the HEADLINER

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The Newsletter of the Brain Injury Association of Oregon

What's Inside?

Brain Injuries - Struggling Back From War's Once-Deadly Wounds

Men and women, with multiple devastating injuries, are the new face of the wounded, a singular legacy of the war in Iraq. Many suffered wounds that would have been fatal in earlier wars but were saved by helmets, body armor, advances in battlefield medicine and swift evacuation to hospitals. As a result, the survival rate among Americans hurt in Iraq is higher than in any previous war - seven to eight survivors for every death, compared with just two per death in World War II.

But that triumph is also an enduring hardship of the war. Survivors are coming home with grave injuries, often from roadside bombs, that will transform their lives: combinations of damaged brains and spinal cords, vision and hearing loss, disfigured faces, burns, amputations, mangled limbs, and psychological ills like depression and post-traumatic stress.

Dr. Alexander Stojadinovic, the vice chairman of surgery at Walter Reed Army Medical Center, said, "The wounding patterns we see are similar to, say, what Israel will see with terrorist bombings - multiple complex woundings, not just a single body site."

[American deaths in Iraq numbered 2,225 as of Jan. 20, 2006, 59 of those from Oregon. Of 16,472 wounded, 7,625 were listed as unable to return to duty within 72 hours. As of Jan. 14, the Defense Department reported, 11,852 members of the military had been wounded in explosions - from so-called improvised explosive devices, or I.E.D.'s, mortars, bombs and grenades.]

So many who survive explosions - more than half - sustain head injuries that doctors say anyone exposed to a blast should be checked for neurological problems. Brain damage, sometimes caused by skull-penetrating fragments, sometimes by shock waves or blows to the head, is a recurring theme.

More than 1,700 of those wounded in Iraq are known to have brain injuries, half of which are severe enough that they may permanently impair thinking, memory, mood, behavior and the ability to work.

Medical treatment for brain injuries from the Iraq war will cost the government at least $14 billion over the next 20 years, according to a recent study by researchers at Harvard and Columbia.

Jill Gandolfi, a co-director of the Brain Injury Rehabilitation Unit of the Veterans Affairs Palo Alto Health Care System, said, "We are looking at an epidemic of brain injuries."

The consequences of brain injury are enormous. Penetrating injuries can knock out specific functions like vision and speech, and may eventually cause epilepsy and increase the risk of dementia. What doctors call "closed-head injuries," from blows to the head or blasts, are more likely to have diffuse effects throughout the brain, particularly on the frontal lobes, which control the ability to pay attention, make plans, manage time and solve problems.

Because of their problems with memory, emotion and thinking, brain-injured patients run a high risk of falling through the cracks in the health care system, particularly when they leave structured environments like the military, said Dr. Deborah Warden, national director of the Defense and Veterans Brain Injury Center, a government program created in 1992 to develop treatment standards for the military and veterans.

So many military men and women are returning with head injuries combined with other wounds that the government has designated four Veterans Affairs hospitals as "polytrauma rehabilitation

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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.

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(Names in bold are BIAOR Board members)

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centers" to take care of them. The Palo Alto hospital is the west coast unit.

"In Vietnam, they'd bring in a soldier with two legs blown off by a mine, but he wouldn't have the head injuries," said Dr. Thomas E. Bowen, a retired Army general who was a surgeon in the Vietnam War and who is now chief of staff at the veterans hospital in Tampa, Fla., another polytrauma center. "Some of the patients we have here now, they can't swallow, they can't talk, they're paralyzed and blind," he said.

Other soldiers have been sent home unconscious with such hopeless brain injuries that their families have made the anguished decision to take them off life support, said Dr. Andrew Shorr, who saw several such patients at Walter Reed.

Amputations are a feature of war, but the number from Iraq - 345 as of Jan. 3, including 59 who had lost more than one limb - led the Army to open a new amputation center at Brooke Army Medical Center in San Antonio in addition to the existing center at Walter Reed. Amputees get the latest technology, including $50,000 prosthetic limbs with microchips.

Dr. Mark R. Bagg, head of orthopedic surgery at Brooke, said, "The complexity of the injuries has been challenging - horrific blast injuries to extremities, with tremendous bone loss and joint, bone, nerve, arterial and soft tissue injuries."

It is common for wounded men and women to need months of rehabilitation in the hospital. Some need well over a year, and will require continuing help as outpatients. Because many of these veterans are in their 20's or 30's, they will live with their disabilities for decades. "They have to reinvent who they are," said Dr. Harriet Zeiner, a neuropsychologist at the Palo Alto veterans center.

