Injury to the adult brain is all too common. A brain injury will often show up on brain scans as a well-defined area of damage. But often the changes to the brain extend far beyond the visible injury.

Changes in the brain also continue to evolve for many months after injury. Part of this is simply the clearing away of debris by a normal healing process (for example, the clearance of bruising in the brain after a concussion). And there are things we can do to aid our brain's recovery.

The two most common causes of brain injury are TBI and stroke. Stroke can be caused both by bleeding into the brain and by a lack of blood supply when an artery becomes blocked. A significant proportion of all strokes occur in young adults and, unlike other types of stroke, the incidence of stroke in young adults is not falling. A traumatic brain injury occurs when an external force damages the brain.

Concussions, a form of mild traumatic brain injury, are receiving increased scrutiny from sporting codes, doctors, and researchers as their possible long-term impacts come to light. Concussions result from force or impact to the skull or body, causing damage as the brain is compressed or stretched within the skull.

Other injuries to the brain may also be caused by toxins, such as drugs and alcohol, tumors, infections by viruses or bacteria that lead to inflammation and injury, and degenerative brain disorders including Alzheimer's, Parkinson's and Huntington's diseases.

Restoring the brain
One very important research question is whether longer term changes that occur after brain injury are helping to restore function after damage, or are harming prospects for recovery. Can we influence the wide-ranging changes that occur in the months after injury to improve recovery?

There are many possible changes that could occur in the brain that might help to improve recovery. These adaptations can apply to a range of problems that occur after injury, such as difficulty with speech or language after stroke, or poor memory, poor concentration or poor balance after concussion.

Restoration can include the creation of replacement nerve fibers or nerve cells (regeneration) but also other types of adaptation that restore function after injury.

One example of changes in the brain that might help restore function is change in the structure of the white matter, or wiring of the brain. Previous research has found that in people with a memory system that had deteriorated (people with a disorder called mild cognitive impairment), alternative connections can pick up the load and help to compensate for damage.

We don't yet know whether the white matter fibers actually change after the injury, or whether they always had this reserve capacity. But we do know white matter pathways change in response to learning new skills, such as juggling or memory training.

So it seems possible that as people re-learn a skill after injury, such as walking, talking or even mental arithmetic, the relevant white matter connections (Continued on page 7)
I would like to take this opportunity to thank everyone who attended The 2018 Pacific Northwest Medical Legal Brain Injury Conference. Each year, we learn more about working with individuals with brain injury at the conference and how to help them after their BI.

What are the changes to some after a brain injury? Things like kindness, warmth, hostility and selfishness. Deeper than this, however, is how we react to the world around us, respond socially, our moral reasoning, and ability to manage emotions and behaviors. Many people after a brain injury find that they have changed.

This is nothing new. Some examples of that in history, where the individual has prefrontal cortex damage are:

The curious case of Phineas Gage, 25, in 1848. He became aggressive, emotionally unstable, impulsive and possessive. In 1874, upon discovering his wife’s infidelity, he shot and killed the man involved. His attorney pled insanity, due to the extent of the personality changes following the accident; “he seemed like a different man”.

Difficulties with emotion management like this are not only distressing, but are predictive of lower psychological adjustment, negative social changes and greater caregiver distress. Many brain injury survivors also suffer with depression, anxiety and social isolation, while struggling to adjust to post-injury life. Damage to the prefrontal cortex can change who we are, and though people have become unrecognizable from it in the past, new strategies will make a big difference to their lives. It may be too late for Gage, Muybridge and others, but brain injury survivors of the future will have the help they need to go back to living their lives as they did before because BIAOR, their families and researchers are not giving up. This is why we have the conference and other trainings. Plan to attend the 2019 conference March 7, 8, 9 to learn more ways to help those living with a brain injury and their families.

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

Sherry Stock, ABD/PhD, MS, CBIST
BIAOR Executive Director

---

**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)

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>9</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

---

**Policy**

The material in this newsletter is provided for education and information purposes only. The Brain Injury Alliance of Oregon does not support, endorse or recommend any method, treatment, facility, product or firm mentioned in this newsletter. Always seek medical, legal or other professional advice as appropriate. We invite contributions and comments regarding brain injury matters and articles included in The Headliner.
When looking for a professional, look for someone who knows and understands brain injuries. The following are supporting professional members of BIAOR.

Names in Bold are BIAOR Board members

Attorneys

**Oregon**

† Paulison Coletti, John Coletti, Jane Paulison
Portland, 503.226.6361 www.paulisoncoletti.com
† Tom D’Amore, D’Amore & Associates, Portland 503-222-6333 www.damorelaw.com
† Dr. Aaron DeShaw, Portland 503-227-1233 www.deshawlaw.com
† Bill Gaylord, Gaylord Eyerman Bradley,PC, Portland 503-222-3526 www.gaylordeyerman.com

**Beaverton**

† Melissa Bobadilla, Bobadilla Law, Beaverton 503-496-7500 PI Immigration
John Uffelman, Beaverton, OR (503) 644-2146 PI, MediMal, Catastrophic Injury, Auto Accidents, Criminal Defense, Civil and Commercial Litigation, Insurance Disputes

**Bend**

† Dwyer Williams Potter Attorney’s LLC, Bend, 541-617-0555 www.RoyDwyer.com

**Eugene**

† Derek Johnson, Johnson, Clifton, Larson & Schaller, P.C., Eugene 541-484-2434
Don Corson, Corson & Johnson Law Firm, Eugene, 541-484-2525
Charles Duncan, Eugene, 800-347-4269
Tina Stupasky, Jensen, Elmore & Stupasky, PC, Eugene, 541-342-1141

**Portland Area**

Patrick Angel, Angel Law, P.C, Portland (503) 953-8224 PI
William Berkshire, Portland 503-233-6507 PI
Jeffrey Bowersox, Lake Oswego, 503-452-6585 PI
Lori Deveny, Portland 503-225-0440
Jery Dobbie, Dobble & Associates, Portland, 503-226-2300
Wm. Keith Dozier, Portland 503-594-0333
Sean DuBois, DuBois, Law Group, Portland, 503-222-4411
† Brendan Dummigan, Pickett Dummigan, Portland 503-223-7770 www.pickettdummigan.com
Peggy Foraker, Portland 503-232-3753
Sam Friedenberg, Nay & Friedenberg, Portland 503-245-0894 Guardianship/Conservatorship
Timothy Grabe, Portland, 503-223-0022
Sharon Maynard, Constance S Snyder Law Firm Wilsonville 503 682-8669 , Trusts

**Astoria**

Joe DiBartolomeo, DiBartolomeo Law Office, PC, Astoria, 503-325-8600

**Washington**

Bremerton

Kenneth Friedman, Friedman Rubin, Bremerton, 360-782-4300
Seattle

† Richard Adler, Adler Giersch, Seattle, WA 206.682.0300
Kevin Coluccio, Coluccio Law, Seattle, WA 206-826-8200 www.coluccio-law.com

Care Facilities/TBI Housing/Day Programs (subacute, community based, inpatient, outpatient, nursing care, supervised-living, behavior, coma management, evaluation services, hearing impairment, visual impairment, counseling, pediatric)
Sherry Acea, Fourth Dimension Corp, Bend 541-647-7016
Advocate Care, LLC, Leah Lichens, Medford, 541-857-0700 RCF 18-65
Carol Altman, Homeward Bound, Hillsboro 503-640-0818
Eric Asa, The Positive Difference ACH, LLC, Gresham, 503-674-5149
Hazel Barnhart, Psalm 91 Home Care, Beaverton, 971-227-4773 or 503-747-0146 TBI 35 and over
Fataumata (Tata) Blakely, Heart of Living Home Care, Salem OR 503-454-8173 (c) 971-701-6979
Pamela Cartwright, Cedars Adult Foster Care, Astoria, 503-325-4431
£ Casa Collinsa Centers for Rehabilitation, Pomonca, CA, 800-926-5462
Damaris Daboub, Clackamas Assisted Living, Clackamas 503-698-6711
Donna Walsh, Delta Foundation/Snohomish Chalet, Snohomish, WA 360-568-2168
Care N Love AFH LLC, Corrie Lalangan, Vancouver WA 360-796-4175
James Martin, DC, DACS, CCN Martin Chiropractic, Yakima WA 509-248-6484
Bradley Pfeiffer, Bend 541-383-4585
George Siegfried, McMinnville 503-472-6550

