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Why Brain Scientists Are Still Obsessed With The Curious Case Of Phineas Gage

It took an explosion and 13 pounds of iron to usher in the modern era of neuroscience.

In 1848, a 25-year-old railroad worker named Phineas Gage was blowing up rocks to clear the way for a new rail line in Cavendish, Vt. He would drill a hole, place an explosive charge, then pack in sand using a 13-pound metal bar known as a tamping iron.

But in this instance, the metal bar created a spark that touched off the charge. That, in turn, "drove this tamping iron up and out of the hole, through his left cheek, behind his eye socket, and out of the top of his head," says Jack Van Horn, an associate professor of neurology at the Keck School of Medicine at the University of Southern California.

Gage didn't die. But the tamping iron destroyed much of his brain's left frontal lobe, and Gage's once even-tempered personality changed dramatically.

"He is fitful, irreverent, indulging at times in the grossest profanity, which was not previously his custom," wrote John Martyn Harlow, the physician who treated Gage after the accident.

This sudden personality transformation is why Gage shows up in so many medical textbooks, says Malcolm Macmillan, an honorary professor at the Melbourne School of Psychological Sciences and the author of *An Odd Kind of Fame: Stories of Phineas Gage*.

"He was the first case where you could say fairly definitely that injury to the brain produced some kind of change in personality," Macmillan says.

And that was a big deal in the mid-1800s, when the brain's purpose and inner workings were largely a mystery. At the time, phrenologists were still assessing people's personalities by measuring bumps on their skull.

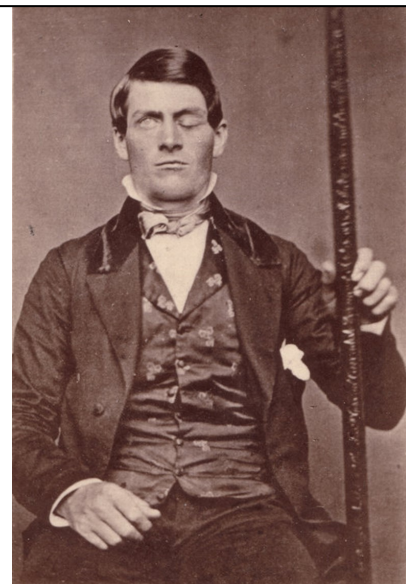
Gage's famous case would help establish brain science as a field, says Allan Ropper, a neurologist at Harvard Medical School and Brigham and Women's Hospital.

One Account Of Gage's Personality Shift

Dr. John Harlow, who treated Gage following the accident, noted his personality change in an 1851 edition of the *American Phrenological Journal and Repository of Science*.

"If you talk about hard core neurology and the relationship between structural damage to the brain and particular changes in behavior, this is ground zero," Ropper says. It was an ideal case because "it's one region [of the brain], it's really obvious, and the changes in personality were stunning."

(Phineas Continued on page 7)



Portrait of brain-injury survivor Phineas Gage (1823-1860), shown holding the tamping iron that injured him.

We are well acquainted with several of the leading men in the village where the above occurrence took place, and have been assured by them that the statement relative to the wound and recovery is correct. But that there was no difference in his mental manifestations after the recovery, is, however, *not* true.

We have been informed by the best authority that after the man recovered, and while recovering, he was gross, profane, coarse, and vulgar, to such a degree that his society was intolerable to decent people. Before the injury he was quiet and respectful. If we remember correctly, the iron passed through the regions of the organs of BENEVOLENCE and VENERATION, which left these organs without influence in his character, hence his profanity, and want of respect and kindness; giving the animal propensities absolute control in the character. The above report probably alludes to *Intellectual* "perceptions," while it erroneously uses the word *mental*, which involves all the faculties, the feelings as well as the intellect.

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Executive Director's Corner

On behalf of The Brain Injury Alliance of Oregon, I would like to thank Deborah Crawley and Nicole Graff from The Brain Injury Alliance of Washington, Karen Jaeger and Mary Kelly from The Brain Injury Alliance of Idaho, Elizabeth Donnelly and Dr. Adam Grove from the Alaska Brain Injury Network, the Conference Planning Committee, the BIAOR Board of Directors and many others: and our many volunteers including our AV volunteers Jeffrey Cohen and Kristin Cruise from Alder Giersch, and general conference volunteers Chuck McGilvary, Jill Keeney, for their tremendous help in hosting the 15th Annual Pacific Northwest Brain Injury Conference.

Thursday's Pre-Conference Featured:

Dealing with Challenging Behaviors - Carla-Jo Whitson, MSW, CBIS, BIAWA SW Resource Manager; **How to Use Music Therapy for Increasing Positive Outcome** - Lillieth Grand, MS, MT-BC; **Provider Roundtable - Where is help when you need it?** - Ombudsman Long Term Care Ombudsman, Fred Steele, Guardian Ombudsman, Travis Wall and Oregon Health Authority Ombudsman, Ellen Pinney; and the Oregon Disabilities Commission.

Friday's Program Featured:

Opening Keynote Speaker: We Are Oregon Veterans - Cameron Smith, Director, Oregon Department of Veterans Affairs; **Treatment of Concussion - From the Field to the Hospital and Rehabilitation - 2017 Update** - James Chesnutt, MD; **What Imaging Can Reveal About Brain Injury** - Aaron DeShaw; **The Role of Music Therapy in Rehabilitation** - Lillieth Grand, MS, MT-BC; **Screening for Traumatic Brain Injury: Idaho's Approach** - Russell C. Spearman M.Ed. Principal Investigator, TBI Program Institute of Rural Health ISU Meridian Health Science Center; **The Developing Adolescent Brain: How THC affects the Brain** - Shelley Campbell, Coordinator Injury Prevention and Outreach Education Youth and Family TNTT/Trauma Services; **Washington State's Traumatic Brain Injury Advisory Council: A history and the positive impact on the brain injury community** - Scott Bloom, CBIS, Mary Kelly LTC AN (Ret); **Luncheon Keynote Presentation: Break a Board - Brain Injury and Taekwondo** - Karen Campbell, Highland Height/Shawn's Place Taekwondo team; **Afternoon Keynote - Patient, Dr., What's the Difference-** Jacob Plasker, DC; **What survivors, caregivers and families need to know.** - Dr. Glen Zielinski, DC, DACNB, FACFN; **"How can I help?" - Practical Applications for Behavioral Health Clinicians** - Dan Overton, MC, LMHC, MHP, TBI Program Coordinator, Behavioral Health Services WA. Dept. of Veterans Affairs; **Multi-Modal Brain Imaging: The Future of Trauma Diagnosis and Treatment in Veterans** - Dr. Michael Seyffert, Amen Clinic; **Roadblocks to Re-entry: The Triple Whammy of Brain Injury, Psychiatric**

Disorders and Substance

Abuse - Rolf B. Gainer, PhD Rehabilitation Institutes of America, Novato, California; Neurologic Rehabilitation Institute at Brookhaven Hospital; **Finding Happiness** - Dan Overton, MC, LMHC, MHP, Traumatic Brain Injury Program Coordinator, Behavioral Health Services WA. Dept. of Veterans Affairs; **Triumph over TBI: Turning Loss into Opportunity Brief** - Tanya J. Peterson, MS, NCC.

