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)
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; Lilliet Grand, MS, MT-BC, Russell C. Spearman M.Ed; Shelley Campbell; Scott Bloom, CBIS, Mary Kelly; Karen Campbell ; Jacob Plaker, 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. Leritz, JD; Dr. Adam Grove, ND; Linda Gifford; Shauna Hahn, PMPH; Juliet Machado, BA OVT; Dr. George Siegfried, D.C.; Dr. Jeffrey McNally; Kendra Brartherton, COTA/L; Dr. Haakon; Kristina Fosse and Dr. James Chesnutt.

Legislatively we have been working on SB 217 Concussion etum to Play in on going workgroups hoping to introduce this legislation for the 2018 Legislative Session, in part this increases the 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 $1M 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.

BIASOR has also been representing BIASOR 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 BIASOR, I want to wish everyone a happy and safe Holiday Season.
When looking for a professional, look for someone who knows and understands brain injuries. The following are supporting professional members of BIAOR.

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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. See page 22 to sign up.

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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

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**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.


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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.
“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.

References


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.

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 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.

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

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

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Please join the BIAOR 5th 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
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: ____________________________
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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
800-544-5243
Fax: 503-961-8730
Molalla OR 97038
Tax ID # 93-0900-797

John’s Incredible Pizza 9180 SW Hall Blvd, Beaverton, 2 pm – 4 pm
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 neurologic which means it’s caused by damage to the nervous system.

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%

What is Emotional lability or PseudoBulbar Affect PBA?

Emotional lability or PseudoBulbar Affect (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.

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

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.
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 re-port 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 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.

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

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)

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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
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.)

References:
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 sever 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 Brauning-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
(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)

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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

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<th>CBIS Class</th>
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<td>$700</td>
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Add $75 to each Registrant after Feb 15

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<th>Pre-Conference Workshop - How to Work with Challenging Behaviors after Brain Injury and Neurological Diagnosis—Thursday</th>
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<th>Conference Registration Fees: Registration fees include: continental breakfast, lunch &amp; 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.</th>
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<tbody>
<tr>
<td>VIP Special—3 Days of Conference</td>
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<tr>
<td>Professional (CEUs) 2 Day Friday &amp; Saturday</td>
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<td>Professional (CEUs) 1 Day Only: □ Friday □ Saturday</td>
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<tr>
<td>Students $50 per day □ Thursday □ Friday □ Saturday</td>
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<tr>
<td>Saturday Survivor/Family (no CEUs)</td>
</tr>
<tr>
<td>Saturday Only Courtesy (Brain Injury Survivors with limited means—limited number)</td>
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<tr>
<td>Membership Professional $100 Family $50 Basic $35 Survivor $5</td>
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<td>Scholarship Contribution (donation to assist in covering the cost of survivors with limited funds)</td>
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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 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

page 18 Fall 2017 The Headliner
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 hospital 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.

What we do

We work with complicated neurological and other health conditions with a brain-based approach.

We use in-office evaluations and leading-edge lab testing to thoroughly assess the function of your brain and nervous system, immune system, and other facets of your health.

By looking at how brain function intersects with other systems in the body we can begin to unravel complex health conditions and understand how best to assist with your care.

Glen Želinski, DC, DACNB, FACFN
Northwest Functional Neurology
4035 SW Mercantile Drive, Suite 112
Lake Oswego, OR, 97035
(503) 850-4526 Fax: (503) 908-1555

Collaboration, Cooperation, Compassion...

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

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

Learning Services Neurobehavioral Institute - West

Gilroy Campus, California
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 5.

**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 OregONE eligibility 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/DH/forms/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.


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@dhsoha.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 online! 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
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 of 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

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

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 ☐ 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

The Headliner
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

Oregon Centers for Independent Living
Contact List

<table>
<thead>
<tr>
<th>CIL</th>
<th>LOCATION</th>
<th>COUNTIES SERVED</th>
</tr>
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<tbody>
<tr>
<td>ABILITREE</td>
<td>2680 NE Twin Knolls Dr, Bend, OR 97702 1-541-388-8103</td>
<td>Crook, Deschutes, Jefferson</td>
</tr>
<tr>
<td>IL Director: Greg Sublette</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EOCIL (Eastern Oregon Center for Independent Living)</td>
<td>322 SW 3rd Suite 6 Pendleton, OR 97801 (541) 276-1037 1-877-711-1037</td>
<td>Gilliam, Morrow, Umatilla, Union, Wheeler</td>
</tr>
<tr>
<td>Director: Kirt Toombs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>400 E Scenic Dr., Ste 2349</td>
<td>541-370-2810 1-855-516-6273</td>
<td>Columbia , Hood River, Sherman, Wasco</td>
</tr>
<tr>
<td>The Dalles, OR 97058</td>
<td></td>
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<tr>
<td>HASL (Independent Abilities Center)</td>
<td>305 NE &quot;E&quot; St, Grants Pass, OR 97526 (541) 479-4275</td>
<td>Josephine, Jackson, Curry, Coos, Douglas</td>
</tr>
<tr>
<td>Director: Randy Samuelson</td>
<td></td>
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<tr>
<td>20 E 13th Ave Eugene, OR 97401 (541) 607-7020</td>
<td>Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln</td>
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<tr>
<td>LiLa (Lane Independent Living Alliance)</td>
<td>1839 NE Couch Street Portland, OR 97232 (503) 232-7411</td>
<td>Clackamas, Multnomah, Washington</td>
</tr>
<tr>
<td>Director: Sheila Thomas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ILR (Independent Living Resources)</td>
<td>1006 Main Street Klamath Falls, OR 97601 (541) 883-7547</td>
<td>Klamath</td>
</tr>
<tr>
<td>Director: Barry Fox-Quamme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPOKES UNLIMITED Director: Curtis Raines</td>
<td>SPOKES Lakeview Branch Office 100 North D St, Lakeview, OR 97830 541-947-2078 (voice)</td>
<td>Lake</td>
</tr>
<tr>
<td>UVDN (Umpqua Valley disAbilities Network) Director: 736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336</td>
<td>Douglas</td>
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<tr>
<td>2680 NE Twin Knolls Dr, Bend, OR 97702 1-541-388-8103</td>
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<tr>
<td>SPOKES Lakeview Branch Office 100 North D St, Lakeview, OR 97830 541-947-2078 (voice)</td>
<td>Lake</td>
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<tr>
<td>736 SE Jackson Street, Roseburg, OR 97470 (541-672-6336</td>
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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