Since September 11, 2001, 4000 (80%) Oregon National guard have been mobilized at one time or another. 80 will be returning home in the next few months, but another 800 troops will be leaving for Afganistan at the end of February.

"No head injury is too mild to ignore, nor too severe to despair."
Hippocrates 460 BC.

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

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

With only a few exceptions, if you have a legal claim against the State of Oregon as a result of the negligence of a state worker (including employees of OHSU) you must give the State notice of that potential claim within one hundred and eighty days of the date of the injury. If you don't, you may be barred from bringing your claim later. This is a harsh rule, handed down by the State to protect the State, and believe me; the State is not going to advertise this time limitation.

Most people know that there are laws that control the time frames within which a legal claim must be brought. These time frames are known as "statutes of limitations" and they generally give an injured party anywhere from one year to three years to commence a law suit against the party responsible for whatever injury the person has suffered. Typically, in the case of a person who is injured in some way and suffers a traumatic brain injury as a result, the injured person has two years in the state of Oregon to commence a claim against the person who caused the injury. There are exceptions that may extend this time frame such as for injured minors, for people who are incapacitated, for cases of wrongful death and in cases where the causation of the injury is not obvious, but in general there is a two year time frame to work within to try to get the matter resolved before a law suit must be filed.

But, if you have a potential claim against the State of Oregon there is another notice requirement. In the law it is known as "Tort Claim Notice", and it is hiding like a snake in the grass waiting to bite the unaware plaintiff.

Oregon statute 30.275 controls how and when the notice to the State must be given. The initial language of that statute is daunting. It says in part that: **"**No action arising from any act or omission of a public body or an officer, employee or agent of a public body... shall be maintained unless notice of claim is given as required by this section." Bam! It doesn't get much clearer than that. If you don't give notice, you are out of luck.

The statute then explains that in most cases the State must receive notice of the claim within one hundred and eighty days (about six months) from the date of the injury. (An additional ninety days can be allowed if the injured person is unable to give notice because of the injury, because they are a minor or because they are incompetent, but this is not the time to play fast and loose with the time deadlines). This may seem like a long time to someone who has never had to endure the results of someone else's negligence, but as some of you undoubtedly know, one hundred and eighty days can fly by when you are in the throes of a life changing injury.

The statute goes on to explain what is required in the notice to the State. In general terms it requires a description of the time, place and circumstances giving rise to the claim, so far as that is known by the claimant. It also explains to whom the notice must be given.

If you don't give notice to the proper person, or the proper State office, the State can hide behind that error and argue that they never received proper notice under the statute.

So who is this "Public Body", and who are its "officers, employees and agents"? In general terms, the "public body" is any office, agency or service provider that is connected to State government on any level. Its "officers, employees and agents" are those people who are working for that Public Body in any capacity. City bus drivers are employees of the State. Public school officials and employees are employees of the State. Police officers are employees of the State. OHSU employees are employees of the State. If a person is inured while at a city, county or state office, or on public school grounds because of a problem on the premises then it is ultimately a State employee who is likely responsible for that problem, and any claim from that injury is against the State. This list is not complete. There are many other circumstances where the State will be responsible, and it is up to the injured person to realize this, and to give the State appropriate notice as required by the law.

The old adage says that knowledge is power. Knowing about the tort claim notice requirements can be the difference between preserving your legal rights and having them disappear with the passing days. Once the notice requirement is met, then typically the same time frames exist for bringing any legal action against the State (for example, two years from the date of loss for an injury not resulting in death). But if the notice is not given, then the State has a valid defense against the claim, and this can be devastating to the injured person or their family. So, if nothing else, I hope you will file this bit of information away, and in the event that you, your family or friends ever have a claim against a State defendant then you will have the power to hire an attorney and give the State proper notice within the one hundred and eighty days in order to preserve your claim.

In any circumstance in which you think there might be a claim against a State officer, employee or agent you should immediately seek the advice of an

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attorney skilled in this area of law. If nothing else that attorney will help you get the proper notice to the State, if necessary, and as a result you will not be barred from bringing your claim as a result of missing the tort claim notice deadline.

(This column is meant for general informational purposes only. It is not meant to impart any specific legal advice, and anyone who has a specific legal question regarding a person afflicted with a TBI should consult with an attorney skilled in that area of law.)

