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# HEADLINER

Fall 2017  
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The Newsletter of the Brain Injury Alliance of Oregon

## What's Inside?

Executive Director's  
Corner  
Page 2

Board of Directors  
Page 2

FY 2016-17 Professional  
Members  
Page 3-4

How a brain injury can affect  
family members  
Page 7

Chronic Pain Associated with  
TBI: Causes and  
Management  
Page 8-9

Nasal Specifics: A Case Study  
Page 10

Holiday Party and Registration  
Form  
Page 11-12

Emotional Liability or  
PseudoBulbar Affect PBA  
Page 13

Studies Show Sports Injuries  
Could Cause Brain Diseases  
Pages 14

Exercise After Brain Injury  
Page 15-16

2018 PNW Conference & Early  
Registration  
Page 17-18

Grief and Loss  
Page 19-20

Oregon Health Care Update  
Page 21

Resources  
Page 22-25

Support Groups  
Page 26-27

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

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



In September of this year, Dr. Robert Stern from Boston University and a team of researchers published a study concerning the effects of the age of first exposure to football on the brains of young boys. The results of that study were groundbreaking in that there is now evidence that boys who start playing full contact football before the age of twelve have an increased risk of impairment in certain cognitive and behavioral function areas. Specifically, there is an increased risk of behavioral dysregulation and executive dysfunction as well as apathy and depression later in life for those boys who started playing full contact football before age twelve.

Dr. Stern and his team stress that "any decisions regarding reducing or eliminating youth football must be made with the understanding of the important health and psychosocial benefits of participating in athletics and team sports during pre-adolescence."

It is these two competing data points that will inform the rest of my discussion here.

Number one: We want our kids to play youth sports. It's generally a great way for the kids to get exercise and to develop friendships that can last a lifetime. On a personal note, I spent the weekend with two old friends of mine from middle school. We spent some of that time reminiscing about our days playing little league baseball and youth golf. Those shared experiences were an anchor for us to hold onto and a chance to run down memory lane recounting a little league game here and a golf tournament there.

Number two: We want our kids to be safe in whatever sports they decide to play. Of course injuries are inevitable in any sport, but certain sports raise the risk of injury to a level that is quite frankly unacceptable, and for the purpose of this column

that sport is full contact youth football.

Now that Dr. Stern has published this peer reviewed study there is little doubt that full contact youth football poses an inherent risk to a young boy's brain development. Dr. Stern states that "youth football is played between the ages of 5 and 14, a period when the brain undergoes substantial maturation in males." He further states that "repetitive head impacts exposure during peak neurodevelopment may disrupt normal brain maturation to increase vulnerability to long term clinical impairments."

In this context, the metaphor I use is that a young boy's developing brain is like one of those boats in a bottle. If you shake the bottle enough the little pieces start falling off the boat. If you shake the boy's brain enough, the little pieces in his developing brain get damaged.

I know that no parent wants his or her young son to damage his developing brain while playing youth football. But I also know that the same parent will encourage his or her young son to play youth football, and that the parent will often times cheer their son to hit harder out on the gridiron. Unfortunately, as Dr. Stern explains, those two attitudes are incompatible. A young boy cannot play full contact youth football without exposing himself to the risk of possible neurocognitive and behavioral problems later in life.

So, what will it take to change youth football in a way that preserves the athletic endeavor and the team building camaraderie without exposing that player to the risk of brain injury? Maybe flag football for the younger boys? It's still a great game despite the fact that no one is tackling or bashing their heads over and over. Why not?

A head administrator of Pop Warner Football was asked that question recently (after Dr. Stern's study

*(Continued on page 6)*

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**Headliner DEADLINES**

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

Editor: Sherry Stock, Jeri Cohen

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**Executive Director's Corner**



As this year comes to a close, I want to update you on what BIASOR has been doing.

We had a very successful Pacific Northwest Conference in March featuring Friday Keynote Speaker Cameron Smith, Director, Oregon Department of Veterans Affairs on We Are Oregon Veterans - updating us on veterans issues and Friday Morning Keynote Speaker: Rolf B. Gainer, PhD discussing The End of Caring: Understanding the Dynamic of Failure in Rehab. Treatment of Concussion - From the Field to the Hospital and Rehabilitation. Highlighted speakers through the conference included: - James Chesnutt, MD; Aaron DeShaw JD, DC; Lillieth Grand, MS, MT-BC; Russell C. Spearman M.Ed; Shelley Campbell; Scott Bloom, CBIS, Mary Kelly; Karen Campbell ; Jacob Plasker, DC; Dr. Glen Zielinski, DC, DACNB, FACFN; Dan Overton, MC, LMHC, MHP, TBI Program Coordinator; Dr. Michael Seyffert, Amen Clinic; Tanya J. Peterson, MS, NCC; Richard H. Adler, JD, Jacob Gent, JD, Steven Angles, JD, Melissa D. Carter, JD and Arthur D. Lertz, JD; Dr. Adam Grove, ND; Linda Gifford; Shauna Hahn, PMHP; Juliet Machado, BA OVT; Dr. George Siegfried, D.C.; Dr. Jeffrey McNally; Kendra Bratherton, COTA/L; Dr. Haakon; Kristina Fosse and Dr. James Chesnutt.

number of medical professionals who can return a child to play and increases the training liability requirements.

SB 719/House Bill 2807-B for Survivors of serious injuries and abuse. In May 2016 the Oregon Supreme Court put a cap of \$500,000 on pain and suffering for seriously injured individuals. The bills would lift the cap on compensation \$10M from \$500,000. This is for the change in their lives that victims of abuse, paralysis, dismemberment, etc. endure when they are hurt by others' wrongdoing.

BIAOR has also been representing BIAOR members in a number of State Rule committees-giving a voice to those with brain injury and those who serve them.

We have our Annual Holiday Party coming up-- see page 11 and the March Pacific NW Regional Conference is coming soon - page 17-18.

On behalf of the Board and Staff at BIAOR, I want to wish everyone a happy and safe Holiday Season.

*Sherry Stock*

Sherry Stock, MS, CBIST  
 BIAOR Executive Director

Legislatively we have been working on SB 217 Concussion return to Play in on going workgroups hoping to introduce this legislation for the 2018 Legislative Session, in part this increases the

**Fall Sudoku**

The object is to insert the numbers in the boxes to satisfy only one condition: each row, column and 3 x 3 box must contain the digits 1 through 9 exactly once. (Answer on page 23)

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

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

Names in Bold are BIAOR Board members

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- Advocate Care, LLC, Leah Lichens, Medford, 541-857-  
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- † Mentor Network, Yvette Doan, Portland 503-290-  
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- Joana Olaru, Alpine House, Beaverton, 503-646-9068
- † Oregon Rehabilitation Center, Sacred Heart  
Medical Center, Director: Katie Vendrsco, 541-228-  
2396

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- † Ridgeview Assisted Living Facility, Dan Gregory,  
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- WestWind Enhanced Care, Leah Lichens, Medford,  
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- Polly Smith, Polly's County AFH, Vancouver, 360-601  
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[www.thehellofoundation.com](http://www.thehellofoundation.com)

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To become a professional member of BIAOR see page 22 or contact BIAOR, [biaor@biaoregon.org](mailto:biaor@biaoregon.org).

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¥ Deborah Crawley, ED, Brain Injury Association of Washington, 253-238-6085 or 877-824-1766  
£ Disability Rights Oregon, Portland, 503-243-2081  
£ Eastern Oregon Center for Independent Living (EOCIL), Ontario 1-866-248-8369; Pendleton 1-877-771-1037; The Dalles 1-855-516-6273

£ Independent Living Resources (ILR), Portland, 503-232-7411  
£ Jackson County Mental Health, Heather Thompson, Medford, (541) 774-8209  
£ Oregon Chiropractic Association, Jan Ferrante, Executive Director, 503-256-1601  
£ Kayt Zundel, MA, ThinkFirst Oregon, (503) 494-7801

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State of Oregon, OVRs, Salem (503) 945-6201 www.oregon.gov/DHS/vr

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Second Step, David Dubats, Eugene, 877-299-STEP  
Rockinoggins - Helmet Covers Elissa Skerbinc Heller www.rockinoggins.com

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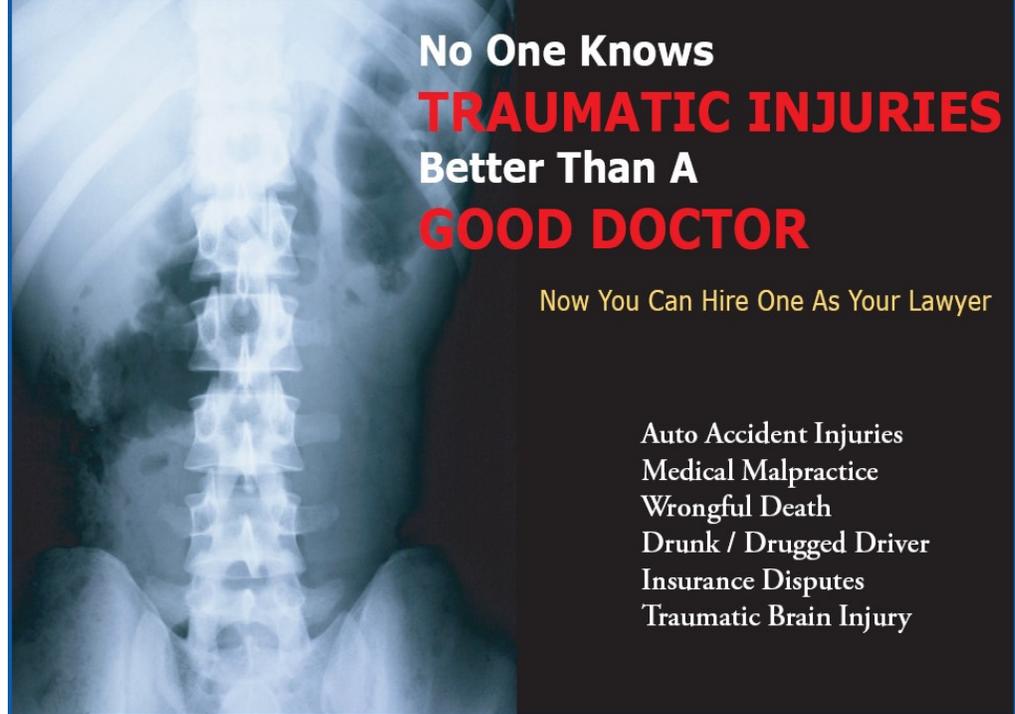
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## ARE YOU A MEMBER?

The Brain Injury Alliance 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](mailto:biaor@biaoregon.org). See page 22 to sign up.

## 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, trainings 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**

**800-544-5243**

**Fax 503-961-8730**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

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### Type of Payment

Check payable to BIAOR for \$ \_\_\_\_\_

Charge my VISA/MC/AMX/Discover Card \$ \_\_\_\_\_

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Signature Approval: \_\_\_\_\_

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(Continued from page 1)

was published) and his answer was to the effect that if Pop Warner switched to youth flag football instead of youth full contact football, then another youth football league would spring up in the area that offers full contact youth football and the parents would take their kids over to that league instead of playing in the Pop Warner flag football league.

Is that really what would happen, especially after a parent learns about Dr. Stern's study? Are parents so infatuated with full contact football that they would risk their son's brain development in order to ensure their son's participation in that sport?

Ultimately, these are questions that can only be definitively answered by the parents. With that in mind, to the parents of young boys playing full contact football, what are you willing to risk by allowing your kid to play this sport? Does an increased risk of cognitive and behavioral injury outweigh your desire to have your kid play football? And if it doesn't, are you prepared for that conversation when ten years from now your son asks you why you let him play?

The game has to change for the eight to fourteen year olds. No responsible adult can argue otherwise. The problem is that football is ingrained in our culture and, like everything that is ingrained, it takes a tremendous effort to change it. With these young athletes, however, it's really an easy call to make. We need to insist that there are no more repetitive head impacts for our youngest football players. Their future cognitive health demands it.

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, .4504 S.W. Corbett Avenue, Suite 200, Portland, OR 97239



## Vitamin D Deficiency in Traumatic Brain Injury and Its Relationship with Severity of Injury and Quality of Life”

Recent TBI research has shown a link between Vitamin D Deficiency and Its Relationship with Severity of Injury and Quality of Life. They studied 124 patients who ranging from mild to severe TBI.

- 34% had a Vitamin D deficiency (levels less than 25 nmol/L)
- 23% had a Vitamin D insufficiency (levels between 25-50 nmol/L)
- Vitamin D deficiency was present in 48.3% of severe TBIs, 29.4% of moderate TBIs and 26.5% of mild TBIs.

