



the

HEADLINER

Fall 2009
Vol. XI Issue 4

The Newsletter of the Brain Injury Association of Oregon

What's Inside?

Professional Members
Page 2-3

Board of Directors
Page 2

The Lawyer's Desk
Page 4

BIAOR Calendar
Page 5

Brain Injury Treatment
Page 6

Types of Brain Injuries
Page 8-11

Holiday Fundraiser
Page 12

The Fact of the Matter
Page 13-14

Concussion and Second Impact Syndrome
Page 16

8th Annual Pacific NW Conference and Registration
Page 17-18

PTSD is chemical change in brain
Page 19

Resources
Page 20

Support Groups
Page 22-23

Brain scan finds man was not in a coma --23 years later

Rom Houben has been trapped in a series of worst nightmares, including trying for 23 years to alert those around him that he was not in a coma. A new report suggests he's not alone in his experience. Neurologist Steven Laureys used state-of-the-art brain scanning techniques to study Houben's cerebral cortex.

In 1983, Belgian engineering student and martial arts enthusiast Houben, then 20, was in a car accident that was thought to have left him in a vegetative state. Doctors relied on the widely-used Glasgow Coma Scale, assessing his eyes, verbal, and motor responses. What they failed to notice was that Houben was actually conscious--but completely paralyzed.

"I screamed, but there was no one to hear," he says in an interview with the German magazine *Der Spiegel*. Three years ago, neurologist Steven Laureys used modern scanning techniques to discover that Houben's cerebral cortex was, in fact, functioning. (The doctor has only just now made Houben's story public.)

Houben, who communicates via a computer with a special keyboard activated with the slightest movement of his right hand, is now 46. He has spent more than half his life trapped in his own body, and says he only survived this excruciating existence by dreaming himself away. In the interview, this is what he typed:

I am called Rom. I am not dead. The nurses came, they patted me, they sometimes took my hand, and I heard them say "no hope." I meditated, I dreamed my life away --it was all I could do. I don't want to blame anyone--it wouldn't do any good. But I owe my life to my family. Everyone else gave up.

I studied what happened around me as if it were a tiny piece of world drama, the bizarre peculiarities of the other patients in the common room, the entry of the doctors into my room, the gossip of the nurses who were not embarrassed to speak about their boyfriends in front of "the extinct one." That made me an expert on relationships.

Houben's interview with *Der Spiegel* was conducted with the aid of a communication facilitator. The facilitator,

basically, is someone who holds his hand and "helps" Rom type out messages on a touch screen. The quotation marks are there because lots of people think that facilitated communication isn't scientifically sound. Even if the facilitator isn't consciously directing the patient's hand, there's the thought that they might be subconsciously writing for them.

The therapist, Linda Wouters, has told news reporters that she can feel Houben guiding her hand with gentle pressure from his fingers. She feels him objecting when she moves his hand toward an incorrect letter. But, given his injuries, Houben should not be able to generate any pressure in his fingers. And if he can do so, why did no one else detect this ability over the past 23 years?

Houben's scans do show the brain activity of someone who is at least minimally conscious, and he's able to answer yes and no by moving one of his feet, so nobody is saying that the whole thing is a hoax. And even Houben's quotes might be genuine (although some doubt that 23 years in such extreme mental isolation could be followed by complete lucidity so quickly), but the facilitator ought to be looking away from the keyboard screen, and he or she shouldn't hear the questions Houben is supposed to be answering. In the *Der Spiegel* interview, neither of these procedures were followed.

The doctor who discovered that Houben had been wrongly diagnosed, neurologist Steven Laureys, who leads the Coma Science Group at the University of Liege in Belgium, found some degree of consciousness present in Houben by doing a sophisticated neurological scan on him.

Patients from Europe and around the world brought to his center in Liege for a second opinion get PET scans, MRIs and a battery of other tests during a weeklong reassessment.

Locked-in Syndrome

Laureys said he looks at about 50 cases from around the

(23 years later Concussion page 5)

**Brain Injury Association of Oregon
Board of Directors**

Wayne Eklund, RN/President.....Salem
 Tootie Smith/Vice Pres.....Beavercreek
 Jeri Cohen, JD/Treasurer.....Creswell
 Tom Boyd, PhDEugene
 Curtis Brown.....Cheshire
 Coleen Carney, RN.....Portland
 Paul Cordo, PhDPortland
 Andy Ellis, PhDPortland
 Rep. Vic GilliamSilverton
 Andrea Karl, MDClackamas
 David Kracke, JD.....Portland
 Bruce McLeanAshland
 Chuck McGilvray.....Central Point
 Amy Ream, MD.....Portland
 Sen. Bill MorrisetteSpringfield
 Bill Wiswall, JD.....Creswell

Advisory Board

Danielle Erb, MD.....Portland
 Dr. Herbert GrossCalifornia
 Michael KestenPortland
 Aleya Reed, PsyDKeiser
 Col. Daniel Thompson.....Salem
 Bruce Wojciechowski, OD.....Clackamas

Brain Injury Association of Oregon

PO Box 549

Molalla, Oregon 97038-0549

Executive Director:

Sherry Stock, MS, CBIS

503-740-3155 • 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, 503-740-3155

Email: biaor@biaoregon.org

Advertising in Headliner

Rate Schedule	Issue	Annual/4 Issues
A: Business Card	\$100	\$ 350
B: 1/4 Page	\$200	\$ 700
C: 1/2 Page	\$300	\$ 1,000
D: Full Page	\$600	\$ 2,000

Advertising on BIAOR Website:

\$5000/year for Banner

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*.

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

Oregon

Bend

† Dwyer Williams Potter Attorney's LLC, Bend, 541-617-0555

Eugene Area

Thomas Cary, Cary Wing Edmunson, PC, Eugene, 541-485-0203 WC

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

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

Bill Wiswall, Wiswall & Walsh, PC, Eugene, 541-484-6630

Portland Area

William Berkshire, Portland 503-233-6507 PI

‡ John Coletti, Paulson Coletti, Portland, 503.226.6361

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

Wm. Keith Dozier, Portland 503-594-0333

† R. Brendan Dummigan, Portland 503-223-7770

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

Peggy Foraker, Portland 503-232-3753

Sam Friedenber, Law Offices of Nay & Friedenber, 503-245-0894

€ Bill Gaylord, Gaylord Eyerma Bradley, PC, Portland 503-222-3526

Ron Hoover, Portland, 503-288-0156

(Guardianships & Conservatorships)

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

€ Rick Klingbeil, 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

Jeff Merrick, Lake Oswego 503-665-4234

Jeffrey Mutnick, Portland 503 595-1033

Robert Neuberger, Portland 503-228-1221 PI

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

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

€ Richard A. Sly, Portland 503-224-0436, SSI/SSD/PI

Steve Smucker, Portland 503-224-5077

Judy Snyder, Portland 503-228-5027 PI

Tichenor & Dziuba Law Offices, Portland 503-224-3333, PI

Kimberly K. Tucker, Swanson, Thomas & Coon, Portland, 503-228-5222 SSD/SSI

Richard Vangelisti, Vangelisti Law Offices PC, Portland 503-595-4131

Ralph Wiser III, Wiser & Associates, Inc., Lake Oswego 503 620-5577, PI & SSI/SSD

Salem Area

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

Roger Evans, Salem, 503-585-2121

Roseburg

Samuel Hornreich, Roseburg, 541-677-7102

Nevada

Tim Titolo, Titolo Law Office, Las Vegas, NV,

702-869-5100, PI

Washington

Baumgartner, Nelson & Price, Vancouver 360 694-4344

Harlan, Beau, Harlan Law Firm, Vancouver 360-735-8200

Donald Jacobs, NW Injury Law Center, Vancouver 360-695-1624

Care Facilities/TBI Housing

(subacute, community based, inpatient, outpatient, nursing care, supervised-living, behavior, coma management, driver evaluation, hearing impairment, visual impairment, counseling, pediatric)

Carol Altman, Homeward Bound, Hillsboro 503-640-0818

Jason Altman, Neu Pathways, Hillsboro 503-704-4553

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

Karen Campbell, Highland Height Home Care, Inc, Gresham & Portland, 971-227-4350

£ Casa Colina Centers for Rehabilitation, Pomona, CA, 800-926-5462

† Rondi Grace, ABI Director, Mentor Oregon, Portland 503-258-2440 x144

Melissa Taber, Long Term Care TBI Coordinator, DHS, State of Oregon 503-947-5169

Robert Jacobson, Umpqua Homes, Roseberg, 541-673-2240

Kampfe Management Services, Pam Griffith, Portland, 503-788-3266

Learning Services, Northern CA & CO, 888-419-9955

Jim Lewis, Sandy, 503-826-0811

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

† Oregon Rehabilitation Center, Sacred Heart Medical Center, Director: Nancy Naishtat, 541-868-3453

Quality Living Inc (QLI), Matthew Clough, Nebraska, 402-573-3777

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

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

€ Wally & Donna Walsh, Delta Foundation/Snohomish Chalet, Snohomish, WA 360-568-2168

Chiropractic

Thomas Kelly, DC, Chiropractic Neurologist, Kelly

Chiropractic, PS, Vancouver, WA, 360-882-0767

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

George Siegfried, DCPC, Dunn Chiropractic, McMinnville/Portland 503-977-0055

Cognitive Rehabilitation Centers/ Rehab Therapists/

Specialists

Laura Fischrup, OTR/L, CDRS, Driving Solutions, Eugene, 541-686-3524

† Gentiva Rehab Without Walls, Mountlake Terrace, WA 425-672-9219

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

Lynne Williams, Lynne Williams Cognitive Rehab. Therapy, Central Point 541-655-5925

Counseling

Donald W. Ford, MA, LMFT, LPC, Portland, 503-297-2413

Jane Fortune, LCSW, Mindsight Center, LLC, Portland, 503-297-6723

Margery Minney, Valley Caregiver Resource Center, Fresno, CA 559-224-9154

Kate Robinson, MA, CRC, Portland, 503-318-5878

Dentists

Beverlee Cutler, DMD, Portland, 503-227-5212
Dr. Nicklis C. Simpson, Adult Dental Care LLC,
Gleneden Beach 541-764-3113
Dan Thompson, DMD, Lake Oswego 503-675-6776