Saturday's Program Featured:

Opening Keynote Speaker: The End of Caring: Understanding the Dynamic of Failure in Rehab - Rolf B. Gainer, PhD Rehabilitation Institutes of America, Novato, California; Neurologic Rehabilitation Institute at Brookhaven Hospital, Tulsa, Oklahoma; **PROVING DAMAGES IN A TRAUMATIC BRAIN INJURY CASE: GETTING THE INSURER TO SAY 'YES'** - Richard H. Adler, JD, Arthur Leritz, JD, Melissa Carter, JD, Steve Angles, JD, and Jacob Gent, JD; **A Holistic Approach to Healing Broken Brains: Nutrition, Supplements and Herbs Patient** - Dr. Adam Grove, ND; **Heal Your Brain, Heal Your Body** - Linda Gifford; **TBI and Psychiatric Illness: A Common Thread of Neuroinflammation** - Shauna Hahn, Psychiatric Mental Health Nurse Practitioner, Central City Concern; **TBI Induced Vision Problems: The Hidden Problem That Impedes Rehabilitation** - Juliet Machado, BA OVT; **Luncheon Keynote Presentation It's All About the Dance** - Karen Campbell and the Highland Height/Shawn's Place Dancers; **Keynote Speaker: Functional Neurological Management of Persistent Post-Concussion Syndrome** - Dr. Glen Zielinski, DC, DACNB, FACFN **Embracing the Journey** - Dr. George Siegfried, D.C.; **Nutrition and Brain Injury Recovery** - Dr. Jeffrey McNannly; **Life after TBI: Emotional and Psychological Rebirth** - Kendra Bratherton, COTA/L; **Stroke and Brain Injury Recovery** - Dr. Haakon Andresen; **What Support Groups Can Do To Help You-** Kristina Fosse, Michael Jensen and Dr. James Chesnutt; **Life After Brain Injury - Panel with The Challenges of Brain Injuries in Marriage and Raising Children When Both Parents Have a Brain Injury** - Certified Life Coach and mentor Ben Luskin along with his wife Kassia Luskin; and **When It's Not That Easy** - Keri Stocks

We also wish to thank our sponsors and exhibitors for making this conference possible, please see pages 12-15.

Sherry Stock

Sherry Stock, MS, CBIST
BIAOR Executive Director



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Spring 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)

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

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

By David Kracke, Attorney at Law
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In 2013 the State of Oregon convened a Governor's Task Force on Traumatic Brain Injury whose objective it was to identify gaps in Oregon's public-private sector services for individuals with brain injury and to make policy recommendations to address those gaps. In 2015 I was honored to be added to the task force as an expert consultant and in 2016 we produced our final report. Since that time, the report has made its way through various state offices and has been disseminated to many tbi advocate and survivor communities with the hope that the recommendations of the task force will be implemented in Oregon.

The task force was heavily influenced by real-life experiences of tbi survivors and their families and loved ones bringing to light the difficulties that survivors face after a traumatic brain injury. It was an exhaustive process of interviews and meetings with survivors and their loved ones, organized in large part by the wonderful tbi advocates Fern Wilgus, a survivor herself, and BIAOR's own Executive Director Sherry Stock. Those interviews and meetings resulted in the most comprehensive list of "gaps" in services to tbi survivors ever compiled in Oregon.

For any survivor or loved one who has been faced with the challenge of asking themselves "now what?" after a tbi, the identified gaps in services will be more than familiar. The

identified gaps are as follows:

- Lack of culturally sensitive services and resources
- Lack of adequate education and training about brain injury- Lack of standardized screening protocol
- Lack of a "road map" for accessing services and ongoing case management
- Family members serving as caregivers
- Financial hardship; difficulties accessing federal and state benefits
- Difficulties dealing with private insurance and accessing appropriate treatment options
- Lack of affordable, appropriate housing
- Challenges with co-occurring mental health disorders and/or addictions
- Lack of adequate vocational training and employment opportunities
- Lack of TBI identification and appropriate supports in schools
- Challenges with identification and management of TBI in the corrections system

To all the survivors or their loved ones who are reading this column, raise your hand if you have ever struggled with one or more of these "gaps in services" and now that you all have your hands in the air, please put them back down. In other words, there isn't a single tbi survivor in Oregon who hasn't struggled with at least one of these deficiencies.

The most important aspect of the Governor's Task Force report is that it deals with real life. We have not sugarcoated anything and instead we endeavored to bring into the light those struggles that actually affect the tbi survivor community on a daily basis. In a future column I will discuss the Recommendations of the Task Force in detail, although those recommendations are available on the BIAOR website as well. Perhaps the most important of those recommendations, however, is the need for a dedicated Brain Injury Coordinator Advocate whose responsibilities will include implementing the Task Force recommendations. In other words, we need a person to take the lead on making sure that the recommendations become actual policy and to make sure that the identified gaps in services become a thing of the past. Without a dedicated individual to take charge the report may end up on a lonely bookshelf somewhere in Salem and the lives of tbi survivors in Oregon will remain more difficult than they have to be. Stay tuned.

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.

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(Phineas Continued from page 1)

So, perhaps it's not surprising that every generation of brain scientists seems compelled to revisit Gage's case.

For example:

- In the 1940s, a famous neurologist named Stanley Cobb diagrammed the skull in an effort to determine the exact path of the tamping iron.
- In the 1980s, scientists repeated the exercise using CT scans.
- In the 1990s, researchers applied 3-D computer modeling to the problem.
- And, in 2012, Van Horn led a team that combined CT scans of Gage's skull with MRI scans of typical brains to show how the wiring of Gage's brain could have been affected.

"Neuroscientists like to always go back and say, 'we're relating our work in the present day to these older famous cases which really defined the field,' " Van Horn says.

And it's not just researchers who keep coming back to Gage. Medical and psychology students still learn his story. And neurosurgeons and neurologists still sometimes reference Gage when assessing certain patients, Van Horn says.

"Every six months or so you'll see something like that, where somebody has been shot in the head

with an arrow, or falls off a ladder and lands on a piece of rebar," Van Horn says. "So you do have these modern kind of Phineas Gage-like cases."

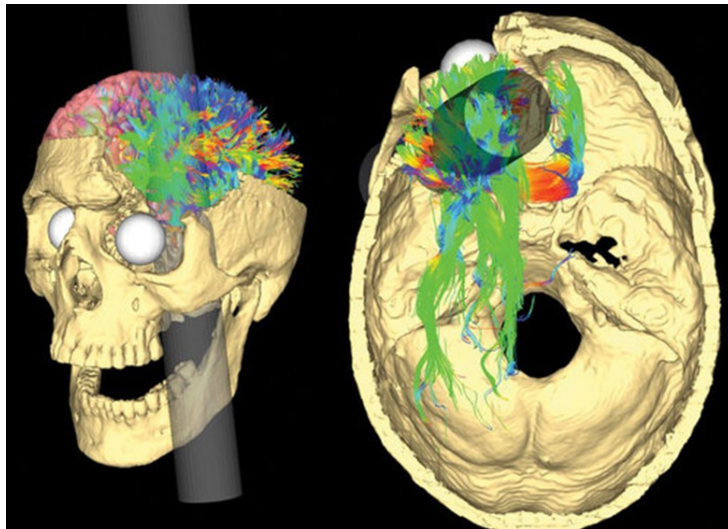
Two renderings of Gage's skull show the likely path of the iron rod and the nerve fibers that were probably damaged as it passed through.