Cognitive Rehabilitation Centers/ Rehab Therapists/Specialists

Brainstorm Rehabilitation, LLC, Bethany Davis, Ellensberg, WA 509-833-1983
Cognitive Enhancement Center, Inc. Brad Lof liths Portland 503-760-0425 (OH/P-Day Program)
The Hello Foundation and Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555 www.thehelofoundation.com
Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762
† Progressive Rehabilitation Associates—BIRC, Portland, 503-282-0765
Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777 (BI & SCI)
Neurologic Rehabilitation Institute at Brookhaven Hospital, Tulsa, Oklahoma 988.298.8030 (4673)

**Kampke Management Services**, Pam Griffith, Portland, 503-788-3266 Apt
Terri Korbe, LPN, High Rocks Specialty Care, Clackamas 503-723-5043
Learning Services, Northern CA & CO, 888-419-9955
† Mentor Network, Yvette Doan, Portland 503-290-1974
Joana Olanu, Alpine House, Beaverton, 503-646-9068
Premila Prasad, Portland 503-245-1605
Quality Living Inc (QLI), Kristin Custer, Nebraska, 402-573-3777 (BI & SCI)
† Sapphire at Ridgeview Assisted Living Facility, Medford, 541-779-2208
WestWind Enhanced Care, Leah Lichens, Medford, 541-857-0700
Melissa Taber, Oregon DHS, 503-947-5169
Polly Smith, Polly’s County AFH, Vancouver, 360-601-3439 Day Program and home
Uhlhorn Program, Eugene, 541 345-4244 Supported Apt
† Windsor Place, Inc., Susan Hunter, Salem, 503-581-0393 Supported Apt

Chiropractic

Judit Boothby, DC, Third Way Chiropractic, Portland 503-233-0943
Gretchen Bylss, DC, Portland, 503-222-0551
Eric Hubbs, DC, 180 Chiropractic, Beaverton 503-646-2278
Thomas Kelly, DC, Kelly Chiropractic, Vancouver WA 360-882-0767
Russell Kort, DC, Kort Chiropractic & Concussion Care, Sherwood, 503-625-6678
Michael T. Logidice, DC, Linn City Chiropractic, West Linn 503-908-0122
Garrett MacDonald, DC, Eugene, 541-343-4343
D.Stephen Maglente, DMX Vancouver, Vancouver WA 360-796-4175
James Martin, DC, DACS, CCN Martin Chiropractic, Yakima WA 509-248-6484
Bradley Pfeiffer, Bend 541-383-4585
George Siegfried, McMinnville 503-472-6550

**Is Living Integrated Supports for Living, Chrislyn Prantl, Herminia D Hunter,** Greenwood AFC, Inc, Greg & Felipa Rillera, Portland

† Danville Services of Oregon, LLC,, Michael Oliver, Portland (800) 280-6935
María Emry Dulva, Portland 503-781-1170
† Gateway/Mckenzie Living, Springfield Mark Kinkade, 541-744-9817, 866-825-9079 RCF
Greenwood AFC, Inc, Greg & Felipa Rillera, Portland 503-267-6262
John Grimm, AFH Philomath 541-929-7681
Herminia D Hunter, Trinity Blessed Homecare, Milwaukie, 503-653-5814, Dem/Alz 70 and over
IS Living Integrated Supports for Living, Chrislyn Prantl, Salem, 503-586-2300

To become a professional member of BIAOR see page 22 or contact BIAOR, biaor@biaorgen.org.
Looking for an Expert? See our Professional Members here

Marie Eckert, RN/CRRN, Legacy HealthCare, Rehabilitation Institute of Oregon (RIO) Admissions, Portland, 503-413-7301
† Rehab Without Walls, Mountlake Terrace, WA 425-672-9219 Julie Allen 503-250-0685

Counseling
Heidi Dirks-Graw, Dirks Counseling & Consulting Inc. Beaverot, OR 503-672-9858
Sharon Evers, Face in the Mirror Counseling, Art Therapy, Lake Oswego 503-201-0337
Donald W. Ford, MA, LMFT, LPC, Portland, 503-297-2413
Jerry Ryan, MS, CRC, Oregon City, 503-348-6177
Elizabeth VanWormer, LCSW, Portland, 503-297-3803
Kate Robinson, MA, LPC, CADC1, Clear Path Counseling, LLC, 971-334-9899

Educators
Gianna Ark, Linn Benton Lincoln Education Service District, Albany, 541-812-2746
Andrea Batchelor, Linn Benton Lincoln Education Service District, Albany, 541-812-2715
Heidi Island, Psychology, Pacific University, Forest Grove, 503-352-1538
± McKay Moore-Sohilberg, University of Oregon, Eugene 541-346-2586

Expert Testimony
Janet Mott, PhD, CRC, CCM, CLCP, Life Care Planner, Loss of Earning Capacity/Evaluator, 425-778-7707

Financial Planning
† Coldstream Wealth Management, Roger Reynolds roger@coldstream.com 425-283-1600

 Functional Neurologist
Jacob Plasker, DC, FACFN Plasker Chiropractic and Functional Neurology 458-206-3461
Stefan Herold, DC, DACNB, Tiferet Chiropractic Neurology, Portland 503-445-7767
Glen Zielinski, DC, DACNB, FACFN, Northwest Functional Neurology, Lake Oswego, 503-850-4526

Holistic Practitioners/Therapy Programs
Kendra Bratherton, COTA/L, PIB, Reiki Master, Merkaba Center for Healing, Tensegrity Medicine/Bowenwork Energy Medicine, Astoria, 209-791-3092 merkaba@gmail.com
Claire Darling, LMT Therapeutic Massage-Bowenwork claire.darling@comcast.net 503-747-4696

Life Care Planners/Case Manager/Social Workers
Rebecca Bellenve, Rebecca Bellenve, RN, Inc, Gig Harbor WA 253-649-0314
Vince Morrison, MSW, PC, Astoria, 503-325-8438
Michelle Nelson, Medical Vocational Planning, LLC, West Linn, 503-650-9327
Dana Penilton, Dana Penilton Consulting Inc, Portland 503-246-6232 danapen@comcast.net www.danapenilton.com/
Thomas Weiford, Weiford Case Management & Consultation, Voc Rehab Planning, Portland 503-245-5494

Legal Assistance/Advocacy/Non-Profit
× Deborah Crawley, ED, Brain Injury Association of Washington, 253-238-6085 or 877-824-1766
£ Disability Rights Oregon, Portland, 503-243-2081

£ Eastern Oregon Center for Independent Living (EOCL), Ontario 1-866-248-8369; Pendleton 1-877-771-1037; The Dalles 1-855-516-6273
£ Independent Living Resources (ILR), Portland, 503-232-7411
£ Jackson County Mental Health, Heather Thompson, Medford, (541) 774-8209
£ Oregon Chiropractic Association, Jan Ferrante, Executive Director, 503-256-1601
£ Kayt Zundel, MA, ThinkFirst Oregon, (503) 494-7801

Long Term TBI Rehab/Day Program’s Support
Programs
Carol Altman, Bridges to Independence Day Program, Portland/Hillsboro, 503-640-0818
Marydee Sklar, Executive Functioning Success, Portland, 503-473-7762

Medical Professionals
David Hackett, OD, MS, FCODV, Lifetime Eye Care, Eugene, 541-342-3100
Alaina Randerson, Neurological Rehabilitation Coordinator, Northwest Functional Neurology, Lake Oswego, 503-850-4526
Douglas S. Wingate, MACOM, L.Ac. Acupuncture, Chinese medicine, 4410 NE Glisan, Portland, OR 410 NE 3rd St., McMinnville 503-250-0660
Bruce Wojciechowski, OD, Clackamas, Neuro- optometrist, Northwest EyeCare Professionals, 15259 SE 82nd Dr #101, Clackamas, OR 97015, 503-657-0321; 1401 SE 164th Ave #100, Vancouver, WA 98683, 360-546-2046; 10970 SW Barnes Rd, Beaverton, OR 97225, 503-214-1396

Neurologic Music Therapy
Matthew Senn, MT-BC, NMT, CEO, NeuroNotes, mssenn@neurontesttherapy.com 971-253-9113

Physicians
Brian Andrews, MD, Rehabilitation Medicine Associates of Eugene-Springfield, 541-683-2442
Diana Barron, MD, Barron-Siboney Family Medicine, Brownsville, OR (541) 451-6830
Jerald Block, MD, Psychiatrist, 503-241-4882
James Chesnutt, MD, OHSU, Portland 503-494-4000
Paul Conti, MD, Psychiatrist, Beaverton, 503-644-7300
Danielle L. Erb, M.D., Brain Rehabilitation Medicine, LLC, Portland 503 296-0918
M. Sean Green, MD, Neurology, Lake Oswego 503-635-6104
± Steve Janelewitz, MD, Pediatric Physiatrist, Pediatric Development & Rehabilitation-Emmanuel Children’s Hospital, Portland Nurse: 503-413-4418 Dept:503-413-4655
Michael Koester, MD, Slocum Center, Eugene,541-359-5936
Andrew Mendenhall, MD, Family Medicine, Addiction & Pain, Beaverton 503-644-7300
Oregon Rehabilitation Medicine Associates, Portland Legacy 503-413-6294
Oregon Rehabilitation Medicine, P.C., Portland, Providence 503-215-8699
Kevin Smith, MD, Psychiatrist, OHSU, 503-494-8617
Francisco Soldevilla, MD, Neurosurgeon, Northwest Neurosurgical Associates, Tualatin, 503-885-8845
David Wilkin, MD, Internal Medicine, Sacred Heart Hospital, Eugene, 541-222-6389

