



**BRAIN INJURY  
ASSOCIATION  
OF LONDON  
AND REGION**

# The Monarch

September 2007



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The Brain Injury Association of London and Region acknowledges the generosity of Legate & Associates as sponsors of this publication.

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# EXECUTIVE DIRECTOR'S REPORT

Historically, the summer is typically a very quiet time here at the Association, but 2007 has proved to be the exception!

In June, we were involved in several community events promoting Brain Injury Awareness Month in addition to our 10<sup>th</sup> annual conference, introduction of the 3rd Edition of the Brain Injury Services Directory, as well as the Helmets on Kids campaign.

We ended the month with our 2<sup>nd</sup> annual Brain Injury Awareness Event and Annual General Meeting. We said goodbye to several Board members including Jim Mays, Len Van Esch, Stephanie Schneider, Dr. Kelly Benn, Connie Spuria and Diane Schumacher.

Our sincere thanks go to all of these dedicated individuals who have helped to shape our organization. At the AGM, we welcomed new Board members Doug Bryce, Angie Blazkowski, Gary Cockman, Yvonne Pollard, Jamie Fairles and Talaal Bond.

Special guests John Kumpf, Executive Director of OBIA, along with Jim Wegg, Consultant to OBIA joined the new 2007-8 Board for a barbeque and informative discussion of a new Shared Activity Agreement that would offer members a dual membership to both organizations.

We are thrilled that Kevin MacGregor received the OBIA Volunteer of the Year Award (see photo to the right).

The Fundraising & Community Awareness Committees joined together to do some strategic planning on increasing our profile in the five counties we serve.

Mary Carter & I represented the Association at the Brain Injury Association of Canada conference in Montreal. It was interesting to network with individuals across Canada and we brought back a few new ideas for unique programs that we could offer here.

August has kept us busy with last minute planning for Camp Dawn and the Brain Injury Golf Classic. We

look forward to the fall and have several student internships lined up to assist with many of the projects we have planned.

A big thank you goes out to all the volunteers who are the backbone of our organization. We are currently recruiting new volunteers to serve on our committees and help out with our Support Groups, so please consider giving a few hours of your time.

And now for the big news, we have spent much time and energy on searching for a new home for our office. We are pleased to announce that we will be moving to 560 Wellington Street, Lower Level on October 1!

We are in need of newer furniture for the office, so if you have bookshelves, board room furniture or computer desks that you would like to donate, please call 519 642-4539.

Stay tuned, the best is yet to come!!

*Donna Thomson*



Congratulations to Kevin on being Ontario Brain Injury Association's volunteer of the year!

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## It's a No-Brainer: MAT3 a Success!

by Jamie Fairles



On June 5th and 6th of this year, the third Moving Ahead Together, an acquired brain injury survivor's conference was held at Woodeden in London.

Survivors of brain injury and their family and friends joined professionals in the field of brain injury from all over south-western Ontario for two days of informative sessions on brain injury-related topics and activities such as Tai Chi, yoga, and circle drumming. Living in the moment and not dwelling on the past was a popular theme this year.

CFL hall of Famer and ABI survivor, Terry Evanshen opened the conference by delivering his inspirational speech on seizing each day as the conference's keynote speaker.

Published author and survivor, Daniel Cullen closed the conference by echoing Terry's maxim by declaring



that the only moment that matters is the current one, so live life to the fullest each moment because one's actions in a certain moment influences one's future.

The attendees found the conference to be very fun, exciting, and informative at a very affordable price. The Brain Injury Association of London & Region's own Executive Director, Donna Thomson lent her time and hands in the kitchen preparing and serving the meals. According to the attendee's comment cards it was widely agreed that the quality of food served at MAT3 made an already great conference even better.