There is something about Gage that most people don't know, Macmillan says. "That personality change, which undoubtedly occurred, did not last much longer than about two to three years."

Gage went on to work as a long-distance stagecoach driver in Chile, a job that required considerable planning skills and focus, Macmillan says.

This chapter of Gage's life offers a powerful message for present day patients, he says. "Even in cases of massive brain damage and massive incapacity, rehabilitation is always possible."

Gage lived for a dozen years after his accident. But ultimately, the brain damage he'd sustained



probably led to his death.

He died on May 21, 1860, of an epileptic seizure that was almost certainly related to his brain injury.

Gage's skull, and the tamping iron that passed through it, are on display at the Warren Anatomical Museum in Boston, Mass.

Source: [http://www.npr.org/sections/health-shots/2017/05/21/528966102/why-brain-scientists-are-still-obsessed-with-the-curious-case-of-phineas-gage?](http://www.npr.org/sections/health-shots/2017/05/21/528966102/why-brain-scientists-are-still-obsessed-with-the-curious-case-of-phineas-gage?utm_source=facebook.com&utm_medium=social&utm_campaign=npr&utm_term=nprnews&utm_content=20170521)
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Medicinal Cannabis Treatments Coming, Experts Say

Larger-scale research, better regulation needed



"Hopefully at some point this will be mandated for the NFL [National Football League]" and other levels of football, he added, a position already advocated by former NFL player Eugene Monroe and Dallas Cowboys owner Jerry Jones.

Titus cited studies including UCLA research published in 2014 showing cannabis consumption (in this case tetrahydrocannabinol, or THC) was "associated with decreased mortality in adult patients sustaining TBI"; he also cited pre-clinical and animal studies he said

Medicinal cannabis industry officials and scholars here touted potential breakthroughs to treat health problems and questioned why cannabidiol (CBD) is not mandatory for athletes to address traumatic brain injury (TBI). Others, meanwhile, cautioned the field needs much more research and regulation.

"The whole concept of cannabis as medicine is very new," Stuart Titus, PhD, told MedPage Today during an interview at the Americans for Safe Access (ASA) annual meeting on medical cannabis in April 2017. "Everything is at such a ground-floor state."

Medical professionals including Titus, a former physiotherapist working with athletes, cited cannabis medicines being developed (including these by Axim Biotech) for health problems including:

- Chronic pain
- Cancer-induced pain and nausea
- Irritable bowel syndrome and irritable bowel disease
- Psoriasis and dermatitis
- Multiple sclerosis

"It is *the* herbal medicine, it should be the paradigm," Ethan Russo, MD, a neurologist and pharmacology researcher said.

Medicinal development is stalling, he noted: "The problem is those guys," he said of federal and state politicians, "who make the rules, those rapacious bastards who are ruining our lives."

Cannabis is not undergoing the randomized controlled trials needed in academic settings, said Christina Marrongelli, PharmD, an independent industry consultant and former University of Mississippi researcher in natural products.

"It's not like a bunch of [pharmaceutical companies] are waiting to get in. This is a harder thing to develop," she said. Marrongelli suggested advocates encourage more companies to test the plant.

"How do you take a tree and make it into an FDA approved drug?" she wrote later in an email to MedPage Today. "Development of a botanical drug substance is an enormous task to begin with." Ultimately, she said, large trials must confirm dosages and efficacy in specific conditions.

Better regulation is also needed, said Nic Easley, CEO of Comprehensive Cannabis Consulting. Regulations vary too much between states, he noted, and between states and the federal government. "It's medicine, but (without regulation) to some it's really dangerous," he said. "We're fighting over a dandelion and it's ridiculous."

CBD has shown enough promise to treat TBI in young athletes, said Titus, president of Medical Marijuana Inc. (which sells CBD products); he asserted that all high school and college athletes should use botanical hemp oil that includes CBD and other compounds from the hemp-cannabis plant.

positively tested cannabis as a neuroprotectant -- including protection against chronic traumatic encephalopathy.

Two recent review articles -- a systematic review of clinical literature on neuroprotection and one of preclinical cannabis work -- also suggested cannabis may have neuroprotective properties to treat TBI.

But: "While studies have demonstrated neuroprotective properties of marijuana (and other cannabinoid analogs) in animal models," the authors of the systematic review wrote, "more studies are needed to ascertain the potential benefits (if any exist) of cannabinoids in humans with TBI."

CBD has also yielded positive results controlling epileptic seizures in children, Titus said, citing two other recent studies showing botanical CBD was effective. "You'd normally expect better results with the pharmaceutical version (of treatment)," he said. But: "This CBD hemp-cannabis botanical has a pretty profound effect," perhaps because of the entourage effect.

"We are in the very early stage with informational studies," Titus cautioned. "But the best therapy at the moment seems to be on the botanical side."

Source: <https://www.medpagetoday.com/primarycare/alternativemedicine/64606>

Can a Cannabis-Based Pill Help Treat Concussions

A former investment adviser from Roslyn Heights is taking his talents to South Beach. Jonathan Gilbert, CEO of Scythian Biosciences Inc., a biotech firm, has secured \$16 million in funding for a promising trial at the University of Miami considering the potential impact of a cannabis-based compound to treat concussions and Traumatic Brain Injury (TBI).

The cannabinoid compound at the center of the trials, cannabidiol (CBD), is believed to contain neuroprotective properties that could, in theory, reduce inflammation in the brain caused by head trauma. Adding to the intrigue, the drug would not contain Tetrahydrocannabinol (THC), which creates the psychoactive effect in the brain when using marijuana.

Researchers at the University of Miami hope the trial could produce a first-of-its-kind pharmaceutical answer to concussions, which has recently been the focus of millions of dollars in research, largely in response to the impact concussions have had on current and former NFL players.

For Gilbert, a career investment adviser who worked for a Connecticut-based hedge fund, it's incredibly exciting transitioning to biotech, focusing his efforts on a potentially game-changing drug, something that has thus far remained elusive to concussion patients.

"I can't sleep at night thinking about what I can be accomplishing here," he told the Press. "What an amazing accomplishment to create something that could be effective for everyone on Earth."

Gilbert founded Scythian Biosciences Inc. three years ago, following a Tourette Syndrome support group session in which teenagers indicated they had used marijuana to "self medicate." Gilbert and his wife have three kids, the youngest of whom suffers from the neurological disorder.

The conversation with the teens got Gilbert thinking: how could marijuana benefit not only his son, but people inflicted with various ailments, including concussion?

Gilbert knew his extensive list of contacts and ability to raise money and attract talent would make up for whatever experience he lacked in the pharmaceutical industry. In the latter years of his investment career, he noticed an uptick in medical marijuana businesses seeking funding,

though most pitches were underwhelming. Still keen on the idea of marijuana-based treatment, he made a decision to go his own route.

Initially Gilbert's goal was to enter the industry in Canada, whose prime minister, Justin Trudeau, recently introduced legislation to legalize recreational marijuana nationwide. The prospect of similar legislation being proposed by the Trump administration appears far-fetched.