2005/2006 BIAOR Calendar of Events

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

February	Brain Injury Awareness begins www.ohsu.edu/outreach/baw/events_2004/index.shtml
March	State-wide Walk for Thought OHSU Brain Fair at OMSI March 13 & 14, Noon to 5:00 p.m. OMSI Auditorium, Free
April	Murder Mystery Dinner Theatre Fundraiser
July	Concert in the Park - Michael Allen Harrison and Julianne Moore
October	Annual Conference Oct 6-7, 2006 *Living with Brain Injury: Creating a Future*
December	7th Annual Holiday Fundraiser Support Group Holiday Parties

BIAOR 6th Annual Holiday Fundraiser

On December 11, 2005, The Brain Injury Association of Oregon held its Sixth Annual Holiday Fundraiser at Portland Center Stage. It was a huge success and raised more money than we have ever raised before. This was due to the generous donation of the time and talents of Portland Artist Betty Woods Gimarelli, Classical Pianist Michael Allen Harrison, and Jazz Singer Julianne R. Johnson, and the generous donations from the following individuals and companies. Thank you, one and all.

Michael Allen Harrison and Julianne R Johnson

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Old Wives' Tales Restaurant
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Traumatic Brain Injury (TBI) Information Project

The Brain Injury Association of Oregon
and
Pacific University School of Professional Psychology

are collaborating
through a dissertation project
to produce an information packet
for TBI survivors and their families.

If you have a child who is a survivor,
or you are a young adult (19-25 yrs) who experienced a TBI
prior to the age of 19

you can help by sharing your experiences
in a telephone interview.

Earn $30.00
Confidentiality will be maintained.
You may withdraw from the project at any time.
Project dates: February 1, 2006-April 31, 2006

If you are interested in participating, please contact:

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Traumatic Brain Injury (TBI) Information Project

The Brain Injury Association of Oregon and Pacific University are collaborating through the work of a Pacific University doctoral candidate, Aleyna Reed, to develop an information resource packet for parents of children who have sustained a traumatic brain injury. The resource packet will include information about traumatic brain injury, including possible neurobehavioral consequences which may occur. It will also include the names of health care providers and facilities across Oregon with services for traumatic brain injury survivors and families.

Ms. Reed first recognized a need for an information packet when she worked with survivors of TBI as a school nurse. She encountered several children whose difficulties in school appeared related to a prior TBI, but the connection between the TBI and the child's current difficulties had not been made. The BIAOR and Ms. Reed hope that educating parents about possible consequences and resources for diagnosis and treatment will make it easier for parents to recognize problems and seek help for their children, thereby allowing for earlier intervention. Ms. Reed hopes to obtain funding to produce the packet so that the BIAOR has it available for distribution to health care facilities and providers to give to parents after their child is injured.

Over the next few months, Ms. Reed will be collecting information from parents, young adult survivors, and health care providers in order to design and implement the information resource packet. "I want to make sure the information resource packet is relevant to the needs of survivors and their families," Ms. Reed stated. She went on to say, "in order to do that, I need to learn more about what people experienced at the time of their or their child's injury and during the recovery period. I also need to know what kind of information was most helpful to them and what they wish they had been told." Ms. Reed will conduct telephone interviews with parents whose child's injury occurred prior to the age of 19, and with young adult survivors age 19 to 25 whose TBI occurred prior to the age of 19. "It may be difficult for people to talk about their experiences, but it is also an opportunity for survivors and their families to make things a little easier for those who face similar difficulties in the future," stated Ms. Reed.

Ms. Reed will also be mailing a survey questionnaire to health care providers across the state in order to determine the type and availability of services they provide. Health care providers will be given an opportunity to request that their names and contact information be included in the information resource packet. Providers will include health care facilities, physicians, psychologists, nurses, and physical and occupational therapists.

People interested in participating in the study may contact Ms. Reed and leave a message at 503-375-9696. She will call back and arrange a time for a half-hour telephone interview. Participants will receive a $30.00 compensation. Alternatively, an email may be sent to Ms. Reed a tbiinfoproject@teleport.com.

A complete description of the study and study materials may be accessed at tbiinfoproject@aleynareed.com.

If I had to live my life again I would have made a rule to read some poetry and listen to some music at least once a week; for perhaps the parts of my brain now atrophied could thus have been kept active through use.
— Charles Darwin (from *Autobiography*, 1887)

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, for information about brain injury, resources and services, awareness and prevention education, advocacy, support groups, and conferences and meetings throughout the state for professionals, survivors and family members. Your gift makes a difference at BIAOR.

