



**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

The Monarch

September 2006



In this issue:

Aquatic
Rehabilitation -
A Splashing
Success
Page 10

Maybe you were
there? Check out
our photo section
Centre Insert

Peer Mentoring
Support Moves
Forward
Page 21

The Wolves Teach
Page 23

In every issue:

Executive Directors
Report
Page 3

Ask A Lawyer
Page 20

**Returning to School
After a Brain Injury?
See our special section
starting on page 5.**

Brain Injury Association of London and Region

Serving London, Middlesex, Huron, Perth, Oxford and Elgin

111 Waterloo Street, Suite 307 London, Ontario N6B 2M4

Phone: 519 642-4539 **Fax:** 519 642-4124 **Toll Free:** 1-888-642-4539

Email: london.braininjuryassoc@bellnet.ca **Website:** www.braininjurylondon.on.ca

Registered Charitable: 139093736RR0001

Board of Directors & Staff

President:
Mary Carter

Vice-President:
Diane Schumacher

Treasurer:
Gary Phelps

Secretary:
Sari Shatil

Directors:
Kelly Benn
Lee Van Esch
Connie Spuria
Stephanie Schneider
Lisa Fraser
Jim Mays
Kelly Williston Wardell

**Executive
Director:**
Donna Thomson

**Peer Support
Coordinator:**
Kevin McGregor

**Support Services
& Volunteer
Coordinator:**
Joe Zablocki

Membership Application

Memberships are an important source of revenue. A charitable receipt will be sent to you. Please make cheques payable to The Brain Injury Association of London and Region. Change of Address: Please advise the office if you change your address. This will ensure that you continue to receive The Monarch. It will also save us unnecessary postage.

Membership Registration / Change of Address

\$20.00/year general, \$40.00/year professional

Name

Address

City, Province, Postal Code

Phone Number

Email Address

Please submit applications or address changes to:
307- 111 Waterloo St., London, Ontario N6B 2M4

The **Monarch** is published by the *Brain Injury Association of London and Region*. Opinions expressed are those of the authors and do not necessarily reflect the opinion of the Board of Directors. Submissions to the Monarch are welcome at any time, but should consist of not more than 325 words. When you send in an article from a paper/magazine, please include the date and name of publication. Please include a cover letter with your name and telephone number. Published letters can be anonymous, but the editors must verify the information and obtain permission to reprint the letters, as well as have a contact for questions and responses. Advertising rates are available on request. The publication of an advertisement does not imply support of the advertiser by the Association. All submissions must be received by the first Wednesday of the month prior to publication, at the office located at: 307-111 Waterloo St., London, N6B 2M4 Phone: **(519) 642-4539** Fax: **(519) 642-4124** E-Mail: **london.braininjuryassoc@bellnet.ca** **Editors:** Editorial Committee, **Layout & Design:** Advance Imaging



Executive Director's Report

Many exciting things have occurred at the Association this summer! I had the pleasure of promoting the Association at 'Keep Your Kids Safe' Youth Safety Day at the West Elgin Arena and at the Children's Safety Village Birthday Party in early June.

In recognition of the 20 years of providing service to persons living with the effects of brain injury, we presented 'Strengthening Families After Brain Injury' with Dr. Jeffery Kreutzer. Approximately 65 survivors and family members attended this workshop, which was sponsored by Foster Townsend Graham and Associates.

Each attendee at the workshop received a complimentary copy of 'Getting Better & Better After Brain Injury, a Guide for Families, Friends and Caregivers'. The funding to purchase these books was generously provided by Siskinds, the Law Firm.

Our 20th Anniversary Reception was attended by several past and present supporters of the Association, including Nora Johnson, founding member of the Association and Past President Jennifer Trenholme Scollard, who traveled from Ancaster to be with us. At the Annual General Meeting we said goodbye to Peggy Stewart, Kathleen Hodgins and Shauna Brock Howard and welcomed Lisa Fraser, Stephanie Schneider, Connie Spuria and Len Van Esch as new board members. Since the AGM, other changes to the board composition have occurred. Board members Lana Rossi and Sharon Tychoniak have recently moved on and we wish them well in their future

endeavors. Lana's position is now filled by Kelly Williston Wardell, while the other vacant position is in the process of being filled. The Board Executive is now comprised of Mary Carter, President, Diane Schumacher, Vice President, Gary Phelps, Treasurer and Sari Shatil Secretary.

Our annual conference, "Practical Magic" was also well attended. Dr. Kreutzer, along with Andy Thibideau and Moira Hunter presented different aspects of caring for survivors and family members. We offer our gratitude to the many sponsors and exhibitors for their contributions in making the day a success.

Kevin MacGregor, Peer Support Coordinator and Michelle Meehan, OBIA's Community Association Liaison announced the implementation of the Peer Mentor Support Program at both conferences and the AGM. Kevin has been busy with the recruitment and screening of potential mentors. Several promotional presentations about the program have been scheduled with various organizations for September and October.

A four page Brain Injury Awareness Month insert in The Londoner was made possible by the twenty nine companies that placed advertisements in support of our Association. The office has received several phone calls from survivors and family members looking for assistance from the Association as a result of the publication.

The Helmets on Kids campaign was a great success this year. The Honorable George Smitherman, Minister of Health attended a press conference and bike rodeo at St. Michaels School for the campaign kick off. The fund to purchase the approximate 1,000 helmets was provided by members of the Ontario Trial Lawyers Association. Many thanks to Barb Legate and Carol Suter for organizing the event and to all the partners for their contributions!

The Community Awareness Committee should be commended for the organization of a Brain Injury Awareness Event at Springbank Park. Although the weather was extremely hot, we had several folks from the Cornerstone Clubhouse, the London Fire Department, PABICOP and the Middlesex Health Unit join us to promote awareness of brain injury. The committee is hoping to make this an annual event.

I have saved the best announcement for last! The Ontario Trillium Foundation has granted our Association \$88,400 over a two year period to increase community supports, especially in the rural areas for those impacted by brain injury. The grant provides funding to hire a Support and Volunteer Coordinator. The role of this person will be to develop the volunteer program, recruit and train volunteers in London and all 5 counties, increase the amount and quality of the support groups and plan for fund development activities to provide future sustainability for these programs.

The office now has a bright new look thanks to Ian Stone at Paramount Painting & Decorating (London) Limited and the St. Leonard's Society. Mr. Stone kindly donated the paint and the St. Leonard's Society provided the volunteers to paint the office. The Board room at the office is also available for meetings, team conferences, staff training sessions, etc. To book the room, simply call 519 642-4539.

As you can see, our newly formed Editorial Committee has been busy with the redesign of The Monarch. The committee is looking forward to improving the quality of this publication and welcomes your suggestions. The Editorial Committee will also be involved in the continued development of our website.

We look forward to the implementation of several exciting new endeavors here at the Association in the next few months!

Donna Thomson

Canada Post Publications Mail

Agreement Number 40790545

Return undeliverable
Canadian addresses to :

**307-111 Waterloo Street
London, ON N6B 2M4**



Back to School after an Acquired Brain Injury - Children

When your child has received a brain injury you may feel overwhelmed and unprepared for what lies ahead. Returning to school requires preparation and planning. This step-by-step guide is designed to support you and your child during this transition.

Communication is key. Contact your child's school and tell them about your child's injury.

Complications of an Acquired Brain Injury

The following are typical complications of an injury. Your child may experience any combination of these. They may be temporary, may reoccur, or may be permanent:

- Difficulty learning new information
- Headaches
- Problems with attention and memory
- Being tired
- Reading, writing and language difficulties
- Depression
- Visual problems
- Movement problems
- Seizures
- Behaviour problems, such as: impulsivity, aggression, decreased motivation, repetitive behaviour or thoughts

Returning to School

It is important to consider your child's energy level. Many children experience exhaustion after a brain injury and may not be physically able to attend a full

day of school at first. The following, are some suggestions for a gradual return to school.

- If your child's exhaustion, pain or other injuries make attending school impossible, **speak to your Principal about getting "Home Instruction."** This means your child would receive one-on-one instruction while recovering at home. This will require a letter from your doctor.

- **Start with a return to school for morning or afternoon only.** It is important to make the most of the time of day when your child's energy is the highest. If your child attends school while tired, it may disrupt learning and socializing.