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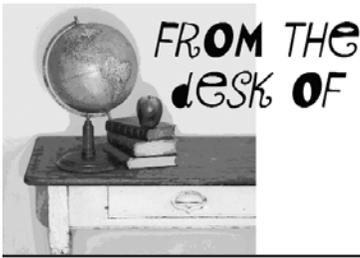
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**Joe Zablocki**

**Support and Volunteer Coordinator**

It is hard to believe that a year has past since I first sat in this office and prepared to take on the role of support and volunteer coordinator. It has been a busy year and I have thoroughly enjoyed my time with the Brain Injury Association of London and Region. This year has been a busy one with many new services being offered by our association. The success of our organization and increase in services would be impossible without the many volunteers from all walks of life who give so freely of their time and talents. To you our volunteers we say a heartfelt thank-you.

In November we trained our first peer mentors and we have successfully matched several partners. The feedback from both the partners and mentors has been very positive. We are now looking for additional people to train as mentors as we have a number of partners in need of an appropriate mentor match.

This year also included my first involvement with Camp Dawn and it was without a doubt one of the most rewarding experiences of my life. I have been involved in camping for over 25 years and this was one of the best camps I have ever attended. I am looking forward to another wonderful experience at Camp Dawn this month.

The support group services of our association have grown this year and in September we will have six groups meeting monthly with at least one group in each of the five counties we serve. It is our goal to have at least two groups in each county with additional groups to serve specific needs groups.

One of the unique groups we are exploring is a parent/child group where the parents of a child with an acquired brain injury and the child can attend the same group with support services and activities in place for both. In order for this group to be successful we will need to find community partners and leaders who have a passion to reach out to this population.

A second niche group we are exploring is a social activity support group for those in the 18-30 year old age group. We know that there are special

needs in this age group and we hope that a group comprised of persons with an ABI and their peers will help meet some of these needs. This group would meet monthly for a prearranged social activity that will be determined by the members of the group. We have students from the University of Western Ontario who are interested in assisting with the leadership of this program and it is hoped that early in the year we will have our first activity.

The year has also been filled with training at Brock University, Conferences, Helmets on Kids and many other activities. As I stated earlier it has been a busy and rewarding year and I look forward to the coming year and the opportunities it will offer.



Support Group Leader Joanne Osborne receives recognition for 10 years of volunteer service.

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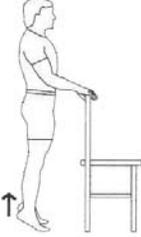
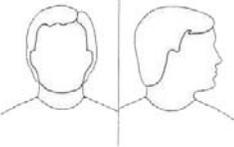



# GOLF AND BALANCE - Part 2

Sari Shatil MSc PT  
Physiotherapist, Continuum

This article is the second part of a two part series. The first article appeared in the June 2007 issue of The Monarch.

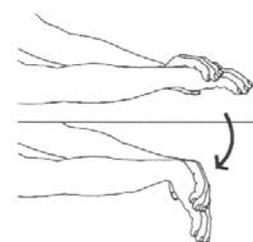
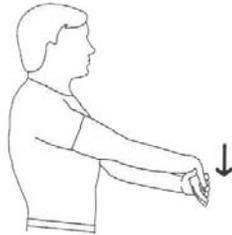
**Table 1. Pre-Golf Balance Routine**

Position	Directions	Benefits
	<p><b>SIT TO STAND</b></p> <p>Sit up tall with feet flat on floor. Hold hands together. Lean forward and Stand up.</p>	<p>Improves general mobility. Increases leg strength. Prepares balance reactions.</p>
	<p><b>UP ON TOES</b></p> <p>Hold a counter for balance. Rise up on your toes. Slowly lower.</p>	<p>Increases calf strength. Improves balance and steadiness.</p>
	<p><b>RHOMBERG</b></p> <p>Hold a counter for balance. Place feet together. Find balance. Release counter.</p>	<p>Further challenges balance. Decreases sway during stance. Progress by standing on a mat or pillow.</p>
	<p><b>NECK ROTATION</b></p> <p>Sit/stand up tall. Tuck chin and rotate left. Repeat to the right.</p>	<p>Increases cervical flexibility. Prepares spine for rotation movements of golf</p>
	<p><b>TRUNK ROTATION</b></p> <p>Use your golf club to stabilize your trunk. Turn core on. Rotate right. Repeat Left.</p>	<p>Increases trunk and spine flexibility. Prepares balance reactions required to golf.</p>



**Table 2. Pre-Golf Stretches (Upper Extremity)**

**Position**



**Directions**

**POST. DELT.**

Raise arm to shoulder level. Straighten elbow. Cross Arm over chest. Hold above elbow with opposite hand.