Gilbert went ahead and purchased a facility in Canada with the idea of growing and selling medical marijuana. But instead of joining the growing medical marijuana industry, Gilbert, with his own son in mind, gambled on an entry into the pharmaceutical industry.

Mindful of the surprisingly minimal treatment options for concussions, Gilbert got the sense that it was a "wide open space" with the potential of becoming a billion-dollar industry.

"I'm learning as I go," he said. Even so, Gilbert already sounds experienced. "Our therapy, which involves the use of two drugs, targets two different brain receptors which are involved in suppressing this immune response and the associated inflammation," he explained.

Scythian Biosciences Inc now has offices in Canada and the United States—including one at the University of Miami. The company has applied for a patent for its treatment and the University of Miami is in the pre-trial phase of the five-year study.

Heading the university's research is Dr. Gillian Hotz, research professor of neurological surgery and director of the concussion program at University of Miami Health System Sports Medicine.

When the university announced the study, Hotz acknowledged the previous work her team had done to develop concussion protocols and better educate high school, collegiate and professional athletes.

"One thing has eluded us—a clinically proven medication to treat concussion," she said. "Whether or not this study leads to a pill that could treat concussion, this type of research will pave the way for UM and other researchers to better manage concussion. It's a privilege to help lead this journey." Researchers are currently examining TBI in rodents before testing the compound in the form of a pill on

humans. Clues as to whether the treatment could be the game-changer Gilbert is hoping it is won't come until the third phase, which is expected to take three years.

The University of Miami trial comes as medical professionals have earnestly been scrutinizing new ways to treat concussed patients. The US government has funded studies into hyperbaric oxygen therapy, which uses oxygen to reduce swelling and increase blood flow. At the University of Buffalo, researchers are testing how recently concussed athletes react to light aerobics, which would undermine years of conventional thinking that long periods of rest is best for a concussed brain.

Gilbert welcomes the deluge of research. Given how pervasive concussions have become, he recognizes the need for changes in how concussions are treated—even if it means increased competition. According to the Centers for Disease Control and Prevention, upwards of 3.6 million people suffer a TBI each year. Additionally, an analysis by Blue Cross Blue Shield found that concussions increased by more than 40 percent in the past five years.

Gilbert is hardly alone in advocating for cannabis treatment to tackle America's concussion problem. Harvard psychiatrist Lester Grinspoon in 2014 penned a letter to NFL Commissioner Roger Goodell urging the league to pursue marijuana treatment.

"Already, many doctors and researchers believe that marijuana has incredibly powerful neuroprotective properties, an understanding based on both laboratory and clinical data," Grinspoon wrote. "But unfortunately, the extensive research required to definitively determine cannabis's ability to prevent CTE will require millions of dollars in upfront investment, and despite the great promise many now see in cannabinopathic medicine, it's hard to imagine who else has both the motive and the means to provide such funding."

It appears Gilbert is both motivated and has found the financial backing for such an effort. And while he waits for the study to take shape, he said he'll continue to raise money for his company, and perhaps even find a way to help more people like his son.

<https://www.longislandpress.com/2017/05/02/can-a-cannabis-based-pill-help-treat-concussions/>

Stroke - Why Should You Care?

Stroke is the fifth-leading cause of death in the United States, killing more than 130,000 Americans each year and is a leading cause of adult disability. In fact, every four minutes someone in America dies from the condition, while someone suffers a stroke every 40 seconds. But a new study finds that a third of Americans have suffered a symptom indicative of a warning stroke, but only 3 percent did anything about it.

A stroke may also be known as a cerebrovascular accident (CVA), “brain attack”, hemorrhagic stroke (bleed) and/or ischemic stroke (clot). A “mini-stroke” is known as a transient ischemic attack (TIA). All these titles refer to the basic pathology of when blood flow to an area of brain is cut off. When this happens, brain cells are deprived of oxygen and begin to die. This may sound similar to a heart attack to some of you (myocardial infarction). Sudden bleeding in the brain can also cause a stroke if it damages brain cells. If brain cells die or are damaged because of a stroke, symptoms occur in the parts of the body that these brain cells control.

This survey from the American Heart Association/American Stroke Association found that 33 percent of Americans experienced a symptom indicative of a

warning or “mini stroke,” also known as a “transient ischemic attack,” or TIA. People who suffer a TIA are significantly more likely to experience an actual stroke within 90 days.

The following statistics come from the Center for Disease Control (CDC):

1. Strokes kill more than 130,000 Americans each year—that is 1 out of every 20 deaths.
2. Someone in the United States has a stroke every 40 seconds. Every 4 minutes, someone dies of stroke.
3. Every year, more than 795,000 people in the United States have a stroke. About 610,000 of these are first or new strokes.
4. Stroke is a leading cause of serious long-term disability. Stroke reduces mobility in more than half of stroke survivors age 65 and over.
5. About 87 percent of all strokes are ischemic strokes, in which blood flow to the brain is blocked.

Despite advances in health technology and access to care, you can clearly see that based on the above statistics, strokes are still



Stroke is the fifth leading cause of death in the USA.

a major medical concern and education to the public is still pertinent to ensure those with symptoms or risks seek medical treatment. Who is at risk for stroke? Risk of stroke is much higher in African Americans than Caucasians. African Americans are also more likely to die from a stroke. Stroke risks rise with age but can occur at any age. According to the CDC, in 2009 34% of those hospitalized with a stroke were under 65 years of age. High blood pressure (Hypertension), high cholesterol and smoking remain the top risks for causing a stroke. There are many other risks as well such as family history of stroke, diabetes, and heart disease and brain aneurysms. Risk factors that are in your control to modify include the following: alcohol and illegal drug abuse, obesity, lack of physical exercise, unhealthy diet and stress.

What do you do if you have any of the risks factors listed? Up to 80% of strokes

Ages affected



are preventable. This may be done through monitoring your weight and blood pressure or performing blood work to identify presence of diabetes or high cholesterol. If abnormal sounds are heard in the arteries of your neck, an ultrasound may be ordered. Never start an aspirin regimen without first discussing it with your healthcare provider. The best thing you can do for yourself is to get physically active, work on smoking cessation, modify your alcohol intake, aim for a healthy weight, manage your stress levels and eat a heart healthy diet. Healthy weight loss is slow and steady with long-term habit changes. There are no reliable and long-term successful fad diets out there. A diet higher in fresh fruits, vegetables and lean meats are suggested. Eat less processed foods like chips, cookies, ice cream, hot dogs etc. The external aisles of the grocery store are where most of your fresh foods are. Some may lower stress by being physically active, yoga, or even counseling to name a few.

What are the symptoms of a stroke? Stroke symptoms are typically very sudden in onset and may present as:

1. Sudden confusion, trouble speaking, or understanding
2. Sudden numbness or weakness of face, arm or leg, especially on one side of the body
3. Sudden trouble seeing in one or both eyes
4. Sudden trouble walking, dizziness, loss of balance or coordination
5. Sudden severe headache with no known cause

The most commonly reported symptom in the survey was sudden headache (20 percent),

followed by sudden trouble walking, dizziness, or loss of balance or coordination (14 percent).