- **Return to school during the lunch period.** This way, your child may reconnect with friends and be a part of the school environment.

- **Return to school for a shorter week.** Schedule every

other day or a few days followed by a longer weekend.

- If your child is secondary school age you may consider **reducing the number of courses he or she is taking.** You may also think about replacing a credit course with a resource period so that he or she may receive support for individual subjects.

Changing your child's school schedule should be temporary. It is better for your child to return to his or her normal school schedule gradually. Regularly speak to your child's teacher to see how things are going.

The Team Conference

Your child will experience some challenges temporarily - others may be ongoing. You can speak to the Principal or Learning Support Teacher and request a team conference to discuss your child's needs. Write down all your concerns and questions before the meeting. Bring any reports/updates related to your child's injury. You may wish to invite members of your child's team, and a friend or family member. It is a good idea to ask a friend or relative to take notes so that you are free to be fully involved in the discussion. If a member of the school takes minutes, ask for a copy.

Continued on Page 5



Addressing Long Term Needs

Your child may need extra support when he/she first returns. The effects of brain injury may be long term. While the more obvious physical injuries may heal there may be ongoing learning, behavioral, social or language problems.

Because a child's brain continues to grow, the impact of an injury can become more noticeable as the child develops. When you are planning educational supports, it is important to consider periods such as primary to junior, junior to intermediate, and intermediate to secondary school grades.

The Identification Placement and Review

Committee (IPRC) process identifies student's needs and initiates appropriate supports. You can contact your School Board or Principal for more information. School board websites often have parent friendly information on IPRC and special education.

Safety Considerations

When your child has a brain injury it is important that they avoid any activity that would put them at risk of re-injury. Because the effects of brain injury are cumulative, additional injury may cause recovery to be slower and the damage

more permanent. Your child may need to stay inside for recess or have extra supervision indoor recess or one-on-one supervision in the schoolyard during the early return to school.

Participation in sports or physical education classes should be considered carefully for risk of re-injury. A helmet will help reduce the risk of re-injury.

This article was provided by the Paediatric Acquired Brain Injury Community Outreach Program (PABICOP). For further information contact the school liaison at 519-685-8500 ext. Injury Community Outreach 53465 or 53434 Program (PABICOP).

***An Educational Fund
has been established by
Shauna Brock Howard***

**In memory of
Blair & Byron Howard**

This annual memorial fund will be awarded to an average secondary school student who has persevered and overcome personal or medical challenges. Anyone wishing to donate to this fund, please send your contribution to:

**Blair & Byron Howard Spirit Award
Thames Valley Education Foundation
1250 Dundas Street East
London, ON, N5W 5P2**

As many of our readers are aware, Shauna Brock Howard recently served on the Association's Board of Directors for several years and has made countless contributions to the brain injury community.

DR. ALVIN HARVEY SHAPIRO
PSYCHOLOGIST



May I help you with...

- Career Planning
- Industrial Disability Diagnosis

20 Years Experience in Assessment & Therapy Answers

- Abilities-Skills Job Fit
- Depression
- Serious Accidents
- Industrial Consulting
- Worries
- Child Learning Problems

519 • 642•1505

370 Oxford Street East, London, Ontario N6A 1V7



Back to School - Young Adults

Stephanie Ellis, Speech-Language Pathologist
Dennis Radman, Rehabilitation Therapist

As identified in the two other articles in this 'Back to School' Series, individuals with acquired brain injury often experience cognitive, communication, physical, emotional, and social problems that will potentially affect their academic performance in many ways. Difficulties with attention and concentration, memory and new learning, organization and planning, understanding verbal and written instruction, keeping up with the pace of classroom activities, communicating effectively with others, peer interactions, developing and maintaining social relationships, problems with fatigue, mobility, mood changes and diminished self-confidence, are some of the common problems clients have shared with us throughout the years.

It's important to recognize areas of strength.

While being able to recognize specific difficulties is important, identifying areas of strength is just as important. Concentrating on what you can do shifts the focus from 'difficulty' to 'ability'. Building on strengths, and finding opportunities to

use strengths to target areas of weakness, is a critical consideration when returning to school.

For example:

Determining necessary academic accommodations and supports.

Many students, regardless of their age, are reluctant to consider academic accommodations for fear of being treated differently than other students. This is a normal feeling. However, academic accommodations can help students achieve their goals, and again, maximize their performance by capitalizing on their strengths.

Examples of academic accommodations that may be necessary include:

- ✓ Being made aware of assignments, tests, exams and other expectations well in advance
- ✓ More time for writing tests and exams
- ✓ Permission to write tests and exams in a quiet, distraction-free environment
- ✓ Access to a note taker (someone to take

Student	Difficulty	Strengths	Progress
Michelle*	Trouble with speech	Michelle was clearly gifted when it came to interacting with young children.	Michelle began tutoring a young student who had trouble learning to read. Regular tutoring sessions, during which Michelle and her student read aloud, provided Michelle with an opportunity to practice strategies to improve the clarity of her speech, while also doing what she loved best - teaching!
Darren*	Trouble remembering the concepts and ideas he read about in his textbooks at school.	Darren's memory for visual information was relatively strong. He also loved to draw and doodle.	Darren learned to use his artistic skills to help him make sense of, and remember, the information he read.
Art*	Trouble with note taking, remembering what he read, and recalling scheduled tasks.	Art had a knack for using computers and a variety of software programs.	Art was introduced to specific software and technological devices that enabled him to keep up with the pace at school, and keep track of all his activities.

* These are hypothetical examples, and are not meant to represent actual clients.



notes, record answers on exams, etc).

- ✓ Obtaining copies of teachers' notes
- ✓ Use of assistive technology and equipment (e.g., text-to-voice and/or voice-to-text software)
- ✓ Recording portions of a lecture
- ✓ Modification of test format

As noted in the PABICOP article, younger students with brain injuries benefit from the IPRC process (Identification, Placement and Review Committee), at which time the student's learning needs and necessary supports are identified. Colleges and universities do not have the IPRC process as it exists in grade school; however, as Jaimie Fairles wrote, these institutions frequently have departments devoted to ensuring that students with special learning needs are accommodated. These departments often have academic counselors with whom the student can meet and discuss their specific situation. If the student is working with a rehabilitation team, it is very beneficial to have team members involved to facilitate communication of strengths, weaknesses, and needs.

Other types of support may come in the way of direct assistance in the classroom. Many are

familiar with the role of 'Educational Assistants', or 'EAs', in grade school. Students who return to college or university may also benefit from support in the classroom or after class. Depending on the needs, such support may include speech-language pathology, occupational therapy, social work, psychological support, physiotherapy, rehabilitation therapy, tutoring, nursing, attendant care, and/or peer support.

General strategies for success.

Following are some very general suggestions to help you during your school year:

✓ Make course selection a 'team effort': get input and assistance from your rehabilitation team and academic counselor. Identify areas of strength and weakness, so that appropriate accommodations can be determined.

✓ As identified in the PABICOP article, ongoing communication is critical to success, so it's important to have regular meetings with your team and academic counselor to review progress, troubleshoot difficulties, and to 'map out a plan' for continuing education. Don't be afraid to communicate any concerns you have!

✓ As Jamie Fairles suggested, scheduling time for homework and studying is important. This

will help you to structure your days. It is good to have a 'study routine'. Consider prioritizing what you have to do during your study time, and setting daily 'study goals'. Schedule time for recreational activities, too!

✓ Evaluating the effectiveness of existing accommodations and strategies (Jamie Fairles suggested a few of these) is important.

Enjoy your time at school...the possibilities are endless! Remember to focus on what you can do!



Back to School - A Survivors Perspective

For students, September is a month full of anxiety and excitement, but for those students who unfortunately suffer from the effects of an acquired brain injury, these emotions are often coupled with feelings of self doubt and uneasiness.

Writing as a survivor of two separate brain injuries and having experienced the return to both secondary and post-secondary educations after an ABI here are a few of the strategies that I was taught during my rehabilitation that ensured the successful completion of both secondary and post-secondary educations.

First of all, remember that the injury hasn't necessarily impaired their intelligence, but more likely it has impaired the way they learn and think. They must be candid about their difficulties so that they can work together with their teachers and/or professors to find the learning method that best works for them.

