to remove water from the injured tissue. Treatments for the injury-induced reduction of cerebral blood flow include the administration of drugs that increase mean arterial blood pressure. In combination with the reduction in intracranial pressure, this results in an increase in blood flow, allowing more blood to reach vital areas.

In addition to helping the physician avoid cerebral edema and reductions in cerebral blood flow following traumatic brain injury, imaging can reveal mass lesions produced by the initial injury. These mass lesions can consist of bleeding on the surface or within the brain as well as the formation of contusions. Once blood leaves its respective vessels and comes into direct contact with brain tissue, it can add focal pressure, thereby reducing cerebral blood flow, or it can by itself be toxic to brain cells. As a consequence, once detected, it is usually surgically removed. Contusions can also be troubling, because they can increase pressure as well as contribute to the development of post-traumatic epilepsy. Depending on the location and type, they are also candidates for surgical removal.

An estimated 250,000 individuals are living with spinal cord injury in the United States. Some 11,000 new injuries are reported annually and are caused mostly by motor vehicle accidents, violence, and falls. Economic costs approach \$10 billion a year.

Researchers have found that people who suffer spinal cord injuries become less

severely impaired if they receive high intravenous doses of a commonly used steroid drug, *methylprednisolone*, within eight hours of the injury. Building on this knowledge, researchers hope to decipher the precise order of chemical reactions that lead to damage and to develop new therapies to block these reactions.

Scientists have known that, after a spinal cord injury, animals can regain the ability to bear their weight and walk at various speeds on a treadmill belt. More recently, scientists have recognized that the level of this recovery depends to a large degree on whether these tasks are practiced—that is, trained for—after injury. It appears that humans with spinal cord injury also respond to training interventions.

Recently, scientists have discovered that new nerve cells can be born in the adult brain, but these new cells do not seem capable of helping the injured brain regenerate. Studies are underway to determine how to “jumpstart” the pathway that stimulates *neurogenesis*, the birth of new nerve cells. Researchers are also trying to decipher how certain environmental cues can be used or overcome to attract these new cells—or transplanted stem or progenitor cells—to areas of brain injury to facilitate regeneration and repair.

These and other recent discoveries are pointing the way toward new therapies to promote nerve regeneration after brain and spinal cord injury.

Although these new therapies have not yet reached the clinic, several approaches are on the path to clinical trials.

Source: Brain Facts



Sharon Slaughter
Executive Director

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Salem, Oregon 97301

sharonslaughter@qwest.net

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www.bennethartman.com

maynards@bennethartman.com

Phone: 503-227-4600

Fax: 503-248-6800



Is a Structured Settlement what I need?

Under the best of circumstances, it is often difficult to know how to invest and reinvest financial assets. After a traumatic brain injury that task becomes even more challenging, if not impossible, to maintain quality of life.

A structured settlement is a powerful tool in supporting the recovery of brain injured people, assuring a risk free stream of payments for their care. In any physical injury case, the plaintiff and defendant negotiate issues such as the victim's medical care and basic living and family needs. Often times, one side (or both) will bring in an expert, such as a structured settlement broker, who provides calculations funding these needs with annuity payments.

Payments are set up to meet each individual's needs, which can range from a relatively simple payment schedule to more complex payments to fund future expenses.

Structured settlement's inherent flexibility means that they are well-suited to compensate people for a wide variety of injuries.

A structured settlement must be agreed to at the time a claim is settled with the

insurer or defendant with the payments made a part of the settlement agreement. The tax free payments under the annuity are made by top rated and financially secure life insurance

companies in order to qualify for favorable tax treatment under the tax code and once established cannot be changed .

Once the structured settlement annuity is in place, payments are guaranteed and tax free, eliminating the need for ongoing financial management costs. This allows people to concentrate on their rehabilitation and well being. Payments are frequently set up for electronic fund transfer directly to the bank account of the claimant.

Structured settlements are used widely to protect vulnerable claimants from early dissipation of funds. Unfortunately the statistics are that 90% of a claimants lump sum settlement is gone within 5 years.* The following is real life example provided by the National Structured Settlement Trade Association.