“Ignoring any stroke sign could be a deadly mistake,” says Dr. Mitch Elkind, chair of the American Stroke Association. “Only a formal medical diagnosis with brain imaging can determine whether you’re having a TIA or a stroke. If you or someone you know experiences a stroke warning sign that comes on suddenly — whether it goes away or not — call 911 right away to improve chances of an accurate diagnosis, treatment and recovery.”

Symptoms of a TIA typically last several minutes, but can persist for up to 24 hours. Fifty-five percent of the participants in the survey indicated they would call 911 first if they were under the impression that they or someone else was suffering TIA symptoms — yet just 3 percent did.

“Officially, about five million Americans, or 2.3 percent, have had a self-reported, physician-diagnosed TIA, but as this survey suggests, we suspect the true prevalence is higher because many people who experience symptoms consistent with a TIA fail to report it,” adds Elkind.

Perhaps playing a role in the lack of action is the fact that more than three-quarters of respondents (77 percent) hadn’t heard of TIA before.

When it comes to symptoms, officials suggest remembering the “FAST” acronym as a reminder of what to look for and what to do. FAST is an easy way to remember and identify the most common symptoms of a

stroke.

F: FACE: Ask the person to smile. Does one side of the face droop?

A: ARMS: Ask the person to raise both arms. Does one arm drift downward?

S: SPEECH: Ask the person to repeat a simple phrase. Is their speech slurred or strange?

T: TIME: If you observe any of these signs, call 9-1-1 immediately.

Note the time of onset of the first symptom. This information is important and can affect treatment decisions.

The public has become more educated in understanding that time is valuable in treating a heart attack. The same applies to a stroke. We have a saying in the healthcare field and that is, “time is tissue.” Brain death can occur within minutes from lack of blood flow or oxygen. Treatment of the stroke depends on the cause and other medical conditions you have. I recommend you keep an updated list of your medications in your wallet and perhaps a close family member or friend’s as well. This will help determine if you are a candidate for certain stroke treatments. In the event of a stroke, you will be in the hospital to stabilize your condition and often rehab directly afterwards to help you work through any deficits that have been caused by the stroke.

Sources

<https://www.studyfinds.org/warning-stroke-symptoms-911/>

CDC www.cdc.gov

National Stroke Association www.stroke.org

Vehicle Donations



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>

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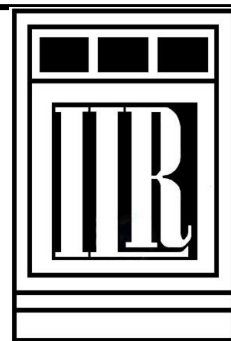
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By Cheryl Green and Cynthia Lopez

www.WhoAmIToStopIt.com
www.NewDay.com/film/who-am-i-stop-it



OCA

Oregon Chiropractic Association

Jan Ferrante

Executive Director

Office (503) 256-1601 <http://oregonchiroassoc.com>

"Clinical trial of the Portable Neuromodulation Stimulator (PoNS) device for people who have problems with balance or walking that resulted from mild or moderate traumatic brain injury (TBI)"

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Physiatrist
Medical Director



Jan Johnson, MS, CCC-SLP
Clinical Coordinator
Case Management
Speech Pathologist



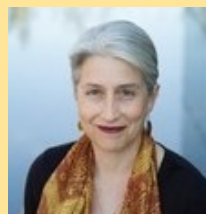
Marty Johnson, MA
Vocational Counselor



Steve Pethick, Ph.D.
Clinical Psychologist



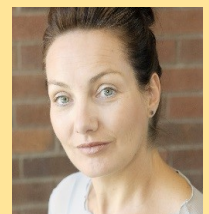
Marian Petrash
MS, CCC-SLP
Speech Pathologist



Laurie Ehhardt Powell
Ph.D., CCC-SLP
Speech Pathologist



Sarah Knudsen
MS, FS-SLP
Speech Pathologist



Catrin Rode, Ph.D.
Resident Psychologist

Community Rehabilitation Services of Oregon
911 Country Club Rd., 390 Eugene OR 97401

Phone 541-342-1980 Fax 541-342-6207
communityrehab.org



authorized for limited rehabilitation services by his insurance payor.

As a resident, Andrew was fortunate to begin therapy with the Advantage Rehab Solutions team. The rehab team felt he had more potential and needed further intervention to give him a chance to recover at least some functional independence.

With permission from his physician, the rehab team put in several hours of their own time to work with this very motivated and fun-loving individual. The team's hope was that Andrew would be as independent as possible and one day, leave skilled nursing care. His goal was to go back to independent living and be with his two young children again.

"I want to walk in the sun."

By the 1st anniversary of his accident, Andrew was able to transfer and walk in the parallel bars independently. Despite the traumatic injuries to his upper and lower body, he was able to propel a wheelchair independently.

The Advantage Rehab Solutions team were able to set new mobility goals by utilizing the Second Step Gait Harness System II (GHSII) to improve Andrew's gait pattern and quality.

Andrew can now use the GHSII to walk in the

(Walk Again Continued on page 17)

Since 1989, Second Step (www.secondstepinc.com) has had a passion and mission to help people walk again with the results oriented, clinically proven Gait Harness System II® (GHSII).

Many severely injured individuals who are using the GHSII are now beginning to stand and walk again for the first time in months, years, or even decades after their illness or injury. Imagine, after years of being confined to bed or wheelchair, being able to stand and walk again.

For decades, the Second Step GHSII has been the durable standard of excellence in rehab standing and walking frame equipment. The System has been used worldwide in a broad spectrum of out-patient, in-patient and home enriched environments. The GHSII may be used indoors and outdoors, when and where you want.

We are thankful, and fulfilled, when practitioners, caregivers and users share firsthand stories of how using the GHSII has helped change their lives, bringing needed relief to all.

Below, read Andrew's story of walking recovery post TBI, shared by the Director of Nursing at his facility. We hope you are inspired and motivated

by Andrew's powerful story. Walking again is life changing.

Dedicated rehab center team helps young father overcome adversity and return home

Andrew A. was 26 years old when the motorcycle he was driving was struck by a car on the freeway. The result was a traumatic brain injury that left him in a deep coma in addition to multiple site fractures to his upper and lower body.

He was fed by a gastrointestinal tube, required a cervical collar for several months, and lost his ability to speak. Due to the extent of his injuries, Andrew was not a candidate for Acute Rehab at the time.

He was transferred to a skilled nursing facility (Lifeshouse San Jose Healthcare Center) where he was to be under custodial care, receiving total care 24 hours a day. At the rehab center, he was



community on a daily basis with supervision. He recalls his biggest rehab accomplishment as "being able to walk using the gait trainer independently in the sun." He worked over a year to meet that goal!



"I wasn't supposed to walk again. Look at me now!"

When asked about his experience working with the Advantage team, Andrew says, "They pushed me to be better, they made me want to be independent again".

According to Andrew, using the Second Step GHSII "Made me feel free to move, I felt more positive and confident. I love walking again; I wasn't supposed to walk again!"

We are so proud of Andrew's success and look forward seeing pictures of him home with his family soon.