Educators

Diana Allen, Linn Benton Lincoln ESD, Albany
± McKay Moore-Sohlberg, University of Oregon,
Eugene 541-346-2586

Lisa Myers, Portland Community College
Martha Simpson, South Coast ESD, Coos Bay

EMT

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

Expert Testimony

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

Financial Services

Kayla Aalberg Eklund, Structured Settlement Broker,
Oregon, 503-869-6518

Life Care Planners/Case Manager/Social Workers

Gerry Aster, RN, MS, Nurse Case Manager, Vida,
541-896-3001

Priscilla Atkin, Providence Medford Medical Center,
Medford, 541.732.5676

Rebecca Bellerive, Rebecca Bellerive, RN, Inc,
Gig Harbor WA 253-649-0314

Coleen Carney, RN, Carney Smith & Associates,
Portland 503-680-2355

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

Michele Lorenz, Lorenz & Associates, Medford,
541-538-9401

Becky Mungai, RN, BA, CLNC, PLLC Florida
850-932-9323

Michele Nielson, Medical Vocational Planning, Portland
503-888-6358

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

Bonnie Robb, RN, BSN, CCM, CNLCP, Bonnie Robb
Consulting, Lake Oswego, 503-684-8831

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

Legal Assistance/Advocacy

£ Oregon Advocacy Center, Portland, 503-243-2081
£ SEIU Local 503, OPEU, Megan Moyers, Portland,
800-527-9674

Long Term TBI Rehab-Day Program's

Carol Altman, Homeward Bound's Bridge to
Independence Day Program, Portland/Hillsboro,
503-640-0818

Medical Professionals

*Sonja Bolon, Art Therapist, Mental Health Therapist,
Milwaukie, 503-816-1053

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

Carol Marusich, OD, Neuro-optometrist, Lifetime Eye
Care, Eugene, 541-342-3100

Martin McMorrow, The Mentor Network, Illinois,
618-893-2300

Aleyna Reed, RN, PsyD, Nurse Practitioner, Salem,
503-508-8118

† Kayle Sandberg-Lewis, LMT, MA, Neurofeedback,
Portland, 503-234-2733

Karen Schade, Trauma-Legacy Emanuel Hospital,

Portland 503-413-1679

Jill Stanard, Naturopathic Medicine, National College of
Natural Medicine, Portland 503-552-1994

Sharon Stapleton, RN, BSN, CCRN, Retired Portland
Dorothy Strasser, VA Medical Center, Rehab, Portland,
503-285-6356

Bruce Wojciechowski, OD, Clackamas, Neuro-
optometrist, Northwest EyeCare Professionals,
503-657-0321

Physicians

Sharon Anderson, MD, West Linn 503-650-1363

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

Eilis Boudreau MD, Neurologist, OHSU Portland

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

M. Sean Green, MD, Neurology, OHSU

Molly Hoeflich, Providence Portland Medical Centre-
Medical Director, rehab unit, Portland 503-230-2833

Steve Janselwitz, MD, Legacy Emanuel, Pediatric
Physiatrist, 503-413-4505

Andrea Karl, MD, Kaiser Permanente, Clackamas,
503-571-4229

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

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

Francisco Soldevilla, MD, Neurosurgeon, Northwest
Neurosurgical Associates, Tualatin, 503-885-8845

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

Gil Winkelman, NO, MS, Alternative Medicine,
Neurobiofeedback, Counseling, Portland, 503-501-
5001

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 503.284.8558

*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

Elaine Greif, PhD, Portland 503-281-3069

Nancy Holmes, PsyD, Portland 503-235-2466

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

Will Levin, PhD, Mpower Wellness, Eugene,
541-302-1892

Kate Morris, PhD, Salem Rehab Hospital, Salem

Wendy Newton, PsyD, Portland, 503.869.9092

Rory Richardson, Lincoln City, 541-994-4462

Susan Rosenzweig, PsyD, Portland, 503-408-1598

Benson Schaeffer, Ph.D, Portland 503 280-8852

*Jane Starbird, PhD, Portland 503-493-1221

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

Mark Tilson, PhD, RIO, Portland 503-413-7662

John Woodland, school psychologist, Gold Beach

Recreation & Travel Services

Ryan Ogan, Get Up and Go, Assisted Travel, LLC,
Independence for Life, LLC, Wilsonville, 503-422-
5523 www.getupandgoassistedtravel.com

Speech and Language

Channa Beckman, Harbor Speech Pathology, WA
253-549-7780

John E. Holing, Glide 541-440-8688

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

Linda Lorig, Springfield, 541-726-5444

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

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

Christine Talbott, Yakima Hearing & Speech Center,
WA, 509-453-8248

State of Oregon

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

James Walker, LCSW, Adult Services Coordinator,
Lincoln County Health & Human Services, South
Beach Clinic, 541-265-6611 x 5963

Technology/Assistive Devices

† Brain Book System Work manager, Kathy Moeller,
541-840-7282

Vocational Rehabilitation/Rehabilitation/Workers Comp

Roger Burt, MS, CADC, St. of Oregon Voc Rehab,
Portland

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

¥ Sara Kendall, Oregon Compleitive Employment
Project, Salem 503-945-5857

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

Karen McDonald, OR Commission for the Blind,
Portland 971-673-1588

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

Meg Munger, Kaiser Rehab Services Liaison,
Milwaukie

† SAIF, Salem

Patrons/Professional Members

Alice Avolio, MS, Portland

‡ Joan Marie Cummings, Portland

Chuck McGilvray, Central Point

± Richard & Pamela Olson Dulude, Salem

Kevin Elkins, Alvadore

William Griffiths, West Linn

‡ Stephanie Keyes, Portland

€ Judith Moore, Portland

¥ Craig Ness, Wasilla Alaska

± Bill Olson, Salem

Meg Rawlings & Russ Rudometkin, Medford

Amy Ream, MD, Portland

Charlene Sparlin, Roseburg

Names in bold are BIAOR Board members

† Corporate Member ‡ Gold Member

€ Silver Member ± Bronze Member

¥ Sustaining Member £ Non-Profit

To become a supporting professional member of BIAOR see page 21 or contact BIAOR, biaor@biaoregon.org.

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

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



"In some states there appears to be an awaking like the one in the NFL. Texas, Washington and Oregon – after tragedies in which players were killed or seriously injured in games – have passed laws mandating concussion training for high school coaches and medical personnel. Three states down; 47 to go." (USA Today Tuesday November 24, 2009 p.8A)

As I have written before, the law is a "living" entity in that it is expected to change with the times and circumstances of our human condition. In the case of concussion symptom awareness, we in Oregon, along with enlightened citizens in Washington and Texas, are showing the rest of the country where we all need to be going with regard to recognizing the threats to our young, and old, athletes from concussions and the terrible consequences of second impact syndrome.

Further, in light of the national recognition that has accompanied Oregon's passage of Max's Law it is apparent to me that our efforts present an excellent example of the power that a relatively small group of advocates can have on the national awareness of a critical problem. Max Conradt suffered a terrible injury and in the blink of an eye his life was changed forever. It could have stopped there. Max could have spent his recovery in relative anonymity and little if anything would have changed as a result. In fact, I have no doubt that there are hundreds of stories just like Max's in other states where this is just what happened. Unfortunately, there are a hundred more waiting to happen. But in Oregon, Washington and Texas concerned parents, citizens, survivors, brain injury association members, legislators and other professionals banded together and achieved results that will help prevent Max's tragedy from being repeated

But this is hardly the end of the story, in Oregon or elsewhere. In fact, it is more like the begging of the story in that we must always be vigilant in our efforts to minimize the occurrence of second impact syndrome. Because of Max's Law, high school coaches in Oregon are required to receive concussion symptom recognition training. Hopefully this training will lead to coaches taking concussed players out of games and keeping them out

until they have been cleared to play by medical professionals. Hopefully this will reduce the occurrence of second impact syndrome and hopefully players will live long and productive lives after their days on the gridiron are over. But there is still work to be done.

Jon Cohen recognizes the work to be done. Jon is a friend of mine, an excellent attorney and a loving father actively involved in his children's lives on and off their various playing fields. Jon followed the BIAOR's efforts with regard to Max's Law and applauded its application to high school sports, but as any good attorney would do, he questioned why the law wasn't applicable to all coaches regardless of whether they coached high school athletics or not. When I spoke with Jon not long ago I offered that we had to start somewhere, and that it was a large first bite to get the high school coaches covered with regard to concussion symptom recognition training. Jon, however, wasn't content with limits on this critical training for coaches. "What about the recreational leagues?" he asked himself some time ago. "Why aren't recreational level coaches trained in recognizing these concussion symptoms." Without waiting for an answer, Jon did what he does best: He went to work on solving the problem.

Jon set his sights on the soccer playing community in Oregon. In any given season there are approximately six thousand recreational level soccer coaches in Oregon. These coaches are supervised to a large degree by the excellent administrators at the Oregon Youth Soccer Association. Jon contacted OYSA and suggested that the recreational level coaches should receive the same training as the high school coaches. Jon recognized what is inherent in any analysis of youth sports: Concussions happen everywhere regardless of what team is playing, and the effects of concussions are the same regardless of whether or not the player plays for a high school team or a recreational level team. As Jon correctly concluded, all coaches need concussion symptom recognition training whether they coach at the high school level or at the

recreational level.

Jon contacted the Centers for Disease Control and arranged for six thousand concussion recognition kits to be delivered to the offices of the OYSA for immediate distribution to recreational level soccer coaches throughout Oregon. The kits arrived last month and they are being distributed throughout the state. I have no doubt that because of Jon's efforts some player somewhere within the state of Oregon will be taken out of a game after suffering a concussion and will not return to the field until after that player has been medically cleared to do so thus reducing the risk of second impact syndrome for that player. Jon's efforts will prevent more serious injuries from occurring and countless lives will not be affected by the terrible effects of second impact syndrome as a result. That, in a nutshell, is what all of our efforts are about. I applaud Jon and the OYSA for their efforts in doing privately what the public sector has not yet done.