Writing information down really helps the mind retain information, so making study notes when studying is one effective method. Another method that is helpful is the use of a day-planner. With a day-planner, they can schedule their days accord-

ingly to allow for homework/study time and it acts as a reminder for due dates, appointments and tests.

Many secondary schools have a resource room for students who need extra attention when it comes to learning. Facilitating these resources has proven to be effective for struggling students, brain injured and otherwise.

Just as secondary schools have a resource room, many universities and colleges have a department for students with special needs. I highly recommend taking advantage of these services. These services can accommodate their needs, whatever they may be. These departments offer everything from private rooms for taking tests, using a computer to type the answers, to extra time on exams.

Finally, OSAP has many bursaries available to students with disabilities, learning, physical, and mental, for assistive devices that will aid them throughout their post-secondary career. So again, they should be candid about their difficulties when filling out the application.

Jamie Fairles

NEUROTRAUMA REHAB AT PARKWOOD HOSPITAL

Access resources of a well-respected rehabilitation, research and teaching centre – Parkwood Hospital.

◆ **Our team of rehab specialists helps those injured in car or work-related accidents. Our expertise is in neurological trauma including spinal cord and brain injuries.**

◆ **Please call us if you, your family member or client needs help:**

- **Returning to work or school**
- **Organizing their day**
- **Finding joy in accomplishments of all kinds**
- **Exploring strengths and learning new strategies**

More information about our fee-for-service program offered throughout Southwestern Ontario:

Phone: (519) 685-4061

Fax: (519) 685-4066

Toll Free: 1-866-484-0445



Brain Injury Awareness Event



Brain Injury Awareness Event August 2, 2006 at Springbank Park was organized by the Community Awareness Committee. Many volunteers from the Association and the Cornerstone Clubhouse braved the extreme heat to promote awareness of brain injury. Favourite attractions included facepainting, clown and a visit by the London Fire Department.



Trust
makes the difference

Your health, your home, your peace of mind.
You can trust ParaMed with everything
that means the most to you.

PARAMED
Home Health Care • Skilled Nursing • Assisted Living
makes the difference

Call today to find out about ParaMed services in London-Middlesex
at 519-439-2222 or visit www.extendicare.com

ParaMed is proudly Canadian and a Division of Extendicare

EXTENDICARE



Aquatic Rehabilitation – A Splashing Success

by Elizabeth Fox, Physiotherapist, Pursuit Health Management

“The physical properties of water provide a margin of therapeutic safety unequaled by most other treatment methods...the opportunity to create a single environment that facilitates health restoration, rehabilitation...and maintenance has been left largely underdeveloped” (Becker and Larson, 2004)

Physical therapists have viewed water exercise as a clinically valuable modality since the 1920's. The Romans used a system of baths centuries before. Until the mid-1980's, however, the benefit of water was thought to be related solely to immersion. Now, we

understand that manipulating the “magical properties” of water during exercise holds the key to greater improvements in physical function for those with acute and chronic injuries or medical conditions.

The fitness and rehabilitative benefits of aquatic workouts are exceptional for people of all ages and abilities. The true benefit of water-based activity is its ability to accommodate barriers imposed by disease or injury and permit movement that may be, otherwise, impossible.

Exercise in water can supplement land rehabilitation. Because we spend our lives on

land, functional transition from water to land is important. There are a number of studies that demonstrate that exercise in the pool can result in improved ability to perform activities of normal living (ANL) on land (Langridge and Phillips, 1988; Templeton et al., 1996; Suomi and Lindaur, 2000; Simmons and Hansen, 1996). Individuals who suffer from persistent pain or other chronic medical conditions may not tolerate land-based activity and therefore exercise in the water exclusively. Other clients may start in the pool and transition

continued on page 11

Personal Rehabilitation Counselling Services Inc.

E. “Ike” Lindemberger

M. Div., M.S.W., C.C.R.C., C.Ht.

Psychosocial Rehabilitation
Individual, Couples and Family Therapy
Independent Medical Assessment
Catastrophic Injuries
Stress and Anger Management
Grief and Loss, Bereavement

Carl R. Lokko

B.A. (Hon), M.S.W., R.S.W.

Cognitive/Behavioural Therapy
Capacity Assessment
Hypnotherapy
Pain Management
Fear of Driving and PTSD
Relationship Management

Appointments at office or in client's home

Mailing Address

769 Southdale Road, Box 37088
London, ON N6E 3B0

Counselling Office

190 Wortley Road
London, ON (Lower Level)

Phone:

Ike: 519-645-7393

Fax: 519-645-6195

Carl: 519-318-6500

Email: (Ike) elindemberger@yahoo.ca

Email: (Carl) carlrlkko@rogers.com

Supporting people to gain healthy functioning



to land programming as their rehabilitation needs evolve or their physical function improves. Exercising concurrently in the water and on land throughout rehab and post-rehab programming works well for some individuals. Finally, not every client is a candidate for aquatic rehabilitation or post-rehabilitation.

Gait training is a common component of rehabilitation programs following an injury.

Water walking can be very helpful for clients whose walking ability has been compromised by any of a number of problems: loss of balance, painful joints/muscles, asymmetry of injured structures. Gait training in the water also provides an excellent illustration of the differences between water and land activity.

Walking in the water exerts less impact on the joints compared with walking on land, due to buoyancy. However, water walking, whether in chest deep or deep water, is more difficult as clients must stabilize their bodies to maintain upright posture. With appropriate instruction from the health professional, clients practice "proper" posture during water walking and therefore train the abdominal and back musculature. Clients must effectively

recruit their core stabilizers throughout their water workout.

Water walking has a higher energy cost than land walking due to pressure drag. While reduced gravity will decrease pain and allow ambulation for some who cannot walk on land, water walking is not easy. Concentration and practice are required to walk with correct form in the water.

"The weakest and oldest among us can become some sort of athlete, but only the strongest can survive as spectators, only the hardest can withstand the perils of inertia, inactivity, and immobility." (Minor et al., 1989)

The role of exercise in improving quality of life and physical function is well documented. Activity and exercise in water is no exception. Many research studies have demonstrated the benefits of water exercise for improving cardiovascular conditioning, muscular strength and endurance, flexibility and range of motion, balance, coordination and agility. As a result of water's physical properties, there are, however, unique benefits of water activity over land activities for injured individuals. These benefits are summa-

rized in the following chart.

The physiologic effects of immersion in water, while therapeutically useful, can have serious consequences for clients who are injured or unwell. People with insulin-dependent diabetes, for example, may experience more rapid insulin absorption in very warm water and therefore be vulnerable to diabetic coma. Awareness of these consequences enables practitioners to design safe/effective movement programming in water. A comprehensive understanding of the physiology and physics of movement in water, tissue healing, and the client's relevant history is required before undertaking exercise prescription in the water.

One of the most important qualities of aquatic rehabilitation is its utility across the full spectrum of health care, from acute management of injuries or disability to its use as a health-maintaining, physically preserving activity. In the ideal scenario, acute aquatic therapy in a health care facility may lead to a sustainable pattern of health-maintaining, and injury and illness preventing activity in the community.

See page 12 for Summary Chart



EST. 1988
EDUCATIONAL HELP CENTRES INC.
TUTORING
 ALL TEACHERS CERTIFIED, EXPERIENCED & CARING

Free Phone Consultation One-to-One
 No Term Contract Learning Disabilities and Specialty
 In Home or In Office Testing and Diagnostic
 Elementary → University ESL - SAT & GRE Preparation

• Lambeth 832-8232 • London North 673-3834 • Mt. Brydges 244-9995
 • London West 471-6624 • St. Thomas 633-3375 • Oxford County 338-3413
 • South Huron County 235-4507 • North County 276-8929 • Waterloo Region 291-1845

Toll Free 1 800 611 TUTOR (8880) www.educational-help.com
 Fax: (519) 652-2800



Cornerstone Clubhouse
 "A day program for adults living with the effects of an acquired brain injury."