Overall, they found that patients with suffering from severe TBI have significantly lower levels of Vitamin D than patients with mild TBIs.

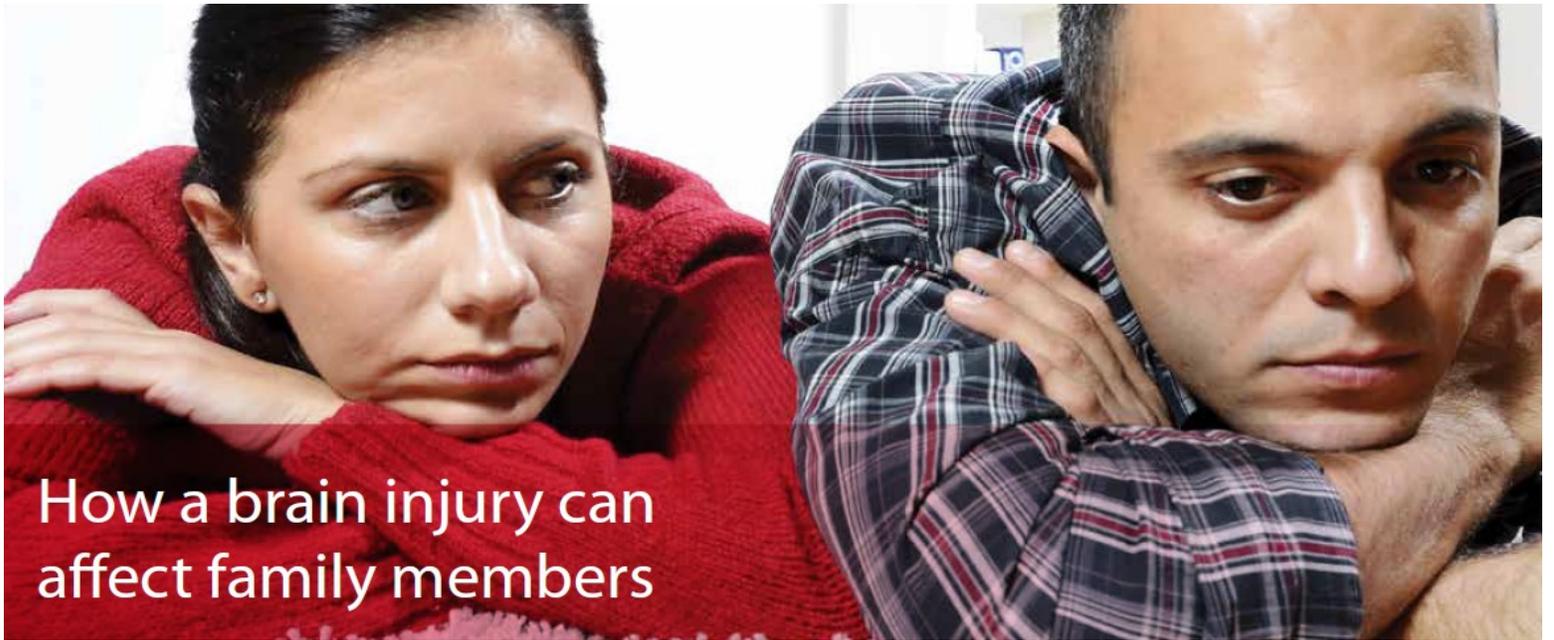
Reference: The Journal of Neurotrauma, “Vitamin D Deficiency in Traumatic Brain Injury and Its Relationship with Severity of Injury and Quality of Life” published on April 1, 2017.

## Shop at AmazonSmile and Amazon will make a donation to: **BIAOR**

Simply go to [smile.amazon.com](https://smile.amazon.com), search for and select Brain Injury Association of Oregon as your charity of choice, and continue with your order as usual. The Amazon Foundation will donate .5% of the purchase price to BIAOR!

**There is no additional cost to you! Use  
Smile.Amazon.com every time you shop!**

**amazon**smile



## How a brain injury can affect family members

For most family members, life is not the same after a brain injury. We want you to know that you are not alone in what you are feeling. Other people who have family members with a brain injury may be having the same problems that you do. While everyone's situation is a bit different, there are some common problems that many family members experience.

### **Less time for yourself**

Since the injury, you have likely had very little time for yourself to relax or do the things you enjoy. Much of your energy has probably gone into taking care of your family member. You probably feel tired constantly, but can't get any rest.

### **Financial difficulties**

If your family member has not been able to return to work, you may have less money to support your household. You also probably have a lot of medical bills piling up. People also have difficulty applying for and getting disability income.

### **Role changes**

People in your family probably no longer have the same roles. In other words, the same people don't necessarily have the same responsibilities they did before. For example, someone who stayed home to take care of the house before injury may now have to work. Someone who worked before may have to stay home to take care of the person with injury. There may not be enough people to help with chores, grocery shopping etc.

### **Problems with communication**

People in your family may not talk to each other as well as they did before injury. They may seem to have trouble talking about their feelings. Things may be so busy that you just don't have much time to spend with other family members. It may seem that the family only gets together to solve the next problem, and not to just enjoy being

together.

### **Lack of support from others**

Soon after the injury, you probably got a lot of help from other people. As time went on, the amount of help you received may have become less. Other family members and friends may come around less. They may not seem to understand what you're going through. They may not understand some of the changes in your injured family member. People may seem to be critical of the way you're handling things. They may give you a lot of advice that isn't really helpful.

These are just some of the problems that family members may face after injury. Your family may be facing other problems that we haven't talked about. Sometimes these problems can seem too much and you may become overwhelmed, not seeing any way out. Other people in your situation experience similar feelings. Here is a list of some common feelings that family members report.

### **Feeling sad or down**

Many family members report that they feel down a lot – sometimes, they are not sure why. They may not enjoy the things they used to. They may have a lot less energy. They may sleep too much or not be able to sleep at all. Some people cry more easily. They may start spending a lot of time alone, preferring not to be with other people.

### **Feeling anxious or nervous**

Some family members report being nervous all the time. They may worry about something all the time. Some common things that people worry about are finances, the future, and the health and wellbeing of their injured family member. Other people may feel nervous all the time, without being sure why.

### **Feeling angry**

You may be surprised to learn that many family members feel angry after the injury. They may be angry at many different people. Some feel angry at doctors or other professionals who they don't think are providing enough care. Others feel angry at other family members or at friends who give advice but don't seem to understand what they're going through. Still others are angry at their injured family member for not trying hard enough, or for not appreciating what is being done to help them. Some people are just angry at the world, questioning why this terrible thing has happened to them.

### **Feeling guilty**

Guilt is a common feeling that family members have after the injury. Some family members blame themselves for the injury, thinking that they somehow could have prevented it. Others feel guilty that they cannot keep up with the things that need to be done from day to day. Some family members feel guilty about the anger they feel – they tell themselves they should be glad their loved one is alive, and they don't feel they have a right to be angry. Others feel that the injury is a punishment for something they did in the past.

### **Feeling frustrated**

Frustration is a very common feeling among family members. There are lots of things to be frustrated about. Some of the things that most frustrate people are: not being able to get the services they need; not having enough time to do things; feeling that others don't understand what they're going through; dealing with the fact that their loved one cannot do the same things they did before.

# Chronic Pain Associated With Traumatic Brain Injury: Causes and Management

“Accumulating evidence suggests that chronic pain is common after TBI,” noted Dr Irvine. Any trauma that causes jarring acceleration or deceleration of the brain within the skull can lead to brain dysfunction consistent with traumatic brain injury (TBI). The force might be direct, such as a violent blow to the head or a fall in which the head strikes the ground, or indirect like the shockwave from an explosion. Gunshots, knife wounds, or other penetrating injuries to the brain also cause TBI.

Approximately 1.5 million Americans experience TBI each year, and the related economic burden is estimated at \$86 billion annually. Although more than three-quarters of TBI cases are mild with rapid symptom resolution, some people suffer persistent debilitation and pain. Karen-Amanda Irvine, PhD, a research associate at the Veterans Affairs (VA) Palo Alto Health Care System in California, and colleagues have been studying the relationship between pain and TBI. Acute pain due to tissue damage is common and typically resolves after several weeks, once the brain has healed, however, chronic pain (ie, ongoing pain lasting for at least 3 to 6 months) may arise after TBI. “Accumulating evidence suggests that chronic pain is common after TBI,” Dr Irvine told Clinical Pain Advisor. It is unclear whether pain after TBI is attributable primarily to the brain injury, to injuries suffered concurrently with the brain injury, or to psychological factors. “As yet, our understanding of the causes and consequences of pain after TBI is limited despite TBI being very common,” she added.

## Prevalence of Chronic Pain After Traumatic Brain Injury

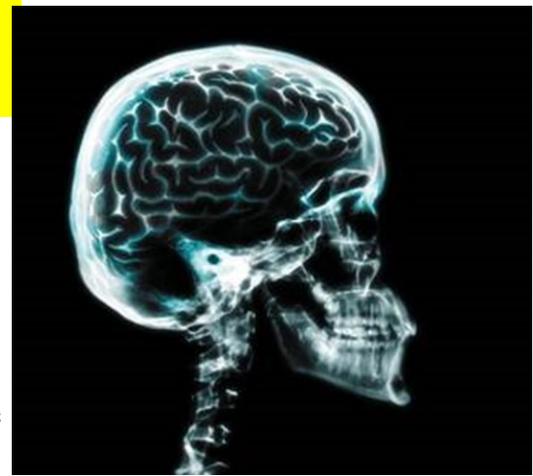
Estimates of the prevalence of chronic pain in patients with TBI vary between studies, and Dr Irvine noted, “It is difficult to say without further research exactly how likely it is that a patient will experience pain after TBI.” She said most of the literature on chronic pain after TBI focuses on the prevalence of headache, which is the most common site of pain in patients who have experienced TBI. A 2008 systematic review was conducted to determine the prevalence of chronic headache and chronic pain in civilians and combat veterans after TBI. Of the 3289 civilians with TBI, 51.5% (95% CI, 49.8-53.2%) had chronic pain. Of the 20 studies included in this review, 12 evaluated chronic headache (n=1670), which affected 57.8% (95% CI, 55.5%-60.2%) of civilians. Analyses of 3 studies of combat veterans with TBI (n=917) indicated that 43.1% (95% CI, 39.9-46.3%) experienced chronic pain, and 35.9% (95% CI, 32.8%-39.0%) had chronic headache. In a recent study, the records of 116,913 combat

veterans who completed a Comprehensive Traumatic Brain Injury Evaluation with the VA due to suspected TBI were reviewed. Overall, 57% of the veterans had received at least 1 diagnosis of chronic pain and 73% reported moderate to severe pain disability.

The 2008 review analyzed the prevalence of chronic pain in civilians with mild (10 studies; n=1046) or severe TBI (9 studies; n=1063). Chronic pain was experienced by 75.3% (95% CI, 72.7%-77.9%) of patients with mild TBI vs 32.1% (95% CI, 29.3%-34.9%) of patients with severe TBI. “This is surprising but not impossible, as the assessment of a lower rate of pain in more severely injured patients may be due to difficulties in assessing their pain because of an altered level of consciousness, cognitive impairments, or verbal difficulties,” Dr Irvine said. The 2017 study in combat veterans indicated lower rates of chronic pain associated with mild TBI vs moderate to severe TBI (58.8% vs 64.4%). In another study, the reported prevalence of posttraumatic headache was found to range from 47% to 95% after mild TBI, and from 33% to 38% after moderate to severe TBI. Other studies have indicated a higher prevalence of posttraumatic headache in patients with moderate to severe TBI than in patients with mild TBI.

**Onset of Chronic Pain After Traumatic Brain Injury**  
For approximately 54% to 71% of patients, posttraumatic headache occurs shortly after TBI, with 70% of patients with mild TBI reporting headaches 6 months after injury, and 40% experiencing headaches for a year or longer. In the most severe, persistent cases, the headaches are similar to migraines. Patients may also experience tension headaches, or a combination of migraine and tension headaches. Female gender, prior headache disorder, and a family history of headache disorder were found to be associated with an increased risk for developing posttraumatic headache.

According to Dr Irvine, “The most common sites of pain [other than the head] are the neck, back, shoulders, and extremities, and TBI-associated pain has been characterized as primarily musculoskeletal.” In some instances, chronic pain may result from injuries suffered at the same time as TBI. Between 10% and 20% of patients develop neurogenic heterotopic ossification after TBI, in which mature lamellar bone forms within soft tissue. The condition typically arises 2 to 4 months after TBI and causes severe musculoskeletal pain. Less common pain syndromes — primarily occurring in patients with severe TBI — include peripheral neuropathy, complex regional pain syndrome, and neuromuscular spasticity. Late-onset pain



syndromes have also been reported, with symptoms arising 6 months or longer after the brain injury. “If a patient with TBI has been diagnosed with chronic pain, it is difficult to estimate how long they may experience it and whether it will resolve,” noted Dr Irvine.