A week or so ago, Pittsburgh Steelers quarterback Ben Roethlisberger left an NFL game with what his coach called a "concussion-oriented thing." It was an important game for the Steelers and they felt the loss of their star quarterback during the remainder of the game.

(Lawyer's Desk Continued on page 5)

Wayne A. Eklund, RN, CNLCP

Nurse Consultant
Certified Nurse Life Care Planner

9285 Alaska St. SE • Salem, OR 97301
Tele: 503 363-7096 • Fax: 815 327-5327
888-300-5206 • Cell: 503 884-4992
e-mail: wayne@wayneeklund.com

2010 BIAOR Calendar of Events

For updated information, please go to
www.biaoregon.org

Jan	TBI and Corrections - Training for Correction Personnel
March 3,4,5,6	8th Annual NW Brain Injury Conference Sheraton Airport Hotel, Portland, OR
April 16	Legal Workshop
July	3rd Annual Camping, Hiking and Rafting Trip

Have you had an insurance claim for cognitive therapy denied?

If so call:

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

(Lawyer's Desk Continued from page 4)

This past Sunday Ben Roethlisberger sat out again because his doctors had not yet cleared him to play. His brain was still recovering from the concussion and he was susceptible to second impact syndrome should he have been concussed again. Even so, one of Ben's teammates criticized the decision to keep Ben out of the following game. The Steelers needed him, so why couldn't Ben just suck it up and play? Fortunately, the doctors prevailed and we didn't find out if Ben would suffer a debilitating brain injury during last week's game. As those of us who support the BIAOR know, Ben did the right thing and he set an example for all football players. The game may seem critically important, but there is no substitution for being cautious where second impact syndrome is involved. Now if the rest of the country would just listen...

David Kracke is an attorney with the law firm of Nichols & 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.

Tichenor Dziuba LLP

1450 Standard Plaza
1100 SW Sixth Avenue
Portland, OR 97204
1-888-883-1576

No Recovery No Fee

Practice Areas:

Automobile Accidents	Defective Products
Maritime Accidents	Bicycle Accidents
Construction Accidents	Motorcycle Accidents
Trucking Accidents	Sexual Harassment/Abuse
Medical Malpractice	Aviation Accidents
Wrongful Death	Legal Malpractice
Dangerous Premises	

No Recovery, No Fee: We handle all cases on a contingent fee basis. There is no fee unless we are successful in obtaining a verdict or settlement in your favor. There is no charge for us to review your case.

(23 years later Continued from page 1)

world each year, but none are as extreme as that of Houben, who was fully conscious inside a paralyzed body. Still, he says, people in non-communicative states are misdiagnosed up to 40 percent of the time.

Most patients trapped inside their bodies while conscious have had a stroke that causes what is called "locked-in syndrome." According to experts, this is a condition in which a patient is aware and awake but cannot move or communicate due to complete paralysis of the voluntary muscles of the body. The major cause of this horrible condition is a stroke in a key artery in the brain that causes severe damage to the lower brain and brain stem but not the cortex, where thought and consciousness reside. It is not clear how a car accident may have caused a locked-in situation.

According to Laureys, Houben's case may be far more common than we'd like to think. The doctor, who leads the Coma Science Group and Department of Neurology at Liege University Hospital, says that while Houben's doctors were "not good," he's not sure better ones using this same coma scale would have detected brain activity either:

In Germany alone each year some 100,000 people suffer from severe traumatic brain injury. About 20,000 are followed by a coma of three weeks or longer. Some of them die, others regain health. But an estimated 3,000 to 5,000 people a year remain trapped in an intermediate stage--they go on living without ever coming back again.

In his paper, Laureys writes that in about 40 percent of "vegetative state" cases he has analyzed, current brain scanning techniques reveal signs of varying levels of consciousness. A case is being made, it seems, to stop relying on the Glasgow Coma Scale and start looking more closely at brain scanning images.

Brain injury treatment with amino acids offers hope

Researchers at the Children's Hospital of Philadelphia have discovered positive evidence in animal research that reinforcing the diet of a victim of traumatic brain injury can produce positive results in the recovery process. Through a treatment of feeding amino acids to brain-injured mice, scientists found that the rodents were able to recover some of their cognitive brain functions as the added amino acids restore a balance in the brain's neurochemicals.

This research isn't unique, as past testing has proven that people with TBI have experienced mild improvements in their cognitive brain functions after having various amino acids administered intravenously. The research being conducted by the Children's Hospital showed significant progress through the feeding of three specific branched chain amino acids in the water supply of the injured mice. The introduction of leucine, isoleucine, and valine helped balance the brain's ability to stimulate and inhibit certain functions.

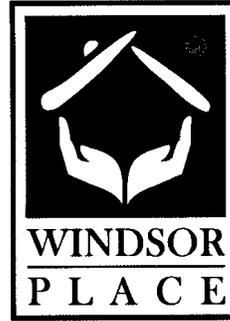
After one week of this amino acid treatment, the injured mice were beginning to show similar responsive traits – in this specific research it was fear – as healthy mice. This was a positive sign that the amino acids were returning their natural instincts back toward normal responsive behavior.

As additional research continues with the mice, the Philadelphia team hopes to begin human patient collaboration within the next year.

Source: <http://www.brainandspinalcord.org/blog/2009/12/10/brain-injury-treatment-with-amino-acids-offers-hope/>

Answers to Sudoku on page 23

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



Sharon Slaughter
Executive Director

Phone: 503-581-0393
Fax: 503-581-4320

Windsor Place, Inc.
3009 Windsor Ave. N.E.
Salem, Oregon 97301

sharonslaughter@qwest.net

Traumatic /Acquired Brain Injury
PTSD (Posttraumatic Stress Disorder)
Imago Relationship Therapy

Anxiety
Biofeedback
Trauma

Nancy Irey Holmes, PsyD Psychologist

Office locations

4511 SE 39th Ave
Portland OR 97202
503-235-2466

28 NE 12th St
Madras, OR 97741
503-330-4428
Fax: 503-200-5550

Mailing Address
10824 SE Oak St #212
Milwaukie, OR 97222

No One Knows TRAUMATIC INJURIES Better Than A GOOD DOCTOR

Now You Can Hire One As Your Lawyer

Auto Accident Injuries
Medical Malpractice
Wrongful Death
Drunk / Drugged Driver
Insurance Disputes
Traumatic Brain Injury

DR. AARON DESHAW, ESQ., P.C. TRIAL LAWYER

Fox Tower
805 SW Broadway, Suite 2720
Portland, OR 97205

www.DoctorLawyer.net
(503) 227-1233

EXPERIENCED REPRESENTATION INCREASES YOUR CHANCE OF RECOVERY

Since 1981, we have handled some of Oregon's largest Workers' Compensation, Personal Injury and complex Social Security cases.

We can help you with:

- Workers' Compensation
- Social Security Disability
- Construction Injuries
- Death Claims
- Personal Injury/Defective Products

Call us today for a FREE consultation

SWANSON THOMAS & COON ATTORNEYS

503 228-5222 www.stc-law.com

JENSEN, ELMORE & STUPASKY, P.C.

ATTORNEYS AT LAW

DAVID JENSEN, OF COUNSEL

djensen@jeslaw.com

EUGENE OFFICE
199 EAST FIFTH AVE., SUITE 24
EUGENE, OREGON 97401
(541) 342-1141

SISTERS OFFICE
220 N. PINE • P.O. BOX 1408
SISTERS, OREGON 97759-1408
(541) 549-1617

KAMPFE MANAGEMENT SERVICES

rehabilitation for Traumatic Brain Injury



PAMELA MORGAN GRIFFITH

3734 S.E. Gladstone
Portland, Oregon 97202

503-788-3266

kmspam@hotmail.com

www.kampfmanagement.com

Stimulating and goal-directed



Independent living skills training

Homeward Bound's Bridge to Independence Day Program

A supportive, goal-directed and stimulating environment for the brain injury survivor to be motivated and encouraged as they continue healing.

Tuesday & Thursday • 9am - 2pm • Lunch included



Relationship skills training



Cognitive and memory exercises

office@homeward-bound.org **503-640-0818** www.homeward-bound.org

Types of Brain Injuries

Over one million Americans per year will experience a brain injury, and of those about 80,000 will suffer long-term disabilities as a result of their injury. Brain injuries affect people from all walks of life of all ages, and can range from mild to severe. While no two brain injuries behave exactly alike, one of the keys to coping with brain injury is being aware of their causes, symptoms, and treatments.

The types of brain injury include:

Brain Aneurysm
Anoxic Brain Injury
Closed Head Injury
Diffuse Axonal Brain Injury

Brain Aneurysm

A brain aneurysm is defined as an abnormal outward bulging of an artery in the brain. When a brain aneurysm bursts or ruptures, it causes bleeding into the brain, or into the space surrounding the brain called the subarachnoid space. This can lead to stroke, brain damage, and death. Brain aneurysms can affect people of all ages, but are most often seen in people between the ages of 35 and 60.

Symptoms of Unruptured Brain Aneurysms

While most people with unruptured brain aneurysms have no symptoms, a little less than half of victims will experience the following signs:

- Peripheral vision issues
- Problems thinking or processing
- Speech issues
- Issues with perception
- Changes in behavior
- Loss of coordination and balance
- Difficulties concentrating
- Short-term memory problems
- Fatigue

Symptoms of Ruptured Brain Aneurysms

Symptoms of ruptured brain aneurysms include:

- Headache
- Nausea and vomiting
- Neck pain - stiff neck
- Vision problems
- Eye pain
- Dilated pupils
- Light sensitivity
- Loss of sensation

Treatment of Brain Aneurysms

Once the aneurysm has ruptured, treatment is focused on stopping the bleeding and minimizing permanent damage. There are also surgical procedures designed to prevent unruptured aneurysms.