781 Richmond Street North * A place to come and belong
 London, Ontario N6A 3H4 * The opportunity for meaningful work
 Tel: (519) 679-6809 * The opportunity for meaningful relationships
 Fax: (519) 679-6988 "Supporting Success"
 Email: cornerstoneclubhouse@rogers.com
 Website: www.cornerstoneclubhouse.com



Summary of Benefits of Water Exercise

continued from page 11

<p>Pain</p>	<p>Turbulence, thermal conductivity, and hydrostatic pressure stimulate the body's touch, temperature, and pressure receptors and these sensations compete with and block out pain sensations. People experience decreased tactile sensitivity, increased relaxation response, and increased pain threshold. They have reduced muscle splinting and guarding resulting in delayed fatigue. Through thermal conductivity, cooler water helps control inflammation. Aquatic resistance decreases eccentric muscle work, resulting in decreased delayed onset muscle soreness</p>
<p>Psychological Well-being</p>	<p>Most people find water to be a soothing environment that facilitates relaxation, improves mood, and bolsters self-confidence. Aquatic exercise increases exercise enjoyment and therefore adherence to rehabilitation</p>
<p>Safety</p>	<p>Aquatic resistance increases as greater force is exerted and drops to 0 when movement stops thereby reducing risk of re-injury. Buoyancy decreases chance of injury due to falling and therefore decreases fear of falling. Buoyancy supports abdominal contents for pregnant or obese clients. Aquatic resistance dampens movement so that it is slower and easier to control . Hydrostatic pressure compresses and stabilizes immersed joints</p>
<p>Weight-bearing</p>	<p>Buoyancy decreases load on spine hip and knee joints</p>
<p>Return to Activities of Normal Living and Function</p>	<p>Turbulent water currents and buoyancy massage and move body in unpredictable ways therefore training postural muscles Aquatic resistance facilitates functional gains owing to possibility for three-dimensional/multi-planar (functional) movement patterns in water. Permits balanced strengthening of agonist-antagonist pairs decreasing muscle imbalance. Buoyancy, turbulence, thermal conductivity, and aquatic resistance permit people with limitations to improve all components of fitness comfortably in a joint-friendly environment As strength and muscular endurance improve, greater speed, surface area, range of motion and lever length will result in harder work</p>
<p>Swelling</p>	<p>Buoyancy counters effects of gravity on pooling in limbs Turbulence increases circulation Hydrostatic pressure in one metre of water exceeds average diastolic pressure and therefore drives out swelling and other metabolic waste products (eg. Lactic acid)</p>
<p>Activity Tolerance</p>	<p>Hydrostatic pressure enhances oxygen and glucose delivery to muscles and therefore delays muscle fatigue</p>



Balance

By Janelle Wittig MPT, BSc., BA Physiotherapist, Parkwood Hospital

One of the primary changes in functional mobility reported by people who have sustained a brain injury is poor balance. With the increased risk of falling and injury, balance impairments have a significant impact on a person's life and level of independence. If there is the added complication of impulsivity or poor insight into one's limitations, impaired balance can be a significant stressor on the family as well as the individual with a brain injury.

So why can even the mildest brain injury result in poor balance? The body systems responsible for controlling our movements and balance are complex to say the least; however, the main components that we need for balance can be roughly broken down into three areas: vision, proprioception and our vestibulars.

Vision is used to detect whether you are right side up or falling towards the ground; your brain then makes the appropriate adjustments to prevent you from falling by countering your weight, stepping or reaching out with your hands. A common problem post brain injury involves your

ability to process what you see. For example, the world can be perceived on an angle and, as result, you become off-balance from leaning to compensate for this error in perception.

The second system is our proprioceptive sensation, or your so-called "position sense"; this system can be damaged by actual injury to joints or at the level of the brain. Thus, when you are about to fall, you cannot feel the sensation at, for example, your ankle. As a result you do not activate the proper muscles needed to prevent you from falling.

The vestibular system, which is located in the inner ear, functions to maintain postural stability and provide information used for spatial orientation of your head and neck. Deficits in your vestibular system can

result in vertigo and dizziness.

Balance is the interaction between these sensory systems and our muscles in order to keep our bodies upright against gravity. The loss of one of these systems can result in balance and gait deficits if there is not sufficient training or compensation by the other two systems. Thus, it is critical that the source of the balance deficit be identified by a health care professional in order to provide appropriate treatment strategies. Physiotherapists can assess balance deficits and then prescribe appropriate exercises to challenge a person's balance depending on which system is determined to be the culprit.

ST. MARYS COMMUNITY REHABILITATION

268 Maiden Lane, Suite 209, P.O. Box 219
St. Marys, Ontario N4X 1R1
Tel: (519) 784-0904 • Fax: (519) 784-0870 • info@stmarysphysio.com

Physiotherapy & Kinesiology Services Available

Please Visit Our New Web Site
For More Information About Us and Our Services!
www.stmarysphysio.com



When you can't see the forest for the trees, call us.



REHABILITATION MANAGEMENT INC.
Solving the rehabilitation puzzle

Providing vocational rehabilitation, case management, occupational therapy services, and Cost of Care Analysis. Specializing in brain injury, emotional disorders and spinal injuries following personal injury and trauma, since 1987. COTSA accredited, serving Ontario and British Columbia with Canadian Certified Rehabilitation Counsellors and Regulated Health Professionals. www.rehabilitation.ca e-mail: info@rehabilitation.ca

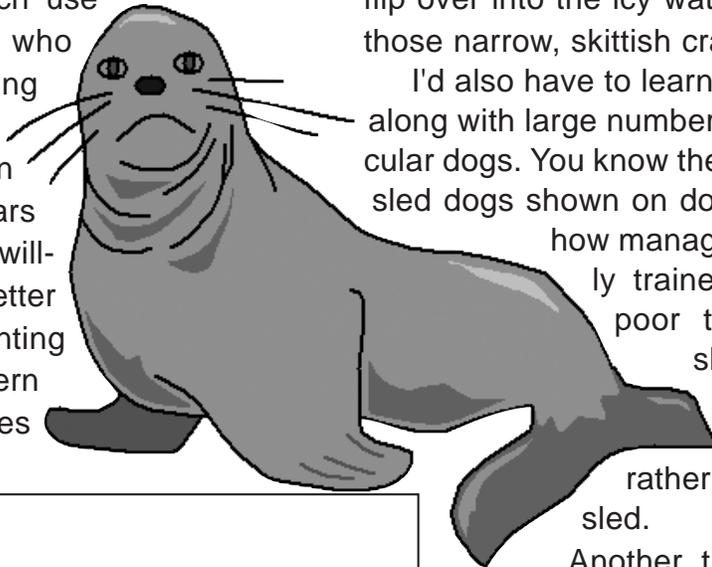
Phone: (416) 365-0000 1-800-365-0079 Fax: (416) 365-1176 Toll-Free: 1-877-426-8376
A Canadian Company. Ms. Barbara Mepstead, Owner
Consultation services provided nationally and internationally.



Weathering the Weather!

After the weather we've been experiencing the last while, I've decided that I may move way up north and live with the Inuit people (Eskimos). I'm sick of sitting on car seats hot enough to fry an egg! Pierre Berton wrote about the romance of the north and made it sound promising. Summer temperatures are cooler and humidity is moderated by the Arctic Ocean.

I don't know how much use they'd have for a guy who doesn't know the first thing about trap lines, hunting seals on the Arctic Ocean or learning that Polar Bears aren't house pets but I'm willing to learn! It seems better than suffering the unrelenting hot humid days of southern Ontario crammed into cities



with other hot, sweaty and miserable folks. Maybe I could manage to develop a taste for 'Muktuk', which are slices of tasty whale blubber (it's an acquired taste and no sauce comes with it). Of course my cholesterol would probably go through the igloo roof but maybe I could work it off by vigorously paddling Kayaks up and down the Arctic coastline. I wonder how many times I'd flip over into the icy water while learning to pilot those narrow, skittish crafts?

I'd also have to learn to handle or at least get along with large numbers of very large and muscular dogs. You know the ones I mean. Those big sled dogs shown on documentaries who somehow manage to look more like barely trained wolves, and with my poor to non-existent hunting skills it wouldn't be long before they'd be looking at me as a snack rather than as a rider on a sled.

Another thing to consider is the hoards of insects that emerge in clouds during the brief summer. Apparently, the mosquitoes are especially bad. If you've never been a blood donor before, you're gonna be one up there! Another thing to consider is that daylight hours are extended into what is normally night, which means that all the fun things I've been describing last almost twice as long up there as here in London.