Psychologists / Neuropsychologists
James E. Bryan, PhD, Portland 503.284.6558
Patricia Camplair, PhD, Portland 503-827-5135
Amea Gerrard-Morris, PhD, Pediatrics, Portland, 503-413-4506
Elaine Greif, PhD, Portland 503-260-7275

Nancy Holmes, PsyD, CBIS, Portland 503-235-2466
Sharon M Labs PhD, Portland 503-224-3393
 Ruth Leibowitz, PhD, Salem Rehab, 503-814-1203
Michael Leland, Psy.D, CRC, Director, NW Occupational Medicine Center, Inc., Portland, 503-684-7246
Susan Rosenzweig, PsyD, Center for Psychology & Health, 503-206-8337

Speech and Language/Occupational Therapist
Channa Beckman, Harbor Speech Pathology, WA 253-549-7780
† The Hello Clinic, Sharon Soliday, SLP/OT, Portland, 503-517-8555
www.thehellocfoundation.com
John E. Holing, GliE 541-440-8686
† Jan Johnson, Community Rehab Services of Oregon, Inc, Eugene, 541-342-1980
Sandi Knapp, SLP, David Douglas School District, Sandy 503-256-6500
Carol Mathews-Ayers, First Call Home Health, Salem
Anne Parrott, Legacy Emanuel Hospital Warren 503-397-8431

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

Technology/Assistive Devices
RJ Mobility Services, Independence, 503-838-5520
Second Step, David Dubats, Eugene, 877-299-STEP
Rockinoggins - Helmet Covers Elissa Skerbinc Heller www.rockinoggins.com

Trauma Nurses Talk Tough
Angela Aponte-Reid, Prevention RN, Trauma Nurses Talk Tough, Legacy Health System, Emanuel Medical Center, Portland 503-413-2340

Veterans Support
Mary Kelly, Transition Assistance Advisor/Idaho National Guard, 208-272-4408
£ Returning Veterans Project,Portland,503-954-2259

Vocational Rehabilitation/Rehabilitation/ Employment / Workers Comp
D’Autremont, Bostwick & Krier, Portland, 503-224-3550
Roger Burt, OVRS, Portland
Arturo De La Cruz, OVRS, Beaverton, 503-277-2500
† Marty Johnson, Community Rehab Services of Oregon, Inc, Eugene, 541-342-1980
 SAIF, Salem, 503-373-8000
State of Oregon, OVRS, Salem, (503) 945-6201
www.oregon.gov/DHS/vr
Kadie Ross, OVRS, Salem, 503-378-3607

Names in bold are BIAOR Board members
† Corporate  ❄ Gold  £ Non-Profit  △ Platinum  € Silver  ± Bronze  ✴ Sustaining
Imagine What Your Gift Can Do.

The most important achievements often start where they are least expected. That’s why BIAOR is the perfect place to give. It allows your money to go where it’s needed most, when it’s needed most. BIAOR provides information about brain injury, resources and services, awareness and prevention education, advocacy, support groups, trainings and conferences and meetings throughout the state for professionals, survivors and family members. Your gift makes a difference at BIAOR.

Please mail to:
BIAOR
PO Box 549
Molalla OR 97038
800-544-5243
Fax 503-961-8730

Type of Payment
Check payable to BIAOR for $
Charge my VISA/MC/AMX/Discover Card $
Card number: 
Exp. date: 
Print Name on Card: 
Signature Approval: 
Zip Code that CC Bill goes to: 

ARE YOU A MEMBER?

The Brain Injury Alliance of Oregon relies on your membership dues and donations to operate our special projects and to assist families and survivors. Many of you who receive this newsletter are not yet members of BIAOR. If you have not yet joined, we urge you to do so. It is important that people with brain injuries, their families and the professionals in the field all work together to develop and keep updated on appropriate services. Professionals: become a member of our Neuro-Resource Referral Service. Dues notices have been sent. Please remember that we cannot do this without your help. Your membership is vitally important when we are talking to our legislators. For further information, please call 1-800-544-5243 or email biaor@biaoregon.org. See page 22 to sign up.
As you have undoubtedly read in other parts of this Newsletter, a modification has been made to Max’s law and Jenna’s law. This is a big deal and the changes represent the culmination of a significant amount of work by a core group of chiropractors and naturopaths who have been pushing for this change for approximately five years.

For those readers who are not familiar with Max’s law and Jenna’s law, they are the laws that govern “return to play” protocols for concussed youth athletes in Oregon. In relevant part, the laws provide that in order for a player who was previously concussed to return to play, either on the practice field or in a game, the player must receive a return to play release signed by a qualified “health care professional.” Up to this point, a qualified “health care professional” has been defined as a “physician (MD), Physician’s Assistant (PA), Doctor of Osteopathic (DO) licensed by the Oregon State Board of Medicine; or a nurse practitioner licensed by the Oregon State Board of Nursing.” (See Oregon Administrative Rules 581-022-0421).

Under the new language applicable to Max’s law and Jenna’s law, a qualified “health care professional” now includes (in addition to the MDs, PAs, DOs and Nurse Practitioners) “a chiropractic physician, a naturopathic physician, a psychologist, a physical therapist, (and) an occupational therapist.”

In order for the newly designated health care professionals to be able to perform the return to play evaluations, that health care professional must have a certificate that is earned by “successfully” completing “an online program that is established by Oregon Health and Sciences University.” This new OHSU certification program (which is currently being developed by Dr. Jim Chesnutt, MD and his team at OHSU) will be designed to establish that the health care professional has a “foundation of knowledge related to the assessment, diagnosis and management of sports related concussions.”

In addition, the OHSU program must inform the health care professionals of the requirements imposed by Max’s law and Jenna’s law and “any other related legal requirements.” The new program also must inform the health care professionals of “limitations of the training provided through the online program.”

OHSU has until October 2018 to “submit to the interim committee of the Legislative Assembly related to health care a report on the progress of the university in establishing the online program.” It is hoped that this timeline will allow the online certification program to be operational in time to allow those newly designated health care providers to become officially certified by July 1, 2020, which date is also enumerated in the new law.

While the OHSU program is nowhere near complete at the time of this writing, the good doctors at OHSU have their work cut out for them. While chiropractors, naturopaths, psychologists, physical therapists and occupational therapists have some training in the diagnosis and treatment of concussions, their concussion training is not comprehensive at the time they are awarded their various licenses to practice. The representatives of these respective professions who have been active in the lobbying and passage of this new law are incredibly qualified practitioners, some holding advanced certificates within their disciplines relating specifically to concussion management. But, to be clear, these highly qualified individuals are not the target of the new training being developed by OHSU. Instead, the challenge of the OHSU training is to take a newly designated health care professional who may only have a minimal understanding of concussion management and within the span of an online training (anticipated to be approximately seven hours in duration, although at this point that is merely speculation), provide that health care provider with the necessary expertise to evaluate whether the previously concussed player has recovered sufficiently to be allowed to return to play, and that is a good thing. As I have said before a thousand times, we’re talking about the cognitive health of our young athletes, and there is very little in this world more important than protecting those kids from the risk of second impact syndrome and future cognitive injury.

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,

© 2018 Nichols & Associates, Portland, Oregon. 4504 S.W. Corbett Avenue, Suite 200, Portland, OR 97239
Whoops, Did I Just Say That? Cognitive Problems After Brain Injury. My Beautifully Broken Brain

One BI survivor said that, "I always start my story with: I went sleep as myself and woke up a total stranger."

She said that she suffered a bleeding stroke and brain aneurysm after some routine dental surgery. The doctors told her family that if she survived she would never be the same. After learning how to walk, talk, chew, swallow, read and write, 3 months of therapy and rehabilitation, kidney failure due to antibiotics she said that the doctors were right about on thing. She would never be the same. “You can't see my broken brain, you only see that I am acting out,” she says.

What is cognition?
Cognition is the act of knowing or thinking. It includes the ability to choose, understand remember and use information.

Cognition includes:
- Attention and concentration
- Processing information and understanding
- Memory
- Communication
- Planning, organizing and assembling
- Reasoning, problem solving, judgement
- controlling impulses and desires to be patient.