Prognosis of Brain Aneurysms

Ten to 15 percent of all people who experience a ruptured brain aneurysm will die before they reach the hospital. More than 50 percent will die within the first 30 days of rupture. About half of all survivors experience some degree of permanent brain damage.

Anoxic Brain Injury

Adequate oxygen is vital for the brain. Many factors can cause the brain to receive inadequate oxygen. When oxygen levels are significantly low for four minutes or longer, brain cells begin to die and after five minutes permanent anoxic brain injury can occur. Anoxic brain injury which is also called cerebral hypoxia or hypoxic-anoxic injury (HAI) is a serious, life-threatening injury; it can cause cognitive problems and disabilities. Some HAI injuries are due to a partial lack of oxygen; the term hypoxic means partial lack. Other HAI injuries are due to a complete lack of oxygen; the term anoxic means total lack. The greater the loss of oxygen, the more wide-spread and serious the injury will be.

Reasons the brain is dependent on oxygen:

The death of brain cells interrupts the brain's electrochemical impulses and interferes with the performance of neurotransmitters—the chemical messengers which transmit messages within the brain. The neurotransmitters regulate body functions and influence behavior. For example, the neurotransmitters serotonin, dopamine, and norepinephrine help regulate moods, while the endorphins increase pleasure and control pain. The neurotransmitter acetylcholine plays an important role in memory.

Causes of Anoxic Brain Injury

There are four types of anoxia, but each can cause the same serious damage to the brain:

1. Anemic anoxia. This form of anoxia results from blood that cannot carry sufficient oxygen to the brain. Some forms of lung disease can lead to insufficiently oxygenated blood, since the lungs are not processing oxygen sufficiently. While the blood flow to the brain is still adequate, the brain will not receive enough oxygen to perform vital functions. This can lead to slow deterioration of the patient's overall condition. Chronic anemia, acute hemorrhage, and carbon monoxide poisoning can cause anemic anoxia.

2. Toxic anoxia. This form of anoxia is caused by toxins in the system that prevent the blood's oxygen from being used efficiently. For example, carbon monoxide poisoning can cause toxic

anoxia.

3. Stagnant anoxia. This condition is also called hypoxicischemic injury (HII). In HII, an internal condition blocks sufficient oxygen-rich blood from reaching the brain. Strokes, cardiac arrhythmia, and cardiac arrest can cause HII.

4. Anoxic anoxia. This condition is caused when there is not enough oxygen in the air for the body to benefit with it. It can occur at high altitudes.

Common causes of all forms of anoxia:

- Respiratory arrest
- Electrical shock
- Drowning
- Heart attack
- Brain tumors
- Heart arrhythmia
- Extreme low blood pressure
- Carbon monoxide inhalation
- Poisoning
- Choking
- Compression of the trachea.
- Respiratory conditions which interfere with proper breathing.
- Suffocation
- Illegal drug use

Symptoms of Anoxic Brain Injury

Usually HAI will begin with a loss of consciousness or a coma, although this not always the case. A coma resembles sleep, but the person will not wake up when called or stimulated in some way. After the initial unconscious period the person may lapse into a persistent vegetative state—the person is not comatose, but yet he or she will not respond to being stimulated; the persistent vegetative states is often called "wakeful unresponsiveness."

If the person regains full consciousness, he or she may experience a wide-range of symptoms which resemble the symptoms seen after head trauma. The extent and type of symptoms depend on the amount of brain tissue damage and part of the brain where the injury occurred.

Cognitive problems include:

- Short-term memory loss. Most people with HAI experience short-term memory loss; the problem is extremely common when a hypoxicischemic injury caused the HAI. The person cannot remember new information which has just been presented. The part of the brain responsible for learning new information is called the hippocampus and it is very sensitive to a lack of oxygen.
- Poorer performance in executive functions. The

(Types of Brain Injuries Continued on page 9)

(Types of Brain Injuries Continued from page 8)

executive functions include judgment making, reasoning, and processing information. The person with HAI may become impulsive and indecisive. He or she may lack the ability to concentrate or to focus on more than one task.

- Anomia. This term means having difficulty using words or processing what words mean. The right word may not be remembered or a word may be placed out of context. Sometimes the opposite word is used; for example, a person wanting to say “sunny” may say “cloudy” instead. Common words may not be understood.

- Visual disturbances. The person with HAI may have trouble processing visual information. They may find it difficult to focus or they may reach for an object, but not be able to touch it because they are reaching in the wrong place. Rarely, HAI causes cortical blindness; the eyes are normal, but the brain cannot process visual information and so the person cannot see. Oddly enough people with cortical blindness may act as though they can see, even though they seem unable to identify objects, colors, or shapes; this because the damaged part of the brain is unable to realize that it is damaged.

Physical problems include:

- A lack of coordination. This is called ataxia. The person’s gait may be wobbly; they may weave or stagger like someone who has had too much alcohol.

- An inability to do common tasks. This is known as apraxia. The person may be unable to remember the sequence of common tasks like brushing the hair or drinking from a cup.

- Movement disorders. The person may experience spasticity, rigidity, and myoclonus (muscle spasms). The patient may have involuntary movements, jerky movements, or trembling.

- Quadriplegia. The person may experience weakness in all four limbs.

- Headaches.

Anoxic brain injury can also cause confusion, depression, hallucinations, delusions, personality changes (such as increased irritability), and the inability to concentrate.

Diagnosing Anoxic Brain Damage

Loss of consciousness is a serious medical emergency; call an ambulance if you are with someone who has lost consciousness. If you or someone you know are experiencing symptoms of anoxic brain injury, do not delay seeking medical help. Problems such as heart arrhythmias can cause significant lack of oxygen to the brain without inducing a lack of consciousness; the person may simply be extremely sleepy or fatigued.

Diagnostic tests for anoxic brain damage include:

- MRI (magnetic resonance imaging)—considered the gold standard for diagnostic tests; an MRI produces detailed cross-sections of the brain by using radio waves and magnets. The images are shown on a computer screen.

- CT or CAT scan (computerized axial tomography) — which uses x-rays and the computer to show detailed images of brain’s interior.

- The evoked potentials tests evaluate the patient’s response to visual, auditory, and sensory stimuli. Electrodes are places on the patient’s head to measure brain waves and the various stimuli are then presented.

- EEG (electroencephalogram)—Electrodes are placed on the head to measure the brain’s electrical activity.

- Blood tests, especially tests for arterial blood gases, since these determine the level of oxygen in the blood.

Prognosis for Anoxic Brain Damage

Recovering from anoxic brain damage is difficult. Many factors contribute to the degree and rate of recovery. The amount and kind of brain damage is a critical factor; anoxic brain injury can be mild, moderate, or severe. The length of time spent unconscious or in a coma, coupled with how much normal function is recovered within the first month of the injury can indicate the chance of long-term recovery.

People who have experienced severe anoxic brain injury may remain in a coma or vegetative state. Their chance of recovery may be minimal. Cases of moderate anoxic brain injury have a better outcome, but recovery may still take months or years. People with mild anoxic brain injury usually make a full or nearly full recovery, and are able to live lives that are relatively normal and symptom free.

Treatment of Anoxic Brain Injury

When treating anoxic brain injury, doctors first attempt to pinpoint the cause of the injury and treat it. For example, if lack of oxygen is due to

a stroke, the first priority will be to treat the patient for stroke. If the problem is due to heart arrhythmia, steps will be taken to regular and stabilize the heart’s rhythm.

Efforts to stop further brain damage will be combined with treatments for the cause of the problem. Every effort will be made to restore normal oxygen availability to the brain. The patient will be kept cool in order to reduce further brain damage, because the brain can reach high temperature during oxygen deprivation. Steroids may be given in an attempt to reduce brain swelling, since swelling can also damage the brain. Barbiturates may be given to reduce brain activity and allow the tissue time to recover. Sometimes people with anoxic brain injury have seizures. Anti-seizure medications will be used to control this problem. Severe seizures may be treated with anesthesia.

In many instances, the patient must be put on a ventilator during the first phase of treatment. This is frightening for the family, but it can be a step taken to assure the proper level of oxygen will be maintained so that the patient has a chance of recovery. Of course, all involved must be prepared for the possibility of brain death (no brain activity, which means no chance of recovery). The longer a person remains unconscious, the greater the chance of brain death. The medical team should keep the appropriate family members aware of exactly what is going on; do not hesitate to ask questions about every treatment. There are no “dumb questions.”

Once the patient is stable and life-threatening injuries have been treated, the rehabilitation phase of treatment will follow. Generally, chances of recovery are better when rehabilitation can be started quickly, particularly with people over 25. As people age the muscles atrophy more quickly with bed rest, so it is important to begin movement as soon as possible.

During rehabilitation the patient and his or her family will work with a multidisciplinary staff including doctors, nurses, physical and occupational therapists, and other specialists to devise an individualized program designed to return the patient to the maximum level of function. The rehabilitation phase may include:

- Speech therapy

- Physical therapy

- Occupational therapy

- Recreational therapy

- Adaptive equipment training

- Counseling

The patient’s family and caregivers can help with rehabilitation by talking with all members of the rehabilitation team and making sure that they understand what the goals of therapy are. Love

(Types of Brain Injuries Continued on page 10)

Half a brain is too much for him who says little.

We need brain more than belly food.

Brain is worth more than brawn.

Where there are no brains, there is no feeling.

The less the brains, the bigger the hat.

You can borrow brains, but you can't borrow character.

- American Proverbs

(Types of Brain Injuries Continued from page 9)

and emotional support is vital for the patient during this time. Taking care of someone with anoxic brain injury can be a physically and emotionally draining experience; the person's physical needs may be taxing and they may not relate to you in the way they once did. If you are taking care of a loved one with anoxic brain damage, make sure that you also take care of your own physical and emotional needs. A support network is important. Do not hesitate to tell family and friends what you need and do not hesitate to take advantage of support systems offered by the hospital or rehab center.