## Causes of Chronic Pain After Traumatic Brain Injury

Researchers have proposed several complex mechanisms to explain the association between chronic pain and TBI. “Both clinical investigations and animal studies have suggested that dysfunction in the brain and spinal cord contribute to chronic pain after TBI,” said Dr Irvine. “Specifically, descending neural connections from the brain to the spinal cord, which normally inhibit pain circuits, become dysfunctional after TBI and contribute to pain,” she added. Additional research is needed to confirm the role of the descending pain-control pathway and to determine “whether the degree of its dysfunction dictates the severity of TBI-associated pain.” Neuroinflammation and neurodegeneration, which play a role in neurodegenerative diseases like Parkinson and Alzheimer’s disease, are other possible contributors to the emergence of chronic pain after TBI. The evidence linking neuroinflammation to chronic pain after TBI is less robust. Other proposed mechanisms are axonal damage secondary to rapid acceleration or deceleration of the head, synaptic changes, or epigenetic changes like DNA methylation and chromatin modification.

Patients with post-traumatic stress disorder (PTSD), depression, or a history of psychiatric disorders appear more likely to experience chronic pain and to report pain-related disability after TBI. PTSD was found to be the main driver of chronic pain — especially back and joint pain — in combat veterans after TBI. The researchers hypothesized that this relationship between PTSD and chronic pain may be due to the elevation of adrenergic hormones and other biochemicals after TBI, which contribute to increasing muscle tension and to heightening pain perception. Other

possible mechanisms underlying this association include the increase in pain catastrophizing often observed in individuals with PTSD, and the upregulation of the dopamine pathway involved in pain perception and psychological distress.

### Management

Early diagnosis and management of pain and psychological distress in patients with TBI may reduce their risk for developing a chronic pain condition. Early recognition of TBI-related pain is complicated by the fact that mild TBI often remains undiagnosed. In patients with a diagnosis of mild TBI, education related to expectations and symptom management, in addition to how to manage symptoms, follow-up visits recommendations may be useful.

According to Dr Irvine, Clinical Practice Guidelines formulated by the VA and US Department of Defense address treatment of posttraumatic headache in patients with TBI and recommend treatment using standard measures based on headache subtype. However, there are no evidence-based guidelines on effective management of other types of chronic pain in TBI. Chronic pain in patients with TBI is highly heterogeneous, and clinicians must use their discretion in managing each patient's symptoms. A multi-disciplinary approach may be required that combines pharmacologic options and psychological interventions to improve coping mechanisms.

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Source: <http://www.clinicalpainadvisor.com/chronic-pain/chronic-pain-after-traumatic-brain-injury-prevalence-causes-management/article/707490/> Christin Melton, ELS -

## BIAOR by the Numbers

BIAOR's Fiscal Year runs from July 1-June 30.

### What does your membership dues pay for?

Each year we provide:

#### Information & Referral

7200 calls, 32,000 emails  
1520 packets mailed, 2550 DVDs mailed  
1.2 million website visitors

#### Legislative & Personal Advocacy

#### Support Services

85 Support Groups, Peer Mentoring and Support  
Donations, Emergency Support

#### Awareness and Prevention

65 Awareness and Prevention Events

#### Education

3 day Annual Multi-State Conference  
370 Trainings/Education/Classes  
*The Headliner*, reaching 16,000 quarterly

#### Referrals to Research Projects

**We can't do this alone, please send in your membership dues today or donations.**

**See page 22 for a membership form**

## Vehicle Donations



Vehicle Donation Program

Through a partnership with VDAC (Vehicle Donations to Any Charity), The Brain Injury Alliance 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>

## Fred Meyer Community Rewards - Donate to BIAOR

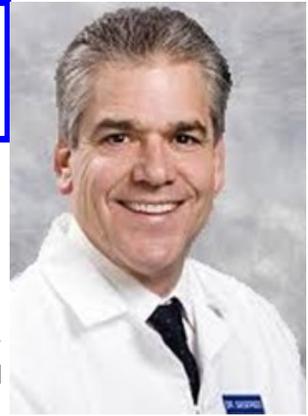
Fred Meyer's program. Here's how it works:

Link your Rewards Card to the Brain Injury  
Association of Oregon

at [www.fredmeyer.com/communityrewards](http://www.fredmeyer.com/communityrewards).

**Whenever you use your Rewards card when shopping at Freddy's, you'll be helping BIAOR to earn a donation from Fred Meyer.**

# Nasal Specifics: A Case Study



**History and Chief Complaints:** John, age 71, came to the clinic after an MVA in March 2017. He had a sub-occipital headache, neck, mid, low back pain; his arms were aching as were his shoulders and legs. He was also suffering with insomnia, unable to sit very long, drive very long, was very nervous, and actually his “whole head hurts.”

This happened when he was driving his truck and was T-Boned from the right side, hit his head on the head rest and felt pain immediately in his neck and the neck subsequently was popping a lot. Prior to the accident the only thing he complained of was chronic head pain he'd suffered with since childhood, but the MVA made it even worse.

picture and video—which he'd had since childhood when he fell on his head, fracturing his skull, was in a coma “for a while” and had to have surgery to remove part of his skull to relieve the pressure. To keep the pain “manageable without drugs” he discovered if he kept his head shaved or wouldn't let his hair grow too long, he would have less “whole head pain” and was able to perform his daily work, etc.



**Treatment:** He received regular chiropractic adjustments, massage and traction at the clinic and did a series of exercises, and traction maneuvers at home. He also took certain whole food concentrates for healing his soft tissues.

After several months of care, he was stabilized from the accident and his biggest complaint of his “whole head pain” persisted and was still worse from the accident. It was then that he showed me the scar on the back of his head—see

After examining his skull, we decided to give him some nasal specifics treatments. Amazingly after only 3 treatments, his head felt better than it had for years. He is now on a PRN basis and many aspects of his life have improved.

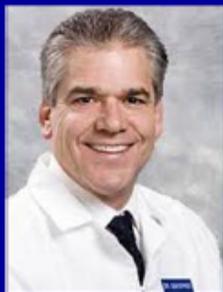
Dr. Siegfried's office is located in McMinnville/Portland, Oregon, 503-472-6550, [www.nasalspecifics.com](http://www.nasalspecifics.com)

Expert in Bilateral Nasal Specifics Treatment, having studied over 1,000 hours with the developer of the technique in the Northwest and personally performed thousands of the procedure. Dedicated to patients with head injuries and cognitive disorders.

[www.nasalspecifics.com](http://www.nasalspecifics.com)



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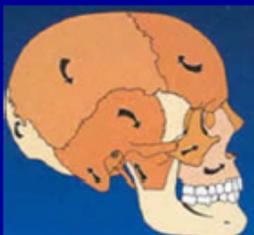


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# HAPPY HOLIDAYS



Please join the BIAOR 5rd Annual Holiday Party featuring raffles, Holiday Sticks, silent auctions, and free games and rides. Unlimited, all you can eat Buffet features pizza, pasta, soup, salad, deserts and refreshments included.

**Where:** John's Incredible Pizza

9180 SW Hall Blvd, Beaverton

**When:** December 3, 2017

**Time:** 2 - 4 pm

**Price:** \$18 per person



Register online at

[www.biaoregon.org/fundraiser.htm](http://www.biaoregon.org/fundraiser.htm)

Fax the Attached form to 503-961-8730

Mail to: BIAOR, PO Box 549, Molalla OR 97038

800-544-5243

# Here's my reservation!

Happy Holidays

## Brain Injury Alliance of Oregon

Sunday, December 3, 2017

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Reserve the following:

\_\_\_\_\_ Table Sponsor • \$250.00 \_\_\_\_\_ Please contact me about other sponsorship opportunities.

Sponsorship includes 10 tickets at the same table, name or company name listed in program, name or company name listed on BIAOR website with link, name or company name listed in newsletter, and signage on table the day of the event. (\$70 tax deductible - Tax ID # 93-0900-797)

• I NEED \_\_\_\_\_ Dinner TICKETS (one ticket per paid attendee \$18.00 per person).

\_\_\_\_\_ Please seat me at a no-host table • \$18.00 per person

If you have several friends that you would like to sit with, we encourage you to submit one check or multiple checks in one envelope. Tables accommodate 10 people.

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

**Sign up early—tickets limited to the first 100**

Payment Options: Check Enclosed payable to BIAOR (Brain Injury Alliance of Oregon)

Charge my Credit card: Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Signature \_\_\_\_\_

Zip Code—if different than above \_\_\_\_\_

Please print guests' names clearly below:

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

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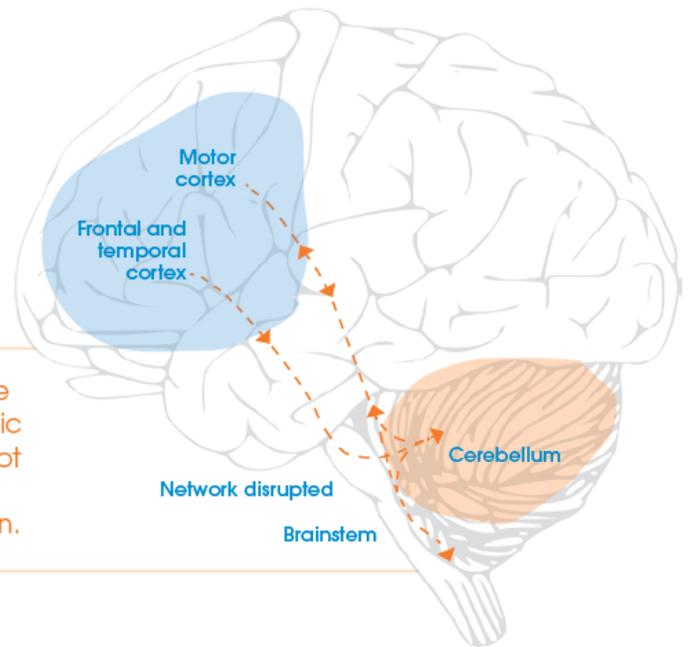
**John's Incredible Pizza 9180 SW Hall Blvd, Beaverton, 2 pm – 4 pm**

# Emotional lability or PseudoBulbar Affect PBA

PBA is a condition of emotional expression—crying and/or laughing that's exaggerated or doesn't match how you feel. It's different from depression.

PBA is **neurologic** which means it's caused by damage to the nervous system.

Conditions like depression are **psychological** which means they're related to a person's emotional or mental state.



Involuntary laughing/crying

## What is PseudoBulbar Affect (PBA)?

PBA is a condition that causes uncontrollable crying and/or laughing that happens suddenly and frequently. It can happen in people with a brain injury or certain neurologic conditions.

A person having a PBA crying spell may cry when they don't feel sad or when they only feel a little bit sad. Someone having a PBA laughing spell may laugh when they don't feel amused or when they only feel a little bit amused.

### PBA is more common than you think.

While there are almost 2 million people in the US with neurologic conditions or traumatic brain injury who have PBA, over 7 million people in the US have symptoms that may suggest PBA.

- Traumatic Brain Injury (TBI) 48%
- Alzheimer's/Dementia 39%
- Stroke 28%
- Multiple Sclerosis (MS) 46%
- Lou Gehrig's Disease (ALS) 50%
- Parkinson's Disease 24%

Clinical Characteristics	PBA	Depression
Emotional expression	Crying, laughing, or both	Crying
Underlying neurologic conditions	Neurologic disease or brain injury always present	May or may not have underlying neurologic disorder
Episode length of time	Seconds to minutes; brief	Weeks to months; on-going mood
Ability to control episodes	Uncontrollable	May be moderated or controlled
Emotional experience	Exaggerated or does not match feelings inside	Emotions match mood of sadness inside
Accompanying thoughts	Outbursts have no specific link to underlying thoughts	Worthlessness, hopelessness, thoughts of death

# STUDIES SHOW SPORTS INJURIES COULD CAUSE BRAIN DISEASES

## 1. CLEAR LINK BETWEEN LOW-IMPACT INJURY AND ALZHEIMER'S

- Research published last week confirmed the strongest ever link between sports concussions and Alzheimer's disease.
- Until now, doctors only considered severe traumatic brain injury a key risk factor for developing neurodegenerative diseases.
- But the new study by Boston University School of Medicine (BUSM) has - for the first time - shown even low-impact injuries like concussion could have life-threatening consequences.
- They reached their conclusion by scanning the brains of 160 wounded war veterans after tours in Iraq and Afghanistan.
- Using MRI imaging, the researchers measured the thickness of their cerebral cortex in seven regions that have been pegged at the 'ground zero' for Alzheimer's disease.
- They also scanned seven control regions - regions that tend not to be affected.
- They found that having a concussion was associated with lower cortical thickness in brain regions that are the first to be affected in Alzheimer's disease.
- Lead author, Dr Jasmeet Hayes, said: 'Our results suggest that when combined with genetic factors, concussions may be associated with accelerated cortical thickness and memory decline in Alzheimer's disease relevant areas.'