Fall Sudoku
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7 6 2 3 5 9 4 1 8

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

Fall Sudoku
(Answer from page 2)

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Fall Sudoku
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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
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
For more information about Oregon's TBI
www.cbirt.org/oregon-tbi-team/
Melissa McCart 541-346-0597
tbiteam@wou.edu or mccart@uoregon.edu
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

LEARNet Provides educators and families with invaluable information designed to improve the educational outcomes for Individuals with brain injury. 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 http://factoregon.org/?page_id=52

Websites Mayo Clinic www.mayoclinic.com/health/traumatic-brain-injury/DS00552
BrainLine.org www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_page11.html

Home-Based Cognitive Stimulation Program http://main.uab.edu/tbi/show.asp?durk=49377&site=2988&return=9505
Sam’s Brainy Adventure http://faculty.washington.edu/chudler/flash/ comic.html
Neurobic Exercise www.neurobics.com/exercise.html
Brain Training Games from the Brain Center of America www.braincenteramerica.com/exercises_am.php

Resources 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
Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 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 email: 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 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 (503) 554-4300 www.hazeldenbettyford.org
Serenity Lane, 10920 SW Barbur Blvd Ste 201, Portland, OR 97219 (503) 244-4500 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/
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
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://oregonlawcenter.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
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

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

Oregon Health Connect: 855-999-3210
Oregonhealthconnect.org Information about health care programs for people who need help.

Project Access Now 503-413-5746 Projectaccesssnnow.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.

Valuable Websites
www.idahoABI.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: 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: If you are a disabled veteran who needs help, peer mentors and resources are available
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 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 stressors of daily life with PTSD. (iPhone)
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

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.

The Headliner
Fall 2017
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Brain Injury Support Groups

Astoria
Astoria Support Group
www.pnwihigroup.vpweb.com
Kendra Bratheron 209-791-3092
pnwihigroup@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 Accornero, 541 382 9451
Accornero@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

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

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

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

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

Growing Through It- Healing Art Workshop
Contact: Bittin Duggan, B.F.A., M.A.,
541-217-4095 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

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

BIG (BRAIN INJURY GROUP)
Tuesdays 11:00am-1pm
Hilyard Community Center
2580 Hilyard Avenue, Eugene, OR 97401
Curtis Brown, (541) 988-3951 BCCBrown@gmail.com

Hillsboro
Concussion Support Group
Tualatin 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) 640-8018

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

Lake Oswego (2)
Family Caregiver Discussion Group
4th Wednesday, 7-8:30 pm
(there will be no group in August)
1980 19th Ave, Lake Oswego, OR 97035

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)
Lora Cushman 541-621-9874
BIABraininjury@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

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 café
Wednesdays: 10:00-12:00
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

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 stephenmwright@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
Please Pre-Register
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 Oak St, Bidg D 1st floor, Salem OR 97301
Bill Elliott (503) 390-8196 welliott21xyz@mac.com

Tillamook!
Head Strong Support Group (1)
2nd Tuesday, 8:00-10:00 a.m.
Herald Center – 2701 1st St – Tillamook, OR 97141
For information: Beverly St John (503) 815-2083 or 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; biagcedby@earthlink.net)

Steveons TBI Community Support Group
1st Tuesday of each month 6-8 p.m.
Mt Carmel Hospital, 982 E. Columbia, Colville, WA
Craig Sicilia 509-218-7982; 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, 7-9 p.m.
Pulman Regional Hospital, 835 SE Bishop Blvd, Conf Rm B.
Pulman, WA Alice Brown (509-338-4507)

Pullman BI/Disability Advocacy Group
2nd Thursday of each month, 6:30-8:00pm.
Gladiolus 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, Spokane, WA
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwwhite@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.mhio@live.com)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; mwwhite@mwhite.com)

*Western Idaho TBI Support Group
For Veterans
3rd Sat. of each month 1-3 pm
Kootenai Med. Center, 2003 Lincoln Way Rm KMC 3
Corber d’Alene, ID
Sherry Hendrickson (208-666-3903, shendrickson@kmc.org)
Craig Sicilia (509-218-7982; 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 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.
Thank you to all our contributors and advertisers.

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

Join us for FREE TRAININGS and FREE CEUs through Oregon Care Partners! With exceptional curriculum, expert Trainers, and a commitment to quality care, what’s not to like?!

Class topics include Challenging Behaviors, Medication Management, and Alzheimer’s and Dementia Care. Courses are funded by a grant from the state and are specifically designed for long term care professionals, adult care home Operators and Staff, family caregivers, and members of the public.

Join us to learn and grow as caregivers! Reserve your spot today!

Visit www.OregonCarePartners.com or call (800) 930-6851.