"Through my eyes I see a kaleidoscope of bright lights and colors, in a crowd the kaleidoscope spins a word of madness, but you can only see that I am being difficult. I have always been a bit of a smart mouth, my mom used to call me "mouth" always have to have the last word, I pretty much grew up with a bar of soap in my mouth! As I grew up I learned when it was and wasn't appropriate to just blurt things out, how to respectful and how to think things through before I speak or act." she says.

After a TBI it is common for people to have problems with:
- attention, concentration, memory, speech, language, learning, reasoning, planning and problem solving.
- Misunderstanding jokes or sarcasm.
- Having troubles reading others emotions and not responding appropriately to another person's feelings or social situations.
- Inappropriate, embarrassing or impulsive behavior.

A few months after her stroke her sister-in-law and brother came from Spokane to visit. She didn't hear something her sister in law said, and she took her response completely wrong. She felt that she was accusing her of faking her brain injury. Not really being able to think things through she sent her sister-in-law a horrible letter.

“As you can imagine that caused quite an explosion. And not knowing why I misunderstood, none of us knew anything about cognition being affected by my TBI, I felt like a monster.”

Individuals with brain injury may lack self control and self awareness, and as a result they may not behave properly or impulsive (without thinking it through in social situations).

“If only I could open my brain for you to see the brokenness inside of me”

If family and friends understand that a person with a TBI is unable to reason “If I say this or if I do this something bad is going to happen, ” then strategies can be put in place.

Self awareness requires complex thinking skills that are other damaged and weakened from brain injury.

“I have to admit when I researched this information and read this I dropped my notebook. It describes me perfectly. I recently on a bad day of over thinking and feeling sorry for myself I decided to write another letter. I rationalized that they didn't understand me and didn't want to. Writing the letter made perfect sense to me. The things I said in that letter can't be taken back. " she says. “When I open my mouth words like vomit spill out, if only you could see the twisted wires in my brain they make me sound insane. I misunderstood so much. And instead of thinking it all through I blasted them, hurt them and pushed them away.”

There are things family members can do, like thinking ahead about situations that might bring about poor judgment.

- Think ahead about situations that might bring about poor judgment.
- (A family had a code word, in situations like even texting each other and the BI survivor misunderstand, it was “rubber duck” and that was the cue that they were just joking And everything was ok. It really helps in social gatherings where it is bright and loud, like dinner out with family or friends.
- Provide clear expectations for desirable behavior before events.
- Plan and rehearse social interactions so they will be predictable and consistent.
- Establish verbal cues to signal the person to stop and think. A code word would be a great way to send a signal without embarrassing anyone or drawing attention to the problem.
STRANGER THAN ANYTHING IMAGINABLE

Imagine waking up one morning, not you, but somebody different. You would never be seen again... you look like you, but in the blink of an eye, everyone you ever knew discovers you’re not you, and one by one you watch everything disappear, never to be understood again... you just standing there... everything gone.

THAT IS BRAIN INJURY
Sensory and perceptual problems can arise from damage to the right side of the brain or the parietal and occipital lobes of the brain. These areas of the brain process the input from our senses. For example, when eating an apple, our brain will process the following:

- touch (it’s round and smooth)
- sight (it is red)
- sound (it’s crunchy)
- smell (the apple is fresh)
- taste (it’s sweet and ripe).

Brain disorders such as traumatic brain injury (TBI) can disrupt our senses, and also how our perception of what our senses tell us. Our sensory and perceptual systems include:

- auditory (sound)
- visual (color, shape, size, depth and distance)
- tactile (touch relating to pain, pressure and temperature)
- olfactory (smells)
- gustatory (taste).

**Visuo-spatial skills**

While problems can occur with our sensory systems, visuo-spatial problem are often more noticeable. Possible issues include:

- drawing objects
- recognizing objects (agnosia)
- telling left from right
- mathematics (discalculia)
- analyzing and remembering visual information
- manipulating or constructing objects
- awareness of the body in space (e.g. climbing stairs)
- perception of the environment (e.g. following directions).

### Neglect

A well-known problem is neglect where someone ignores one side of all it perceives - usually the left hand side. For example, a person may ignore food on the left side of a plate, or fail to copy aspects of a picture.

#### Case study - Elsie

Elsie was a 52 year old woman who had a stroke three years ago and since then had problems with sideswiping parked cars and posts on the left side of her car. Elsie visited her doctor to have her eyesight checked. She was referred to a neuropsychologist who diagnosed the problem as left-sided neglect. When asked how she managed to drive, Elsie said she stayed in the left lane and would know to steer right when she heard her tires going off the road.

#### Face blindness (prosopagnosia)

Prosopagnosia is a less common example of neglect - the ability to recognize faces is affected, or even lost completely. In extreme cases, there is an inability to distinguish one face from another or read facial expressions (aperceptive prosopagnosia). These people must rely on things like the voice, hairstyle or clothing to identify others.

#### Case Study - Lincoln

After a car accident, Lincoln could not even recognize a photo of himself. If separated from his family in a large crowd he cannot find them again. One of the biggest problems he faces is that others cannot understand his ability to see and recognize objects, but not other faces.

### Managing visuo-spatial problems

As shown with Elsie, neglect may be undiagnosed despite safety issues. A person with neglect may be unaware of their problems, or blame the problem on something else. It is important to identify problems like neglect during rehabilitation and then educate the person to increase their awareness of the impact of the problem in everyday living.

### Retraining skills

is one way to manage visuo-spatial problems until the person regains the required skill as far as possible. Retraining usually involves repetitive and intensive exercises for a specific skill or task e.g. practice at drawing an object while receiving feedback. It tends to be more effective with specific skills.

### Changing the environment or expectations

involves modifying the environment to provide more support, or reduce the demands of a particular skill. For example, support could be fitting a handrail to make climbing stairs at home easier. Reducing the demands of a skill can be as simple as just shifting furniture at home so that walking around the house is easier. The person may also learn to adjust their expectations and educate other people about their difficulties.

### Compensatory strategies

are very important in rehabilitation - they compensate for what a person has trouble doing after a traumatic brain injury or similar brain disorder. For example, Elise may be taught to turn her head or body to scan the environment properly due to her neglect of things on her left side.

A range of specialized equipment is available to fit into a person’s home or assist with community access.

External prompts are things like colour stickers for object recognition, bright lights on the floor, musical or sound prompts, stickers or transparent paper for copying, hand rails and other safety devices.

A compensatory strategy for failing to recognize objects could involve the person relying more on other senses such as touch, hearing and smell by shutting their eyes.

The rehabilitation strategies described may be developed by a neuropsychologist, occupational therapist or physiotherapist. The eventual goal of any rehabilitation program is greater independence and use of self-management strategies. However, family members, friends and support workers can still provide valuable support.
Brain Injury can result in a wide range of changes to a person's behavior, their sensitivity to surroundings and their thinking capabilities.

- Some changes are permanent.
- Some changes are temporary.

What are the changes?

There are too many possible changes to list them all here. Changes may not always involve the person's personality, thinking and learning and physical abilities.

The person may be quick to anger - a loud noise, or someone disagreeing with them may trigger an outburst of aggression. This is particularly common when the person is still in Post Traumatic Amnesia (PTA).

Many people who have had a brain injury also become more aggressive as the years pass by. This may be due to a range of factors such as frustration at living with the effects of their injury or receiving inappropriate care, and boredom due to limited opportunities for recreation and personal development.

The person may not think of others - for example, the person may become annoyed if they can't watch their favorite television program, even if someone else was watching their favorite program first. Or, they may become agitated if they aren't served immediately when they walk into a shop or bank.

The person may be very talkative - they may also jump from one topic to another during a short conversation, or find it very hard to stay focused on the point they were trying to make.

The person may rush into things - they may rush into a job, make lots of errors and then rush onto another job without checking the first one.

The person may not believe they have changed - they may remember a lot about what they used to be able to do and think they can still do it. Even when tests confirm the person has lost the skills they might not believe its true.

The person may have less control over emotions - they may laugh or cry at the slightest suggestion of joy or sadness.

The person may make inappropriate sexual advances - as a direct result of their injury. This may lead to varying degrees of harassment of others or increased levels of sexual activity. Others may have decreased interest.

Thinking-Learning Changes

Memory – loss of short-term memory may result in “forgetting”. For example the person may forget to attend meetings, forget why they went to the shop or forget what they have just been taught.

Sometimes the person's long term memory may be affected as well, so that they don’t remember past events.

Problem solving and decision making

The person may have difficulty seeing how an action causes an effect. This may mean that the same mistakes are made over and over again, as the person can’t understand what is causing the problem.