You know, the more I think about it; the less of a problem the heat and humidity seem. It's just a matter of perspective I guess and maybe some hard thinking about the alternatives!

I'd be better off weathering the weather we have here in good ole' London, whether I like it or not!

Norm Shepherd



Brainworks

- REHABILITATION THERAPY
- VOCATIONAL SERVICES
- SOCIAL WORK
- PSYCHOLOGY

Arden McGregor, M.A., C.Psych.Assoc., CBIT
Psychological Associate / Director

Phone: (519) 657-1180 ext. 102

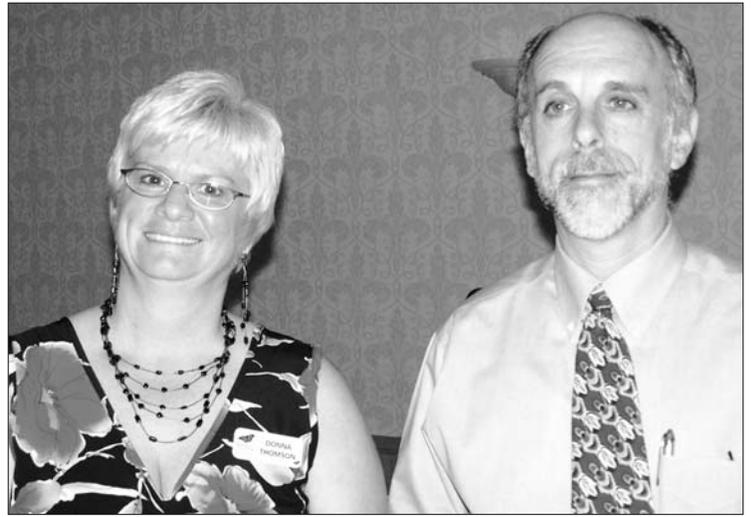
Fax: (519) 657-1182

arden.mcgregor@brainworksrehab.com

111 Waterloo Street, Suite 501
London, Ontario N6B 2M4



AGM, New Board Members and Family Workshop



Above: 2006-07 Board
Back Row: Stephanie Schneider, Jim Mays, Diane Schumacher, Len Van Esch, Lisa Fraser
Front Row: Dr. Kelly Benn, Lana Rossi, Sari Shatil, Connie Spruia, Mary Carter. **Top Right:** Dr. Jeffery Kreutzer and Donna Thomson, Executive Director, during the annual conference “Practical Magic” June 16, 2006.



Above: Approximately 60 people turned out for our 20th Anniversary Reception and Annual General Meeting at the Four Points Sheraton Hotel on June 15, 2006.

Left: Dr. Jeffery Kreutzer presented “Strengthening Families after Brain Injury” to approximately 65 survivors and family members on June 15, 2006.



Childrens' Safety Village Birthday Party



The Children's Safety Village held its annual birthday party on June 4, 2006. Executive Director, Donna Thomson was on hand to promote bicycle helmet safety with the Associations newly redesigned exhibit. The Helmets on Kid's campaign donated 60 helmets to the Children's Safety Village for their helmet exchange program.

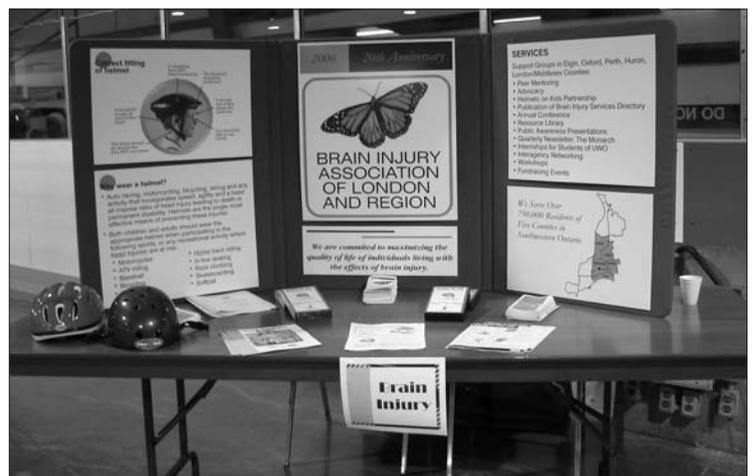


Community Awareness Presentation



Executive Director,
Donna Thomson joined
several other
organizations at the
West Elgin Arena
to promote

“Keep Your Kids Safe”
Youth Safety Day,
June 2, 2006.





HELMETS ON KIDS

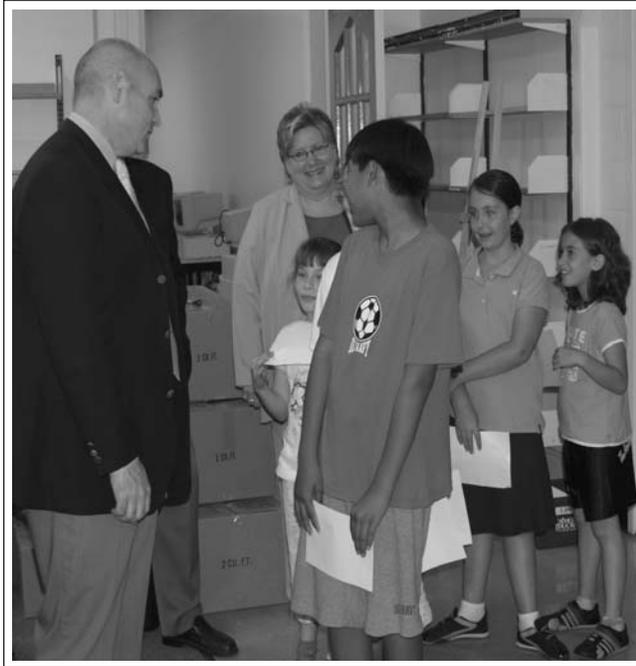
a Community Partnership



LONDON DISTRICT
Catholic School
BOEAD



LONDON
trauma



Above: Mr. George Smitherman, Minister of Health greets children as they attend the Helmets on Kids event at St. Michael's Catholic School **Right:** Helmets on Kids President Mary Carter helps with helmet fitting. **Below:** Bike Rodeo participants take the challenge to learn safe cycling and scooter riding procedures.

The fifth annual Helmets on Kids event held on June 27, 2006 was a great success. Over the past 5 years, the Helmets on Kids Community Partnership has provided over 5000 helmets to needy children, and one to the Honourable Mr. George Smitherman, Minister of Health, who attended this year's event.



Camp Dawn is now a Registered Charity!!!



The Board of Directors of Camp Dawn is pleased to announce that the Canada Revenue Agency has approved the camp's application to become a registered charity. Official notification was received on July 31. This achievement is one that can now be crossed off our plans for 2006 as discussed in our extensive report in June.

The effective date of the registration is March 7, 2006, which means that donations received after that date are eligible to receive a receipt for income tax purposes and these will be issued in due course.

Plans for the 2006 camp are nearing completion and camp will be in session from September 13-16.

*Gary Davies
Secretary Treasurer*



With every dawn a new path is found-
www.campdawn.ca

Community based
Rehabilitation Support Services
for children and adults
who have an
acquired brain injury

BARTIMAEUS 
Caring for People...Everyday

**Our Rehabilitation
Support Services
are offered throughout
Ontario.**

**Please call or e-mail
Tish Byrne
to inquire about
Rehabilitation Services
in London &
surrounding areas.**

**519-575-2002
tbyrne@bartimaeus.com**





Ask a Lawyer

Sean Mackintosh

ODSP Eligibility and Repayment after receiving Compensation from a Lawsuit

In determining your eligibility for Ontario Disability Support Program (ODSP) income support, the ODSP Director will determine whether your budgetary requirements exceed your **income** and whether your assets exceed a specified amount.

Before receiving ODSP you may have to sign an **agreement** to pay back your ODSP benefits if you recover money in a lawsuit. Even if there is no signed agreement, the ODSP Director may be entitled to claim reimbursement from money you receive in a lawsuit. You are required to **notify** the ODSP Director of any lawsuits that you start or of your receipt or expected receipt of income or other financial resources.

However, the following money received in a lawsuit **may be exempt** from the requirement to repay:

- Payments that are **not considered to be income or assets**; or

- Income that is paid with respect to a period after the period when the ODSP is actually received.