Andrew's story of recovery shared by Connie Doan, Director of Rehab, Advantage Rehab Solutions



Life After Brain Injury - An Update

Traumatic Brain Injury changed my life and sparked my counseling career. At 16, after a near-fatal accident that erased all past memories, I started life over again. I had to learn to walk, then reached for one milestone after another – learning to drive again, re-learning how to run, and teaching myself techniques to remember what had taken place the day before and what was planned for the following week. My biggest accomplishment was completing college and then Graduate school. Now, I'm a Licensed Professional Counselor, working with people with brain injury and related symptoms that may include fatigue, memory impairment, depression, chronic pain, job loss, social isolation, or difficulty controlling emotions. My history of brain injury

provides a deep passion for helping other survivors learn to thrive and an empathy for their struggles. Many patients have said that learning about my experience gives them hope.

My practice uses empirically validated techniques for the treatment of TBI and includes;

- Compensatory skills for memory and attention deficit
- Mindfulness techniques for anxiety and depression
- Chronic pain management
- Organizational techniques for managing executive functioning deficits.
- Self-advocacy skills

- Learning healthy coping skills to deal with challenging emotions and difficult situations

I am in the credentialing process with most major insurance companies and am already in network with OHP Open Card. I also offer a sliding scale. If your patients want help realizing their potential after brain injury, please have them contact me at:

kate@clearpathpdx.com

971-334-9899

Kate Robinson, Clear Path Counseling, LLC
2304 E Burnside, suite 6 Portland, OR 97214
www.clearpathpdx.com



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

- CBIS Training (Certified Brain Injury Specialist)
- What Medical Professionals Should Know About Brain Injuries— But Most Don't
- Challenging Behaviors
- TBI & PTSD in the Returning Military
- Vocational Rehabilitation-working with clients
- Methamphetamine and Brain Injury
- ADA Awareness—Cross Disability Training including cognitive interactive simulation
- Judicial and Police: Working with People with Brain Injury
- Traumatic Brain Injury: A Guide for Educators
- Native People and Brain Injury
- Brain Injury 101
- What the Family Needs to Know After a Brain Injury
- Anger Management and TBI
- Aging and TBI
- How Brain Injury Affects Families
- Brain Injury for Medical and Legal Professionals-
- What you need to know
- Caregiver Training
- Domestic Violence and TBI
- Dealing with Behavioral Issues
- Returning to Work After Brain Injury
- And more!

For more information contact Sherry Stock, Executive Director, Brain Injury Alliance of Oregon at sherry@biaoregon.org 800-544-5243

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in conjunction with

The Brain Injury Alliance of Oregon

Annual Camping, Rafting, and Hiking Trip

We invite you to Join us July 28th, 29th, and 30th, 2017. Open to individuals with Brain injuries along with their family and friends throughout Oregon and the Northwest. We will be camping on the Rogue River at Indian Mary Park off I-5, Merlin exit 61.

Friday

After 3:00 Check in and set up - **Campsites are assigned.**

7:00 Dinner: Chef

8:30 Campfire & Games

Chefs Deby & Rodney Return!!

Saturday

8:00-9:00 Breakfast and putting together lunches

9:30 Leave for rafting

2:30-3:00 Approx. back from rafting

2:30-6:00 Free time

4:30-5:30 Chair massages

6:00 Dinner: Chef:

7:30 Games

8:30 pm Campfire and prizes

Sunday

8:00-9:00 Breakfast and putting together lunches

10:00 Checkout of campsites. Leave for hike to Rainy Falls on wild & scenic part of Rogue River

1:00 Approx. return time from Hike and departure

\$25 registration fee up to \$100 per bio family in the same household covers all costs including the cost of the camp site, rafting, lifejackets, food and drink for the weekend. If enough money is raised we will also reimburse up to \$40 for gas per brain injured individual who attends (limit 1 per car). The \$25 is refundable for any individual who raises \$100 for this event. Upon your registration we will email you a donation request letter which you can copy and give to doctors, businesses, friends, family and so forth. If you do not have camping equipment such as tent or sleeping bag please let us know. Registration fee is non refundable or transferable.

Name _____ email _____ Age _____

Address _____ City _____ State _____ Zip _____

Phone Numbers: Home) _____ Cell _____

Any special needs _____

Please list each person's full name and age individually:

Name _____ Email _____ Age _____

Name _____ Email _____ Age _____

Name _____ Email _____ Age _____

Name _____ Email _____ Age _____

Total Cost _____

Preferred payment is Paypal biaoreqoncamp@aol.com please mark personal so we get the full \$25. Email or mail form. If you do not have paypal make checks out to BIAOR (Brain Injury Alliance of Oregon). Mail the bottom of this form along with your check to Southern Oregon Brainstormers P.O. Box 1452, Medford OR 97501

If you have any questions please feel free to contact Lorita Cushman 541-621-9974 after 11am or email Loritabiaoregon@aol.com facebook -Oregon Brain Injury camping rafting, hiking trip

Working to heal troops' mental and TBI wounds. Here's what happened

New York real estate developer Arnold Fisher had a vision that the U.S. military should heal injured troops — even the “invisible wounds” of the brain — before they are discharged.

What became a \$100 million private fundraising drive is now manifesting at Camp Pendleton. On Tuesday, Navy medical officers ceremonially broke ground on the seventh of nine Intrepid Spirit centers nationwide that are meant to address the trauma inflicted on the brain by blast injuries.

“Science as a whole remains in the infancy of its understanding of the potential for recovery after head injury,” said Capt. Lisa Mulligan, commanding officer of the Camp Pendleton naval hospital. “This center will combine the resources of clinical, research and educational specialists to broaden our horizons.”

The \$12.5 million facility, expected to take a year to build, will bring to bear the state-of-the-art in traumatic brain injury care that’s based on seven years of work at the National Intrepid Center of Excellence in Bethesda, Maryland.

The Intrepid Fallen Heroes Fund built that center in 2010 to tackle research and diagnosis of brain injuries and psychological health conditions among returning troops. The same charity, led by the Fisher family, is

building the 25,000-square-foot facility next to Camp Pendleton’s main hospital.

Like the others, it will be donated to the Defense Department upon completion.

More than 356,000 U.S. service members have been diagnosed with some level of brain injury during the Iraq and Afghanistan war era.

Traumatic brain injury, or TBI, occurs when an external mechanical force — like a blast or strong jolt — causes brain dysfunction. Many people who get it also develop post-traumatic stress disorder, or PTSD.

Arnold Fisher said he views it as a duty to address the brain and psychological issues that he sees as tied to the 20-a-day suicide rate among America’s veterans.

“When they come home, and they have mental problems, we need to take care of them immediately,” said Fisher, 84, who spoke at Tuesday’s ceremony and a panel discussion afterward.

“We can’t let them have this malady for which they could shoot themselves, beat up on their families and do things they would never have done before. It’s very important that we catch this and fix this as soon as they return,” he added.

The Intrepid centers boast a “cure” rate as high as 94 percent. Also, they’ve cut opioid

painkiller use by 50 percent among people who start out on these habit-forming prescription medications.

The “cure” rate is really a return-to-duty rate, said Capt. Walter Greenhalgh, director of the national Intrepid center in Bethesda.

It’s hard to compare that to the early years of the post-9/11 wars because the nation, including military medicine and Congress, started paying good attention to brain injuries only a decade ago, Greenhalgh said.

“You talk about signature injuries of the war — obviously they are amputations and burns. But it’s actually the signature mechanism, which is blast, that has created these injuries,” he said. “So it stands to reason that if blast is the mechanism, the effect on the brain and the nervous system — there has to be an association there as well.”