## 2. BRAIN CHANGES IN HIGH SCHOOL PLAYERS AFTER JUST ONE SEASON

- A study at Wake Forest School of Medicine has been examining the brains of high school football players.
- One of the participants is the son of former Minnesota Vikings player Greg DeLong.
- The study published in the journal Radiology found measurable brain changes in teen players after a single season of ball - even without a concussion diagnosis.
- Now DeLong is speaking out to say he would have seriously reconsidered his football career if he had known the risks.
- 'Football's important to us, but there are other things out there that are more important,' DeLong told Good Morning America.

**Some things you just can't put a band-aid on.**



**Traumatic Brain Injury, America's Silent Epidemic**

1.7 million Americans yearly sustain a brain injury

## 3. CDC BUILDING DATABASE ON SPORTS-RELATED CONCUSSIONS

- The CDC has estimated that up to 3.8 million concussions occur in sports and recreational activities each year.
- But some experts wonder if those numbers underestimate total brain injuries, as some individuals may not seek treatment for mild or moderate symptoms.
- The agency has applied for federal funding to create a database in order to investigate sport injuries and brain diseases more in-depth.
- Meanwhile, the state of Texas has embarked on the largest ever study into concussions.
- State officials hope to track brain injuries among high school sports to discover whether more needs to be done to improve player safety and protect athletes.
- The University Interscholastic League, Texas' governing body for public high school sports, is partnering with the O'Donnell Brain Institute at UT Southwestern Medical Center for the project.
- A state as large as Texas, which has more than 800,000 public high school athletes, would be a key step in developing a national database of brain injuries in youths, officials say.

**Proud members of the  
Brain Injury Association of Oregon,  
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# Exercise After Brain Injury

Traumatic brain injury, or TBI, affects an estimated 1.7 million Americans per year, according to the Centers for Disease Control and Prevention. With so many lives influenced by this condition and September being National Traumatic Brain Injury Awareness Month, it is important to understand the characteristics of a TBI and how health and fitness play a role. A TBI results from a sudden, violent blow to the head due to events like a fall, sports injury, vehicle accident, physical violence, or wartime activities. An event leading to a TBI can cause bruises on the brain, torn nerve fibers, and bleeding within the skull. A diagnosis of a TBI includes a wide range of short- and long-term impairments in physical, emotional, cognitive, and behavioral areas, depending on the severity of the injury, location on the head, and extent of trauma.

## Traumatic Brain Injury and Exercise

People with a TBI are often physically inactive, leading to reduced fitness levels and secondary health conditions. A safe and effective exercise program can play an important role in improving a poor health and fitness profile following a brain injury. Additionally, regular physical activity can enhance balance and coordination, decrease reliance on assistive devices, and improve ability to perform activities of daily life and, therefore, foster independence. Studies also suggest that exercisers with TBI were less depressed and reported a better quality of life than those who did not exercise. The key is to find which exercises the person with a TBI enjoys and develop an individualized exercise prescription that accommodates each person's needs and abilities.

## Benefits:

The benefits of exercise can be especially helpful after a TBI as many people who have had an injury report difficulty in at least one or more of the following areas: weight management, stress management, emotional regulation/mood, memory, attention, strength, endurance, and energy levels. TBI survivors who engaged in exercise 3x/week for 30 minute intervals reported less depression, improved perception of physical abilities, and increased community integration as compared to TBI survivors that did not exercise regularly. Studies show that regular exercise can

Parameter	Recommendation
Type of exercise	Low resistance, rhythmic, dynamic (walking, jogging, cycling, elliptical)
Intensity	60%-90% of age predicted maximal HR (220-age)
Duration	20-40 min per session
Frequency	3-4x/week

positively influence cognition and cardiorespiratory fitness in persons who have suffered a TBI. Current research suggests exercising 20-40 minutes 3-4x/week will help to achieve optimal benefits.

## Challenges and Solutions

After a TBI, a person may have difficulty exercising as they did prior to their injury. Many persons are unable to drive after their injury, thus they have difficulty getting to a gym or place to exercise. Physical limitations impact the kinds of exercises and types of exercise machines that can be used safely. In addition to physical deficits, many persons have difficulty with their thinking skills (cognition) after a brain injury, including problem solving, judgment, and reasoning (McCullagh 2011). These deficits can place them at risk of injuring themselves while exercising.

Challenge	Solution
Unable to drive	Public transportation Ride sharing Home-based exercise program
Physical limitations	Physical therapist can help develop an appropriate exercise program Modified selection of exercises/machines Group/club-based activities Adaptive sports/recreation
Cognitive limitations	Structured routine (assists with remembering exercises) Write down exercises (weight used, #reps) Use timers or alarms to help keep to a schedule

## Aerobic (Cardio) Training

Improving cardiovascular fitness can be accomplished in many ways. If new to exercise, choose low-impact activities, such as walking or swimming, that still involve large muscle groups that are moving continuously. If balance is an issue, the recumbent bike, row ergometer, and water exercises are great modes of training that reduce the risk of falling.

**Frequency (F):** 3 to 5 days per week with the goal being to work up to most days of the week.

**Intensity (I):** Moderate to high intensity, or 60 to 90 percent of heart rate max. Start at the lower end of this

range. Slowly and gradually increase the intensity over time.

**Time (T):** 20 to 60 minutes total. This can be broken into 10-minute bouts and done throughout the day to accumulate 20 to 60 minutes.

**Type (T):** Walking, running, bicycling (indoor or outdoor; upright or recumbent), swimming, rowing, aerobic classes, etc.

## Strength Training

If new to resistance training, begin with circuit machines, resistance bands and body weight exercises until form and coordination have improved enough for free weight and kettle bell exercises. Regardless of the type of exercise, make sure to start each exercise from a stable position to reduce the risk of falls or further injury.

**Frequency (F):** 2 to 3 days per week. Each major

muscle group (chest, back, shoulders, biceps, triceps, abdominals, quadriceps, and hamstrings) should be targeted. This can be in the same exercise session or separated into training certain muscle groups on certain days. A minimum of 48 hours rest should separate the training sessions for the same muscle group.

**Volume (V):** 3 sets of 8 to 12 repetitions per exercise. Start

with 1 set of 8 to 12 repetitions and gradually build up to 3 sets.

**Type (T):** Body weight, TRX, free weights, circuit machines, kettle bells, resistance bands, etc.

## Flexibility (Stretching) Training

Effects of a brain injury include reduced range of motion, stiffness, spasticity, ataxia, and reduced

*(Exercise Continued on page 16)*



(Exercise Continued from page 15)

tone, which can initially cause flexibility exercises to be difficult to perform. A regular stretching routine can improve tightness and spasticity.

**Frequency (F):** As often as possible throughout the day. The goal should be to stretch in the morning after waking up, after a workout, and at night before going to bed.

**Intensity (I):** Perform the stretch until a point of tightness, but never to a point of pain.

**Time (T):** Hold the stretch for 10 to 30 seconds, but try for a full 30 seconds.

**Type (T):** Slow, static stretches for each muscle group. Static stretches involves slowly stretching a muscle or muscle group and holding that position.

### Balance Training

Benefits of balance training for individuals with a TBI include improvements in coordination, agility, and muscular strength, which can reduce the risk of falls and fear of falling.

**Frequency (F):** A minimum of 2 to 3 days per week.

**Intensity (I):** An intensity level for balance exercises has not been established.

**Time (T):** 60 minutes total that can be broken into 20 to 30 minute bouts.

**Type (T):** Yoga, Pilates, Tai Chi, standing on 1 leg, heel-to-toe walk, standing on an unstable surface (i.e. BOSU ball, wobble board, etc.)

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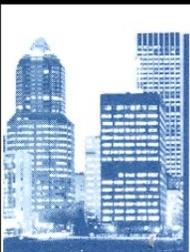
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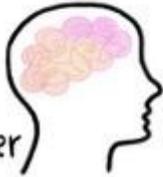
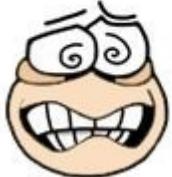
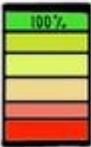
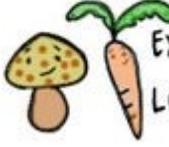
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# TOP 10

## Fitness Facts

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- 1** Exercise Boosts Brainpower 
- 2** Movement Melts Away Stress 
- 3** Exercise Gives You Energy 
- 4** It is easy to find time for fitness 
- 5** Fitness Can Build Relationships 
- 6** Exercise Helps Ward Off Disease 
- 7** Fitness Pumps Up Your Heart 
- 8** Exercise Lets You Eat More 
- 9** Exercise Boosts Performance 
- 10** Weight Loss IS NOT the Most Important Goal 

Always put your Health first!  Love

The 16th Annual Pacific Northwest Brain Injury Conference 2018

35th Annual BIAOR Conference

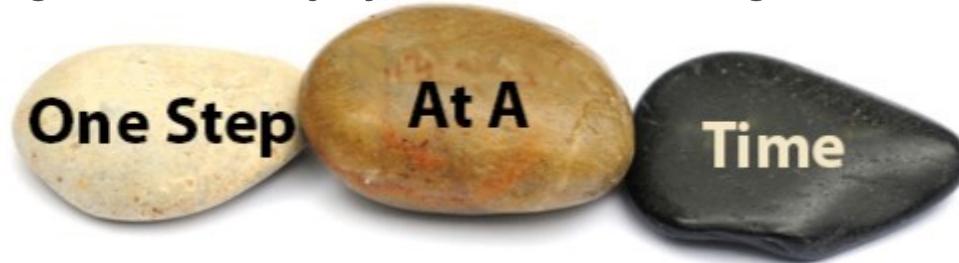
March 1-3, 2018 Sheraton Portland Airport Hotel

Sponsored by:

The Brain Injury Alliance of Oregon; The Brain Injury Alliance of Washington

The Brain Injury Alliance of Idaho; Alaska Brain Injury Network

## Living with Brain Injury, Stroke & Neurological Changes:



### Pre-Conference Workshop

Thursday, March 1 8:00 – 5:00 pm

\$125 - Lunch provided

### Challenging Behaviors: Working with Individuals who have Brain Injury, Stroke and Other Neurological Changes

The pre-conference will open the 16th Annual Pacific Northwest Conference featuring keynote and general session workshops and more than 40 exhibitors.

**March 1: How to Work with Challenging Behaviors after Brain Injury, Stroke & Neurological Changes** will be an entire day with experts devoted to effective ways of working with individuals with brain injury and Neurological Diagnosis and best practices being used. Including **Behavior Management Strategies for Caregivers dealing with Challenging Behaviors from individuals diagnosed with Neurological Diagnosis** - Experts will share "tricks of the trade" that they have learned over the many years of working with severe behavioral issues in clients and how, over time, they are able to have successful positive outcomes using music, dance, art and physical activities.

**March 2 will feature an all day legal training co-sponsored by OTLA including PROVING DAMAGES & Ethical Issues in TBI Cases** - Richard H. Adler, JD, Jacob Gent, JD, Steven Angles, JD, Melissa D. Carter, JD and Arthur D. Leritz, JD, John Coletti, JD, Jim Coon, JD and Dr. Janet Mott

**March 3 will feature an all-day training by Dr. Dan Murphy on BRAIN INJURY AND NEURODEGENERATION co-sponsored by Erchonia and Nutri-West Pacific**

### March 2-3: Keynotes:

**Opening Keynote Speaker: A Continuum of Care Pilot for Persons with Catastrophic Brain and Spinal Cord Injury** - Dr. Debra Braunling-McMorrow, PhD President & CEO Learning Services; **Functional Neurological Management of Persistent Post- Concussion Syndrome**-Dr. Glen Zielinski, DC, DACNB, FACFN;

**Saturday Keynotes: The Latest Treatments in TBI** - Dr. Danielle Erb; **A Holistic Approach to Healing Broken Brains: Nutrition, Supplements and Herbs Patient** - Dr. Adam Grove, ND; **Closing Keynote: Music and Brain Injury Recovery** - Lillieth Grand, MS, MT-BC

**Friday and Saturday Presentations include: The Medical Perspective of TBI** - Dr. James Chesnutt; **TBIs and the incarcerated population** -Tim Roessel; **The Therapeutic Triad: Forgiveness, Self-compassion and Resilience as Gateways for Healing** - Dr. Susan Stuntzner PhD; **Facing Pain: Empowering Yourself to Live a Beautiful Life** – Daniella Clark, PhD; **Screening for Traumatic Brain Injury**:- Russell C. Spearman M.E, **Brain Injury 101** - Kayt Zundel and Kahyra Ramirez, Think First Oregon; **Oregon Disabilities Commission meeting; TBI and Hormones: A Case Study** - Dr. Kamran Jahangiri, D.C., D.A.C.N.B., San Diego Chiropractic Neurology; **The Eyes Have It!** - Dr. Remy Delplanche, Optometric Physician

### Learning Objective

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

1. Implement strategies designed to significantly improve positive outcomes for those living with brain injury and neurological conditions in all communities.
2. Summarize recent brain injury-related research with corresponding practical application and best practices.
3. Identify clinical management practices, specifically new strategies in behavioral management, prevention, diagnosis, and treatment guidelines.
4. Understand health care delivery trends and their impact on long-term brain injury and neurological conditions management, acute care, and what that can/will mean to your business.
5. Analyze past brain injury and neurological conditions -related interventions and weigh their value in today's world-what is working.
6. To understand brain injury as a chronic disease which affects the person throughout their lifetime
7. To consider co-morbid conditions which affect the process of aging with a brain injury
8. To understand the accelerated process of aging related to people living with a brain injury
9. Create networking opportunities and build partnerships with key brain injury researchers, clinicians, and prevention professionals.