The following amounts may not be considered as **income** or **assets**, and so may be

excluded from the requirement to pay back ODSP benefits and may not be considered in determining your eligibility to continue to receive ODSP benefits after receiving money from the lawsuit:

(a) \$5,000 for the person receiving ODSP benefits, \$2,500 for his/her spouse and \$500 for each other dependant or an amount greater than these amounts, if it relates to **goods, services or other disability related items which are necessary for the health** of the person;

(b) An amount received in a lawsuit for **pain and suffering**;

(c) **Reasonable expenses incurred** or to be incurred as a result of injury;

(d) An amount received in a lawsuit for the **loss of care, guidance and companionship** as a result of the death or injury to a family member;

However, the total amount that may be allowed as an exemption under (b), (c), and (d) is **\$100,000, unless** the ODSP Director is satisfied that the person has made appropriate arrangements for the administration of the amount exceeding \$100,000 and it relates to:

i. Reasonable expenses incurred or to be incurred as a result of injury;

ii. Expenses for disability related items or services approved by the ODSP Director; or

iii. Education or training expenses incurred because of a disability.

If you receive money from a lawsuit you may or may not have to pay back ODSP benefits. It will depend on the type and amount of lawsuit compensation.

Compensation received for income loss may be required to be used to pay back ODSP benefits. Compensation for pain and suffering or for injury related expenses may be exempt up to \$100,000 or in some cases an amount greater than \$100,000.

It is important to have a careful assessment of the type of compensation that may be recovered to determine whether you will be required to repay ODSP benefits and whether you will continue to be eligible for ODSP benefits after obtaining compensation in a lawsuit.

Sean Mackintosh
Legate & Associates
Professional Corporation



Peer Support Moves Forward

by S. James Wegg

The Peer Support Mentoring Program for People Living with ABI took its next step forward on May 1. From the Saint James Campus of George Brown College, Ontario health minister George Smitherman announced the details of his government's health-care budget (introduced to the provincial legislature last March 23). With the overall theme of "Improving Ontario's Community Care Access Centre System" and in response to former Ontario health minister and federal cabinet minister Elinor Caplan's 2005 review, *Realizing the Potential of Home Care: Competing for Excellence by Rewarding Result*, the first province-wide program of OBIA's Community Support Network complements both the government's direction and the Caplan report.

\$266,000 will be available for the mentoring program in 2006-2007. Essentially, that amount will fund the first year of operations which includes further "Train the Trainers" sessions for new Peer Support Coordinators, a Mentor/Partner Recruitment Workshop for all participating community associations and the ongoing support of the first year of matches. (Following their training, Peer Support Coordinators match mentors with partners who are seeking assistance with a specific issue; most of the contact is via telephone, enabling province-wide participation; partnerships average seven months.)

None of this would have been possible without the earlier sup-

port from Gluckstein & Associates, Henderson Structured Settlements, and Sibley & Associates of the year-long development phase. Their vision and investment in the early stages of the program have brought it to the next phase.

At press time, community associations in the following locations are ready to participate in the operations phase: Chatham-Kent, Four Counties, Grey Bruce, Hamilton, London, Ottawa, Peel & Halton, Quinte, Sarnia-Lambton, Sault Ste. Marie, Sudbury, and Windsor-Essex.)

Other community associations that are current with OBIA Advisory Council's (formerly the Community Association Advisory Council) standards and signatories of the 2004 Framework Agreement are encouraged to join the program. A Shared Activity Agreement for operations is available and ready to be adapted to the particular situation of each partner.

To give the awareness and marketing aspects of the program a boost, CFL great and ABI survivor Terry Evanshen has agreed to be the official

spokesperson. Subject of June Callwood's book and most recently a CTV movie-of-the-week, *The Man Who Lost Himself*, Evanshen brings his considerable speaking skills (heard most last May as the keynote speaker in Timmins at the Red Cross Community Health Services' Acquired Brain Injury Conference, "Seize Each Day"), tremendous enthusiasm and team-building energy to the field of promotion—a sure touch-down for everyone involved!

Plans are also proceeding well for the program evaluation component of the "operations" phase. Headed by Dr. Kathy Boschen (Toronto Research Institute) in consultation with Dr. Mary Hibbard (one of the program's original authors) and supported by funding and the logistical expertise of the Ontario Neurotrauma Foundation, both the value of the program and consequent suggestions for improvements will be measured and guided by a third-party team of knowledgeable experts.

With support like that, the Peer Support Mentoring Program for People Living with ABI should remain "in the game" for years to come.

The Brain Injury Association of London & Region is proud to offer the Peer Support Mentoring Program as a shared activity initiative of the Ontario Brain Injury Association's (OBIA) Community Support Network.

To discuss becoming either a mentor or partner call 519 642-4539 or by email to peermentorlondon@bellnet.ca





You protect their health. We protect their rights.

Thomson Rogers has been helping people who have suffered serious and complex injuries for 70 years. We are recognized as leaders in personal injury law, and we are known for the exceptional results achieved for our clients.

Our free Personal Injury Information Kit will help you understand your rights in clear, simple language. We offer free consultations to people who have been injured and to their families and friends.

We will explain your rights, the legal process, and how our lawyers can help.

For expertise and support that get results, call us. We've been helping Canadians obtain just compensation for 70 years.

At Thomson Rogers, we're here to help.



Thomson Rogers, Barristers and Solicitors, 416-868-3100



Celebrating
Leadership in
Litigation for **70** years!

www.thomsonrogers.com



The Wolves Teach

As an amateur tracker I have learned a lot about life by following the tracks and trails of wild animals. Some of my most intense lessons have come from tracking the wolves in Algonquin Provincial Park.

My tracking expeditions always happen in the cold month of February. The powdery snow on top of packed ice makes tracking a lot easier for a novice like me. Three winters ago we decided to check out a trail that headed toward Blackfoot lake. Upon arrival at the trail head we were very excited by what lay there awaiting us---a large wolf scat. I realize that scat is not very interesting to most people and many even be repulsive, but scat is very important to a tracker. Not only does it tell you of the presence of an animal but also what the animal has been eating. Upon close examination this wolf had recently dined on grouse, also known as forest chicken.

We easily picked up the trail, got familiar with some individual tracks then backtracked the wolf off the main trail and across an open bog. We watched as the wolf's tracks showed us how the wolf had to bound through the deep snow like you may have seen your dog bounding

through chest deep water. We also found a place where the wolf laid down to survey the bog for a while before crossing.

From this point the trail led us right into the spruce woods.



This was a very difficult route to follow, as the wolf seemed to choose the densest brush to pass through. We also noticed the wolf would frequently poke its nose into little snow mounds, tree bases, and brush tangles.

It was finally time to make a fire and have some lunch. We sat together and puzzled about the wolf's behaviour. Why would it go through such difficult brush and why would it poke its nose into all those snow mounds? The answer came when our leader reminded us as to what would be the foremost priority on this animal's mind, the same thing that was on our mind---lunch. I sat by the fire and thought about how hard it must be to be a lone wolf hunt-

continued on page 24



Cohen Highley
LAWYERS

Suffered a serious personal injury?

Contact one of our specialized
Personal Injury Lawyers.

Vicki J. Edgar
(edgar@cohenhighley.com)

John W. Makins
(makins@cohenhighley.com)

Lucy Lee
(lee@cohenhighley.com)

Bradley W. Stone
(stone@cohenhighley.com)

Robyn Marttila
(marttila@cohenhighley.com)

Our experienced team of specialists provide effective and innovative solutions to the problems arising out of a serious injury. We recognize the issues and stresses that can affect an entire family when someone is injured and are sensitive to the need for a timely and effective resolution.

While compensation is available when the injury is the result of the negligence of another, the path to it can seem daunting. We quickly determine who the at fault party is and quantify the compensation to which you are entitled. We provide answers to your questions and ensure that you receive the appropriate medical care, rehabilitation, assistance in return to the workplace, counseling and wage loss benefits.

One London Place
255 Queens Ave., 11th Flr.
LONDON, ON N6A 5R8

Tel. (519) 672-9330 - Fax. (519) 672-5960

Website: www.cohenhighley.com



continued from page 23

ing through the woods trying to scare up a rabbit or a grouse.