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Anger & ABI

Anger is a common reaction experienced when coming to terms with how a brain injury has changed one's life.

Following a brain injury, there is often damage to the area of the brain that controls our more basic impulses such as anger. Impulses to shout or hurt others are usually controlled and more appropriate actions occur. The brain injury survivor has often lost this control and may experience rage in situations they used to tolerate or ignore completely.

There can be an 'on-off' quality to this anger too. The person with the brain injury may be calm minutes later while those around are stunned by the angry outburst and may feel hurt or shocked for hours, if not days, afterwards. Family members and partners often struggle to understand these angry outbursts, with resentment and bitterness often building up over time. Once they understand that their loved one feels unable to control their anger, they can often begin to respond in ways that will help to manage outbursts.

In some cases, the brain injury survivor have problems with self-awareness. They may not even acknowledge they have trouble with their anger, and will blame others for provoking them. Again, this can create enormous conflict within a family or relationship. It may take carefully phrased feedback and plenty of time for the person to gradually realize they have a problem at all.

The next step is for the survivor to re-learn anger management skills they used to take for granted. A good place to start identifying a pattern in how the outbursts are related to specific frustrations. Such triggers may originate from the environment, specific individuals or internal thoughts.

Summary

A brain injury can damage the area of the brain that controls our more basic impulses such as anger. The brain injury survivor has often lost this control and may experience rage in situations they used to tolerate or ignore completely.

Family members and partners often struggle to understand these angry outbursts, with resentment and bitterness often building up over time. Once they understand the cause they can respond in ways that will help to manage outbursts.

The survivor must re-learn anger management skills they used to take for granted. A good place is to start identifying the triggers that provoke their anger. Steps to successful self-management of anger include:

- Becoming motivated
- Self-awareness
- Awareness of situations
- Identify levels of anger
- Find coping strategies
- Keep a diary

The STOP - THINK TECHNIQUE involves:

1 Stop! and think before reacting to the situation (are these thoughts accurate/ helpful?)
2 Challenge the inaccurate or unhelpful thoughts
3 Create a new thought.

COMMON CAUSES OF ANGER

- Being confronted with tasks the person is no longer capable of doing
- Other people's behavior e.g. driving, insensitive comments
- Inaccurate thinking e.g. falsely believing that people are laughing at them
- Unrealistic self-expectations
- Barriers getting in the way of goals or routines e.g. queues
- Build up of stress

Identifying the cause of anger can be a challenge. It is important to consider all possible influences relating to:

- The environment (e.g. too much stimulation, lack of structure, change of routine)
- The person's physical state (e.g. pain, tiredness)
- The person's mental state
- How well the person is treated by those around them

RECOMMENDED STRATEGIES FOR COPING WITH ANGER

Steps to successful self-management of anger include:

Becoming motivated:

The person identifies why they would like to manage anger more successfully. They identify what benefits they expect in everyday living from improving their anger management.

Self-awareness

A person becomes more aware of personal thoughts, behaviors and physical states which are associated with anger. This awareness is important for the person in order for them to notice the early signs of becoming angry. They should be encouraged to write down a list of changes they notice as they begin to feel angry.

Awareness of situations

The person becomes more aware of the situations which are associated with them becoming angry. They may like to ask other people who know them to describe situations and behaviors they have noticed.

Levels of anger and coping strategies

As the person becomes more aware of situations associated with anger they can keep a record of events, triggers and associated levels of anger. Different levels of anger can be explored (e.g. mildly annoyed, frustrated, irritated and higher levels of anger).

Develop an anger management record

The person may keep a diary or chart of situations that trigger anger. List the situation, the level of anger on a scale of one to ten and the coping strategies that help to overcome or reduce feelings of anger.

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STOP - THINK TECHNIQUE

A person notices the thoughts running through their mind.

1. Stop! and think before reacting to the situation (are these thoughts accurate/helpful?).
2. Challenge the inaccurate or unhelpful thoughts.
3. Create a new thought.

A plan can also be developed to help a person avoid becoming angry when they plan to enter into a situation that has a history of triggering anger. An example of a personal plan is using the Stop - Think technique when approaching a shopping center situation that is known to trigger anger.

My goal: to improve my ability to cope with anger when I am waiting in long lines.

Typical angry thoughts: 'The service here is so slow. Why can't they hurry it up? I'm going to lose my cool any moment now'. Stop thinking this!