**WRIST EXTENSION**

Straighten arm and turn palm up. Bend fingers towards ground. Gently pull further.

**WRIST FLEXION**

Straighten elbow and turn palm down. Bend fingers towards ground. Gently pull further away from the body.

**Benefits**

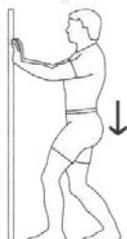
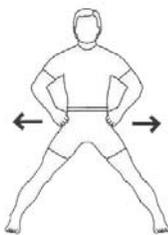
Stretches rotator cuff. Compresses a/c joint. Prepares for top of the backswing and follow through positions.

Stretches wrist flexors. May relieve golfer's elbow pain. Prepares wrist for top of the backswing position.

Stretches wrist extensors. May relieve tennis elbow pain. Prepares wrist for the acceleration phase in a long club shot.

**Table #3. Pre-Golf Stretches (LowerExtremity)**

**Position**



**Directions**

**HAMSTRING**

Hold on for balance. Step forward with one foot. Lift toe up. Bend supporting leg. Lean forward.

**GROIN**

Hold a counter for balance. Stand with feet apart. Bend right knee. Feel a stretch in your left inner thigh.

**GASTROCS**

Step forward with right foot. Straighten left knee. Push left heel into the floor. Bend right knee and lean forward.

**SOLEUS**

Step forward with right foot. Push left heel into the floor. Bend left knee. Bend right knee and lean forward.

**Benefits**

Stretches hamstrings. Mobilizes sciatic nerve. Improves balance and stability.

Stretches inner thigh. Increases stability and balance. Strengthens legs.

Stretches calf and Achilles tendon. Assists with gait.

Stretches the calf and Achilles tendon. Prepares ankle and knee for golf swing.



# How To Talk To Children About Brain Injury

by Laura Taylor & Dr. Jeff Kreutzer

After a relative or friend has a brain injury, life can be especially hard for children. They have a hard time understanding what has happened, how to cope, and how to help. Parents often say that they have trouble explaining injuries to their children. Here are some ideas of ways you can explain brain injury to your child after one of their family members or friends is injured

The brain is like a command station of a space ship. To understand brain injury, think about what would happen if the command station were hit by a meteorite. If a meteorite hits the command station, the command station may not be able to control the direction the ship travels or what the ship does. The brain controls how the whole body works like the command station controls the ship. After the brain is hurt, it may send out the wrong signals to the body or send out no signals at all. A person with a

brain injury may have trouble walking, talking, hearing, or seeing. They may even need a machine to help them breathe.

Most of the time, a broken bone will heal and be good as new. A hurt brain is different. The person with the injury may look the same, but usually they will act different than before. The person may walk slowly or use a wheelchair to get around. They may get tired easily and sleep a lot. Paying attention may be harder for them. They may not remember what you say to them. They may have trouble understanding a joke or telling a story. They might say or do things that are strange or embarrassing. They may get angry more easily and have temper problems.

The person might be upset because of the changes caused by their injury. There may be things that the person with a brain injury cannot do

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anymore, like playing soccer or going swimming. If other people laugh or treat the person differently than before, the person may feel sad and cry easily. Sometimes a person with a brain injury will be very angry about the injury and might get mad and yell a lot.

A bad cut may take a few days or weeks to get better. A broken leg may take six weeks or longer to heal. Getting better may take months or even years. Sometimes people with a brain injury have problems for the rest of their lives. Still, they can feel better and learn new ways to do things.

Brain injury changes people, sometimes a little, sometimes a lot. You might be confused by the changes you see. Still you love and care about the person anyway. Even though they might seem sad or mad sometimes, remember that they still love and care about you too. Try to remember that the changes are caused by a brain injury. Then the changes will be easier to accept.