At Camp Pendleton, more than 1,743 patients have been referred to the concussive care unit since 2014. That unit will be transferred to the new Intrepid Spirit center and expanded upon.

Research supports a multi-disciplinary approach to treating brain and psychological afflictions, officials said Tuesday. That means experts located together in one site to address different parts of the injury, in addition to trying things such as yoga, acupuncture and animal therapy.

Even the look and feel of the Intrepid Spirit centers are different, officials said. At military bases full of squared-off buildings, the centers feature softer facades with rounded corners. Inside, the paint and furniture schemes are designed to make people comfortable.

There’s also an intangible benefit derived from the bricks and mortar, Greenhalgh said.

“It’s really been the first major step to bring visibility to the invisible wounds of war,” he said. “To have a monument, essentially, to these injuries I think really has done more than anything to destigmatize what has been an invisible wound.”

(Troops Continued on page 20)



(Troops Continued from page 19)

The first two Intrepid Spirit centers were built at Fort Belvoir, Virginia, and Camp Lejeune, North Carolina.

They were followed by Kentucky's Fort Campbell, Fort Hood in Texas and North Carolina's Fort Bragg. Another is being built at Joint Base Lewis-McChord in Washington state.

The final two are planned for Fort Carson in Colorado and Fort Bliss in El Paso, Texas.

The Fisher family is also behind the Fisher House Foundation, which provides housing for families visiting injured troops, and the Intrepid Sea, Air & Space Museum in New York.

The Fallen Heroes fund also led fundraising for the Center for the Intrepid at San Antonio's Brooke Army Hospital, which focuses on care for Iraq and Afghanistan troops suffering from lost limbs and burns.

Symptoms of traumatic brain injury

Physical

- Headache
- Feeling dizzy
- Being tired

- Trouble sleeping
- Vision problems
- Feeling bothered by noise and light

Mental

- Memory problems
- Trouble staying focused
- Poor judgment and acting without thinking
- Being slowed down
- Trouble putting thoughts into words

Emotional

- Depression
- Anger outbursts and quick to anger
- Anxiety

- Personality changes

These symptoms are part of the normal process of getting better. They are not signs of lasting brain damage and are not a cause for concern. More serious symptoms include severe forms of those listed above, decreased response to standard treatments and seizures.

Source - U.S. Department of Veterans Affairs, National Center for PTSD



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

Building Futures



Gilroy Campus, California



Learning Services Neurobehavioral Institute - West

BIAOR by the Numbers

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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

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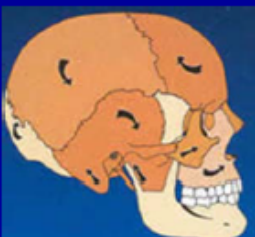
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for the FREE CONSUMER AWARENESS GUIDE
and YouTube videos.**

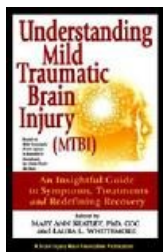
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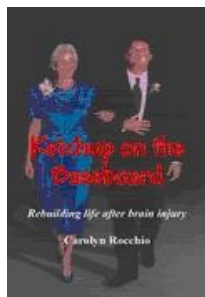
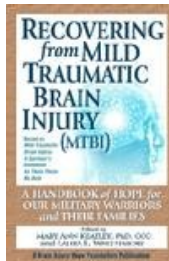


Understanding Mild Traumatic Brain Injury (MTBI): An Insightful Guide to Symptoms, Treatment and Redefining Recovery

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 \$16.00

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. \$18.00

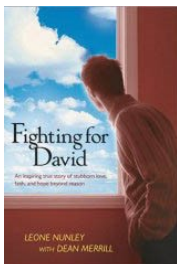
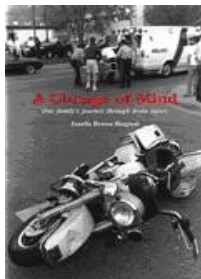


Ketchup on the Baseboard

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. \$20

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

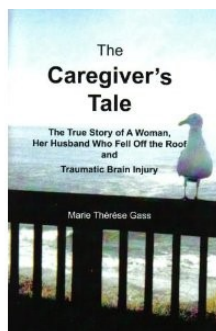


Fighting for David

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. \$15

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. \$15



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City/State/Zip: _____

Phone: _____

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☐ Professional \$100 ☐ Sustaining \$200 ☐ Corporation \$300
☐ Lifetime \$5000

Sponsorship

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(Please print name)

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- ☐ Individual with brain injury ☐ Family Member ☐ Other: _____
☐ Professional. Field: _____

Book Purchase (\$2 per book for mailing):

- ☐ The Caregiver's Tale \$15 ☐ A Change of Mind \$20
☐ Fighting for David \$15 ☐ Ketchup on the Baseboard \$20
☐ Recovering from MTBI \$18 ☐ Understanding MTBI \$16

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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

Spring Sudoku

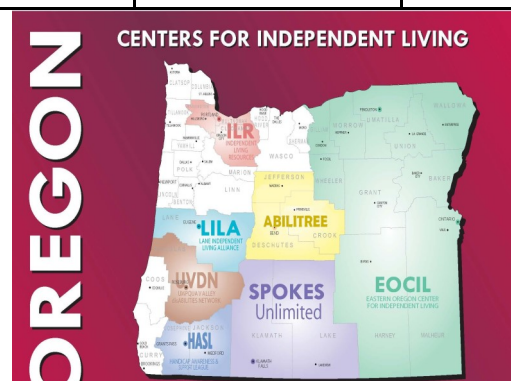
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3	2	6	8	7	1	4	9	5
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5	1	8	4	3	9	2	6	7
2	7	9	6	8	3	1	5	4
8	5	1	7	9	4	6	2	3
6	3	4	2	1	5	7	8	9
7	4	3	9	2	8	5	1	6
1	6	2	3	5	7	9	4	8
9	8	5	1	4	6	3	7	2

Oregon Centers for Independent Living

Contact List

CIL	LOCATION	COUNTIES SERVED
ABILITREE IL Director: Greg Sublette	2680 NE Twin Knolls Dr Bend, OR 97702 1-541-388-8103	Crook, Deschutes, Jefferson
EOCIL (Eastern Oregon Center for Independent Living) Director: Kirt Toombs	322 SW 3 rd 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
HASL (Independent Abilities Center) Director: Randy Samuelson	305 NE "E" St. Grants Pass, OR 97526 (541) 479-4275	Josephine, Jackson, Curry, Coos , Douglas
LILA (Lane Independent Living Alliance) Director: Sheila Thomas	20 E 13th Ave Eugene, OR 97401 (541) 607-7020	Lane, Marion, Polk, Yamhill, Linn, Benton, Lincoln
ILR (Independent Living Resources) Director: Barry Fox-Quamme	1839 NE Couch Street Portland, OR 97232 (503) 232-7411	Clackamas, Multnomah, Washington
SPOKES UNLIMITED 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
UVDN (Umpqua Valley disAbilities Network) Director:	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
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

LEARNet

Provides educators and families with invaluable information designed to improve the educational outcomes for Individuals with brain injury.
www.projectlearn.net.org/index.html

Parent Training and Information

A statewide parent training and information center serving parents of children with disabilities.