**Registration Form Before Feb 15**  
**16th Annual Pacific Northwest Brain Injury Conference 2018 35th Annual BIAOR Conference**  
**Living with Brain Injury, Stroke and Other Neurological Changes: One Step at a Time**  
 Sheraton Portland Airport Hotel



**Register Now online at [www.biaoregon.org](http://www.biaoregon.org)**

*(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, BIAID, VA and OVRS 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.

7 hour Certified Brain Injury Specialist Training/Test for Certification—Thursday (No Refunds) Pre-Registration is required: Book, training & exam included-must register before 2/20	CBIS Class \$700	Class Only \$225	\$
Add \$75 to each Registrant after Feb 15			
	<i>Member</i>	<i>Non-Member</i>	<i>Amount</i>
<input type="checkbox"/> Pre-Conference Workshop - How to Work with Challenging Behaviors after Brain Injury and Neurological Diagnosis—Thursday	\$125	\$200	\$
<b>Conference Registration Fees:</b> Registration fees include: continental breakfast, lunch & conference related materials. Meals not guaranteed for on-site registrations. There are no refunds, but registration is transferable. Contact BIAOR, 800-544-5243 for more information or questions. The following fees are per person:			
<input type="checkbox"/> VIP Special— 3 Days of Conference	\$500	\$600	\$
<input type="checkbox"/> Professional (CEUs) 2 Day Friday & Saturday	\$375	\$475	\$
<input type="checkbox"/> Professional (CEUs) 1 Day Only: <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$225	\$325	\$
<input type="checkbox"/> Students \$50 per day <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$50 per day		\$
<input type="checkbox"/> Saturday Survivor/Family (no CEUs)	\$125	\$150	\$
<input type="checkbox"/> Saturday Only Courtesy (Brain Injury Survivors with limited means-limited number)	\$25	\$35	\$
<input type="checkbox"/> <b>Membership</b> Professional \$100 Family \$50 Basic \$35 Survivor \$5			\$
<input type="checkbox"/> <b>Scholarship Contribution</b> (donation to assist in covering the cost of survivors with limited funds)			\$

**Credit Card Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp Date** \_\_\_\_ / \_\_\_\_ **Sec code** \_\_\_\_\_  
**Signature** \_\_\_\_\_ **Pre-conference & Registration Total \$** \_\_\_\_\_  
**CC Address if different than above** \_\_\_\_\_

(Please add totals from Registration Fee, Reception/Dinner 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: 800-544-5243 [www.biaoregon.org/annualconference.htm](http://www.biaoregon.org/annualconference.htm) [biaor@biaoregon.org](mailto:biaor@biaoregon.org)

**No refunds will be issued for cancellations;  
 however, registrations are transferable**

**Hotel:** Sheraton Portland Airport Hotel  
 8235 NE Airport Way, Portland, OR 97220 503.281.2500  
**Discount room rate** Ask for BIAOR discount  
 Rooms are limited

**CEUs applied for:** AFH, CRCC, CDMC, SW, OT, SLP, CLE, DC, DO, CGC. Please contact us if you would like one that is not listed **Total CEU Hours 23**

**Agenda**

**Thursday**  
 8 am - 5 pm Pre-Conference Workshop—lunch and breaks provided

**Friday & Saturday** -Breakfast, Breaks, Lunch provided  
 7 am - 8 am: Breakfast  
 8 am - Noon: Keynote and Break-Outs  
 Noon - 1 pm: Working Lunch and Networking  
 1 pm - 5 pm: Keynote and Break-Outs

# GRIEF & LOSS

**GRIEF IS THE EMOTIONAL PAIN THAT WE FEEL WHEN WE LOSE SOMETHING OR SOMEONE WE VALUE. IT IS A NATURAL AND NORMAL REACTION. DEATH IS ONE SUCH LOSS, BUT ILLNESS ALSO BRINGS THE EXPERIENCE OF LOSS FOR THE PERSON WITH THE CONDITION AND FOR THEIR CAREGIVER.**

There is no single way to grieve, no clear set of “steps” in a grieving process.

Friends often don't know how best to support you and grief can sometimes stretch relationships to breaking point. The most important thing is that people are allowed (and allow themselves) to grieve in their own way, in their own time.

## For the caregiver & family

Families almost always experience grief over the loss of the life they had before. Grief may be felt over the changes in the person you care for or feel they can't admit, even to themselves, how terrible they feel.

**Diagnosis:** this often brings shock and confusion. You may be so focused on the person that you have little time for your own feelings or reactions. Your relationship with the person may be changing, and your own needs may be neglected.

**Too close for comfort:** a caregiver looking after a parent may find their roles reversed – caregiver becomes parent – which can be awkward and difficult to come to terms with on both sides.

**Caring for a spouse:** this often means taking over their responsibilities in the relationship. In both cases, you may be losing your greatest source of comfort and support.

Caregiver's speak of loss in many ways:

- Loss of the person you once knew, the things you did together, sharing good times.
- Lack of intimacy and closeness.
- Loss of independence, freedom, time for yourself, pursuing things you enjoyed, and employment.
- Loss of communication and mutual support. Losing a sense of normality and future, loss of dreams, goals and plans.
- Loss of predictability, control, and financial security.
- Loss of religious faith.
- Feeling stuck – small setbacks can trigger grief

Where the condition is clearly progressive, you may feel you can't start to move on until the person's death, yet even to think like that opens up more grief and guilt. It can be a very drawn-out process.

## Feelings

People react in many different ways and at

different times. It's important to remember that these are all normal reactions to serious loss. You are not falling apart, cracking up or failing to cope. Feelings like these listed below may come over you in waves, often without warning. They are part of the process of adjusting to the changes.

- **Denial and shock** – “Not us/me!”, it hasn't happened, it can't be true.
- **Anger and resentment** – “Why us/me?” It's someone else's fault, blame the doctor, blame God. You may feel sorrow, numb, miserable and many other negative emotions.
- **Guilt** – at your anger, because you couldn't prevent the illness, because it didn't happen to you or because you no longer feel the same about the person. Despair at the words “no cure”.
- **Depression, sadness, sorrow, helplessness hopelessness** – feeling you can't cope, it's not worth it, there's nothing to live for, a continued grief with no end in sight.
- **Anxiety or panic** – over the intensity of your feelings, about your future, about the present.
- **Self-doubt and blame** – a sense of inadequacy, insecurity, “I'm doing a rotten job”, “It's my fault”.

## Reactions

These feelings may cause people to behave and react in all sorts of ways. Each person's response is unique, but caregivers have described:

- Tension, crying, fatigue, exhaustion
- Sleeping problems
- Changed eating habits
- Poor concentration, memory and motivation
- Difficulty making decisions
- Poor health e.g. headaches, stomach aches
- Refusing help
- Withdrawing from social outings

## Preparing for death

We all know we are going to die, yet in our society, we tend not to think about death or to prepare ourselves for it. Watching a person you love slowly approach death as they move, perhaps, from home to hostel to a nursing home, can therefore become a painful and confronting process for carers. But by thinking about how you might feel and doing some preparation, you can make this process a little easier.



**Acknowledging death:** for many people, the grief is there long in advance. It may start when the person is diagnosed, or before, and continue throughout their illness. Some people may begin grieving only after their family member dies. Acknowledging death: for many people, the grief is there long in advance. It may start when the person is diagnosed, or before, and continue throughout their illness. Some people may begin grieving only after their family member dies

**Grief is unique:** there are no rules about how to grieve – what you do, how long you are sad, when you stop crying – each of us deals with this in our own way. Do not expect those around you – family members or friends – to behave or feel as you do. We all react differently. Just be yourself and allow yourself to grieve in your own time, in your own way, whether that is publicly or privately, but do grieve.

**Before or after death:** talk about your thoughts, feelings and memories – it helps to sharpen memories, to remember the good times and the bad. Accept offers of support – this can help you to express your feelings, to reflect and to talk it out.

**Professional help:** if you can't seem to come to terms with the loss or if after several months you are not sleeping, not eating properly and are sad much of the time, seek professional help. A trained grief counsellor can make a difference.

**Moving on:** for many people, caring has defined their lives for so long that life beyond it can seem a challenge. There are usually decisions you can make and actions you can start that will help you move toward a new future. Try planning things you might do now, or in a few weeks, months or further down the track. These might include finding someone to help sort out a large house and financial affairs, thinking about friendships you would like to rekindle,, looking into volunteering, employment or community work, or planning a break.

There is a time to move on that comes when you are ready, but occasionally, a person needs the help of a good counsellor to get there.

## GRIEF & LOSS FOR THE PERSON WITH A BRAIN INJURY

Our own grief will be paralleled in the person you are caring for. Consider some of the losses they are dealing with: loss of the ability to move about easily, to work, to play, perhaps even the ability to communicate. There is loss of their authority and place in the family, loss of decision-making abilities, family security and predictability, loss of self-esteem, religious faith, privacy and dignity. When we are well, we have a sense of invulnerability that somehow the bad things in life will pass us by. Chronic or progressive illness shatters this sense and brings grief that anticipates losses yet to come—loss of control, of family support and the fear of further illness and of becoming a burden. For those with an inherited condition, there may be the added fear that their children may face the same experience.



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Building Futures



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

# Oregon Health Care Update

The Oregon Health Plan is always open. For those eligible for the Oregon Health Plan (OHP) but not enrolled, coverage starts the first day of the month in which your application is received. Information about how to apply for OHP can be found at <http://www.oregonhealthcare.gov/>. Please consider getting application support from a community partner. These well trained folks know how to navigate the more challenging parts of the OHP application process. Anyone whose income is higher than the OHP cut off should apply through the federal exchange for access to the premium and cost-sharing support that might be available. For help with that process find an agent storefront. People with disabilities or people who receive Medicare are asked to seek help finding out if they qualify for Medicaid services including Oregon Health Plan from their local office of Aging and People with Disabilities.

## CUSTOMER SERVICE OPTIONS AND OPPORTUNITIES

- 1 The OHP Call Center (1-800-699-9075).** The Call Center is open 7am – 6p, Monday through Friday. Please note: The line may shut down to new callers before 6 if there are too many people in the queue. Please listen carefully to the Call Center line menu options and press the number that is most appropriate for your situation. Call if you want help with an OHP renewal notice you have received in the mail or if you have been informed you are OHP eligible but have not yet received an OHP ID number or other information about the plan you are in.
- 2 The OHP Client Services Unit (CSU) (1-800-273-0557)** answers enrolled OHP member questions about benefits, provider access, bills, transportation and more! CSU is open from 8am to 5pm Monday through Friday. **Please listen carefully to the menu options and press the number that most closely matches the reasons for your call.**
- 3** You can use this fax number to send your application or/and additional information that has been requested: Fax #: **503-373-7493**. Department of Human Services offices are also willing and able to help with faxing information to the OHP Call Center. It is best to put your name and your OHP ID or your case number on each page of your fax. **Please keep a copy of any information you fax with date and time you sent it.** To reduce the likelihood of OHP application challenges, please consider getting application support from a community partner.