Explaining these points to your child may help him or her better understand what has happened to their family member or friend. Your child may feel better if he or she understands what is going on and be less

scared. Talking about the injury also opens the lines of communication and lets them know it is okay to talk to you about it.

*Printed with permission of the Commonwealth Traumatic Brain Injury Model System Program.*

## LEGATE WELCOMES DR. BRIAN MURPHY TO OUR LEGAL TEAM

Legate & Associates continues to grow. Barbara Legate is pleased to welcome our newest associate, Dr. Brian K. Murphy B.Med.Sc., M.D., LL.B., LL.M. Brian has practiced law in Toronto for the past five years following ten years as a family doctor. He brings exceptional skills in complex medical issues to our legal team, having represented clients in medical malpractice suits and personal injury cases. The addition of Dr. Murphy expands our capacity to represent the profoundly disabled including children and their families. If you have a problem, see Legate.

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# Brain Injury Association of London and Region Monthly Support Groups

## London/Middlesex

Great Canadian Superstore - 2nd Floor Community Room  
Oxford Street East and Gammage Street  
London, Ontario  
Last Thursday of Each Month

## Perth County

Zehrs Markets - 2nd Floor Community Room  
865 Ontario Street, Stratford, ON  
Last Tuesday of Each Month

## Huron County

Huron County Health Unit, 77722B  
London Road, South, Clinton (located behind Huronview)  
Last Thursday of Each Month

## Oxford County

Woodingford Lodge  
300 Juliana Drive Woodstock, ON  
Last Tuesday Each Month

## Elgin County

St Thomas Senior's Centre  
225 Chestnut Street, St Thomas ON  
Third Monday of Each Month

All groups meet from 7-9pm and all locations are  
wheelchair accessible  
Contact Joe Zablocki for update.  
[london.braininjurysupport@bellnet.ca](mailto:london.braininjurysupport@bellnet.ca)

Woodstock Public Library  
445 Hunter Street, Woodstock, ON  
Third Thursday of Each Month

This is a free service of The Brain Injury Association of London and Region  
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## New Brain Injury group on Facebook

*Jamie Fairles*

After receiving numerous requests to join the seemingly ubiquitous social utility network, I joined and created a profile for myself on Facebook, where one can post pictures, interact with friends, make announcements for upcoming events, join groups created by others, among other things. These groups are created so that anyone interested in a particular cause, belief, event, show, etcetera can show their devotion by joining the group. The groups vary from such topics as a supporting the troops in Iraq and Afghanistan, to various school alumni, and even random topics such as "Everything can be answered with a Simpsons quote." I've seen many groups devoted to cancer, HIV/AIDS, Parkinson's disease, and Multiple Sclerosis, and there are about 120 groups devoted to brain injury. The groups range from Acquired Brain Injury in Canada (ABI),

Brain Injury Awareness, People Rockin' Brain Injuries or Support Someone Who Is, IMoving Ahead With Your Brain Injury, various brain injury associations, and the group that I created for the members of this brain injury association, Supporting A.B.I. (Acquired Brain Injury) Most of the brain injury groups are open groups meaning that anyone can join. My group is meant to spread awareness of how many Canadians are either killed or disabled by this tragic affliction and that it is a hidden disability.

If you have a profile on Facebook don't hesitate to join my group or the other groups as they are an excellent venue for survivors and supporters to send each other messages of encouragement, helpful tips, post pictures, or just to say 'hi'. Just type in 'brain injury' in the search box on the group's page to find the brain injury-related groups.





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## Educational Opportunity for Family Members and Community Partners

Bayshore Home Health is pleased to partner with the Ontario Brain Injury Association (OBIA) to offer the Brain Basics Training Program. This program is designed for health care workers (Registered professionals and non-certified), as well as family members.

This program gives a basic understanding of the brain, the consequences of brain injury, basic strategies for coping with the impairments resulting from ABI, and the roles of various members of the transdisciplinary team who may have a role in assisting the injured person to reach his/her maximum level of physical, cognitive, behavioural and social functioning.