Concentration - the person may switch from one task to another, or may have difficulty staying focused on one thing. They may also be easily distracted by sights, sounds, feelings or temperature.

Getting started - the person may have difficulty starting something, or may not feel like doing anything.

Inflexible or sticky thinking - the person may need to stick to a rigid routine, or they may get stuck on one idea.

Understanding things - the person may have trouble taking phone messages, understanding a good joke, following meetings or reading.

Saying what they mean - the person may have trouble finding the right words, using the right body language or getting to the point.

Sequencing - the person may have trouble getting things in the right order. For example, remembering to wash the dishes before you dry them.

Slow to respond - it may take the person longer than usual to understand and respond to what is going on.

Perception - the person may confuse similar sounding words and numbers, and have trouble finding new places.

Physical Changes

Loss of sight or hearing - the person may have complete or partial loss of their sight or hearing. This loss may be temporary or permanent.

Reduced control over movements - the person may have slow movements or loss of control of some muscles.

Slow or slurred speech - the person may speak slower or be difficult to understand.

Fatigue - the person may need to have a rest several times during the day as they get very tired very quickly.

Paralysis - the person may have permanent paralysis in some parts of their body.
PTS and TBI

Post-traumatic stress disorder can occur in countless ways, especially with a traumatic brain injury. The events, setting and feelings at the time of the injury can lead to ongoing stress.

Post Traumatic Stress (PTS) is an anxiety disorder characterized by a collection of specific symptoms such as hypervigilance, being easily startled, and sensitivity to loud noise. PTS can occur after a traumatic event that leads to a traumatic brain injury (e.g. an assault, near drowning or a motor vehicle accident). This is generally in the case of mild to moderate traumatic brain injury (TBI), in which some of the traumatic event may be remembered. Symptoms can develop if the event is enough to cause significant shock or fear, or be seen as life-threatening.

Symptoms of PTS

Signs of Post-Traumatic Stress include:

- Re-experiencing the trauma through nightmares and vivid memories of the event
- Difficulty sleeping
- A person frequently thinking that they might die or that something bad will happen
- A pounding heart, shortness of breath, dizziness, chest pain, sweating, or flushes
- Feeling detached from the world or a sense of unreality
- Avoiding situations or thoughts related to the event
- Having a desire to escape
- A sense of losing control
- Being easily startled
- Experiencing episodes of panic.

A person experiencing both Post-Traumatic Stress and effects of a TBI requires a high level of understanding and support. Due to the unpleasant feelings a person may avoid various situations which act as reminders of the trauma or avoid thoughts and feelings associated the event. As the person continues to avoid these feelings and situations, it is easy to maintain the idea that it is unsafe to think about or be in such situations. As a result a person may become restricted from various activities and maintain high levels of anxiety.

PTS and Traumatic Brain Injury

In the past it was believed that Post-Traumatic Stress (PTS) could not occur following a traumatic brain injury. In fact it has been considered a protective factor against PTS as the loss of consciousness was thought to prevent encoding of information related to the event and therefore the ability to remember. However, more recent studies have provided evidence of PTS following mild to moderate TBI in soldiers returning from war. One study found that 11.3% of patients met the criteria for PTS during the first six months of recovery after mild to severe Traumatic Brain Injury. These patients also showed greater impairments in psychosocial well-being compared to those without PTS.

Both Post-Traumatic Stress and mild brain injury are prone to misdiagnosis. This is largely due to the similarity of symptoms in brain injury and PTS. The sleeping disorders, irritability, depression and emotional problems that can be due to a mild brain injury can be misdiagnosed as an effect of PTS. This may also occur in reverse, leading to inappropriate treatments.

After horrific accidents, a person with TBI may have no signs of PTS because they have no memories of the actual accident—often their earliest memories are of being in rehabilitation weeks later. However, it is important that any suspicions of PTS be checked thoroughly by professionals with an understanding of TBI.

Treatment for PTS

Treating and recovering from PTS is often a gradual process. It is a process of healing and gradually coming to terms with the traumatic event and this can take time. It’s about learning to cope with the thoughts and feelings associated with the event and continue with life without these thoughts or feelings of the event interfering with daily life.

Fred Meyer Community Rewards - Donate to BIAOR

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

Link your Rewards Card to the Brain Injury Association of Oregon at www.fredmeyer.com/communityrewards.

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

BIAOR by the Numbers

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

What does your membership dues pay for?

Each year we provide:

- Information & Referral
  7200 calls, 32,000 emails
  1520 packets mailed, 2550 DVDs mailed
  1.2 million website visitors

Legislative & Personal Advocacy

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

Awareness and Prevention
65 Awareness and Prevention Events

Education
3 day Annual Multi-State Conference
370 Trainings/Education/Classes

The Headliner, reaching 16,000 quarterly

Referrals to Research Projects

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

See page 22 for a membership form

Due to the effects of TBI it is preferable that therapy be sought by a psychologist or psychiatrist with an understanding of TBI. This way a program may be tailored to your specific needs.

Relaxation Exercises

Relaxation exercises include breathing exercises, medication, yoga, swimming, listening to music and going for long walks. Each of us will have the ones that best suit us, so work on finding the one that is most helpful for you. Some exercises will take regular practice. Also, many libraries will have relaxation CD’s or tapes with exercises that you can use to guide you in relaxation. Be aware that it is possible for some relaxation exercise to increase distress by focusing your attention on physical sensations that you may find disturbing, so only continue with such exercises when well tolerated.
Kampfe Management Services - Brain Injury Rehab was the first “Specialized Living Facility” in the state of Oregon to focus on brain injury rehabilitation services, KMS has a history of developing programs that benefit our clients (and payers). We offer independence within the structure of a supported living environment that focuses on developing compensatory strategies which allow clients to successfully transition back into community.

Matthew@kampfemanagement.com
503-788-3266

Disability Rights Oregon (DRO) promotes Opportunity, Access and Choice for individuals with disabilities. We assist people with legal representation, advice and information designed to help solve problems directly related to their disabilities. All of our services are confidential and free of charge.

DISABILITY RIGHTS OREGON (formerly OAC)
610 SW Fifth Avenue, Suite 200
Portland, Oregon 97205-3403
(503) 243-2081 http://www.disabilityrightsoregon.org/

Everyday at Avanir Pharmaceuticals, Inc., we focus on the research, development and commercialization of novel medical and pharmaceutical treatments for people with central nervous system disorders. That focus, along with the deep seated passion of our people, is fueling the development of innovative medical solutions.

www.nuedexta.com www.avanir.com
Robin Schantz rschantz@avanir.com 503-601-9051
**Conference Exhibitors**

**Dr. Aaron DeShaw, Esq.:** A Portland law firm where our lead lawyer, is both a doctor and a lawyer. The combination allows our firm to fully understand the wide variety of health problems that can result from an injury.

866-843-3476  
www.DoctorLawyer.net

---

**MediaSmack**

MediaSmack was designed to become the trusted marketing extension of your business. We build long-term relationships with our clients and because of our deep understanding of our clients, we have the ability to continually adjust your marketing campaign as your business grows and changes.

Sean Stonehouse  
Direct Line: 408-691-5605  
www.mediasmack.com

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Our Services  
As a convenient, single resource, we provide a wide spectrum of mobility needs to our customers, including:  
- CRT products and accessories  
- Innovative lifestyle enhancement products  
- Service and repair  
- Medical supplies  
- Educational courses, events, seminars, etc.

Rick Wallaert Numotion  
Director of Payer Contracting  
Mobile: 541-914-7203  
Fax: 314-449-9518  
Richard.Wallaert@numotion.com  
https://www.numotion.com

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**MediaSmack**

MediaSmack was designed to become the trusted marketing extension of your business. We build long-term relationships with our clients and because of our deep understanding of our clients, we have the ability to continually adjust your marketing campaign as your business grows and changes.

Sean Stonehouse  
Direct Line: 408-691-5605  
www.mediasmack.com

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**MediaSmack**

MediaSmack was designed to become the trusted marketing extension of your business. We build long-term relationships with our clients and because of our deep understanding of our clients, we have the ability to continually adjust your marketing campaign as your business grows and changes.

Sean Stonehouse  
Direct Line: 408-691-5605  
www.mediasmack.com

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**MediaSmack**

MediaSmack was designed to become the trusted marketing extension of your business. We build long-term relationships with our clients and because of our deep understanding of our clients, we have the ability to continually adjust your marketing campaign as your business grows and changes.

Sean Stonehouse  
Direct Line: 408-691-5605  
www.mediasmack.com

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**MediaSmack**

MediaSmack was designed to become the trusted marketing extension of your business. We build long-term relationships with our clients and because of our deep understanding of our clients, we have the ability to continually adjust your marketing campaign as your business grows and changes.