New calmer and helpful thoughts: 'Everyone is probably frustrated by the long line – even the person serving us. I could come back another time, or, I can wait here and think about pleasant things such as going to see a movie'.

(Anger Continued from page 8)

A simple and effective technique for reducing levels of anger is the Stop – Think technique.

COPING WITH HIGH - EXTREME ANGER

It is hoped that people with brain injury can make use of the strategies previously described when they notice themselves becoming angry and therefore avoid feeling high - extreme anger. However, this is clearly not always possible.

For situations where people feel they cannot control their anger they can have a personal safety plan.

Possible steps in a personal safety plan

- Plan ways to become distracted from the stressful situation (e.g. carry a magazine)
- Explain to another person how they can be of help to solve the problem
- Leave the situation if possible
- Phone a friend, the Brain Injury Association of Oregon or a crisis center to talk about the cause of anger
- Avoid situations which are associated with a high risk of becoming angry
- Make changes to routines and surroundings (e.g. avoid driving in peak hour traffic)
- Explore the benefits of using medication with a doctor

Don't lose
Your head
To gain a minute.
You need your head.
Your brains are in it.

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Successfully Surviving a Traumatic Brain Injury: An Appeal to Survivors and Caregivers

by Garry Prowe and Jessica Whitmore

We are eight-year survivors of a traumatic brain injury. Jessica is the survivor; Garry is the caregiver.

We believe that we have successfully survived Jessica's TBI. But what is a "successful" recovery from a traumatic brain injury? How do survivors and caregivers achieve a "successful" recovery? We are examining these questions for a forthcoming book, *We Changed Our Minds: Successfully Surviving a Traumatic Brain Injury.*

Of course, by "successful" we do not mean a complete recovery–a return to the person you were before the injury. The single most important element to achieving a successful recovery is a clear understanding of your goal–to recognize, accept, and learn to live with the permanent impairments caused by a brain injury. Without this understanding by *both* survivor and caregiver, the recovery is doomed to failure!

For instance, Jessica has slowly developed a full, satisfying, and productive new life despite considerable cognitive, physical, and emotional impairments. She exercises regularly at the gym and swimming pool. She volunteers at a hospice and a pediatric intensive care unit. She is a member of the board of directors of a monkey sanctuary. She has turned our house into a foster home for abandoned cats. She participates in a monthly book discussion group. Moreover, she has developed a wide circle of warm and caring, bright and energetic, new friends, who through their joint activities challenge Jessica to continue her recovery every day.

However, in the early stages of Jessica's recovery, we felt that we were barely hanging in there, certainly not "succeeding." As we look back over what we've learned during the past eight years, all too often we say to each other:

Why didn't we think of that?
If only we had done that.
Why didn't someone tell us that?

For example, Garry wishes someone had *forcefully* encouraged him to take better care of himself, to accept more of the many offers from others to help care for Jessica. He often was far too tired and frazzled to be a good caregiver. If he had relaxed more, outside of the physically and emotionally draining world of brain injury, his time with Jessica would have been more productive and satisfying for both of them.

Jessica regrets not being more assertive in challenging her therapists and doctors when they emphasized one area of her rehabilitation at the expense of an area that she felt was far more important.

Our accomplishments and failures over the past eight years have taught us much that can be useful to others. We want to share this information through our book, so that others facing TBI will have the resources we lacked.

We also recognize there is a wealth of information on recovering successfully from a TBI that we have failed to grasp. Therefore,

We are asking for your help.

How do you define a successful recovery? What did you do right? What did you do wrong? What advice do you have for survivors and caregivers who are just beginning their recovery and rehabilitation?

This is your opportunity to help our readers become successful survivors. We would be most grateful to hear from you. Correspondents who provide material used in the book will be recognized as contributors to the book. Also, a portion of the proceeds of the book will be shared with brain injury associations.

Please tell us your story. Write to us at TBISucess@BellSouth.net or 7025 NW 52 Drive, Gainesville, FL 32653.

Together, we can make life easier for future survivors of TBI and their caregivers.

Brain Injury in the News

Trusted Head Injury Prevention Technique Debunked

Contrary to popular thinking in athletics, traditional neck muscle resistance training may not protect athletes from head injuries.

For eight weeks, kinesiologists at Temple University worked with male and female Division I intercollegiate soccer players to see if a resistance training program would reduce the player's head acceleration during impact. According to Ryan Tierney PhD, director of Temple's Graduate Athletic Training Program, head impacts experienced during soccer cause head acceleration, similar to what a person experiences during a car crash. These impacts may cause mental impairment or accumulate and lead to permanent disability.