Now I will skip ahead to the next winter and a very different wolf trail story. It was a delightfully sunny day and our early morning scouting party had picked up some wolf sign at

Opeongo Lake. We picked up their trail near the base of a fir tree that had been well scratched by a black bear. Following the wolves' trail we could see there was more than one wolf but it was hard to tell just how many were in the group. We followed the trail

through the most beautiful forest and to spectacular lookouts over the icy lake.

The pack then broke out across the lake and we got a better idea as to their size. We soon found the pack was on a deer hunt and we could easily see in the trails how they worked together to hunt the deer. The dominant male always seemed to be hanging back, outside of the awareness of the deer. We soon learned the alpha male's job was to be the one to deliver the deathblow as the others worked the deer toward him into the trap. The wolves ate well that day.

On my way back to the cabin that night under the full moon and sky dense with bright stars I began reflecting on the life of the pack versus the life of the lone wolf. I remembered how the lone wolf struggled in the deep snow, and had to be happy with hunting small animals. It reminded me of a time after my accident that I was so alone. I felt like I was the only one in the world who felt such anger and resentment. I remembered sitting on the front steps of my apartment building watching life go by and not feeling like I was part of it. Deep down I held a lot of shame and sadness that looked like anger and hate when it came to the surface. I felt so alone and my spirit felt like it was hiding at the back of a cold dark cave.

continued on page 25



Facilitating Independence.

Continuum provides cost-effective, quality in-home and on-site rehabilitation services to facilitate the transition from hospital discharge to community re-integration. We provide these and other services to adults and children across Ontario:

- Pre-hospital Discharge Assessment
- In-home Assessment & Treatment
- Attendant Care Needs Assessment
- Catastrophic Rehabilitation: ABL, spinal cord, complex orthopaedics
- Future Care Cost Analysis
- Jobsite/Ergonomic Assessment
- Physical Demands Analysis
- Return-to-Work Programmes
- Vestibular Rehabilitation

Call us for more information at 1.800.667.1794 ext. 241 or visit us at: www.continuumrehab.com



continued from page 24

I also reflected on the power of the pack. Those wolves constantly lived in a survival situation but at least they had each other. Each one had their job and together they dined on wonderful food, even in the middle of the coldest and darkest days. Having each other to take turns breaking the trail meant more energy for other things. It must feel nice as a wolf to bed down on a January night with a group of others as opposed to lying down alone under all those

stars. I encourage all ABI survivors and family members who are lone wolves to reach out and find others to learn from. I have seen many times the power of meeting and learning from each other. I have seen how it brings people hope. I have seen how it allows people to begin accepting who they really are. I have also seen survivors working together, each with their own special job and achieve great things: such as the Moving Ahead Together Survivor Conference.

There are a few outstanding ways of reaching out and finding each other. The Moving Ahead Together Conference (MAT 3), run by survivors for survivors, is one of them. The new OBIA Peer Mentoring program is another where survivors who are well down the road of recovery mentor partners who are newer to brain injury and are struggling alone to recover.

The other fabulous program is Camp Dawn, where survivors get together for a three-night retreat and just enjoy getting away and reveling in the comfort of each other's company. Another avenue is to find out if there is a support group provided through your local brain injury association.

Look inside and find the courage to reach out to other survivors. Being alone is a cold and bitter place. It can be very difficult to be with other survivors because it means admitting you do have a brain injury.

The adversity will always be there, it may still feel like a survival situation but the hopeful journey to Peace, Joy, Love, and Purpose, is a lot easier if we are doing it as part of a community, surviving and moving ahead together.

Kevin MacGregor

THE DOWNTOWN CLINIC
Physiotherapy & Health Counselling

115 1135 Adelaide St., N. London, ON N6H 2G4
Bus: 519-434-2795 Fax: 434-8661
Email: info@downtownclinic.ca

- ◆ Neuro-Logic Programs
- ◆ Chronic Pain Programs
- ◆ Vestibular Rehabilitation
- ◆ Therapeutic Golf Rehabilitation
- ◆ Personalized Fitness Programs
- ◆ Medico-legal Consultations

If you have been injured in an automobile accident, treatments may be covered all or in part by your Extended Health Benefits or Motor Vehicle Insurance, ask us for details.

No Physician Referral Necessary!

Call us today to book your appointment.

(519) 434-2795

www.downtownclinic.ca



REALIZE YOUR POTENTIAL!

Regular exercise is important when living with brain injury. Annual consults with a physiotherapist will keep your program manageable and up to date.

Maintain and improve your physical and functional status.

The Physiotherapists at THE DOWNTOWN CLINIC can help you reach and surpass your goals.



Realistic Goals...
Realistic Solutions!



Take Time to Enjoy the Change of Season

As we move into August I'm startled to realize that summer is just about finished as we cruise towards fall, and get ready to stumble into winter. What a lovely thought! As the seasons change so must our outlook on life. It helps us adjust to the changing environments we find here on earth; so too, must our own outlook cast a different shadow from those around us. In order for our own outlook to remain unique, and our focus can also remain unique.

As we enjoy the last bits of summer let us reflect on where summer has brought us and where we can look to enjoy the rest of our life.



For many of us the enjoyment of life means that we can expect our lives to unfold as we wait. Waiting can be a cumbersome task if our attention is not focused on the small details of life.

The summer brings us the opportunity to relax and enjoy the summer warmth along with the sometimes intense heat waves that tend to drive us to the cool air conditioned climes of the malls.

Other places are the windswept confines of a local golf course, to enjoy a round of golf. As well, we can find solace in the cool confines of a local pool, or the quiet solitudes of a local library. Wherever you may find yourself, enjoy the summer, and be happy.

Doug Everett

“When my son was seriously injured, I didn’t know where to turn. Lerner’s listened. They understood, and got our family the help we needed.”

— Diana Rock, London, ON

Motor vehicle accidents / Boating and recreational vehicle accidents
Slip and falls / Insurance disputes / Defective products / Occupiers liability
Long-term disabilities / Physical and sexual assaults / Class actions



Accident Hot Line 1.800.263.5583

Hospital or home visits available, references available
(free initial consultation, free parking @ main office)

LERNERS

Lerner's LLP
Barristers & Solicitors

80 Dufferin Avenue
London, ON N6A 4G4
Tel: 519.677.2047
Fax: 519.672.2044

www.lerners.ca



Collaboration in Case Management

By Deborah Crowe, RRP, RCSS
Rehabilitation Consultant, Davwill Consulting Inc.

Like most human beings we tend to find the differences between many things instead of being positive and finding the similarities. Focusing on the similarities not the differences allows us to really see that some of us work in positions that are truly similar to someone in another position perhaps in another industry.

I recently spoke at the Ontario Case Manager's Association annual conference. It was held in Toronto in April. This is a two-day conference, which draws a diversified audience, many being case managers, but from several different sectors (i.e. auto insurance (Bill 198), life and disability insurance companies, Community Care Access Centers (CCAC), Veterans Affairs (VAC), Workplace Safety and Insurance Board (WSIB).

It was not only interesting to offer a presentation from my perspective on working in the private industry under the automotive legislation Bill 198, but as I listened eagerly, I became aware of the barriers, circumstances, family dynamics, and many other facets that other case managers were experiencing within their own individual sectors.

If you look at the words case management, one would think "managing a case". Unfortunately, the case is attached to a number (i.e. claim #), which essentially is a person, a human being, someone's child, someone's spouse, brother, etc. We get caught up in policies and procedures when we really need to balance the paperwork with the dynamics and trauma that this family and/or individual are going through.

How many times have you been at a party and someone has asked what you do? When you answer them and say you're a case manager, how many people know what this is? The description/job of case management is not known by

most people. Many consumers are unaware of their automobile coverage or their benefits and if there is an accident their right to retain a case manager if they become catastrophically injured.

The difficulty of consumers not knowing about the existence of the many case managers is that there needs to be more education, more awareness to let the general public know that these individuals are in the community and are willing to help them. Who is responsible for this the Insurance Bureau of Canada (IBC) or the Financial Services Commission of Ontario (FSCO)?

When I presented at the OCMA conference with another case manager from CCAC we worked over a three-month period on our presentation. It was overwhelming to share experiences and specific cases, only to realize we both faced similar problems on our files.