The cost for this course is \$250.00, but for family members, living with a Brain Injured family member, we are offering it free of charge. For Community Partners the cost will be \$100, with all proceeds after admin cost being donated to our Local Brain Injury Association. Details:

**Program will run two eight hour sessions**

**October 31<sup>st</sup>, 2007, November 7, 2007**

**9-5 (lunch will be provided)**

**Location: Bayshore Home Health, 595 Bradley Ave, second floor**

As the enrolment is limited, please contact us as soon as possible to reserve your spot!

\*For successful participants (receiving 60% or greater), you will receive third party certification from the Ontario Brain Injury Association

\*For members of CARP – 12 hours of educational credits will be awarded upon successful completion of the program





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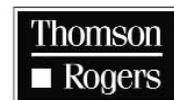
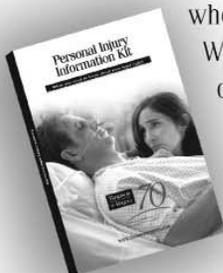
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# HELMETS ON KIDS

*A Community Partnership*



## Maureen Nagle and Joe Zablocki Introduce



We are pleased to announce the opening of Inclusive Health Care Management (InCare), providing Case Management and Rehabilitation Therapy Services, specializing in Acquired Brain Injury and Spinal Cord Injury for all age groups.

InCare provides rehabilitation services throughout Southwestern Ontario, with special interest in areas north of London, including Grey Bruce Peninsula.

For further information on our services please visit our website at [www.incarehealth.com](http://www.incarehealth.com), or contact us at

InCare RR 1 Lucan Ontario N0M 2J0  
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The sixth annual Helmets on Kids event was held on June 21, 2007 at Aberdeen Public School. Barry Phelan, a track and field athlete representing Canada in the 2006 International Paralympic Committee Athletics World Championships, spoke to the grade four class about his brain injury, his recovery, and his determination to become an athlete.

London's mayor Anne Marie DiCicco-Best was also in attendance, and spoke to the children about bicycle safety and helmet use. She graciously demonstrated the proper way to fit and wear a bicycle helmet.

To date, Helmets on Kids a Community Partnership has provided approximately 6000 helmets to needy children in the London area. Given the success of the program, Barbara Legate, has accepted the chairmanship of the program on a provincial level. Initiatives are currently being undertaken in Halton-Peel, Metropolitan Toronto, Ottawa, Newmarket, and potentially in Windsor, Brantford and Kitchener.





# HELMETS ON KIDS

*A Community Partnership*

**We would like to express our gratitude for those who contributed to the success of our 6<sup>th</sup> Annual Helmets on Kids Campaign**

**Guests**

Mayor Ann Marie Diccico-Best  
Barry Phelan

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# Out and About with the Brain Injury Assoc.



Donna Thomson poses with keynote speaker, Dr. Barry Willer at the 10th Annual Brain Injury Conference, Two Problems only Please: Secondary Symptoms Post ABI.



Brain Injury Awareness laughs despite the



Volunteer Patty Horwath at the Dale Brain Injury Services Award Day.



Kevin MacGregor, Ray Thomson at the OBIA Adviv Toronto.



# About of London and Region



Day wasn't without its morose subject



Rempel and Donna  
sory Council meeting in



Terry Evanshen signed copies of his biography, *The Man Who Lost Himself* following his keynote presentation at our 10th annual conference.



Robin Tugender, board member fitting helmets at the Children's Safety Village's annual birthday party, and helmet exchange.



On June 28, Brain Injury Awareness Day was held at East Park Golf Gardens in London.





## Ask a Lawyer

Dr. Brian Murphy

### Fun and Fracture on 4 Wheels: What Your Child Should Know About ATVs

As an emergency room physician for many years, I have seen it all . . . bumps, and breaks . . . scratches and scrapes. One of the more distressing and not uncommon child injury complaints relate to ATV injury. It never ceased to amaze me that unhelmeted children were given the 'key' to a 600 lb. 3 or 4 wheel motorized vehicle and left to their own devices – sometimes with very unfortunate consequences.

Between 1998 and 2006, a group of Emergency Physicians at the Children's Hospital of Western Ontario noticed the same problems. They investigated ATV crashes in Southwestern Ontario.