Sean Stonehouse  
Direct Line: 408-691-5605  
www.mediasmack.com

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

---

**Integrated Supports for Living**

Chrislyn Prantl,  
Chief Executive Officer  
Cprantl@isliving.org  
1880 Fisher Rd. NE, Salem OR  
97305  (503)586-2300

---

**Numotion**

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.

Numotion is the leading provider of Complex Rehab Technology (CRT) in the United States. That means we’re helping thousands of people with individually configured, medically necessary mobility products and services. From manual and powered wheelchairs to disposable medical supplies that serve unique medical and functional needs, we are helping more people live more freely.
Empower Your Assistive Technology Decision Making

Get up close and person with assistive technologies that will change the lives of individuals with disabilities in their work, home and school.

Assess Technologies, Inc. maintains an assistive technology library with over 2000 products - Stop by our table and ask about our hands-on, guided AT Demonstrations and Device Loan Library options.

503-361-1201  www.accesstechnologiesinc.org/ info@accesstechnologiesinc.org

GCE, Global Connections to Employment, is a nationwide non profit. As a contractor under the Federal Ability One program, GCE provides jobs for individuals with disabilities that pay competitive wages and offer benefit and advanced opportunity. Each contract site is different. Some are IT Help Desks, while others are janitorial work.

Our purpose at Global Connections to Employment is to help people overcome life’s challenges by providing meaningful employment to individuals with disabilities. Since its establishment in 1986, Global Connections to Employment has grown to become the largest private employer of persons with disabilities in Northwest Florida.

Ms. Jo‘el Roth, MS, CRC
Targeted Employment Navigator
GCE | Global Connections to Employment
PO BOX 33125 JBLM WA, 98433  Email: Joel.Roth@gce.org
www.gce.org

Kannaway - CBD Products and Beauty “Define”

Erin McCarty D.C. Kannaway.com/9695137
17675 SW Farmington Rd #315
Aloha, OR 97006
303 751 1460 erindc@gmail.com
hempshopsmart.com

Peruvian Handicraft - Fair Trade

Maria I. Espinoza
503-930-9146 pielcanela04@gmail.com
pielcanelaaperu.squarespace.com

Erchonia is the global leader in low level laser healthcare applications. Over the last 16 years Erchonia has researched & developed with the world’s leading physicians to advance the science of lasers. Erchonia lasers are proven through rigorous Level (1) clinical trials to prove their efficacy.

650 Atlantis Rd.
Melbourne, FL 32904
(888) 242-0571  (321) 473-1251 Ext 519  www.erchonia.com

The Oregon Office of Rural Health is a statewide organization dedicated to improving the quality, availability and accessibility of health care for rural Oregonians.

www.ohsu.edu/orh
(503) 494-4450  ekblads@ohsu.edu

Erchonia
World Leaders in Low Level Laser Technology

Cascadia Community Bowen Clinic

Light Touch ★ Deep Healing

4755 SW Watson Ave Ste 200
Beaverton, OR - 97005
503.747.4696
info@cascadiacommunitybowen.com
Rehab Without Walls® delivers services where patients need them most: in their own surroundings—whether at home, school, work or in their own community. This unique approach to rehabilitation uses evidence-based, proven practices to help patients achieve functional outcomes, which means, quite simply, giving them the skills to participate as fully and independently as possible in their lives, wherever that may happen.

www.rehabwithoutwalls.com/ 877-497-1863

Rehab That Works!
Hospital and Community-based
Rehabilitation by Brain Injury Specialists

Specialized Care in a Healing Environment

Neurology
Psychiatry
Internal Medicine
Neuropsychology
Speech Therapy
Occupational Therapy

Cognitive Rehabilitation
Behavioral Therapy
Specialized Nursing Care
Social Work
Recreational Therapy
Dietary & Nutrition Therapy

888-298-4673
www.traumaticbraininjury.net

Rain International is more than the products we sell. From the beginning, we set out to make changes to improve the world around us starting with the health industry and moving beyond its borders into global sustainability, education initiatives, and more.

All nutrition stems from Seeds - every vegetable fruit, herb and plant. Rain International utilizes these seeds, that are gently cold pressed, to make seed oils and flowers bio-available for human consumption. Rain goes to the source of nutrition in the most beneficial plats to unlock powerful antioxidants, vitamins and minerals.

Nutri-West products are made to the industry’s most exacting standards of quality, purity and potency. Each of the more than 1,200 raw materials used in producing Nutri-West’s tablets, capsules, tinctures and topical gels undergoes regular, random laboratory analysis to assure that it meets the company’s exacting standards.

Many of Nutri-West’s products are proprietary formulations developed for the company by distinguished medical and nutritional researchers. More than 20 recognized authorities in the field of nutrition work on new formulations for specific nutritional situations on behalf of the company. Nutri-West products are manufactured and packaged in the company’s own ultra-modern production facilities in Douglas, Wyoming. Both product formulations and production methods have been carefully designed with the final customer—your patient—in mind.

Mark W. Earnhart, DC 800-458-7606 drmark@nutriwestpacific.com

Oregon Chiropractic Association

Jan Ferrante
Executive Director
Office (503) 256-1601
http://oregonchiroassoc.com
http://oregonchiroassoc.com

The Headliner
Spring 2018
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.

Homeward Bound
providing residential and day program services to individuals with acquired brain injury

Carol Altman
503-640-0818
office@homeard-bound.org
http:///homeard-bound.org/

Northwest ADA Center
Provides technical assistance and training around the American with Disabilities Act

Carla Waring
carla.waring@adaanswers.com 503-841-5771

The Medicaid Long Term Care Quality & Reimbursement Advisory Council

The Medicaid Long Term Care Quality & Reimbursement Advisory Council (MLTCQRAC) was established by the 1995 Legislative Assembly to advise the Department of Human Services Aging and People with Disabilities programs on changes or modifications to the Medicaid reimbursement system for long-term care and community-based care services.

Coldstream Wealth Management is an independent firm offering comprehensive financial planning and customized investment portfolios for high net-worth individuals, families, and organizations.

Roger Reynolds
roger@coldstream.com 425-283-1600

Alan Edwards
Social Security Administration
17925 SE Division St
Portland OR 97220
Alan.edwardds@ssa.gov
206-605-9621
# Missed the Conference -- Order DVD’s

**Conference Recordings Order Form**

The 16\textsuperscript{th} Medical Legal Brain Injury Conference 2018  
*Living with Brain Injury, Stroke & Neurological Changes*  
Portland, OR     March 1st – 3rd, 2018

---

| I would like the **Full Set of DVDs CEUs up to 23 included** | $240 |

---

*PLEASE READ* You can order either individual sessions or the Full Sets with CEUs. If you would like to purchase individual recordings, please circle the number of the presentation. Thank you for your business!

## CEUs included in each order -

### Thursday Sessions – 5 Total 8 CEUs

<table>
<thead>
<tr>
<th>#</th>
<th>Presenter</th>
<th>Event</th>
<th>DVD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Matthew Kampfe</td>
<td>Inspiring Change: Tips and Techniques for Modifying Behavior</td>
<td>$15</td>
</tr>
<tr>
<td>2</td>
<td>Karen Campbell &amp; Jill Selman</td>
<td>What you need to know about working with Challenging</td>
<td>$15</td>
</tr>
<tr>
<td>3</td>
<td>Matthew Kampfe, Karen Campbell &amp; Jill Selman</td>
<td>Strategies for Working with Challenging Behaviors</td>
<td>$15</td>
</tr>
<tr>
<td>4</td>
<td>Karen Campbell &amp; Jill Selman</td>
<td>Strategies for Working with Challenging</td>
<td>$15</td>
</tr>
<tr>
<td>5</td>
<td>Lillieth Grand and Karen Campbell</td>
<td>Using Music to Calm Challenging Behaviors</td>
<td>$15</td>
</tr>
</tbody>
</table>

### Friday Sessions - 7.5 CEUs

<table>
<thead>
<tr>
<th>#</th>
<th>Presenter</th>
<th>Event</th>
<th>DVD</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Dr. Debra Braunling-McMorrow</td>
<td>A Continuum of Care Pilot for Persons with Catastrophic Brain and Spinal Cord Injury</td>
<td>$15</td>
</tr>
<tr>
<td>7</td>
<td>Dr. James Chesnutt</td>
<td>The Medical Perspective of TBI</td>
<td>$15</td>
</tr>
<tr>
<td>8</td>
<td>Dr. Susan Stuntzner PhD</td>
<td>The Therapeutic Triad: Forgiveness, Self-compassion and Resilience as Gateways for Healing</td>
<td>$15</td>
</tr>
<tr>
<td>9</td>
<td>Glen Zielinski, DC, DACNB, FACFN</td>
<td>Functional Neurology Treatment of Traumatic Brain Injury</td>
<td>$15</td>
</tr>
</tbody>
</table>