His findings are published in the current issue of the Journal of Athletic Training were highlighted at the Eastern Athletic Trainers' Association's Annual Meeting in Philadelphia, Pa, on January 7-10.

"We did see a change in the player's neck muscle strength but these changes made absolutely no difference in their ability to stabilize their heads when force was applied," said Tierney.

Every year, 1.4 million Americans suffer from a traumatic brain injury caused by a blow or jolt to the head. Moreover, previous research conducted by Tierney found that women are more susceptible to these types of injuries than men. Before Tierney's latest findings, many scholars and trainers believed that resistance training could reduce these instances among drivers, firearm users and those who participate in sports.

Though traditional resistance training failed with this group, Tierney does not rule out the possibility that other types of training such as plyometrics (higher intensity exercises used to develop power that involve explosive muscular contractions) could be used to combat this problem.

View Full Report Here: http://www.nata.org/jat/readers/archives/40.4/i1062-6050-40-4-310.pdf

Interesting Books to Read

Looking for a good book to read in the cool winter evenings? Following are some wonderful stories of survival and accomplishment.

A Mind at a Time

By Dr. Mel Levine

"Different minds learn differently," writes Dr. Mel Levine, one of the best-known education experts and pediatricians in America today. And that's a problem for many children, because most schools still cling to a one-size-fits-all education philosophy. As a result, these children struggle because their learning patterns don't fit the schools they are in.

In *A Mind at a Time*, Dr. Levine shows parents and others who care for children how to identify these individual learning patterns. He explains how parents and teachers can encourage a child's strengths and bypass the child's weaknesses. This type of teaching produces satisfaction and achievement, instead of frustration and failure.

Different brains are differently wired, Dr. Levine explains. There are eight fundamental systems, or components, of learning that draw on a variety of neurodevelopmental capacities. Some students are strong in certain areas and some are strong in others, but no one is equally capable in all eight. Using examples drawn from his own extensive experience, Dr. Levine shows how parents and children can identify their strengths and weaknesses to determine their individual learning styles.

For example, some students are creative and write imaginatively, but do poorly in history because weak memory skills prevent them from retaining facts. Some students are weak in sequential ordering and can't follow directions. They may test poorly, and often don't do well in mathematics. In these cases, Dr. Levine observes, the problem is not a lack of intelligence, but a learning style that doesn't fit the assignment. Drawing on his pioneering research and his work with thousands of students, Dr. Levine shows how parents and teachers can develop effective strategies to work through or around these weaknesses.

"It's taken for granted in adult society that we cannot all be 'generalists' skilled in every area of learning and mastery. Nevertheless, we apply tremendous pressure to our children to be good at *everything*. They are expected to shine in math, reading, writing, speaking, spelling, memorization, comprehension, problem solving...and none of us adults can do all this," observes Dr. Levine. Learning begins in school, but it doesn't end there. Frustrating a child's desire to learn will have lifelong repercussions. This frustration can be avoided if we understand that not every child can do equally well in every type of learning. We must begin to pay more attention to individual learning styles, to individual minds, urges Dr. Levine, so that we can maximize children's learning potential. In *A Mind at a Time*, he shows us how.

I'll Carry the Fork!

By Kara L. Swanson

Kara Swanson was a keynote speaker at our Annual Conference. This is the story of a woman who sustained a life-changing injury when a minivan crashed into the side of her car in Centerline, Michigan. Traumatic brain injury (TBI) is not a laughing matter, but this author tells her story with great humor. This funny and informative book gives good practical advice to those dealing with or helping someone through a brain injury. The author tells an inspirational story of rebuilding her life after a TBI. It is amazing that Kara has been through so much yet remains determined to keep her life as "normal" as possible. She is motivated to help others by sharing her hardships and lessons-learned. She is truly an inspiring woman! Kara gingerly educates those who are not aware of the day-to-day struggles that people with closed head injuries face. She has compiled an effective "guide book" and tool for others who, like her, have experienced this life-changing event. Kara describes the road to recovery as painfully slow and full of unexpected "potholes."

She talks about the importance of celebrating each of the small successes along the way. This book, I'm sure, has helped and will continue to help countless others find their way and to realize they are not alone on the journey.