Preventing Anoxic Brain Damage

The best way to avoid the long-term effects of an anoxic Brain Injury is to avoid injury altogether. While accidents can happen, there are steps you can take to reduce the risk of anoxic brain damage to yourself and your loved ones:

- Make sure children under the age of three are not exposed to choking hazards.
- Chew your food slowly and carefully.
- Learn how to swim and teach your loved ones to swim. Make sure that small children who aren't able to swim aren't left alone in pool areas, bathtubs, or areas in which there is water. It only takes a couple of inches for a child who can't swim to experience a near-drowning event.
- Learn CPR (cardiopulmonary resuscitation).
- Stay away from high-voltage electrical sources.
- Install carbon monoxide detectors in your home.
- Do not take illegal drugs, or abuse prescription drugs.
- Maintain your heart's health by exercising regularly, eating right, and getting regular check-ups. Monitor your blood pressure.

Closed Head Injury

A closed head injury is a trauma in which the brain is injured as a result of a blow to the head, or a sudden, violent motion that causes the brain to knock against the skull. A closed head injury is different from an open head injury, in that no object actually penetrates the brain. Closed head injuries can be diffuse, meaning that they affect cells and tissues throughout the brain; or focal, meaning that the damage occurs in one area. Closed head injuries can range from mild to severe.

Causes of Closed Head Injury

Common causes of closed head injury include automobile accidents, assault, falls, work-related accidents, and sports-related accidents.

Symptoms of Closed Head Injury

Symptoms of severe closed head injury usually present themselves immediately, while symptoms of mild head injury can show up days or even weeks after an injury. Symptoms include:

- Loss of consciousness

- Dilated pupils
- Respiratory issues
- Convulsions
- Headache
- Dizziness
- Nausea and vomiting
- Cerebrospinal fluid leaking from nose or ears
- Speech and language problems
- Vision issues
- Emotional and behavioral changes

Prognosis of Closed Head Injury

Degree and rate of recovery is highly dependent upon individual circumstances. The amount of time spent unconscious or in a coma, as well as how much of normal activity is recovered within the first month, are good indicators of long-term recovery.

Diffuse axonal

Diffuse axonal injury occurs in about half of all severe head traumas, making it one of the most common traumatic brain injuries. It can also occur in moderate and mild brain injury. A diffuse axonal injury falls under the category of a diffuse brain injury. This means that instead of occurring in a specific area, like a focal brain injury, it occurs over a more widespread area. In addition to being one of the most common types of brain injuries, it's also one of the most devastating. As a matter of fact, severe diffuse axonal injury is one of the leading causes of death in people with traumatic brain injury.

Diffuse axonal injury isn't the result of a blow to the head. Instead, it results from the brain moving back and forth in the skull as a result of acceleration or deceleration. Automobile accidents, sports-related accidents, violence, falls, and child abuse such as Shaken Baby Syndrome are common causes of diffuse axonal injury.

When acceleration or deceleration causes the brain to move within the skull, axons, the parts of the nerve cells that allow neurons to send messages between them, are disrupted. As tissue slides over tissue, a shearing injury occurs. This causes the lesions

that are responsible for unconsciousness, as well as the vegetative state that occurs after a severe head injury. Diffuse axonal injury also causes brain cells to die, which cause swelling in the brain. This increased pressure in the brain can cause decreased blood flow to the brain, as well as additional injury. The shearing can also release chemicals which can contribute to additional brain injury.

Symptoms of Diffuse Axonal Injury

The main symptom of diffuse axonal injury is lack of consciousness, which can last up to six hours or more. A person with a mild or moderate diffuse axonal injury who is conscious may also show other signs of brain damage, depending upon which area of the brain is most affected.

Diagnosing Diffuse Axonal Injury

If the patient has sustained a mild diffuse axonal injury and is conscious, he or she will be asked a variety of questions including how the injury occurred and what symptoms the patient is experiencing, in addition to questions designed to test the cognitive ability of the patient.

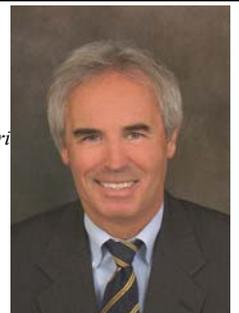
Tests will then be run to determine the severity of the injury. Since most patients with severe diffuse axonal injury are unconscious following the injury, the only way to determine the extent of the injury is to run these tests. These tests may include:

- Magnetic Resonance Imaging (MRI)—This test uses magnets, radio waves, and a computer screen to show detailed cross-sections of the brain. This is the preferred test for diagnosing diffuse axonal injury.
- CT Scan—This test uses an x-ray machine and

RALPH E. WISER

Attorney (Types of Brain Injury)

Representing Brain Injured Individuals



- Auto and other accidents
- Wrongful Death
- Sexual Abuse
- Elder Abuse
- Insurance issues and disputes
- Disability: ERISA and Non-ERISA, SSD, PERS

One Centerpointe Drive, Suite 570
Lake Oswego, Oregon 97035
Phone: (503) 620-5577 Fax: (503) 670-7683
Email: ralph@wiserlaw.com

FREE INITIAL CONSULTATION
Free Parking/Convenient Location

(Types of Brain Injuries Continued from page 10)
 a computer monitor to show detailed images of the interior of the brain. CT scans may result in false negatives, so they can't be relied on to give definitive results when it comes to diffuse axonal injury.

- Evoked Potentials—Commonly called the SSEP, BAER, and VEP, these tests look at the visual, auditory, and sensory pathways in the brain.
- Electroencephalogram (EEG)—This test measures the electrical activity in the brain.

Treatment of Diffuse Axonal Injury

Immediate measures will be taken to reduce swelling inside the brain, which can cause additional damage. In most cases, a course of steroids or other medications designed to reduce inflammation and swelling will be administered, and the patient will be monitored. Surgery is not an option for those who have sustained a diffuse axonal injury.

If the patient has sustained a mild or moderate diffuse axonal injury, the rehabilitation phase will follow once the patient is stabilized and awake. During this phase of treatment, the patient and his or her family will work with a multidisciplinary staff including doctors, nurses, physical and occupational therapists, and other specialists to devise an individualized program designed to return the patient to the maximum level of function. The rehabilitation phase may include:

- Speech therapy
- Physical therapy
- Occupational therapy
- Recreational therapy
- Adaptive equipment training
- Counseling

Prognosis of Diffuse Axonal Injury

It is thought that diffuse axonal injury can occur in just about every level of severity, with concussion thought to be one of the milder forms. In mild to moderate forms of diffuse axonal injury, recovery is possible, with the mildest forms of diffuse axonal injury often resulting in few if any long-term issues. About 90 percent of survivors with severe diffuse axonal injury remain unconscious. The 10 percent that regain consciousness are often severely impaired

Contusion

A contusion is a bleeding bruise to the brain caused by a direct impact to the head. Large contusions often need to be surgically removed.

Coup-Contrecoup Injury

Coup-Contrecoup injuries are defined as

contusions that are found at both the impact site and the complete opposite side of the brain.

Coup-Contrecoup injuries occur when the blow to the head is strong enough to cause a contusion at the site of impact as well as move the brain, causing it to slam into the opposite side of the skull and causing an additional contusion.

Recurrent Traumatic Brain Injury

- Also referred to as second impact syndrome occurs when a person sustains a second traumatic brain injury before the symptoms of the first traumatic brain injury have healed.
- The second injury may occur within days or weeks of the first injury.
- The second impact injury usually causes the brain to swell and widespread damage.
- Emergency medical treatment is needed as soon as possible because death can occur rapidly.

Recurrent brain injuries often lead to long term effects such as muscle spasms, difficulty thinking and learning, hallucinations, and rapidly changing emotions.

Penetration Injury

- Caused by objects such as a bullet, knife or other blunt object which forces hair, skin, bone and fragments from the object into the brain.
- Objects which travel at a low rate of speed through the skull and brain can ricochet within the skull and cause a larger area of damage.
- Through-and-through traumatic brain injuries occur when an object enters the skull, travels through the brain, and exits the skull.
- Through-and-through penetration injuries include the effects of penetration plus additional shearing, stretching and rupturing of brain tissue.
- Traumatic brain injuries caused by bullet wounds result in a 91% firearm-related death rate overall.
- Firearms are the leading cause of

death from traumatic brain injury.

Shaken Baby Syndrome

- Shaken Baby Syndrome is a violent criminal act whereby a perpetrator violently shakes a baby or small child.
- The shaking, whiplash-like motion causes blood vessels between the brain and skull to rupture and bleed.
- Brain cells are damaged because the blood causes the brain tissue to compress while the brain also swells.
- SBS can lead to seizures, comas, lifelong disability and death.
- Immediate medical attention is required.

Locked In Syndrome

- Locked In Syndrome is a rare condition whereby a person is unable to move any part of the body except the eyes.
- People suffering from Locked In Syndrome are conscious and are able to think.
- Vertical eye movements and eye blinking can be used to communicate and to operate environmental controls.

**Proud members of the
 Brain Injury Association of Oregon,
 we have over 50 years experience
 providing legal services to
 sufferers of disability
 from traumatic brain injury**

Johnson, Clifton, Larson & Schaller, P.C.

975 Oak St., Suite 1050

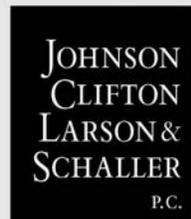
Eugene, OR 97401

541-484-2434

TOLL FREE 1-800-783-2434

www.jclslaw.com

Free first consultation * No payment unless you win



You Have a Right to Justice™

Holiday Fundraiser

Our holiday fundraiser on the Columbia Gorge Sternwheeler was a huge success. We wish to thank all of the attendees and our sponsors and donors. Without you, it would not have been possible.