### Saturday Sessions – 7 Total 7.5 CEUs

<table>
<thead>
<tr>
<th>#</th>
<th>Presenter</th>
<th>Event</th>
<th>DVD</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Dr. Danielle Erb</td>
<td>The Latest Treatments in TBI</td>
<td>$15</td>
</tr>
<tr>
<td>11</td>
<td>Dan Overton, MC</td>
<td>Forging New Pathways-What you may not know and why you should-</td>
<td>$15</td>
</tr>
<tr>
<td>12</td>
<td>Russell C. Spearman M.Ed.</td>
<td>Needs Assessment of Individuals with TBI in Idaho</td>
<td>$15</td>
</tr>
<tr>
<td>13</td>
<td>Fred Steele, JD</td>
<td>Where is help when you need it?</td>
<td>$15</td>
</tr>
<tr>
<td>14</td>
<td>Dr. Adam Grove, ND</td>
<td>Resiliency - Putting the R back in Brain Injury Recovery</td>
<td>$15</td>
</tr>
<tr>
<td>15</td>
<td>Jeff McNally, DC DACNB</td>
<td>Rehabilitation of Balance Disorders and Dizziness</td>
<td>$15</td>
</tr>
<tr>
<td>16</td>
<td>Lillieth Grand, MS, MT-BC</td>
<td>Music and Brain Injury Recovery</td>
<td>$15</td>
</tr>
</tbody>
</table>
The Brain Injury Alliance of Oregon can deliver a range of trainings for your organization. These include:

- CBIS Training (Certified Brain Injury Specialist) - International Certification
- 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
- 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
Emotional Lability
Acquired Brain Injury can change parts of the brain that regulate or control emotional behavior and feelings

Emotional lability refers to rapid, often exaggerated changes in mood, where strong emotions or feelings (uncontrollable laughing or crying, or heightened irritability or temper) occur. These very strong emotions are sometimes expressed in a way that is not related to the person’s emotional state.

What Causes Emotional Lability?
Emotional lability occurs because of damage to parts of the brain that control:
- awareness of emotions (ours and others)
- ability to control how emotions are expressed – so ability to inhibit or stop emotions coming out.

When a person is emotionally labile emotions can be out of proportion to the situation or environment the person is in. For example, a person may cry, even when they are not unhappy – they may cry just in response to strong emotions or feelings, or it may happen “out of the blue” without warning.

A person may have little control over the expression of these strong emotions, and they may not be connected to any specific event or person.

Following a brain injury, an individual may also lose emotional awareness and sensitivity to their own and other’s emotions, and therefore their capacity to control their emotional behavior may also be reduced. They may overreact to people or events around them – conversations about particular topics, sad or funny movies or stories. Weaker emotional control and lower frustration tolerance – particularly with fatigue and stress – can also result in more extreme changes in emotional responses. The person may express their emotions in situations where previously they would have been restrained or in control (in quiet situations, in church, listening to a concert).

Coping with Emotional Lability

Become aware of triggers
Be aware of triggers for emotional lability and try to avoid these when you can. Triggers can include:
- excessive fatigue or tiredness
- stress, worry or anxiety

(Continued on page 20)
• high stimulation (too demanding, too noisy, too many people) – too much pressure
  strong emotions or demands from others very sad or funny situation (such as jokes, movies, certain stories or books)
  discussing certain topics e.g. driving, loss of job, relationships, death of a family member speaking on the telephone or in front of a group or where a person feels under pressure.

Have a Break
Have a short break away from the situation so the person can regain control of emotions, and to give the opportunity for emotions to settle.

Sometimes a break of a few minutes or a longer period is enough to regain control of emotions, or diversions such as taking a short walk, doing a different activity – all these may assist in dealing with strong emotions.

Ignore the Behavior
Try to ignore the emotional lability as much as is possible. Try to get others to ignore it too, and continue on with the conversation or task. Focusing on the lability, or giving the person too much attention when it is happening, can reinforce and increase the problem. It is important that other people don’t laugh too, as this will also reinforce and increase the behavior.

Change the topic or task
Changing the topic or activity (redirection and distraction) can reduce stimulation or stress (particularly if the topic was a trigger). Try to distract or divert the person’s attention by engaging them in a different activity or task.

Provide information and education
Uncontrolled crying or laughing can be upsetting, frightening or confusing for other people if they don’t understand. Provide simple explanations or information to other people about the lability, for example, “I cry a lot since I had my stroke …don’t worry about it” or “Sometimes when I am nervous I get the giggles”. Tell people what they should do, for example “Just ignore me and it will stop”.

Plan ahead
When there is severe emotional lability, one-to-one, brief and fun activities in a quiet environment will be better. Try to avoid putting the person in stressful situations or environments e.g. noisy, busy, high levels of activity or that are too demanding.

Plan activities that are within the person’s ability.
Plan more demanding activities or appointments after rests, or when the person has the most energy.

Use Cognitive Techniques
Some simple cognitive strategies can also assist in managing emotional lability:
• Relaxation and breathing exercises to reduce tension and stress
• Use distractions – think of something else, imagining a peaceful image, counting numbers
• Doing an activity (e.g. go for a walk)
• Cognitive and behavioral strategies such as thought-stopping could be discussed with a psychologist.

Counselling and support
Sometimes a person has had many losses and changes to cope with after the brain injury – loss of work, ability to drive, independence, changes in relationships or finances, changes in the quality of their life. All these changes happen quite suddenly with little chance to prepare or get ready. These feelings of sadness, grief, anger, frustration, disappointment, jealousy, or depression after an injury are common and may be very difficult to cope with. If there are other emotional adjustment and coping issues, referral to a counsellor such as a Psychologist, Social Worker or Psychiatrist may be helpful. Families (parents, siblings, children), friends or caregivers may also benefit from support and care to help them understand and to cope with these changes.

---

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

Johnson Johnson & Schaller, P.C.
975 Oak St., Suite 1050
Eugene, OR 97401

541-484-2434
800-783-2434
www.justicelawyers.com

* Free Consultation

You Have a Right to Justice
At Windsor Place, we believe in promoting the self-confidence and self-reliance of all of our residents.

Susan Hunter
Executive Director

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

Windsor Place, Inc.
3009 Windsor Ave. NE Salem Oregon 97301
www.windsorplacesalem.org
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. Whitemore $23.00

Recovering from Mild Traumatic Brain Injury A handbook of hope for military and their families. Edited by Mary Ann Keatley, PhD and Laura L. Whitemore
This clear and concise handbook speaks to our Wounded Warriors and their families and helps them navigate through the unknown territory of this often misunderstood and unidentified injury. It provides an insightful guide to understanding the symptoms, treatment options and redefines "Recovery" as their new assignment. Most importantly, the intention of the authors is to inspire hope that they will get better, they will learn to compensate and discover their own resiliency and resourcefulness. $23.00

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

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

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

The Caregiver's Tale: The True Story Of A Woman, Her Husband Who Fell Off The Roof, And Traumatic Brain Injury
From the Spousal Caregiver's, Marie Therese Gass, point of view, this is the story of the first seven years after severe Traumatic Brain Injury, as well as essays concerning the problems of fixing things, or at least letting life operate more smoothly. Humor and pathos, love and frustration, rages and not knowing what to do--all these make up a complete story of Traumatic Brain Injury. $20

Brain Injury Alliance of Oregon
☐ New Member ☐ Renewing Member
Name: ____________________________________________________________
Street Address: ____________________________________________________
City/State/Zip: ____________________________________________________
Phone: __________________________________________________________
Email: ____________________________________________________________

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

Sponsorship
☐ Bronze $300 ☐ Silver $500 ☐ Gold $1,000 ☐ Platinum $2,000
Additional Donation/Memorial: ________________________________
In memory of: ____________________________ (Please print name)
Member is:
☐ Individual with brain injury ☐ Family Member ☐ Other:____________
☐ Professional. Field: _____________________________________________

Book Purchase (includes S&H):
☐ The Caregiver's Tale $20 ☐ A Change of Mind $25
☐ Fighting for David $20 ☐ Ketchup on the Baseboard $25
☐ Recovering from MTBI $23 ☐ Understanding MTBI $23

Type of Payment
☐ Check payable to BIAOR for $ __________________
☐ Charge my VISA/MC/Discover Card $ __________________
☐ Card number: _________________________________________________
Expiration date: __________________ Security Code from back
Print Name on Card: _____________________________________________
Signature Approval: _____________________________________________
Date: ______________________