Over My Head : A Doctor's Own Story of Head Injury from the Inside Looking Out

By Claudia L. Osborn, MD

Claudia Osborn was our Annual conference keynote speaker two years in a row. Dr. Osborn, wrote this book not only to help those with a closed head injury, but also to help people who work with individuals who have special challenges. It is her goal to increase awareness and understanding. Her story began when one minute she was riding her bicycle down a quiet street in her neighborhood and the next minute she was waking up in the hospital emergency room. We have all heard that doctors make the worst patients. Dr. Osborn was no exception. Dr. Osborn convinced the emergency room staff to discharge her before she had a complete overnight assessment of her brain injury. Very shortly after, she discovered that she couldn't come up with her own ideas or account for her own actions. She couldn't

(Osborn Continued on page 13)

Concussion in Sports

Concussion is defined as a traumatically induced alteration in mental status, not necessarily with loss of consciousness, and is a common form of sports-related injury.

Traumatic brain injury is common in contact sports, with an estimated 250,000 concussions and an average of eight deaths due to head injuries occurring every year in football alone. Twenty percent of football players suffer concussion during a single football season, and some more than once. Repeated concussions can lead to brain atrophy and cumulative neuropsychological deficits. Repeated concussions occurring within a short period can be fatal.

Unfortunately, many physicians, coaches, athletes, and athletic trainers trivialize and dismiss the dangerous possibility of a traumatic brain injury and allow a hurt young person to continue to play.

Repeated concussions can pre-dispose the brain to vascular congestion from autoregulatory dysfunction. The congestion leads to elevation of pressure and brain swelling.

Amnesia and confusion following an impact to the head are the hallmarks of concussion. Amnesia associated with concussion can be instantaneous, or delayed by several minutes. The delayed onset of amnesia or post-concussion symptoms demonstrates a pathological process occurring gradually. This entire process is missed entirely if the athlete is returned to the event too early.

The Colorado Medical Society has set forth guidelines for the management of concussions in sports. Categorizing severity of concussion into three grades, recommendations regarding treatment and continuing participation attach to each grade. These guidelines are set forth below:

"Grade No. 1: Confusion Without Amnesia, No Loss of Consciousness. Remove from contest. Examine immediately and every five minutes for the development of amnesia or post-concussive symptoms at rest and with exertion. Permit to return to contest if amnesia does not appear and no symptoms appear for at least twenty minutes.

Grade No. 2: Confusion With Amnesia, No Loss of Consciousness. Remove from contest and disallow return. Examine frequently for signs of evolving intercranial pathology. Re-examine the next day. Permit return to practice after one full week without symptoms.

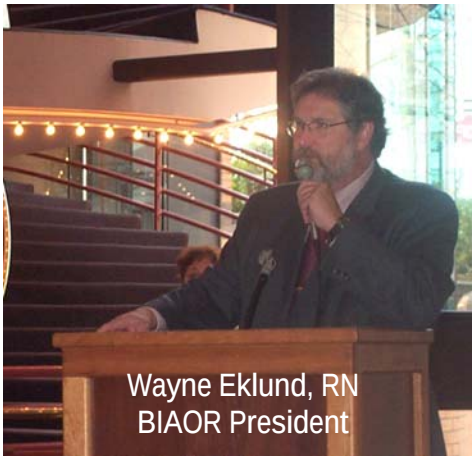
Grade No. 3: Loss of Consciousness. Transport from field to nearest hospital by ambulance (with cervical spine immobilization if indicated). Perform thorough neurologic evaluation emergently. Admit to hospital if signs of pathology are detected. If findings are normal, instruct family for overnight observation. Permit return to practice only after two full weeks without symptoms.

Prolonged unconsciousness, persistent mental status alterations, worsening post-concussion symptoms, or abnormalities on neurologic examination require urgent neurosurgical consultation or transfer to a trauma center."

The overwhelming concern is that those sustaining concussion during sports activity are immediately and promptly treated. The risk of second impact syndrome is significant and its consequences severe. In "second impact syndrome" the victim is thought to have sustained a second concussion while still symptomatic from an earlier concussion. The victim often suffers cerebral vascular congestion leading to malignant brain swelling and marked increase in intercranial pressure. Brain swelling is many times difficult, if not impossible, to control.