Table Sponsors

Northwest Eye Care Professionals
Swanson, Thomas and Coon

\$500+

Aloft Portland Airport Hotel at Cascade Station
Carney, Coleen
Columbia Sportswear
Eklund, Wayne
Erb, Dr. Danielle
Eugene Skydivers
Karl, Dr. Andrea
Keyes, Stephanie
Wildhorse Resort & Casino

\$250-\$499

Boyd, Dr. Tom
Columbia River Maritime Museum
Gary Anderson & Don Hargreaves
CNG DubLi
Mill Barn, The and Patti Smith
Morris, Sherry and Steve
Murray, Pat

Sheraton Portland Airport Hotel

\$100-\$249

Al's Garden Center
Altman, Deana
Ankeny Vineyard Winery
Archery Summit Vineyard
Bike Gallery
Blockbuster
Chinook Winds Casino
Comfort Inn in Creswell
D'Amore, Tom
Disneyland
Mardy Allen, Glass Fusion
Oregon Symphony
PGE Park
Portland Marriott Downtown Waterfront Hotel
up to \$100
Annie Bloom's Books
Artists Repertory Theatre
Chen, Anne
Costco - Bend
Creswell Coffee
Darcelle XV
Eleni's Philoxenia
Family Fun Center & Bullwinkle's Restaurant -
Wilsonville
High Desert Museum
Hollywood Theatre
le bistro montage

Los Cabos

Maryhill Museum
Mill Casino Hotel, The
Mo's Restaurant
Mom's Snak Shak
Music Millennium
Northern Lights Theatre Pub
NW Neighborhood Cultural Center
Oaks Park
Old Wives Tales Restaurant
Oregon Zoo
Pittock Mansion
Pizzacato Gourmet Pizza
Portland Classical Chinese Garden
Portland Nursery
Portland Spirit
Real Mex Restaurants
Ream, Amy
Schreiner's Iris Garden
Seven Feathers Hotel & Casino Resort
Sipping Dreams, Eugene
Smith, Tootie
Starbucks, Beaverton
Stash Tea
Sweet Tomatoes - Clackamas
Title Wave Bookstore
Trader Joe's
Willamette Valley Vineyards
Yoga in the Pearl



Neu Pathways

Nurturing independence,
improving quality of life.

Residential Brain Injury Services

The point at which a brain injury occurs is the beginning of a challenging journey physiologically, emotionally, & neurologically. New neural pathways and connections immediately begin to develop as the injured brain begins to rediscover and interact with the environment post injury.

Neu Pathways offers specialized, whole person focused, 24 hour care to survivors of acquired brain injury in a stimulating, home-like atmosphere. Additionally, we connect our clients with professional, ancillary services; coordinating care along the pathway to greater independence and maximal cognitive and functional ability.

We offer both long term and short term residential services. Openings currently available at our Hillsboro location.

503-704-4553

Jason Altman R.N.



jason@neupathways.com

Managing behavior dysfunction post-Traumatic Brain Injury (TBI)-Part I

Dysfunctional behaviors can be the most debilitating consequence of TBI, dramatically impacting family, social, vocational relationships. Estimates of behavior challenges among children with TBI range from 35% to 70%. Estimates among adults range from 25%-61%. In this TBI Research Brief, we present Part I of a two-part series on evidence-based guidelines for managing these challenges. In Part I, we focus on three key elements: common challenging behaviors post-injury; causes of dysfunctional behaviors; and a process for evaluating behaviors leading to effective management strategies. Part II will focus on specific management strategies.

What are common dysfunctional behaviors post-injury?

- * acting without thinking
- * irritability
- * aggression
- * sexual acting out
- * reduced anger control
- * hyperactivity
- * distractibility
- * focus on self
- * socially inappropriate/immature behavior (relative to age)
- * depression
- * verbal statements without regard to truth
- * lack of initiation
- * social withdrawal
- * repeating the same behavior or topic over and over

What influences or causes these behaviors? These include but are not limited to:

<p>Physical changes:</p> <ul style="list-style-type: none"> * severity and type of injury; * location of brain injury (ex. damage to frontal lobes); * impaired vision, hearing, sensation, motor movement; * headaches, fatigue, dizziness; * seizures; * changes in medication 	<p>Cognitive/self-regulatory changes:</p> <ul style="list-style-type: none"> * increased confusion, disorientation; * slow processing speed; * impaired executive functions (planning, organization, initiation, self-monitoring); * impaired attention, memory; * impaired speech-language/communication skills
<p>Psycho-emotional changes:</p> <ul style="list-style-type: none"> * feelings of grief, loss and/or frustration; * changes in reactions to others in the environment 	<p>Pre-injury characteristics:</p> <ul style="list-style-type: none"> * previous personality characteristics, social interaction styles, motivation, etc.

Dysfunctional behaviors may also serve a particular purpose, including but not limited to:

- * Attempting to communicate a need or desire
- * Seeking attention
- * Seeking to escape or exert control over a situation
- * Self-stimulation

This Brief, supported by grant #H21MC06769 from the HHS, HRSA, MCHB is the sole responsibility of the authors and does not necessarily represent the official views of HHS. This is in the public domain.

The Fact of the Matter ~ Evidence-based practices in traumatic brain injury

TEACHING RESEARCH INSTITUTE ~ 99 West 10th Ave., Eugene, OR 97401

What is the best way to evaluate behaviors?

An essential first step in developing effective behavior management strategies is to conduct a functional behavior assessment (FBA): a process for identifying the events that reliably predict and maintain a problem behavior. This process is required in school settings and is extremely useful with any difficult behavior. Methods for obtaining FBA information include talking to the person with the TBI and their significant others (e.g., family members, teachers, caregivers) as well as observing their behavior.

There are four steps to obtaining the needed information for the FBA:

1. Describe: Describe the behavior in objective/neutral words

* Avoid descriptions such as: "Steve is just trying to get out of his work and is out of control."

* Instead describe what actually happens: "Steve gets out of his chair, walks up and down the aisle, and yells obscenities at his co-workers."

2. Identify: Systematically observe and record where, when, and with whom the behavior occurs. What happens before the behavior occurs? What happens after it occurs? Does the person get or avoid something? How often does the behavior occur? How long does it last? How intense? Are there any other factors to consider such as medications, fatigue, sleep patterns? (see item #2 above) When does the behavior not occur? Does the person have a positive alternative behavior to replace the dysfunctional behavior?

3. Determine Reason(s) why: Develop a list of possible reasons why the behavior(s) occur. The underlying reason might be attributed to the brain injury itself (e.g., executive function impairment) and/or conditioned responses (e.g., people will remove demands if survivor has an outburst). Use item #2 as guide.

4. Create a Behavioral Plan: Systematically address the behavior and keep data to demonstrate the need to continue, revise, or stop the plan. (The Part II brief will address this in detail.)

Behaviors change as individuals move through stages of healing and may worsen in both children and adults even as other areas of function improve. Of note, children injured at younger ages are particularly susceptible to increased behavior challenges as they enter adolescence due to significant developmental (e.g., physical/hormonal) and environmental changes (e.g., transition from elementary school to middle school).

NOTE: TBI may co-occur with mental illnesses including schizophrenia and bi-polar disorder. Post-traumatic stress disorder (PTSD) may also co-occur with TBI. While several of the guidelines discussed here may be helpful for these individuals, it is beyond the scope of this brief to provide management guidelines to specifically linked to the mental health component.

Where can I find out more information?

* LearnNet <http://www.bianys.org/learnnet/>

* Technical Assistance Center on Positive Behavioral Interventions & Supports <http://www.pbis.org/links/default.aspx>

* Sohlberg & Mateer (2001). Cognitive Rehabilitation: An Integrative Neuropsychological Approach. Guilford Press, New York

* TBIEducator <http://www.tbied.org/evidence/behavior-ebp/>

* Ylvisaker, M. et al. (2007) Behavioural interventions for children and adults with behaviour disorders after TBI: A systematic review of the evidence. Brain Injury. 21(8): 769-805. http://www.ancds.org/index.php?option=com_content&view=article&id=9&Itemid=9#TBI

To contact us or receive notification of new *Fact of the Matter* Briefs, email us: mch@wou.edu



Collaboration, Cooperation, Compassion....

At Learning Services, these words mean something. For over twenty years, we have been providing specialized services for adults with acquired brain injuries. We have built our reputation by working closely with residents and families to support them with the challenges from a brain injury. Our nationwide network of residential rehabilitation, supported living and neurobehavioral rehabilitation programs provide the services that help our residents enjoy a better quality of life now and in the future.

To learn more about our Northern California program or our new Neurobehavioral Program in Colorado, call 888-419-9955 or visit learningservices.com.

Building Futures



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

If you look at the anatomy, the structure, the function, there's nothing in the universe that's more beautiful, that's more complex, than the human brain.

- Keith Black (quoted in *Discover* magazine, April, 2004)

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.

Please mail to:
BIAOR
PO Box 549
Molalla OR 97038
503-740-3155
800-544-5243 Fax: 503-413-6849

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Type of Payment

- Check payable to BIAOR for \$ _____
 - Charge my VISA/MC/Discover Card \$ _____
- Card number: _____
Exp. date: _____
Print Name on Card: _____
Signature Approval: _____

Concussion and Second Impact Syndrome

The word concussion is used to describe any injury to the brain that is the result of an impact to the head. A mild concussion might result in the patient being slightly dazed or experiencing a very brief loss of consciousness. A severe concussion involves a longer loss of consciousness, as well as a longer recovery time.

Causes of Concussion

Concussion is caused by an impact to the head. Common causes include:

- Car accident
- Fall
- Sports-related injury
- Violence

Symptoms of Concussion

Common symptoms of concussion include:

- Loss of consciousness after an impact to the head
- Nausea and vomiting
- Blurred vision
- Confusion
- Fatigue
- Short-term memory loss

Diagnosing Concussion

Once it's determined there are no severe or life-threatening injuries, the doctor will determine the severity of the concussion by:

- Asking questions about the injury, such as how the injury happened and how long the patient was unconscious
- Giving a physical exam that tests neurological function
- Ordering a CT scan, which takes cross-sectional pictures of the brain and allows the doctor to determine the extent of the injury

Treatment of Concussion

Bed rest, fluids, and pain relievers such as acetaminophen are commonly prescribed for concussion. Follow-up care is important to assess for complications of concussion such as memory issues, cognitive issues, and personality issues.

Second Impact Syndrome

Second impact syndrome is a very rare condition in which a second concussion occurs before a first concussion has properly healed, causing rapid and severe brain swelling and often catastrophic

results. Second impact syndrome can result from even a very mild concussion that occurs days or weeks after the initial concussion.