** "California Practice Guide: Personal Injury", The Rutter Group Ltd, 1992*

Kayla Aalberg is with Selective Settlements of Oregon, LLC. If you would like more information on this please call her at (503) 869-6518 or 800-288-7005.

In 1973, my daughter Tiffany was born with brain damage, which I believe was the result of medical malpractice. Although my daughter is mentally alert, she is physically handicapped and unable to speak clearly.

My former husband and I initiated a malpractice lawsuit which, in 1980, produced a financial settlement that went into a protected account. Unfortunately, my husband took this money and invested it in his construction company which went bankrupt a few years later. The money for Tiffany was gone and soon my husband filed for divorce. I received no child support.

A few years later, Tiffany's wheelchair malfunctioned, causing it to roll into the street where she had an accident that involved severe facial injuries.

This time, I insisted on a structured settlement during settlement discussions with the wheelchair manufacturer. Taking care of Tiffany is a full-time job and requires constant attention, not to mention the financial need. My structured settlement provides guaranteed income and helps protect Tiffany from other people taking financial advantage of her.

Shirley Adams, Yorba Linda, California

503.620.5577 Tel
503.670.7683 Fax
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BIAOR Annual Holiday Fundraiser Dinner, Play and Auction

You Are Invited:

Each year, in order to raise the funds needed to support our programs, the Brain Injury Association of Oregon holds a major fund-raiser. This is our only fundraiser of the year. This year's event will be on Sunday, December 9, 2007 and will include dinner, raffle, auction, and live theater performance of Neil Simon's "The Dinner Party" at The Lakewood Community Theater. Thom Dudley will be providing entertainment throughout the event.

The Brain Injury Association of Oregon is a non-profit organization that provides services to professionals as well as individuals and families throughout the state who are living with a brain injury that comes as a result of an accident, injury or illness, including hundreds of returning military and their families. It is

estimated that more than 33% of all returning military serving in Iraq and Afghanistan will have sustained a brain injury, which includes hundreds of Oregonians, who will need our services. That is over 600,000 nationwide!

At BIAOR we believe that when we send our soldiers, our spouses, fathers, brothers and sisters, and children to fight in a war that we have the moral obligation, the patriotic duty, to care for the ones who come home alive, no matter what the cost, any way we can.

Our services include annual and regional conferences, scholarships for conferences, monthly support group meetings, quarterly newsletters, legislative advocacy, and a toll free information and referral service for survivors, families and

professionals. Volunteers and professionals provide these services, to over 220,000 people statewide living with a brain injury.

Ask your family, friends, and office coworkers to join us for all the fun. Hundreds of gifts, event tickets, adventures and travel packages to choose from.

Limited to the first 150. Please register early.



Actual size



**BIAOR three heads logo pure sterling silver lapel pin.
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- Check payable to BIAOR for \$ _____
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COME JOIN BIAOR AT OUR ANNUAL
HOLIDAY BRUNCH, AUCTION AND PLAY

Join us for the eighth annual fundraiser

Brain Injury Association of Oregon

Lakewood Community Theater



Sunday, December 9, 2007

Please Purchase tickets by November 30, 2007.



Entertainment: 4:00 pm

Balloon Sales, Silent Auction & Raffle: 4-5:00 pm

Dinner: 5:00 pm

In the banquet room of the
Lakewood Community Theater
628 S State, Lake Oswego

Oral Auction: 6:00 p.m.

Lakewood Community Theater Stage - 7:00 pm

The Dinner Party

by Neil Simon

Directed by Diane Englert



Neil Simon, America's master of comedy, offers up an unorthodox dinner party in a private dining room in Paris where six guests arrive unaware of who the other guests are or the purpose of their gathering. As each guest sorts through this unusual gathering, it becomes apparent that this event will forever change their lives. A bittersweet comedy about marriage, fidelity and missed opportunities from the writer of *The Odd Couple* and *Biloxi Blues*.

For further information please contact:
Sherry Stock at biaor@biaoregon.org

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Fax: 503-413-6849
Tax ID # 93-0900-797

Sign up early—tickets limited to first 150

Here's my reservation!



Eighth annual fundraiser!