(Osborn Continued from page 12)

plan, organize, or make decisions. In this book, Dr. Osborn does an incredible job of relating the life altering experience of traumatic brain injury. This is a very informative, easy to read, and easy to understand book covering the misunderstood and confusing changes and challenges individuals and their loved ones experience after a brain injury. She does this from her perspective as a medical professional. She describes how she experiences and learns to manage permanent losses and changes that a person with TBI must learn to understand, accept, and manage in day-to-day life. This book is a must read for families and medical professionals alike. As Dr. Osborn repeats in her lectures, "A TBI too often goes unrecognized and misunderstood. As a medical clinician with extensive Family Medicine and Emergency Medicine experience, and myself being brain injured several years ago, I know that many brain-injured persons go without adequate diagnosis or treatment. The physical and psychosocial changes that brain injured persons and their families and friends face are frequently undiagnosed, misunderstood, and improperly treated. After many months of rehabilitation, 'I got what I needed, not necessarily what I wanted'" (Osborn, 1998). I encourage you to take a journey with Dr. Osborn. Her style is both humorous and informative. A successful physician prior to her injury, she describes the frustrations, indignities, and adventures imposed by her traumatic brain injury and the world of medicine. This book does not focus on tragedy but on the strength of human will and positive thinking to overcome adversity and rebuild a new life.



Wayne Eklund, RN
BIAOR President

We know the human brain is a device to keep the ears from grating on one another.

—Peter de Vries
(from *Comfort Me with Apples*)

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
Amy King, 541-382-5882
amyk@cohospise.org

Brookings
BRAIN INJURY GROUP (BIG)
2nd Monday 7:00—8:00 pm
Brookings Evergreen Federal Bank
850 Chetco Ace, Brookings OR 97415
Liz Prendergast, 541-469-5306
lizzietiz@usa.net

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

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

Eugene (2)
COMMUNITY REHABILITATION SERVICE OF OREGON
3rd Tuesday 7:00 to 8:30 pm
Central Presbyterian Church
15th & Patterson, Eugene, OR. 97401
Call for Information
Jan Johnson, (541) 342-1980
comrehabjan@aol.com

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

Hillsboro (2)
HELP
(Help Each Other Live Positively)
4th Saturday - 1:00-3:00 pm
TBI Survivor self-help group
(Odd months)
TBI Family & Spousal (Even Months)
Cognitive Enhancement Center
982 Naomi Court, Hillsboro, OR 97124
Brad Loftis, (503) 547-8788
bcmuse2002@yahoo.com

Klamath Falls
SPOKES UNLIMITED TBI GROUP
4th Friday 3:00pm to 4:30pm
415 Main Street
Klamath Falls, OR 97601
Dawn Lytle, (541) 883-7547
sustaff@cdsnet.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
TURNING POINT
3rd Tuesday 4:00pm-5:00pm
Call for More Information
Pam Ogden, (541) 776-3427
PAM@sogoodwill.org

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

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

Portland (9)
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, 97211
Contact Doug Peterson for additional information
503-292-0765 or doug@progrehab.com

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

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Friday, 1-3 pm
Independent Living Resources
2410 SE 11th, Portland, OR 97214
Southeast Portland
Roxie Choroser, 503-232-7411 Roxie@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
Northeast Portland
Joyce Kerley (503) 413-7707
joycek1145@aol.com

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

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

HANDLING STRESS AND ANGER
This group will meet once a month to learn methods of stress reduction and to explore ways of lessening impulsive anger. For more information contact: Joyce Kerley
(503) 413-7707
joycek1145@aol.com

PARENTS OF CHILDREN WITH BRAIN INJURY
This group will meet once a month, and is a self-help support group. Currently combined with
FAMILY SUPPORT GROUP
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Northeast Portland
Joyce Kerley (503) 413-7707
joycek1145@aol.com

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

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

SALEM SOCIAL CLUB
6:30pm - 8:30pm
2nd Wednesday
Residential Alternative Housing
3005 Windsor Ave. NE, Salem, OR 97301
Pam Olson, (503) 588-7594
p-olson@comcast.net

Vancouver Washington
VANCOUVER TBI SUPPORT
1st Thursday, 6-8pm
Disability Resources of SW Washington
5501 NE 109th Court Suite N
Orchards, WA
Cindy Falter (360) 694-6790
Kaycie Tolleson, (360) 750-6773


Julianne R Johnson
BIAOR Holiday Fundraiser

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The Brain Injury Association of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Resource Referral Service. 2005 dues notices will be mailed this month. Please remember that we cannot do this without your help.

Your membership is vitally important when we are talking to our legislators. For further information, please call 503-413-7707 or 1-800-544-5243 or email biaor@biaoregon.org.

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For details: http://www.ohsu.edu/outreach/baw/events_2004/index.shtml

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Website: www.biaoregon .org

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

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