Populations at Risk for Second Impact Syndrome

Most cases of second impact syndrome have occurred in young athletes, particularly those who participate in sports such as boxing, baseball, football, hockey, and skiing. That's why if an athlete has suffered a concussion, it's best if they don't return to their sport until the symptoms of the initial head injury are gone.

Symptoms of Second Impact Syndrome

Second impact injury can result within a matter of days or weeks, or it can occur in the same game or competition if the athlete isn't removed and treated after the first concussion. Neither impact has to be severe for second impact syndrome to occur. Symptoms usually occur immediately following the second impact and progress rapidly.

Common symptoms include:

- Dilated pupils
- Loss of eye movement
- Unconsciousness
- Respiratory failure
- Death

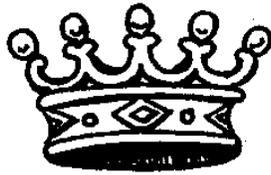
Prognosis of Second Impact Syndrome

In many cases, second impact syndrome is fatal. In those cases where it isn't fatal, you can expect the long-term effects to be similar to those of severe traumatic brain injury.

Highland Heights
503-618-0089
Medically Fragile

Shaun's Place
503-674-6790
Medical Rehab

Highland Heights & Shaun's Place
The Crown Jewel of Care



Serving the Community for 20-Plus Years
Specializing in Traumatic Brain Injury And Acquired Brain Injury

19715 NE Hassalo Ct. • Portland, OR 97230

Karen Campbell *Owner/Operator*

971-227-4350 Cell

"You've got the brain of a four-year-old boy and I bet he was glad to get rid of it."

- Groucho Marx

The 8th Annual Pacific Northwest Brain Injury Conference 2010

希望

Living with Brain Injury: Hope

**March 3 - 6, 2010
Sheraton Airport Hotel
Portland, Oregon**

You are invited to participate in the 8th Annual Pacific Northwest Brain Injury Conference *Living with Brain Injury: Hope* to be held March 3-6, 2010 in Portland Oregon at the Sheraton Portland Airport Hotel. This conference will provide the latest medical research, clinical applications, techniques and education to survivors, family members, and medical and legal professionals across numerous fields and disciplines working with people with brain injury. The tracks will look at medical clinical issues, blast injuries, behavioral challenges, and much more. Presenters will be from Colorado, Oregon, Washington, Idaho, Nevada, California, Alaska, Hawaii, New Mexico, Wyoming, Maryland and Washington DC. Speakers will be Federal and State Legislators, from State Agencies in the Pacific Western States, the Oregon Reintegration Team, the Veterans Administration, Brain Injury Associations from 9 states, and survivors, family members, medical, professional and legal experts from throughout the country.

Pre-Conference Workshop and Training

Wednesday, March 3, 2010 9:00 – 4:00 pm \$350 for Certification- \$50 for Class Only

Brain Injury and Treating the Behavioral Challenges that Follow

The purpose of this workshop is to provide a broad overview of brain injury, how it affects the individual, and the relationships between brain injury and the behavioral challenges that may follow. While neurological, physical and cognitive changes that occur following an injury clearly affect behavior, social and environmental factors often have equal or greater influence. This is especially true in day, residential, community based and other program formats. The manner in which a person is treated can contribute to problem behaviors. How do you handle these changes?

The workshop will explore these factors and discuss how they apply in home, community and professional service settings. There will be a special emphasis on promoting positive supports to help all individuals succeed. This is not only relevant for people who experience disability following brain injury, but also for caretakers, providers and other members of a person's circle of support. The training will offer the opportunity to study for and take the national examination to become a Certified Brain Injury Specialist (CBIS).

Pre-Conference Medical Workshop and Training

Thursday, March 4, 2010 9:00 – 4:00 pm \$175

The latest research, medications and techniques for doctors and medical professionals working with individuals with brain injury.

Conference Objectives

At the completion of the conference, participants will be able to:

1. Implement strategies designed to significantly reduce brain injury-related mortality and morbidity in all communities.
2. Summarize recent brain injury-related research with corresponding practical application.
3. Identify clinical management practices, specifically new prevention, diagnosis, and treatment guidelines.
4. Describe public health interventions to reduce the impact of brain injury among different types of racial and ethnic populations and settings (e.g., school, workplace, community).
5. Understand health care delivery trends and their impact on long-term brain injury management, acute care, and prevention.
6. Analyze past brain injury-related interventions and weigh their value in today's world.
7. Implement health communication strategies and know how to more effectively reach target populations and raise awareness.
8. Summarize brain injury data, including mortality, morbidity, and risk factor prevalence.
9. Create networking opportunities and build partnerships with key brain injury researchers, clinicians, and prevention professionals.



Registration Form

8th Annual Pacific Northwest Brain Injury Conference 2010

Living with Brain Injury: Hope Sheraton Portland Airport Hotel

Please register before February 28, 2010 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, BIAOR and The Brain Injury Alliance receive member rates)

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

Please check all that apply: I am interested in volunteering at the conference. Please call me. Call me about sponsorship/exhibitor opportunities.

Conference Registration Fees: Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. *The following fees are per person:*

BIAOR Membership-Join and Save Money—see below	<i>Before Feb 20</i>	<i>After Feb 20</i>	Amount
<input type="checkbox"/> Brain Injury Specialist Training/Test for Certification—March 3	\$350	\$375	\$
<input type="checkbox"/> Pre-Conference Workshop-Understanding and Working with BI Clients —March 3	\$ 50	\$ 75	\$
<input type="checkbox"/> Medical Conference—March 4 1 Day	\$175	\$200	\$
<input type="checkbox"/> Professional Non-BIAOR Member 2 Day	\$450	\$525	\$
<input type="checkbox"/> Professional Non-BIAOR Member 1 Day: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$300	\$375	\$
<input type="checkbox"/> Professional BIAOR Member 2 Day	\$350	\$425	\$
<input type="checkbox"/> Professional BIAOR Member 1 Day: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$200	\$275	\$
<input type="checkbox"/> Saturday Only 10/7 Courtesy (Brain Injury Survivors with limited means-limited number)	\$25	\$35	\$
<input type="checkbox"/> Saturday Non-BIAOR Member Survivor/Family	\$150	\$225	\$
<input type="checkbox"/> Saturday BIAOR Member Survivor/Family	\$100	\$175	\$
<input type="checkbox"/> Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)			\$

I want to become a BIAOR member NOW to receive the discounted registration fee: Survivor Courtesy-donation Student-\$25
 Basic-\$35 Family-\$50 Non-Profit-\$75 Professional-\$100 Sustaining-\$250 Corporation-\$300
 Sponsorship Bronze-\$250 Sponsorship Silver-\$500 Sponsorship Gold-\$1,000 Sponsorship Platinum-\$2,000 Lifetime—\$5,000

Sponsorships (2 day) and Exhibitors: Diamond \$5,000 Silver \$1,000 Gold \$1,500 Platinum \$3,000 (2 day) \$2,000 (1 day)
 Copper \$750 Vendor/Exhibitor \$600 (2 day)/\$450 (1 day)

Customized Sponsorship: Continental Breakfast Luncheon-Friday Luncheon-Saturday Breaks Friday Breaks Saturday
 Keynote Speaker: Friday Keynote Speaker: Saturday Other: _____

Credit Card Number _____ - _____ - _____	Registration and Membership	Total \$ _____
Exp Date ____/____/____ Sec code _____ Signature _____		

(Please add totals from Registration Fee, Membership Fee and Scholarship Contribution for final total costs)
 Make Checks out to BIAOR—Mail to: BIAOR, PO Box 549, Molalla OR 97038 or fax: 503.961.8730 Phone: 503-740-3155

Continuing Credits: CME, CLE, SLP, OT, CCRC, CPDM, CDMS, CCMC. March 3-4: 6 hrs; 6 hours each day; March 5-6: 7 hours each day

Hotel: Sheraton Portland Airport Hotel, 8235 NE Airport Way, Portland, OR 97220 503-281-2500
 Discount rate is \$119 per room per night - Discount good until Feb. 25, 2010. Rooms are limited.

Agenda

March 5
 9 am—4 pm Pre-Conference Workshop

March 6-7
 7 am—8 am: Breakfast
 8 am - Noon: Keynote and Break- Outs
 Noon - 1 pm: Lunch and Networking
 1 pm - 5 pm: Break-Outs

* Breakfast and Lunch are provided Thursday, Friday and Saturday

KAISER PERMANENTE This activity and the pre-conference workshop have been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The Northwest Permanente Department of Clinical and Leadership Education, Kaiser Permanente Northwest Region, accredited by the Oregon Medical Association, and the Brain Injury Association of Oregon. This activity has been approved for *AMA PRA Category I Credit™*.

This conference is designed for family members, survivors, doctors, nurses, medical and mental health professionals, attorneys, military, state employees, educators, vocational and rehabilitation counselors, and service providers.

2 studies: PTSD is chemical change in brain

Two new studies seem to provide more evidence that post-traumatic stress disorder is a chemical change in the brain caused by trauma — and that it might be possible to diagnose, treat and predict susceptibility to it based on brain scans or blood tests.

In one study, Christine Marx, of the Duke University Medical Center and Durham Veterans Affairs Medical Center, wondered why PTSD, depression and pain often occur together.

Researchers already knew that people with PTSD show changes in their neurosteroids, which are brain chemicals thought to play a role in how the body responds to stress.

Previous animal studies showed that blood neurosteroid levels correlated to brain neurosteroid levels, so Marx measured the blood neurosteroid levels of 90 male Iraq and Afghanistan veterans. She found that the neurosteroid levels correlated to symptom severity in PTSD, depression and pain issues, and that those levels might be used to predict how a person reacts to therapy as well as to help develop new therapies.

Marx is researching treatment for people with traumatic brain injuries using the same kind of brain chemical, and early results show that increasing a person's neurosteroid level decreases his PTSD symptoms.

Marx's work was funded by the Veterans Affairs

Department, National Institutes of Health, the Defense Department and NARSAD, an organization that funds brain and behavior researcher.