- 4** The future of eligibility determination is the OregONEligibility system or **ONE**. The 'applicant portal' is available now for those who want to apply for OHP, many who want to renew and also for those who need to **update address, phone number, e-mail, demographics and language preferences**. Do not wait until you are asked to renew your coverage! Set up your 'applicant portal' now! Here is information about how to set up your own 'applicant portal'. [https://aix-xweb1p.state.or.us/es\\_xweb/DHSforms/Served/he9043.pdf](https://aix-xweb1p.state.or.us/es_xweb/DHSforms/Served/he9043.pdf)
- 5 Oregon Health Insurance Marketplace 855-268-3767:** 8:00 a.m to 5:00 p.m. Monday through Friday. For help applying through the marketplace and choosing a plan, find an agent storefront where you can get enrollment support from an insurance agent contracted with the State.
- 6 The Federal Health Exchange Customer Service Line is 1-800-318-2596.**
- 7** It is possible to receive both OHP and private insurance. OHP eligibility is based on income. If you have other private coverage or start, change or lose private coverage, you must report it. The Health Insurance Group (HIG) in the Office of Payment Accuracy and Recovery (OPAR) has created a web based form for reporting changes in non-OHP coverage. Please use it. <http://www.oregon.gov/oha/HSD/OHP/Pages/TPL.aspx>.
- 8 APD's Medicare Modernization Act (MMA) Hotline** can help when a member in transition from OHP to Medicare or a dual eligible (someone who has both Medicare and Medicaid services) is having problems with prescription coverage or understanding how to continue accessing other health services. Both clients and advocates can call **1-877-585-0007** and/or send referrals to the following email [MMA.REFERRALS@dhs.oha.state.or.us/](mailto:MMA.REFERRALS@dhs.oha.state.or.us)
- 9 The Aging and Disability Resource Connection (ADRC) 1-855-ORE-ADRC or 1-855-673-2372** is a free state wide resource that offers benefits counseling and information about an array of services for elders and people with disabilities.
- 10 The Oregon Abuse Hotline: 855-503-SAFE (7233),** is now the single phone number for

citizens to report abuse and neglect of Oregon's vulnerable populations.

## Resources for OHP Members

The OHP Client Handbook is on line! Full of good information designed to help OHP enrollees understand how to use their plan and benefits. <https://apps.state.or.us/Forms/Served/he9035.pdf>.

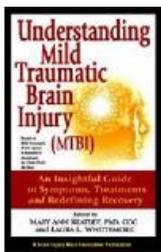
Non-Emergency Medical Transportation (NEMT) continues as the number one reason for member reported complaints to their CCO. CCOS contract with brokerages to provide NEMT services. If there is a problem with those services, please let your CCO know. It will help them identify continued problems. Here is a link to NEMT information on the OHA website and, if your CCO is unable to address your concerns, a link to the current Oregon Health Plan Complaint form.

**Member Billing:** If you get a health care bill from your provider and you had Oregon Health Plan coverage on the date of service, please call your provider's office immediately and inform them. If you keep getting bills, call your Coordinated Care Organization or OHA's Client Services Unit at 1-800-273-0557.

OHP clients cannot be asked to pay for health services they receive without having signed a very specific form stating the service is not covered by OHP and listing, among other things, a good faith estimate of the cost of the service, the date it will be provided, and what the service is. Here is a link to the form providers and clients are asked to sign when OHP members are asked to pay for health services. Included at the bottom of the form are rules citations.

OHA Director Pat Allen hosted his first Semi-Annual Stakeholder meeting earlier this month. It was a great forum for learning about OHA's current and planned work and priorities and engaging with OHA's leadership. You can find the webinar, the presentations and much more at this link. <http://www.oregon.gov/oha/Pages/budget-legislative.aspx>



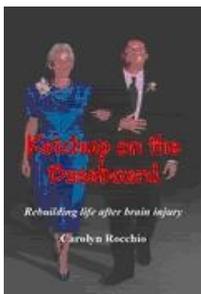
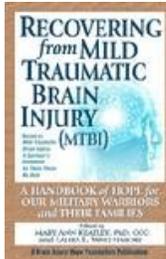


**Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery**

Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery Edited by Mary Ann Keatley, PhD and Laura L. Whittemore \$23.00

**Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families.** Edited by Mary Ann Keatley, PhD and Laura L. Whittemore

This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. \$23.00

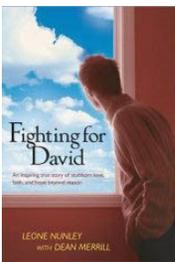
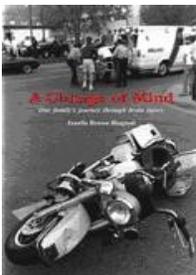


**Ketchup on the Baseboard**

Ketchup on the Baseboard tells the personal story of the authors' family's journey after her son, Tim, sustained a brain injury. Chronicling his progress over more than 20 years, she describes the many stages of his recovery along with the complex emotions and changing dynamics of her family and their expectations. More than a personal story, the book contains a collection of articles written by Carolyn Rocchio as a national columnist for newsletters and journals on brain injury. \$25

**A Change of Mind**

A Change of Mind by Janelle Breese Biagioni is a very personal view of marriage and parenting by a wife with two young children as she was thrust into the complex and confusing world of brain injury. Gerry Breese, a husband, father and constable in the Royal Canadian Mounted Police was injured in a motorcycle crash while on duty. Janelle traces the roller coaster of emotions, during her husband's hospital stay and return home. She takes you into their home as they struggle to rebuild their relationship and life at home. \$20

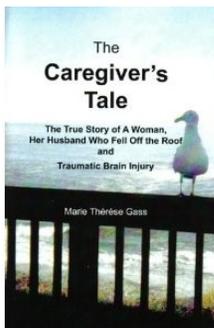


**Fighting for David**

Leone Nunley was told by doctors that her son David was in a "persistent coma and vegetative state"--the same diagnosis faced by Terri Schiavo's family. Fighting for David is the story how Leone fought for David's life after a terrible motorcycle crash. This story shows how David overcame many of his disabilities with the help of his family. \$20

**The Caregiver's Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain Injury**

From the Spousal Caregiver's, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do--all these make up a complete story of Traumatic Brain Injury. \$20



**BIAOR Membership  
Become a Member Now**

**Brain Injury Alliance of Oregon**

- New Member  Renewing Member

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Membership**

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

**Sponsorship**

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

Additional Donation/Memorial: \$ \_\_\_\_\_

In memory of: \_\_\_\_\_

(Please print name)

**Member is:**

- Individual with brain injury  Family Member  Other: \_\_\_\_\_

Professional. Field: \_\_\_\_\_

**Book Purchase (includes S&H):**

- The Caregiver's Tale \$20  A Change of Mind \$25  
 Fighting for David \$20  Ketchup on the Baseboard \$25  
 Recovering from MTBI \$23  Understanding MTBI \$23

**Type of Payment**

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: \_\_\_\_\_

**Please mail to:**

**BIAOR PO Box 549**

Molalla, OR 97038

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

www.biaoregon.org • biaor@biaoregon.org

501 (c)(3) Tax Exempt Fed. ID 93-0900797

# Resources

## Oregon Developmental Disabilities (DD)

For individuals whose disability manifested before age 22 and resulted in lifelong conditions that affect a person's ability to live independently, this state agency arranges and coordinates services to eligible state residents. <http://www.oregon.gov/DHS/dd/Pages/index.aspx> (800)-282-8096

**Oregon's Aged and Physically Disabled Medicaid Waiver** helps elderly and physically disabled Oregon residents to receive care at home instead of in a nursing home even though they are medically qualified for nursing home placement. <https://www.payingforseniorcare.com/medicaid-waivers/or-aged-and-physically-disabled.html>

- Adult Day Care - group care during daytime hours
- Adult Residential Care - such as adult foster homes or assisted living residences
- Community Transition Services - for persons leaving nursing homes and returning to the community
- Environmental Accessibility Adaptations - to increase the independence of participants
- Home Delivered Meals
- Hot or prepared, nutritiously balanced
- In Home Care Services - as needed
- Transportation Assistance - coordination of transportation for adult day care and medical appointments

## ADRC - Aging and Disability Resource Connection

A resource directory for Oregon families, caregivers and consumers seeking information about long-term supports and services. Here you will find quick and easy access to resources in your community. If you cannot find the information you are looking for or wish to talk to someone in person 1-855-673-2372

## Fall Sudoku

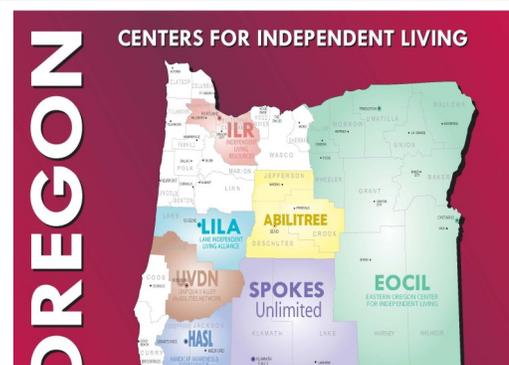
(Answer from page 2)

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

## Oregon Centers for Independent Living

### Contact List

CIL	LOCATION	COUNTIES SERVED
<b>ABILITREE</b> IL Director: Greg Sublette	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
<b>EOCIL</b> (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3 <sup>rd</sup> Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037	Gilliam,, Morrow, Umatilla, Union, Wheeler
	400 E Scenic Dr., Ste 2349 The Dalles, OR 97058 541-370-2810 1-855-516-6273	Columbia , Hood River, Sherman, Wasco
	1021 SW 5th Avenue Ontario, OR 97914 (541) 889-3119 or 1-866-248-8369	Baker, Grant, Harney, Malheur , Wallowa
<b>HASL</b> (Independent Abilities Center) Director: Randy Samuelson	305 NE "E" St. Grants Pass, OR 97526 (541) 479-4275	Josephine, Jackson, Curry, Coos , Douglas
<b>LILA</b> (Lane Independent Living Alliance) Director: Sheila Thomas	20 E 13th Ave Eugene, OR 97401 (541) 607-7020	Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln
<b>ILR</b> (Independent Living Resources) Director: Barry Fox-Quamme	1839 NE Couch Street Portland, OR 97232 (503) 232-7411	Clackamas, Multnomah, Washington
<b>SPOKES UNLIMITED</b> Director: Curtis Raines	1006 Main Street Klamath Falls, OR 97601 (541) 883-7547	Klamath
	SPOKES Lakeview Branch Office 100 North D St, Lakeview, OR 97630 541-947-2078 (voice)	Lake
<b>UVDN (Umpqua Valley disAbilities Network) Director:</b>	736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336	Douglas



# Resources

**For Parents,  
Individuals, Educators  
and Professionals**

## The Oregon TBI Team

The Oregon TBI Team is a multidisciplinary group of educators and school professionals trained in pediatric brain injury. The Team provides in-service training to support schools, educators and families of Individuals (ages 0-21) with TBI. For evidence based information and resources for supporting Individuals with TBI, visit: [www.tbied.org](http://www.tbied.org)  
For more information about Oregon's TBI [www.cbirt.org/oregon-tbi-team/](http://www.cbirt.org/oregon-tbi-team/)  
Melissa McCart 541-346-0597  
[tbiteam@uoregon.edu](mailto:tbiteam@uoregon.edu) or [mccart@uoregon.edu](mailto:mccart@uoregon.edu)  
[www.cbirt.org](http://www.cbirt.org)

## The Hello Foundation

Providing therapy n-person at school or at their Portland Clinic and on-line SLP/OT under 18 503-517-8555 [www.thehellofoundation.com](http://www.thehellofoundation.com)

## LEARNet

Provides educators and families with invaluable information designed to improve the educational outcomes for Individuals with brain injury.  
[www.projectlearnet.org/index.html](http://www.projectlearnet.org/index.html)

## Parent Training and Information

A statewide parent training and information center serving parents of children with disabilities.  
1-888-988-FACT [info@factoregon.org](mailto:info@factoregon.org)  
[http://factoregon.org/?page\\_id=52](http://factoregon.org/?page_id=52)

## Websites

**Mayo Clinic** [www.mayoclinic.com/health/traumatic-brain-injury/DS00552](http://www.mayoclinic.com/health/traumatic-brain-injury/DS00552)  
**BrainLine.org** [www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi\\_pageall.html](http://www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html)

## FREE Brain Games to Sharpen Your Memory and Mind

[www.realage.com/HealthyYOUCenter/Games/intro.aspx?gamenum=82](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

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

### Neurobic Exercise

[www.neurobics.com/exercise.html](http://www.neurobics.com/exercise.html)

## Brain Training Games from the Brain Center of America

[www.braincenteramerica.com/exercises\\_am.php](http://www.braincenteramerica.com/exercises_am.php)



**Brain Injury  
Alliance**  
WASHINGTON

**Washington TBI Resource Center**

Providing Information & Referrals to individuals with brain injury, their caregivers, and loved ones through the Resource Line. In-Person Resource Management is also available in a service area that provides coverage where more than 90% of TBI Incidence occurs (including counties in Southwest Washington).