They were trying to see what kinds of injuries were suffered by children in ATV crashes. Their report showed that approximately one third of the ATV injured children had sustained a significant head injury - and over half of those were not wearing helmets. They concluded that ATV injury was a "significant threat" to Southwestern Ontario's children.

What are the laws dealing with ATVs and children? There are surprisingly few. There is no age restriction for a child driving an ATV on their parent's property, but a child less than 12 years of age must be supervised. ATV injuries have been reported in children as young as one year of age!

Children and adults are supposed to wear helmets *except on their own property*. Helmets also have to be worn by those being towed by an ATV. In Ontario, once a child turns 12 he or she can drive an ATV on public property and must wear a helmet.



But, the ATV cannot be "just driven across the road to get to the other side". To do that, a valid Ontario driver's licence is needed.

ATVs also require registration, a vehicle permit and a licence plate. If you want to use your ATV anywhere else than your own property, there are other rules and consequences. Those rules acknowledge the after-the-fact danger of ATVs. If you lend your ATV to anyone, and they injure or harm another person with your ATV, you can be sued by the injured person.

**You are legally required to have a motor vehicle liability policy of insurance.** This type of insurance can protect you and provide certain benefits in the event of an unfor-

fortunate crash. If a child is injured as a result of an ATV mishap, they have access to needed treatment benefits and other benefits. They can also sue to obtain compensation for their injuries, lost abilities and lost chances to earn income. If there is no insurance, there may be ways for a child to access compensation from what is called the Motor Vehicle Accident Claims Fund.

Over one half of those children in ATV crashes who later ended up at the Children's Hospital of Western Ontario had fractured bones. In Canada, almost one in four ATV related deaths are among children less than 15 years of age. Failing to consider the consequences of a fun ride on an ATV, can lead to life long consequences - fractured bones and serious brain injury. Contact a lawyer for information on how children can access compensation and services following those injuries.

Dr. Brian Murphy

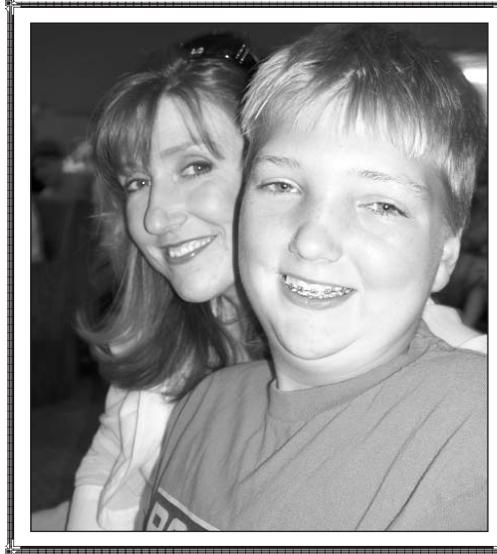
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# Raising a Young Child with a Brain Injury - Patience is Key

By Karen Masters

Matthew was a happy, healthy toddler. He was just learning to put sentences together and loved to spend time in the yard playing with neighbourhood children. On May 15, 1998, life as I knew it changed forever. Matthew, my then 23-month-old son, suffered a severe brain injury as the result of a tragic accident at a retail store; he suffered damage to his frontal and temporal lobes and continues to have significant difficulty with word finding, executive functioning skills, and peer relations.



He still needs constant reminders for daily tasks, and instructions often need to be repeated and/or reworded. I am always calm and never belittling. I do not get upset with Matthew for his limitations just as I would not be mad at a deaf child for not being able to hear.

My life with Matthew has changed; I will never know what he could have become had he not had the accident. However, he makes me proud each day with all that he has accomplished and I will spend the rest of my life

Immediately following the accident, Matthew's speech did not progress as expected; his vocabulary was limited and he was very hard to understand.

Peers did not respond positively to his incomprehensible attempts at communication. It was frustrating, even for me as his mother, to try to understand his wants and needs; I can only imagine how frustrating this was for him. His frustration often resulted in aggression, which in turn has led to peer rejection and isolation. It is heartbreaking as a mother to watch your child struggle with the simple aspects of childhood enjoyment.