A second study, conducted by Alexander Neumeister of Yale University School of Medicine, found that veterans diagnosed with PTSD along with another syndrome, such as depression, alcohol abuse, substance abuse or suicidal ideation, had different brain images on a CT scan than did those who had been diagnosed only with PTSD.

Neumeister became curious after realizing that veterans dealing only with PTSD responded differently to treatment than did those with PTSD and another diagnosis.

He said the finding is important for two reasons. First, these differences "can have huge implications for treatment," he said in a statement issued by the American College of Neuropsychopharmacology, which released the two studies during its annual meeting this week.

For example, he said, treating a person with antidepressants addresses only the depression diagnosis — not the PTSD or the substance abuse issues. All of the issues need to be addressed, he said.

His second reason addresses the stigma behind seeking help for PTSD. Service members have said they fear being perceived as weak or cowardly, or their military careers will be hurt, if

they seek help for mental health issues.

"Once veterans see this is a neurobiological disorder in which their brain acts differently in terms of circuitry and chemical function, oftentimes it motivates them to seek treatment," he said.

In his report, Neumeister also said that depression with trauma is "biologically distinct" from depression without a history of severe trauma.

In other words, PTSD, depression and substance abuse can all be seen as a physical, chemical injury to the brain that occurs when the brain is exposed to trauma. As researchers work more with PTSD, they may be able to determine why some people are more susceptible to this chemical change than others, researchers said.

Neumeister's work was funded by VA, NIH, NARSAD, the National Center for PTSD and the Patrick and Catherine Weldon Donaghue Medical Research Foundation.

Source: http://www.airforcetimes.com/news/2009/12/military_ptsd_diagnosis_120809w/

United Way Campaign

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

On the donor form, check the "Specific Requests" box and include the sentence, "Send my gift to Brain Injury Association of Oregon, PO Box 549, Molalla OR 97038-0549, Tax ID # 93-0900797"

If your employer has a policy of matching United Way donations, you can take advantage of that.

BIAOR Tax ID #: 93-0900797



Traumatic Brain Injury

New Treatment Approach

Dr. Siegfried, Chiropractor

Nasal Specific treatment has helped thousands of brain injured patients since 1945. Dr. Siegfried has been using this technique over 30 years.

FREE CONSULATION

www.siegfriedchiropractic.com

Portland 503-977-0055
McMinnville 503-472-6550

Resources

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

People Helping People

Sharon Bareis

Phone: 503-875-6918

Email: peoplehelpingpeople@comcast.net

Website: www.phpnw.org

The Oregon TBI Team

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

Oregon Brain Injury Resource Network (OBIRN)

Toll free: (800) 544-5243 Email: tbi@wou.edu Website: www.tr.wou.edu/tbi

Returning Veterans Resource Project NW

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

For more information contact:

Carol Levine, President/Returning Veterans

www.returningveterans.org

503-933-4996

email: mail@returningveterans.org

Life Expectancy Calculator

The Living to 100 Life Expectancy Calculator uses the most current and carefully researched medical and scientific data in order to estimate how old you will live to be. Most people score in their late eighties... how about you?

The calculator asks you 40 quick questions related to your health and family history, and takes about 10 minutes to complete. <http://www.livingto100.com/>

Affordable Naturopathic Clinic in Southeast Portland

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

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

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

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

Valuable Websites

www.braininjuryhelp.org: help and services for Oregon and Washington brain injury survivors.

www.BrainLine.org: a national multimedia project offering information and resources about preventing, treating, and living with TBI; includes a series of webcasts, an electronic newsletter, and an extensive outreach campaign in partnership with national organizations concerned about traumatic brain injury.

www.iCaduceus.com: The Clinician's Alternative, the premiere web-based alternative medical resource.

www.brainline.org resources for both civilian and military

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

FREE Brain Games to Sharpen Your Memory and Mind

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

<http://brainist.com/>

Home-Based Cognitive Stimulation Program

<http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505>

Sam's Brainy Adventure

Join Sam on his adventure into his own brain.

<http://faculty.washington.edu/chudler/flash/comic.html>



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

- Brain Injury 101
- Anger Management and TBI
- Blast Injuries: The “Signature Injury” of the war
- Methamphetamine and Brain Injury
- ADA Awareness—including cognitive interactive simulation
- Judicial and Police: Working with People with Brain Injury
- Traumatic Brain Injury: A Guide for Educators
- Native People and Brain Injury
- Aging and TBI
- How Brain Injury Affects Families
- Brain Injury for Medical and Legal Professionals-What you need to know
- Caregiver Training
- Domestic Violence and TBI
- Dealing with Behavioral Issues
- 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 503-740-3155 or 800-544-5243

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 Neuro-Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help. Your membership is vitally important when we are talking to our legislators. For further information, please call 1-800-544-5243 or email biaor@biaoregon.org.

Brain Injury Association of Oregon

Member is:

- New Member Renewing Member

- Individual with brain injury Family Member

Name: _____

Professional. Field: _____

Street Address: _____

Other: _____

City/State/Zip: _____

Phone: _____

Email: _____

Type of Payment

Type of Membership

- Survivor Courtesy \$ 5 (Donations from those able to do so are appreciated)
 Basic \$35 Family \$50 Students \$25 Non Profit \$75
 Professional \$100 Sustaining \$200 Corporation \$300
 Lifetime \$5000

Check payable to BIAOR for \$ _____

Charge my VISA/MC/Discover Card \$ _____

Card number: _____

Expiration date: _____ Security Code from back _____

Print Name on Card: _____

Signature Approval: _____

Date: _____

Sponsorship

- Bronze \$300 Silver \$500
 Gold \$1,000 Platinum \$2,000

Please mail to:

BIAOR Membership

PO Box 549

Molalla, OR 97038

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

www.biaoregon.org • biaor@biaoregon.org

Additional Donation/Memorial: \$ _____

In memory of: _____

Oregon Brain Injury Support Groups

Bend

CENTRAL OREGON SUPPORT GROUP

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

Brookings

BRAIN INJURY GROUP (BIG)

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

Cottage Grove

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

Corvallis

STROKE & BRAIN INJURY SUPPORT GROUP

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

Coos Bay

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

Eugene (2)

COMMUNITY REHABILITATION SERVICE OF OREGON

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

BIG (BRAIN INJURY GROUP)

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

Hillsboro

HOMEWARD BOUND SUPPORT GROUP

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

Klamath Falls

BRAIN INJURY SUPPORT GROUP

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

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON

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

Medford (1)

SOUTHERN OREGON BRAINSTORMERS SUPPORT AND SOCIAL CLUB

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

Molalla

BRAIN INJURY SUPPORT GROUP OF MOLALLA

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

Newport

BRAIN INJURY SUPPORT GROUP OF NEWPORT

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

Oregon City

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

Pendleton

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

Portland (12)

BRAINSTORMERS I

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

BIRC Alumni Support Group

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

BRAINSTORMERS II

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

CROSSROADS (Brain Injury Discussion Group)

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

FAMILY SUPPORT GROUP

3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with *PARENTS OF CHILDREN WITH BRAIN INJURY*
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Joyce Kerley (503) 281-4682
joycek1145@aol.com

FARADAY CLUB

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

HELP

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

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*

THRIVE SUPPORT GROUP

3rd Saturday 12:30 - 2:30 pm
Teenage and Young adult Brain Injury Survivor support group

Emanuel Hospital, 1075
2801 N Gantenbein, Portland, 97227
Northeast Portland
Kate Robinson, 503-318-5878

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

Greater Persons Toastmasters Club (for People with Brain Injury)

2nd & 4th Wednesday 6:00-7:00 pm
Open to all including family members
2154 NE Broadway #110, Portland OR 97232
Caleb Burns, (503) 913-4517 Call in advance

Greater Persons Toastmasters Club (for People with Brain Injury) Eastside

Last Saturday of the month 10 am—11:30 am
Open to all including family members
Faith Community Church Street:
12414 East Burnside St Portland, 97233-1044
Caleb Burns, (503) 913-4517

Roseburg

UMPQUA VALLEY DISABILITIES NETWORK

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

Salem (3)

SALEM BRAIN INJURY SUPPORT GROUP

4th Thursday 6pm-8pm
Salem Rehabilitation Center
2561 Center Street, Salem OR 97301
Megan Brummitt & Jodi Kumar(503) 561-1974
Megan.Brummitt@salemhospital.org

SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP

2nd Friday 1 pm –3pm
Salem Rehabilitation Center
2561 Center Street, Salem OR 97301
Scott Werdebaugh 503-838-6868
Ruby McElroy 503-390-3372

SALEM SOCIAL CLUB

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

Vancouver Washington VANCOUVER TBI SUPPORT

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

Idaho and Surrounding TBI Support Groups

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

Spokane

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

Treasure Valley BI Support Group

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

Southeastern Idaho TBI support group

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

Twin Falls

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



Fall 2009 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 on page 6)

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



The Brain Injury Association of Oregon
2145 NW Overton
Portland, OR 97210-2924

NON-PROFIT ORG
U. S. Postage
PAID
PORTLAND, OR
PERMIT NO. 537

Register Now!!!!

**The 8th Annual Pacific NW
Brain Injury Conference 2010**

Living with Brain Injury: Hope

March 3 - 6, 2010
Sheraton Airport Hotel
Portland, Oregon

希望

Page 18-19



PortlandLawyer.com
Steven R. Smucker, Esq.
806 SW Broadway Ste 1200
Portland OR 97205

Our job is your access to justice

steve@portlandlawyer.com 4 503-224-5077 4 fax 503-299-6178

This newsletter was sponsored in part by The Teaching Research Institute.

How To Contact Us

Brain Injury Association of Oregon (BIAOR)

PO Box 549
Molalla, OR 97038
(503) 740-3155
Toll free: (800) 544-5243

Email: biaor@biaoregon.org
Website: www.biaoregon.org
Fax: 503-961-8730

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 call 1-866-332-1778. The online web site is <http://www.v-dac.com/org/?id=930900797>

Thank you to all our contributors and advertisers.