For more information or assistance call: 1-877-824-1766 9 am –5 pm  
[www.BrainInjuryWA.org](http://www.BrainInjuryWA.org)

Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 [jarlaco@yahoo.com](mailto:jarlaco@yahoo.com)

## Returning Veterans Project

Returning Veterans Project 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:

Belle Bennett Landau, Executive Director, 503-933-4996 [www.returningveterans.org](http://www.returningveterans.org)  
email: [mail@returningveterans.org](mailto:mail@returningveterans.org)

## Center for Polytrauma Care-Oregon VA

Providing rehabilitation and care coordination for combat-injured OIF/OEF veterans and active duty service members.

**Contact:** Ellen Kessi, LCSW, *Polytrauma Case Manager* [Ellen.Kessi@va.gov](mailto:Ellen.Kessi@va.gov)  
1-800-949-1004 x 34029 or 503-220-8262 x 34029

## Addiction Inpatient help:

Hazelden Betty Ford Foundation, [1901 Esther St, Newberg, OR 97132](http://1901EstherStNewbergOR97132) (503) 554-4300  
[www.hazeldenbettyford.org](http://www.hazeldenbettyford.org)  
Serenity Lane, [10920 SW Barbur Blvd Ste 201, Portland, OR 97219](http://10920SWBarburBlvdSte201PortlandOR97219) (503) 244-4500  
[www.serenitylane.org](http://www.serenitylane.org)

## Legal Help

**Disability Rights Oregon (DRO)** promotes Opportunity, Access and Choice for individuals with disabilities. Assisting people with legal representation, advice and information designed to help solve problems directly related to their disabilities. Have you had an insurance claim for cognitive therapy denied? All services are confidential and free of charge. (503) 243-2081 [www.disabilityrightsoregon.org/](http://www.disabilityrightsoregon.org/)

**Legal Aid Services of Oregon** serves people with low-income and seniors. If you qualify for food stamps you may qualify for services. Areas covered are: consumer, education, family law, farmworkers, government benefits, housing, individual rights, Native American issues, protection from abuse, seniors, and tax issues for individuals. Multnomah County 1-888-610-8764 [www.lawhelp.org](http://www.lawhelp.org)

**Oregon Law Center Legal** provides free legal services to low income individuals, living in Oregon, who have a civil legal case and need legal help. Assistance is not for criminal matter or traffic tickets. <http://oregonlawhelp.org> 503-295-2760

**Oregon State Bar Lawyer Referral Services** refers to a lawyer who may be able to assist. 503-684-3763 or 800-452-7636

**The Oregon State Bar Military Assistance Panel** program is designed to address legal concerns of Oregon service members and their families immediately before, after, and during deployment. The panel provides opportunities for Oregon attorneys to receive specialized training and offer *pro bono* services to service members deployed overseas. 800-452-8260

**St. Andrews Legal Clinic** is a community non-profit that provides legal services to low income families by providing legal advocacy for issues of adoption, child custody and support, protections orders, guardianship, parenting time, and spousal support. 503-557-9800

# Resources

## Need Help with Health Care?

### 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

**Oregon Health Connect:** 855-999-3210

Oregonhealthconnect.org Information about health care programs for people who need help.

**Project Access Now** 503-413-5746 Projectaccessnow.org  
Connects low-income, uninsured people to care donated by providers in the metro area.

**Health Advocacy Solutions** - 888-755-5215 Hasolutions.org  
Researches treatment options, charity care and billing issues for a fee.

**Coalition of Community Health Clinics** 503-546-4991  
Coalitionclinics.org Connects low-income patients with donated free pharmaceuticals.

**Oregon Prescription Drug Program** 800-913-4146  
Oregon.gov/OHA/pharmacy/OPDP/Pages/index.aspx  
Helps the uninsured and underinsured obtain drug discounts.

**Central City Concern, Old Town Clinic Portland** 503 294-1681  
Integrated healthcare services on a sliding scale.

## Assistance

### Financial, Housing, Food, Advocacy

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

**Long Term Care Ombudsman** - Fred Steele, JD,  
fred.steele@itco.state.or.us, 1-800-522-2602 503-983-5985 Mult County: 503-318-2708

**Oregon Public Guardian Ombudsman** - 844-656-6774

**Oregon Health Authority Ombudsman - Ellen Pinney**  
[Ellen.Pinney@state.or.us](mailto:Ellen.Pinney@state.or.us) 503-947-2347 desk 503-884-2862 cell 877-642-0450 toll-free

**The Low-Income Home Energy Assistance Program (LIHEAP)** is a federally-funded program that helps low-income households pay their home heating and cooling bills. It operates in every state and the District of Columbia, as well as on most tribal reservations and U.S. territories. The LIHEAP Clearinghouse is an information resource for state, tribal and local LIHEAP providers, and others interested in low-income energy issues. This site is a supplement to the LIHEAP-related information the LIHEAP Clearinghouse currently provides through its phone line 1-800-453-5511 [www.ohcs.oregon.gov/OHCS/SOS\\_Low\\_Income\\_Energy\\_Assistance\\_Oregon.shtml](http://www.ohcs.oregon.gov/OHCS/SOS_Low_Income_Energy_Assistance_Oregon.shtml)

**Food, Cash, Housing Help** from Oregon Department of Human Services 503-945-5600

<http://www.oregon.gov/DHS/assistance/index.shtml>

### Housing

Various [rental housing assistance programs](#) for low income households are administered by local community action agencies, known as CAAs. [Subsidized housing](#), such as Section 8 rental housing, is applied for through local housing authorities. 503-986-2000 [http://oregon.gov/OHCS/CSS\\_Low\\_Income\\_Rental\\_Housing\\_Assistance\\_Programs.shtml](http://oregon.gov/OHCS/CSS_Low_Income_Rental_Housing_Assistance_Programs.shtml)

**Oregon Food Pantries** <http://www.foodpantries.org/st/oregon>

**Central City Concern, Portland** 503 294-1681

Central City Concern meets its mission through innovative outcome based strategies which support personal and community transformation providing:

- Direct access to housing which supports lifestyle change.
- Integrated healthcare services that are highly effective in engaging people who are often alienated from mainstream systems.
- The development of peer relationships
- Attainment of income through employment or accessing benefits.

### Tammy Greenspan Head

**Injury Collection** A terrific collection of books specific to brain injury. You can borrow these books through the interlibrary loan system. A reference librarian experienced in brain injury literature can help you find the book to meet your needs. 516-249-9090

## Valuable Websites

[www.iCaduceus.com](http://www.iCaduceus.com): The Clinician's Alternative, web-based alternative medical resource.

[www.idahotbi.org/](http://www.idahotbi.org/): Idaho Traumatic Brain Injury Virtual Program Center-The program includes a telehealth component that trains providers on TBI issues through video-conferencing and an online virtual program center.

[www.headinjury.com/](http://www.headinjury.com/) - information for brain injury survivors and family members

<http://activecoach.orcasinc.com> **Free concussion training for coaches** ACTIVE: Athletic Concussion Training™ Using Interactive Video Education

[www.oregonpva.org](http://www.oregonpva.org) - If you are a disabled veteran who needs help, peer mentors and resources are available

[www.oregon.gov/odva](http://www.oregon.gov/odva): Oregon Department of Veterans Affairs

<http://fort-oregon.org/>: information for current and former service members

<http://oregonmilitarysupportnetwork.org> - resource for current and former members of the uniformed military of the United States of America and their families.

[http://apps.usa.gov/national-resource-directory/National\\_Resource\\_Directory](http://apps.usa.gov/national-resource-directory/National_Resource_Directory) The National Resource Directory is a mobile optimized website that connects wounded warriors, service members, veterans, and their families with support. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. (mobile website)

<http://apps.usa.gov/ptsd-coach> PTSD Coach is for veterans and military service members who have, or may have, post-traumatic stress disorder (PTSD). It provides information about PTSD and care, a self-assessment for PTSD, opportunities to find support, and tools—from relaxation skills and positive self-talk to anger management and other common self-help strategies—to help manage the stresses of daily life with PTSD. (iPhone)

[www.BrainLine.org](http://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.

**People Helping People (PHP)** provides comprehensive wrap around services to adults with disabilities and senior citizens, including: the General Services Division provides navigation/advocacy/case management services in the areas of social services and medical care systems; the DD Services Division provides specialized services to adults with developmental disabilities, including community inclusion activities, skills training, and specialized supports in the areas of behavior and social/sexual education and training; and the MEMS program provides short term and long term loans of needed medical equipment to those who are uninsured or under-insured. Medical supplies are provided at no cost. (availability depends on donations received). <http://www.phpnw.org> Sharon Bareis, 503-875-6918

# Brain Injury Support Groups

## Astoria

Astoria Support Group  
www.pnwhigroup.vpweb.com  
Kendra Bratheron 209-791-3092  
[pnwhigroup@gmail.com](mailto:pnwhigroup@gmail.com)

**Must Pre-Register**

## Beaverton

### Circle of Support

Brain Injury Survivors, Stroke Victims and their Care Givers  
4th Saturday 10:00 am - 11:30 pm  
Elsie Stuhr, Cedar Room  
5550 SW Hall, Beaverton, OR 97005

## Bend

### CENTRAL OREGON SUPPORT GROUP

2nd Saturday 10 am to 11:30  
St. Charles Medical Center  
2500 NE Neff Rd, Bend 97701  
Call 541 382 9451 for Room location  
Joyce & Dave Accomero, 541 382 9451  
[Accomero@bendbroadband.com](mailto:Accomero@bendbroadband.com)

### Abilitree Thursday Support Group

Thursdays 10:30 am - 12:00 noon  
Brain Injury Survivor and Family Group & Survivor and Family/Caregiver Cross Disabilities  
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701  
Contact Francine Marsh 541-388-8103 x 205  
[francinem@abilitree.org](mailto:francinem@abilitree.org)

### Abilitree Moving A Head Support Group

1st & 3rd Thursday 5:30-7:00  
Brain Injury Survivor, Survivor and Family  
Abilitree, 2680 NE Twin Knolls Dr., Bend OR 97701  
Contact Francine Marsh 541-388-8103 x 205  
[francinem@abilitree.org](mailto:francinem@abilitree.org)

## Corvallis

### STROKE 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: Josh Funk  
541-768-5157 [jfunk@samhealth.org](mailto:jfunk@samhealth.org)

### Brain Injury Support Group

Currently with Stroke Support Group  
Church of the Good Samaritan Lng  
333 NW 35th Street, Corvallis, OR 97330  
Call for Specifics: Josh Funk  
541-768-5157 [jfunk@samhealth.org](mailto:jfunk@samhealth.org)

## Coos Bay (2)

### Traumatic Brain Injury (TBI) Support Group

2nd Saturday 3:00pm - 5:00pm  
Kaffe 101, 171 South Broadway  
Coos Bay, OR 97420 [tbicbsupport@gmail.com](mailto:tbicbsupport@gmail.com)

### Growing Through It- Healing Art Workshop

Contact: Bittin Duggan, B.F.A., M.A.,  
541-217-4095 [bittin@growingthroughit.org](mailto:bittin@growingthroughit.org)

## Eugene (3)

### Head Bangers

3rd Tuesday, Feb., Apr., June, July, Aug., Oct. Nov.  
6:30 pm - 8:30 pm Potluck Social  
Monte Loma Mobile Home Rec Center  
2150 Laura St., Springfield, OR 97477  
Susie Chavez, (541) 342-1980  
[admin@communityrehab.org](mailto:admin@communityrehab.org)

## Community Rehabilitation Services of Oregon

3rd Tuesday, Jan., Mar., May, Sept. and Nov.  
7:00 pm - 8:30 pm Support Group  
St. Thomas Episcopal Church  
1465 Coburg Rd.; Eugene, OR 97401  
Jan Johnson, (541) 342-1980  
[admin@communityrehab.org](mailto:admin@communityrehab.org)

### BIG (BRAIN INJURY GROUP)

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

## Hillsboro

### Concussion Support Group

Tuality Healthcare  
1st Thursday 3-4pm  
TCH Conference Room 1, Main Hospital  
335 SE 8th Avenue, Hillsboro, OR 97123  
linda.fish@tuality.org 503-494-0885

### Westside SUPPORT GROUP

3rd Monday 7-8 pm  
For brain injury survivors, their families, caregivers and professionals  
Tuality Community Hospital  
335 South East 8th Street, Hillsboro, OR 97123  
Carol Altman, (503) 640-0818

## Klamath Falls

### SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP

2nd Tuesday 1:00pm to 2:30pm  
1006 Main Street, Klamath Falls, OR 97601  
Jackie Reed 541-883-7547  
[jackie.reed@spokesunlimited.org](mailto:jackie.reed@spokesunlimited.org)