Whether you work in private industry or CCAC we face similar trials and tribulations. You need to know the system and the benefits but most importantly, you need to be creative, innovative, and always willing to "think outside the box".

CCAC case managers also have difficulty accessing funding for their clients, much like anyone working under Bill 198 may have.

The definition of case management as developed by the Ontario case managers

Association is "Case management is a collaborative service consisting of interrelated processes to support clients in their efforts to achieve optimal health and independence in a complex health, social, and fiscal environment".

One of the best skills in being a good case manager is being a good communicator. It becomes a juggling acts that requires exemplary organizational skills, as well as the

continued on page 28



continued from page 27

ability to build good relationships with hospitals, families, physicians, specialists, therapists (inpatient/outpatient/community-based), life and disability companies, auto insurance adjusters, schools, provincial and federal government programs (ODSP/ CPP) and legal counsel.

A good case manager becomes the center hub of communication. Not only is it necessary to have this implemented and initiated quickly from the start, it allows for a smooth transition for the client and their family from start to finish.

There is a lot of information on the philosophy of case management but in my opinion it is not a profession in itself, but an area of practice within a chosen profession. Many case managers specialize (i.e. brain injury) which is extremely beneficial to that population of people within any given community.

Where collaboration is imperative are patients who sustain a non-catastrophic injury. Sometimes, an auto insurance adjuster will allow a short amount of time for a case manager to coordinate care on a without prejudice basis. A good case manager in this scenario would liaise with a CCAC case manager to ensure a smooth transition, no interruption in services and a fluent treatment protocol.

There are many resources on the Internet, such as:

CCAC Website (lists all regions)
http://www.health.gov.on.ca/english/public/contact/ccac/ccacloc_mn.html

FSCO Website

www.fSCO.gov.on.ca

Ontario Case Management Association

<http://www.ocma.on.ca>

Veteran's Affairs Canada

<http://www.vac-acc.gc.ca/general/>

Workplace Safety & Insurance Board

www.wsib.on.ca

For anyone reading this article and practicing case management, regardless of the sector, I ask you, do you offer case management services like you're managing a friend or a member of your family? Is there a difference in the way you offer care?

Manage the health care team, don't micromanage, let the professionals do their job and bring their specialty to the case.

Try to always be proactive and progressive with your clients, your community-based team, and all the other individuals working with you.

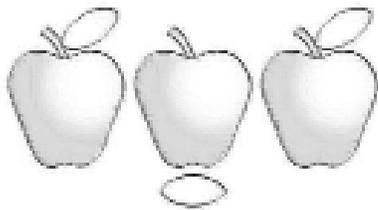
The most important thing to remember is that our clients don't want our pity; they want progressive goals and a light at the end of the tunnel.

You cannot compare files as all are individual, different and unique.

LISTEN... it is your best quality that you can give.

Davwill Consulting

"Effective & Efficient Case Management"



DEBORAH CROWE, RRP, RCSS
Rehabilitation Consultant

Disability Case Management
(Specialize in Acquired Brain Injury)

Vocational Rehabilitation

Technical Assessment & Consultation

1140 Frances Street, Suite 4
London, Ontario N5W 5N5

(519) 659-8799



The Brain Injury Association of London & Region gratefully acknowledges the following people and businesses that have made a donation since the last publication of the Monarch.

It is this type of generosity that enables the association to maintain our commitment to maximizing the quality of life of individuals living with the effects of brain injury.

Special Thanks to the Following:

Price WaterhouseCoopers

An advertisement to publicly show our appreciation of the many sponsors and donors that have contributed to The Brain Injury Association, was placed in the July 28th edition of the London Free Press.

Unfortunately, *Davwill Consulting* was inadvertently omitted from the list. The Brain Injury Association of London & Region is grateful for Davwill's ongoing support.



Upcoming Conferences and Events

**Support Groups will
begin meeting
again after
summer break.
Please call 519 642-4539
for information.**

**September 13-16
Camp Dawn**

**September 21
Brain Injury Golf Classic.**



Brown Beattie O'Donovan LLP **BARRISTERS & SOLICITORS**

WE CAN HELP

If you or a family member are suffering the effects of a brain injury or other serious injury, contact Andrew King for advice as you may be entitled to benefits and compensation.

Andrew G. King, Q.C.

***In practice since 1970
Free initial consultation***

**Telephone: (519) 679-0400
Fax: (519) 679-6350
E-mail: aking@bbo.on.ca
Website: www.bbo.on.ca
1600-380 Wellington Street
London, ON N6A 5B5**



Announcement!!

THE ONTARIO
TRILLIUM
FOUNDATION



LA FONDATION
TRILLIUM
DE L'ONTARIO

The Brain Injury Association of London & Region is pleased to announce that the Ontario Trillium Foundation has awarded our organization \$88,400 over two years to increase community supports, especially in rural areas, for those impacted by brain injuries.

Thanks to the generosity of the Ontario Trillium Foundation, this grant has allowed the Association to create a part time position dedicated to the development of this important initiative. The Board of Directors extends a warm welcome to Joe Zablocki who will fulfill the new role of 'Support & Volunteer Coordinator'.

The Ontario Trillium Foundation, an agency of the Ministry of Culture, receives \$100 Million annually from Ontario's charity casino initiative.



PARKWOOD HOSPITAL
Driver Assessment Rehabilitation Program
Ministry of Transportation Approved Driving Assessment Centre

Driver rehabilitation services provided by experienced Occupational Therapists and licensed driving instructors. We specialize in driver assessment and rehabilitation services for:

- ◆ persons whose changed health status due to trauma, illness and natural aging
- ◆ persons with physical disabilities who may require equipment and/or modifications
- ◆ person wanting to learn how to drive who need special instruction or vehicle adaptations

We Provide:

- ◆ Clinical Assessment
- ◆ On Road Assessment
- ◆ Passenger Assessment
- ◆ Driving refresher program for healthy elderly driver
- ◆ Psychology services to assist with anxiety and post traumatic stress issues relates to driving
- ◆ Full certificate driver education program for new drivers with physical and/or learning disabilities
- ◆ Vocational Driving Assessment
- ◆ Equipment and Vehicle Modifications
- ◆ In car driver training

Call Us At:

Phone: (519) 685-4070 Fax: (519) 685-4576

Our Address

801 Commissioners Road East
London, Ontario
N6C 5J1





The paths to recovery and life fulfilment
are as individual as our clients and their needs.

For consultations or referrals call

519.646.2949

www.rehabfirst.ca



Occupational Therapy Assessments and Treatments
Vocational and Educational Consulting and Counseling
Future Care Cost Analyses and Reports
Rehabilitation Therapy
Initial Assessments
Case Management
Forensic Rehabilitation
Personal Counseling
Medical Assessments





BARBARA L. LEGATE, LL.B. 

Most frequently recommended lawyer (personal injury) in South Western Ontario*

Listed in the **BEST LAWYERS IN CANADA**

Over 26 years experience

* The Canadian Legal Leap-Net® Directory 2002, 2003, 2004, 2005, 2006



RECOMMENDED MOST

BY OTHER LEADING PERSONAL INJURY LAWYERS

SERIOUS INJURY · NEUROTRAUMA · DEATH
CAR CRASHES · MEDICAL MALPRACTICE · FALLS



LEGATE

PERSONAL INJURY LAWYERS

LEGATE & ASSOCIATES PROFESSIONAL CORPORATION



DEAN R. MACDONALD, LL.B.



TARA B. POLLITT, LL.B.



KAREN A. HULAN, LL.B.



JOHN W. GORDON, LL.B.



STEVEN L. KENNEY, LL.B. 
COUNCIL TO 1037 PM

519-672-1953

150 Dufferin Ave., Suite 302, London, ON N6A 5N6
email: admin@legate.ca · Fax: (513) 672-9993 · www.legate.ca

RESULTS FOR INJURED CHILDREN, ADULTS & THEIR FAMILIES

Brain Injury Association of London & Region
307-111 Waterloo Street, London, ON N6B 2M4



**BRAIN INJURY
ASSOCIATION**
OF LONDON
AND REGION

CANADA		POSTES
POST		CANADA
Postage paid		Port payé
Publications Mail		Poste-publications
40790545		