Please mail to:
BIAOR PO Box 549
Molalla, OR 97038
800-544-5243 Fax: 503–961-8730
www.biaoregon.org • biaor@biaoregon.org
501 (c)(3) Tax Exempt Fed. ID 93-0900797
Resources

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

Oregon’s Aged and Physically Disabled Medicaid Waiver helps elderly and physically disabled Oregon residents to receive care at home instead of in a nursing home even though they are medically qualified for nursing home placement. https://www.payingforseniorcare.com/medicaid/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

Northwest ADA Center - Oregon
Carla Waring, MRA  ADA Training & Technical Assistance University of Washington, Center for Continuing Education in Rehabilitation ADA TA Hotline 800.949.4232 www.nwadacenter.org Direct - 503.841.5771 carla.waring@adaanswersnw.com

Oregon Centers for Independent Living
Contact List

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

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

Oregon’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/or-aged-and-physically-disabled.html

Spring Sudoku
(Answer from page 2)
The Oregon TBI Team

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

The Hello Foundation

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

LEARNET

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

Parent Training and Information

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

Websites

BrainLine.org [www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html](http://www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html)

 [homebrainist.com](http://homebrainist.com/)
Sam’s Brainy Adventure [http://faculty.washington.edu/chudler/flash/comic.html](http://faculty.washington.edu/chudler/flash/comic.html)
Neurobic Exercise [www.neurobics.com/exercise.html](http://www.neurobics.com/exercise.html)
Brain Training Games from the Brain Center of America [www.braincenteramerica.com/exercises_am.php](http://www.braincenteramerica.com/exercises_am.php)

Resources

For Parents, Individuals, Educators and Professionals

The Oregon TBI Team

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

The Hello Foundation

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

LEARNET

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

Parent Training and Information

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

Websites

BrainLine.org [www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html](http://www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi_pageall.html)

 [homebrainist.com](http://homebrainist.com/)
Sam’s Brainy Adventure [http://faculty.washington.edu/chudler/flash/comic.html](http://faculty.washington.edu/chudler/flash/comic.html)
Neurobic Exercise [www.neurobics.com/exercise.html](http://www.neurobics.com/exercise.html)
Brain Training Games from the Brain Center of America [www.braincenteramerica.com/exercises_am.php](http://www.braincenteramerica.com/exercises_am.php)

WASHINGTON

Washington TBI Resource Center

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

For more information or assistance call: 1-877-824-1766 9 am – 5 pm [www.BrainInjuryWA.org](http://www.BrainInjuryWA.org)
Vancouver: Carla-Jo Whitson, MSW CBIS 360-991-4928 jarlaco@yahoo.com

Returning Veterans Project

Returning Veterans Project is a nonprofit organization comprised of politically unaffiliated and independent health care practitioners who offer free counseling and other health services to veterans of past and current Iraq and Afghanistan campaigns and their families. Our volunteers include mental health professionals, acupuncturists and other allied health care providers. We believe it is our collective responsibility to offer education, support, and healing for the short and long-term repercussions of military combat on veterans and their families. For more information contact:
Belle Bennett Landau, Executive Director, 503-933-4996 [www.returningveterans.org](http://www.returningveterans.org)
email: mail@returningveterans.org

Want to Return to Work? - Pathways to Independence, Oregon

Kathy Holmquist, 503-240-8794 Kathy@pathwaysto.net

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](http://www.hazeldenbettyford.org)
Serenity Lane, 10920 SW Barbur Blvd Ste 201, Portland, OR 97219 (503) 244-4500 [www.serenitylane.org](http://www.serenitylane.org)

Legal Help

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

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

Oregon Law Center 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](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

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

Project Access Now 503-413-5746 Projectaccessonnow.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.
Brain Injury Support Groups

Astoria
Astoria Support Group
www.pnwhigroup.vpweb.com
Kendra Bratheron 209-791-3092
Kendra@GrowingThroughIt.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
Elise Stuhrl, 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 information
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 3:30 pm
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 Ldg
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 Ldg
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
3rd Saturday 10:00 am - 12:30 pm
Coos Bay, Oregon 97420
bicsupport@gmail.com

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

Eugene (3)
Head Bangers
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

Westside SUPPORT GROUP
3rd Monday 7-9 pm
For brain injury survivors, their families, caregivers and professionals
Tuality Community Hospital
335 SE 8th Street, Hillsboro, OR 97123
Carol Altman, (503) 640-0818

Klamath Falls
SPOKES UNLIMITED BRAIN INJURY SUPPORT GROUP
2nd Tuesday 10:00am to 11:30am
1006 Main Street, Klamath Falls, OR 97601
Jackie Reed 541-883-7547

Lake Oswego (2)
Family Caregiver Discussion Group
1st Tuesday 3:30 pm
1500 Greentree Drive, Lake Oswego, OR 97034
Ruth C. Cohen, MSW, LCSW, 503-701-2184
www.ruthcohenconsulting.com

Functional Neurology Support Group
On hiatus
Market of Choice, 5639 Hood St, West Linn

Medford
Southern Oregon Brainstormers Support & Social Club
1st Tuesday 3:00 pm to 5:00 pm
Lion’s Sighting & Hearing Center
228 N. Holly St (use rear entrance)
Lynne Chase MS CRC Lynne.Chase@gmail.com

Oregon City
Brain Injury Support Group
3rd Tuesday 1:30 pm - 3:30 pm
www.romanigirl.com/braininjury.htm
Brain Injury Help Center Without Walls
“Living the Creative Life” Women’s Coffee
1st and 3rd Fridays: 10:00 – 12:00 currently full
Family and Parent Coffee in cafe
Wednesdays: 10:00-12:00
braininjuryhelporg@yahoo.com
Call Pat Murray 503-752-6065

BRAINSTORMERS
2nd Saturday 10:00 am - 2:00 pm
Women survivors 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

CROSSROADS (Brain Injury Discussion Group)
2nd and 4th Tuesday 1:30 pm
Independent Living Resources
1839 NE Couch St, Portland, OR 97232
503-232-7411

Doors of Hope - Spanish Support Group
3rd Tuesday 5:30 pm – 7:30 pm
Providence Hospital, 4805 NE Glisan St, Portland,
Rm HCC 6
503-454-6619 grupodeapoyo@BIRDSDsong.org

Please Pre-Register
OHSU Sports Concussion Support Group
For Youth and Their Families who have been affected by a head injury
2nd Tuesday, 7:00-8:30 pm
OHSU Center for Health and Healing
3303 SW Bond Ave, 3rd floor conference room
Portland, OR 97239
For more information or to RSVP contact Jennifer Wilhelm (503) 494-3151 or email: wilhelmj@ohsu.edu

Sponsored by OHSU Sports Medicine and Rehabilitation

PARENTS OF CHILDREN WITH BRAIN INJURY
Wednesdays: 10:00-12:00
Currently combined with THRIVE SUPPORT GROUP/FAMILY SUPPORT GROUP
Contact for further information braininjuryhelp@yahoo.com Pat Murray 503-752-6065

MUST BE PRE-REGISTERED

TBI Caregiver Support Meetings
4th Thursday 7:30-9:30 PM
8818 NE Everett St, Portland OR 97220
Call Karin Keita 503-208-1787
email: afpath@gmail.com

MUST BE PRE-REGISTERED

THRIVE SUPPORT GROUP
Family and Parent Coffee in cafè
Wednesdays: 10:00-12:00
Brain Injury Survivor support group ages 15-25
Currently combined with FAMILY
SUPPORT GROUP/PARENTS OF CHILDREN WITH
BRAIN INJURY SUPPORT GROUP
Contact for further information braininjuryhelp@yahoo.com 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, 8:30-8:30 pm
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; biacgedby@earthlink.net)

Stevens County TBI Support Group
1st Tuesday of each month
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, 7:30-9 p.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, 6:30-8:00 p.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 at 7 p.m.
St. Luke’s Rehab Institute
711 S. Cowley, LLC1
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, LLC1, Spokane, WA
Melissa Gray (melissagray.mhc@live.com)
Claudine Pierce (509-766-9047)

*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)

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

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

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

2018 Conference Sessions Available For Purchase on DVD With CEUs

How To Contact Us

Brain Injury Alliance of Oregon (BIAOR)

Mailing Address:
PO Box 549
Molalla, OR 97038
Toll free: 800-544-5243
Fax: 503-961-8730
biaor@biaoregon.org
www.biaoregon.org

Sherry Stock, MS CBIST
Executive Director 800-544-5243

Resource Facilitator—Becki Sparre 503-961-5675

Rachel Moore, CBIS Eastern Oregon 541-429-2411

Meetings by Appointment only Call 800-544-5243

Thank you to all our contributors and advertisers.