Brain Injury Association of Oregon

Lakewood Community Theater • Sunday, December 9, 2007

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Please Reserve the following:

Table Sponsor • \$1,000.00

_____ Please contact me about other sponsorship opportunities.

Sponsorship includes 10 tickets at the same table, name or company name listed in program, name or company name listed on BIAOR website with link, name or company name listed in newsletter, and signage on table the day of the event. (\$500 tax deductible - Tax ID # 93-0900-797)

• I NEED _____ PLAY TICKETS (one ticket per paid attendee).

Please seat me at a no-host table • \$100.00 per person

If you have several friends that you would like to sit with, we encourage you to submit one check or multiple checks in one envelope. Tables accommodate 10 people. (\$50.00 tax deductible)

• I NEED _____ PLAY TICKETS (one ticket per paid attendee).

I am unable to attend. Please accept my donation for: \$ _____

I would like to donate to the auction Yes _____ No _____ Item: _____

Payment Options:

Check Enclosed payable to BIAOR (Brain Injury Association of Oregon)

Charge my: Visa MasterCard American Express Discover

Account # _____ Exp. Date: _____

Signature _____

Please print guests' names clearly below:

_____	_____
_____	_____
_____	_____
_____	_____

Return Registration to:

Brain Injury Association of Oregon
2145 NW Overton St. #1 Portland OR 97210
503-413-7707 • biaor@biaoregon.org

Keep Your Head in the Game

Prevent Concussions in Youth Sports

The Brain Injury Association is proud to be a partner in the Centers for Disease Control and Prevention's (CDC) initiative, "Heads Up: Concussion in Youth Sports." This initiative offers information about concussions—a type of traumatic brain injury—to coaches, parents, and athletes involved in youth sports. The "Heads Up" initiative provides vital information on preventing, recognizing, and responding to a suspected concussion to help ensure the health and safety of our young athletes.

A concussion is a brain injury caused by a bump or blow to the head that can change the way your brain normally works. Even what seems to be a mild bump or blow to the head can be serious. As many as 3.8 million sports- and recreation-related concussions are estimated to occur in the United States each year.

We want to equip coaches, parents, and young athletes across the country with the "Heads Up: Concussion in Youth Sports" tool kit, which contains:

- a fact sheet for coaches on concussion;
- a fact sheet for athletes on concussion;
- a fact sheet for parents on concussion;
- a clipboard with concussion facts for coaches;
- a magnet with concussion facts for coaches and parents;
- a poster with concussion facts for coaches and sports administrators; and
- a quiz for coaches, athletes, and parents to test their concussion knowledge.

The "Heads Up: Concussion in Youth Sports" tool kit can be ordered or downloaded at: <http://www.cdc.gov/ConcussionInYouthSports>.

Additional copies of the fact sheets for athletes and parents can be ordered at: <http://www.cdc.gov/ConcussionInYouthSports>.

For more detailed information about concussions and traumatic brain injury, visit: www.cdc.gov/injury.

Spring 2007 Sudoku Answers

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

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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.

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

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, 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

Medford

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

Molalla

BRAIN INJURY SUPPORT GROUP OF MOLALLA
3rd 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
To be announced at later date
Newport, OR 97365

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

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

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 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

Brains cause technology, society, art, science, soap operas, sin. A remarkable set of effects for such a small chunk of coagulated atoms.

Colin McGinn (from *The Mysterious Flame. Conscious Minds in a Material World*, 1999)

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.

Brain Injury Association of Oregon

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Additional Donation/Memorial: \$ _____

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(Please print name)

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 Professional. Field: _____
 Other: _____

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Signature Approval: _____
Date: _____

Please mail to:

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If you are receiving unwanted or multiple newsletters or have errors in your name or address, please contact BIAOR 503-413-7707 or biaor@biaoregon.org. Thank you.



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Living with Brain Injury: Building Bridges
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See Page 12 for more information

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ATTORNEYS AT LAW

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Shaun's Place
19715 NE Hassalo Ct.
Portland, OR 97230

Ph: 503.674.6790 Cell: 971.533.0074
Fax: 503.674.6810

How To Contact Us

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2145 NW Overton
Portland, OR 97210-2924
(503) 413-7707
Toll free: (800) 544-5243
Email: biaor@biaoregon.org
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**



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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