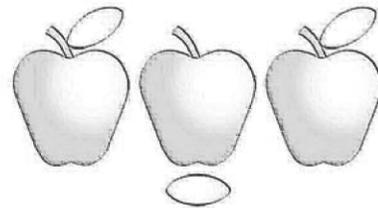
For many years I did not tell Matthew of his injury; I did not want him to use it as an excuse. I believe he always knew he was different from his peers and he felt inferior as a result. I have since told him what happened, and realize that I should have done this long ago.

Matthew has been lucky; he has benefited from the expertise of outstanding physicians, therapists, and teachers and has a very supportive family environment. It has been a long road, but he has shown significant progress in the nine years following the accident, and has developed many methods for coping with his limitations.

As a parent, patience is key. Matthew still struggles while putting his thoughts into words; what could take the average child just a few moments to express may take Matthew several minutes. It is important to encourage and help him find the words when he struggles instead of letting him give up and walk away.

encouraging Matthew to be his best, to accept his limitations for what they are, and to strive for his goals in spite of them.

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# Good Parenting For An ABI Survivor

*Kevin MacGregor*

Being a parent is a life-sized challenge for any human being. Well actually, I guess that is not always true. Having children can be very easy if you choose to take no responsibility in the grounding, teaching, and general brain patterning of your children. It is very possible to have children and also smoke dope and surf porn all day. The question here really is: What sort of parent do you want to be?

Several years after my brain injury my wife and I decided to have children. I was really afraid as to what sort of father I would be. Would I become an embarrassment to my kids? Would I be able to be helpful around the home? Would my children be in physical danger because of my poor concentration and fatigue? Would a great rage of anger threaten my children? What is my role since I am no longer a provider?

Children do not need a perfect father. One of the worst things to do to a child is to seem perfect. I just need to be human. There are times when I rage and times when I cry and other times when I am generally ashamed. What is important is how I handle these emotions, these challenges.

My three year old watches out the back window as I meditate and do my morning exercises. She does not yet understand why I do these things, but will one day learn why daddy gives himself a "time-out".

My little girl has seen me cry. She has seen it several times. Sometimes I tell her why I am sad and she gives me a hug and a kiss, just like I give her a hug and a kiss when she is crying. This is always so touching for me that my sadness melts.

I tell my little girl that my #1 job is to keep her safe. I am big daddy bear and I know it is of the utmost importance for her to feel safe. This does not mean that I keep guns in the house or keep a knife

in my pocket. This means that I never yell at anyone and I am never abusive. Pain and anguish do not dominate our home. Our home is built on Peace.

Maintaining Peace is constant work. I need to own my own issues and not make them my family's issues. I am constantly taking responsibility for my own inner Peace. If something such as obsessive thoughts of guilt or shame envelop me it is my responsibility to sort them out.

I also need to keep the Peace with my wife. This means a lot of talking and we have had therapy together several times. I cannot blame her for all my problems as this creates a great disturbance in the house disrupting the Peace.

Here are a few basic tips that I use or have seen others use that help them with parenting:

- **Get appropriate sleep and down time.** Perhaps have a place to retreat to when feeling upset and/or overwhelmed. Or, even better go to your retreat

place before you begin to feel this way. Your family does not need you every minute and definitely doesn't need you if you are going to blow your top.

- **Have help.** Enlist the help of friends, neighbours, family, daycare and/or nanny. One friend has help two hours a day and has a fenced in area her toddler plays in because she cannot run after him.

- **Don't be a hero,** you cannot do it all, all the time. Let your kids know people need other people to get through life. Your kids do not need every new toy or to be constantly entertained. It is important for them to learn to play alone.

- **Don't make up for your issues by spoiling your kids.** Many parents who are sad will shower their children with presents or artificial praise. This may temporarily help you but does nothing good for your children. They do not learn limits and do not feel safe. Children need to know an adult is in charge. An adult in charge does not need to suck up



to their kids all the time, seeking approval like another child.