1-888-988-FACT

Email: 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_pageall.html

FREE Brain Games to Sharpen Your Memory and Mind

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

<http://brainist.com/>

Home-Based Cognitive Stimulation Program

[http://main.uab.edu/tbi/show.asp?](http://main.uab.edu/tbi/show.asp?durki=49377&site=2988&return=9505)

[durki=49377&site=2988&return=9505](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

Brain Training Games from the Brain Center of America

www.braincenteramerica.com/exercises_am.php

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



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

Addiction Inpatient help:

Hazelden Betty Ford Foundation, [1901 Esther St, Newberg, OR 97132](http://1901EstherSt.Newberg.OR.97132) (503) 554-4300

www.hazeldenbettyford.org

Serenity Lane, [10920 SW Barbur Blvd Ste 201, Portland, OR 97219](http://10920SWBarburBlvdSte201.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://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

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

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@ltco.state.or.us, 1-800-522-2602 Cell-503-983-5985 Mult County: 503-318-2708

Oregon Public Guardian Ombudsman - Travis Wall, 503-378-6848 844-656-6774

Oregon Health Authority Ombudsman - Ellen Pinney
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

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

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

Oregon Health Connect: 855-999-3210

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

Project Access Now 503-413-5746 Projectaccessnnow.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.iCaduceus.com: The Clinician's Alternative, web-based alternative medical resource.

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/ - 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 stresses 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

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.

Astoria

Astoria Support Group
on hiatus

Kendra Ward 209-791-3092 pnwhigroup@gmail.com

Beaverton

Because My Dani Loved Me

Brain Injury Survivors, Stroke Victims and their Care Givers

2nd & 4th Saturday 10:00 am - 11:00 pm

Elsie Stuhr, Willow 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

Brain Injury Support Groups

Coos Bay (1)

Traumatic Brain Injury (TBI) Support Group

2nd Saturday 3:00pm – 5:00pm

Kaffe 101, 171 South Broadway

Coos Bay, OR 97420 tbicbsupport@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) 998-3951 BCCBrown@gmail.com

Hillsboro

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

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

Functional Neurology Support Group

3rd Wednesday 7-8:30 pm

Market of Choice, 5639 Hood St, West Linn

Lebanon

BRAIN INJURY SUPPORT GROUP OF LEBANON

on hiatus

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

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 (20)

Brain Injury Help Center Without Walls

"Living the Creative Life" Women's Coffee

Tuesdays: 10-12

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 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

Please Pre-Register

FAMILY SUPPORT GROUP

3rd Saturday 1:00 pm-2:00 pm
Self-help and support group
Currently combined with PARENTS OF CHILDREN WITH BRAIN INJURY Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 503-752-6065 murraypamurray@aol.com

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
Sponsored by OHSU Sports Medicine and Rehabilitation

PARENTS OF CHILDREN WITH BRAIN INJURY

3rd Saturday 12:30 - 2:30 pm
self-help support group.
12:30-1 pm Currently combined with THRIVE SUPPORT GROUP for Pizza then joins FAMILY SUPPORT GROUP
Emanuel Hospital, Rm 1035
2801 N Gantenbein, Portland, 97227
Pat Murray 503-752-6065 murraypamurray@aol.com

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

MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP

3rd Saturday 12:30 - 2:30 pm
Brain Injury Survivor support group ages 15-25
Emanuel Hospital, MOB West
Medical Office building West
Directly across from parking lot 2
501 N Graham, Portland, 97227
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

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

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

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

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)
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
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)
Michelle White (509-534-9380; 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 (mellisagray.mhc@live.com)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Michelle White (509-534-9380; 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)

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)
Toby Brown (509-868-5388)

Spokane County Disability/BI Advocacy Group

511 N. Argonne, Spokane WA
Craig Sicilia (509-218-7982; 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
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; kathsmith@sarmc.org)
Greg Meyer (208-489-4963; 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;
clayjoannep@cableone.net)

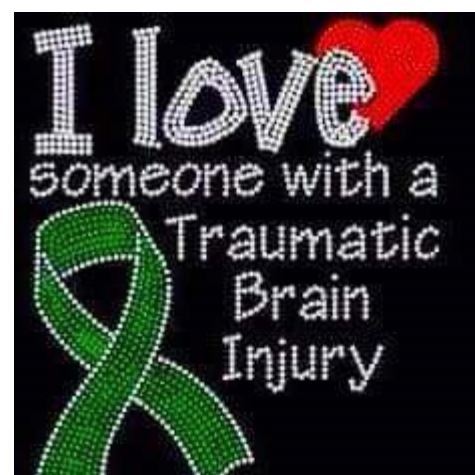
Twin Falls TBI Support Group

3rd Tuesday 6:30-8 p.m.
St. Lukes' Idaho Elks Rehab Hosp, Twin Falls, ID
Keran Juker (kerani@mvmc.org; 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)
Craig Sicilia (509-218-7982; craig@tbiwa.org)
Ron Grigsby (208-659-5459)





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

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Maritime Accidents	Bicycle Accidents
Construction Accidents	Motorcycle Accidents
Trucking Accidents	Sexual Harassment/Abuse
Medical Malpractice	Aviation Accidents
Wrongful Death	Legal Malpractice

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

Mailing Address:	Sherry Stock, MS CBIST
PO Box 549	Executive Director 800-544-5243
Molalla, OR 97038	
Toll free: 800-544-5243	Resource Facilitator—Becki Sparre 503-961-5675
Fax: 503-961-8730	Rachel Moore, CBIS Director Eastern Oregon 541-429-2411
biaor@biaoregon.org	
www.biaoregon.org	Brain Injury Help Center Without Walls- Pat Murray braininjuryhelporg@yahoo.com

Meeting by Appointment only Call 800-544-5243

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OREGONCAREPARTNERS
Creating a Culture of Quality Care

OREGON CARE PARTNERS REFUNDED THRU JUNE 30, 2019

Thanks to the outpouring of support among family and professional caregivers statewide, the Oregon Legislature has refunded Oregon Care Partners through June 2019. This means we will continue to provide FREE high-quality training across the state for Oregonians looking to improve their knowledge and skills as caregivers, and enhance the quality of care they are providing others.

Our schedule of free in-person trainings will be coming soon. In the meantime, don't miss this opportunity to take one of our 60+online classes, which address many topics concerning the care of older adults including challenging behaviors, Alzheimer's and dementia care, and safe medication management. Online classes are available to anyone who lives and works in Oregon. Not sure which class to take first? Try one of our most popular classes listed below. All trainings are self-paced and most take only an hour to complete. And thanks to funding from the state, all classes are free; CEUs are offered for qualified professionals.

Complete List of Online Classes:

https://oregoncarepartners.com/filter/?_sft_class_type=online

Nancy Irey Holmes, Psy.D, CBIS

Psychologist, Certified Brain Injury Specialist

4531 SE Belmont
Suite 203
Portland OR 97215
503-235-2466

2775 SW 17th Pl
Health Point Bldg, Suite 4
Redmond, OR 97756
541-330-4428

nancyholmespsyd.com

Traumatic Brain Injury
Chronic Pain Management
Biofeedback
Trauma
Anxiety
EMDR

FAX: 503-841-5816