## Lake Oswego (2)

### Family Caregiver Discussion Group

4th Wednesday, 7-8:30 PM  
(there will be no group in August)  
Parks & Recreational Center  
1500 Greentree Drive, Lake Oswego, OR 97034  
Ruth C. Cohen, MSW, LCSW, 503-701-2184  
[www.ruthcohenconsulting.com](http://www.ruthcohenconsulting.com)

### Functional Neurology Support Group

On hiatus  
Market of Choice, 5639 Hood St, West Linn

## Medford

### Southern Oregon Brainstormers Support & Social Club

1st Tuesday 3:30 pm to 5:30 pm  
Lion's Sight & Hearing Center  
228 N. Holly St (use rear entrance)  
Lorita Cushman 541-621-9974  
[BIAOregon@AOL.COM](mailto:BIAOregon@AOL.COM)

## Oregon City

### Brain Injury Support Group

3rd Friday 1-3 pm (Sept - May) - summer potlucks  
Pioneer Community Center - ask at the front desk for room  
615 5th St, Oregon City 97045  
Sonja Bolon, MA 503-816-1053  
[brain4you2@gmail.com](mailto:brain4you2@gmail.com)

**Sometimes we are not notified about changes to schedules. Please contact the support group to verify that it is meeting at the listed time and place**

## Portland

### Brain Injury Help Center Without Walls

*"Living the Creative Life" Women's Coffee*  
1st and 3rd Fridays: 10:00 - 12:00 - currently full  
*Family and Parent Coffee in cafe*  
Wednesdays: 10:00-12:00  
[braininjuryhelporg@yahoo.com](mailto:braininjuryhelporg@yahoo.com)  
Call Pat Murray 503-752-6065

### BIRRDsong

1st Saturday 9:30 - 11  
1. Peer support group that is open to everyone, including family and the public  
2. Family and Friends support group that is only for family and friends  
Legacy Good Samaritan Hospital, Wistar Morris Room.  
1015 NW 22nd Portland, 97210  
Joan Miller 503-969-1660  
[peersupportcoordinator@birrdsong.org](mailto:peersupportcoordinator@birrdsong.org)

### BRAINSTORMERS I

2nd Saturday 10:00 - 11:30am  
Women survivor's self-help group  
Wilcox Building Conference Room A  
2211 NW Marshall St., Portland 97210  
Next to Good Samaritan Hospital  
Lynne Chase MS CRC Lynne.Chase@gmail.com  
503-206-2204

### BRAINSTORMERS II

3rd Saturday 10:00am-12:00noon  
Survivor self-help group  
Emanuel Hospital Medical Office Building West Conf Rm  
2801 N Gantenbein, Portland, 97227  
Steve Wright stephenwright@comcast.net  
503-816-2510

### CROSSROADS (Brain Injury Discussion Group)

2nd and 4th Friday, 1-3 pm  
Independent Living Resources  
1839 NE Couch St, Portland, OR 97232  
503-232-7411

**Must Be Pre-Registered**

### Doors of Hope - Spanish Support Group

3rd Tuesday 5:30 -7:30pm  
Providence Hospital, 4805 NE Glisan St, Portland,  
Rm HCC 6  
503-454-6619 [grupodeapoyo@BIRRDsong.org](mailto:grupodeapoyo@BIRRDsong.org)  
**Please Pre-Register**

**OHSU Sports Concussion Support Group**

For Youth and Their Families who have been affected by a head injury

2nd Tuesday, 7:00-8:30 pm

OHSU Center for Health and Healing  
3303 SW Bond Ave, 3rd floor conference room  
Portland, OR 97239

For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: [wilhelmj@ohsu.edu](mailto:wilhelmj@ohsu.edu)

**Sponsored by OHSU Sports Medicine and Rehabilitation**

**PARENTS OF CHILDREN WITH BRAIN INJURY**

Wednesdays: 10:00-12:00

Currently combined with THRIVE SUPPORT GROUP/ FAMILY SUPPORT GROUP

Contact for further information  
[braininjuryhelp@yahoo.com](mailto:braininjuryhelp@yahoo.com) Pat Murray 503-752-6065

**MUST BE PRE-REGISTERED**

**TBI Caregiver Support Meetings**

4th Thursday 7-8:30 PM

8818 NE Everett St, Portland OR 97220

Call Karin Keita 503-208-1787

email: [afripath@gmail.com](mailto:afripath@gmail.com)

**MUST BE PRE-REGISTERED**

**THRIVE SUPPORT GROUP**

**Family and Parent Coffee in café**

Wednesdays: 10:00-12:00

Brain Injury Survivor support group ages 15-25

Currently combined with FAMILY SUPPORT GROUP/PARENTS OF CHILDREN WITH BRAIN INJURY SUPPORT GROUP

Contact for further information  
[braininjuryhelp@yahoo.com](mailto:braininjuryhelp@yahoo.com) Pat Murray 503-752-6065

**MUST BE PRE-REGISTERED**

**TBI SOCIAL CLUB**

2nd Tuesday 11:30 am - 3 pm

Pietro's Pizza, 10300 SE Main St, Milwaukie OR 97222

Lunch meeting- Cost about \$6.50

Michael Flick, 503-775-1718

**MUST BE PRE-REGISTERED**

**Redmond (1)**

**Stroke & TBI Support Group**

Coffee Social including free lunch

2nd & 4th Thursday 10:30-1 pm

Lavender Thrift Store/Hope Center

724 SW 14th St, Redmond OR 97756

Call Darlene 541-390-1594

**Roseburg**

**UMPQUA VALLEY DISABILITIES NETWORK**

on hiatus

736 SE Jackson St, Roseburg, OR 97470

(541) 672-6336 [udvn@udvn.org](mailto:udvn@udvn.org)

**Salem (3)**

**SALEM BRAIN INJURY SUPPORT GROUP**

4th Thursday 4pm-6pm

Community Health Education Center (CHEC)

939 Oat St, Bldg D 1st floor, Salem OR 97301

Megan Snider (503) 561-1974

[megan.snider@salemhealth.org](mailto:megan.snider@salemhealth.org)

**SALEM COFFEE & CONVERSATION**

Fridays 11-12:30 pm

Ike Box Café

299 Cottage St, Salem OR 97301

Megan Snider (503) 561-1974

**SALEM STROKE SURVIVORS & CAREGIVERS SUPPORT GROUP**

2nd Friday 1 pm -3pm

Community Health Education Center (CHEC)

939 Oat St, Bldg D 1st floor, Salem OR 97301

Bill Elliott 503-390-8196 [welliott21xyz@mac.com](mailto:welliott21xyz@mac.com)

**Tillamook (1)**

**Head Strong Support Group**

2nd Tuesday, 6:30-8:30 p.m.

Herald Center - 2701 1st St - Tillamook, OR 97141

For information: Beverly St John (503) 815-2403 or

[beverly.stjohn@ah.org](mailto:beverly.stjohn@ah.org)

**WASHINGTON TBI SUPPORT GROUPS**

**Quad Cities TBI Support Group**

Second Saturday of each month, 9 a.m.

Tri State Memorial Hosp.

1221 Highland Ave, Clarkston, WA

Deby Smith (509-758-9661; [biaqcedby@earthlink.net](mailto:biaqcedby@earthlink.net))

**Stevens County TBI Support Group**

1st Tuesday of each Month 6-8 pm

Mt Carmel Hospital, 982 E. Columbia, Colville, WA

Craig Sicilia 509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org)

Danny Holmes (509-680-4634)

**Moses Lake TBI Support Group**

2nd Wednesday of each month, 7 p.m.

Samaritan Hospital

801 E. Wheeler Rd # 404, Moses Lake, WA

Jenny McCarthy (509-766-1907)

**Pullman TBI Support Group**

3rd Tuesday of each month, 7-9p.m.

Pullman Regional Hospital, 835 SE Bishop Blvd, Conf Rm B,

Pullman, WA Alice Brown (509-338-4507)

**Pullman BI/Disability Advocacy Group**

2nd Thursday of each month, 6:30-8:00p.m.

Gladish Cultural Center, 115 NW State St., #213

Pullman, WA Donna Lowry (509-725-8123)

**SPOKANE, WA**

**Spokane TBI Survivor Support Group**

2nd Wednesday of each month 7 p.m.

St.Luke's Rehab Institute

711 S. Cowley, #LL1,

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Michelle White (509-534-9380; [mwhite@mwhite.com](mailto:mwhite@mwhite.com))

**Spokane Family & Care Giver BI Support Group**

4th Wednesday of each month, 6 p.m.

St. Luke's Rehab Institute

711 S. Cowley, #LL1, Spokane, WA

Melissa Gray ([melissagray.mhc@live.com](mailto:melissagray.mhc@live.com))

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Michelle White (509-534-9380; [mmwhite@mwhite.com](mailto:mmwhite@mwhite.com))

**\*TBI Self-Development Workshop**

"reaching my own greatness" \*For Veterans

2nd & 4th Tues. 11 am- 1 pm

Spokane Downtown Library

900 W. Main Ave., Spokane, WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

**Spokane County BI Support Group**

4th Wednesday 6:30 p.m.-8:30 p.m.

12004 E. Main, Spokane Valley WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Toby Brown (509-868-5388)

**Spokane County Disability/BI Advocacy Group**

511 N. Argonne, Spokane WA

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

**VANCOUVER, WA**

**TBI Support Group**

2nd and 4th Thursday 2pm to 3pm

Legacy Salmon Creek Hospital, 2211 NE 139th Street

conference room B 3rd floor Vancouver WA 98686

Carla-Jo Whitson, MSW, CBIS [jarlaco@yahoo.com](mailto:jarlaco@yahoo.com)

360-991-4928

**IDAHO TBI SUPPORT GROUPS**

**STARS/Treasure Valley BI Support Group**

4th Thursday 7-9 pm

Idaho Elks Rehab Hosp, Sawtooth Room (4th Fl), Boise

Kathy Smith (208-367-8962; [kathsmi@sarmc.org](mailto:kathsmi@sarmc.org))

Greg Meyer (208-489-4963; [gmeyer@elksrehab.org](mailto:gmeyer@elksrehab.org))

**Southeastern Idaho TBI support group**

2nd Wednesday 12:30 p.m.

LIFE, Inc., 640 Pershing Ste. A, Pocatello, ID

Tracy Martin (208-232-2747)

Clay Pierce (208-904-1208 or 208-417-0287;

[clayjoanep@cableone.net](mailto:clayjoanep@cableone.net))

**Twin Falls TBI Support Group**

3rd Tuesday 6:30-8 p.m.

St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID

Keran Juker ([kerani@mvmc.org](mailto:kerani@mvmc.org); 208-737-2126)

**\*Northern Idaho TBI Support Group**

**\*For Veterans**

3rd Sat. of each month 1-3 pm

Kootenai Med. Center, 2003 Lincoln Way Rm KMC 3

Coeur d'Alene, ID

Sherry Hendrickson (208-666-3903,

[shendrickson@kmc.org](mailto:shendrickson@kmc.org))

Craig Sicilia (509-218-7982; [craig@tbiwa.org](mailto:craig@tbiwa.org))

Ron Grigsby (208-659-5459)

**Survivor Support Line - CALL 855-473-3711**

A survivor support line is now available to provide telephone support to those who suffer from all levels of brain impairment. 4peer11 is a survivor run, funded, operated and managed-emotional help line. We do not give medical advice, but we DO have two compassionate ears. We have survived some form of brain injury or a we are a survivor who is significant in the life of a survivor.

The number to call 855-473-3711 (855-4peer11). Live operators are available from 9am-9pm Pacific Standard Time. If a call comes when an operator is not free please leave a message. Messages are returned on a regular basis.



The Brain Injury Alliance of Oregon (BIAOR)  
AKA the Brain Injury Association of Oregon  
PO Box 549, Molalla OR 97038

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## How To Contact Us

### *Brain Injury Alliance of Oregon (BIAOR)*

**Mailing Address:** Sherry Stock, MS CBIST  
PO Box 549  
Molalla, OR 97038  
Executive Director 800-544-5243

**Toll free:** 800-544-5243  
Resource Facilitator—Becki Sparre 503-961-5675

**Fax:** 503-961-8730  
[biaor@biaoregon.org](mailto:biaor@biaoregon.org)  
[www.biaoregon.org](http://www.biaoregon.org)  
Rachel Moore, CBIS Eastern Oregon  
541-429-2411

**Meetings by Appointment only Call 800-544-5243**

Thank you to all our contributors and advertisers.

### Nancy Irey Holmes, Psy.D, CBIS

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Redmond, OR 97756  
541-330-4428

[nancyholmespsyd.com](http://nancyholmespsyd.com)

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