- **Own your problems and keep your spouse in the loop.** "I am extra tired today. If I become extra moody it's not you dear."

- **Find a way to be proud of yourself.** It is difficult for a child to grow up proud if Mom or Dad is always ashamed and hiding themselves from the world.

- **Get a good parenting book.** I use 1-2-3 Magic by Thomas W. Phelan. This is a trusted old book and is used by the London Children's Aid Society.

- **Find out from your spouse the minimum jobs that are required of you.** This way you know what is expected and you can take responsibility for these things.

I have met several other survivors that have started families; I have met other survivors who lost their kids after their injury. I believe that a brain injury can be turned into an advantage when raising children. My passion for my family is much greater than other men I know. This is because I was so close to death I learned what was important in life. Also, my children see me as human and observe me coping with my personal issues. This helps them to learn to cope with their issues. My little girl has started giving herself timeouts when she is upset.

Accepting who you are is extremely important in keeping your family. Remember that you are a human being, capable of Love, Compassion, and Vision. No matter what you have lost you are not less worthy than other people. Allow yourself to grieve your personal loss and accept it, otherwise you could be losing a lot more. What kind of parent do you want to be?

I have a little song poem that I hope you find helpful. It is nice to use it often or post it were you can always see it.

My children you have a right  
to a Peaceful home today,  
My children you have a right  
to a happy home today,  
My pride, and my joy,  
This home is always safe for you.

I hurt inside  
The pain is raging,  
I hurt inside  
I Feel lost,  
But my Soul is here  
with you my Loves,  
I will always be your Daddy.

I may need more sleep,  
I may forget our last game,  
I may even cry at night,  
But then I will pick up your hand  
And leave my pain behind,  
Because it is more important to be your  
Daddy

Pediatric neuropsychology is concerned with the assessment of various types of cognitive skills and relating these to the functioning of a child's brain. A typical neuropsychological evaluation of a school-aged child assesses a number of domains including general intellectual level, academic achievement skills (such as reading, spelling and math), executive

functioning (such as organization, planning, inhibition, emotional regulation and cognitive flexibility), various aspects of attention, learning and memory, expressive and receptive language skills, visual-spatial and motor skills, and behavioural and emotional functioning. As part of the assessment, the parents are interviewed and asked to complete behavioural questionnaires, in order to get an understanding of the child's functioning in the home. In addition, school and medical records are reviewed and teacher ratings are frequently requested.

The profile of the child's cognitive strengths and weaknesses can help identify the areas of the brain that have been affected by their brain injury. This information is also used to help the child's parents, teachers, therapists and physicians provide treatment and interventions for the child that will meet their unique needs. The assessment can help explain why a child is having problems in school and/or at home and provide recommendations to compensate for any identified weaknesses whilst capitalizing on the child's strengths.

As children age and their brains mature, their skills go through periods of rapid change. As well, they are faced with increasing cognitive and academic demands over time. Thus, some weaknesses may not impact upon their functioning until the later years of school, when the child is faced with greater multi-tasking and organizational demands or increased volume of work and writing demands. Thus, a child may require serial neuropsychological assessments in order to monitor their functioning over time and to provide updated recommendations.

The London Health Sciences Centre (LHSC) is home to the Children's Hospital of Western Ontario (CHWO). Located within Victoria Hospital, on Commissioners Road East, CHWO provides specialized services across Southwestern Ontario for children aged 0 to 18 years.

The Diagnostic Imaging Department at Victoria Hospital provides full diagnostic services for children, including X-Ray, Nuclear Medicine, Ultrasound, CT and MRI.

Children presenting with head trauma will most likely first have a Computed Tomography (CT) scan performed. A CT scan is the standard of care for diagnosis of traumatic head injuries in adults and children. A two-minute CT scan answers the most important diagnostic questions such as whether there is bleeding in the brain, a serious skull fracture or brain injury

In some non-trauma cases, review of previous films and reports is enough to render a diagnosis, says Dr. Scott McKillop, a paediatric radiologist at Victoria Hospital. This avoids exposing young children to more radiation in the form of X-rays or a CT scan.

For advanced diagnosis of disease, Magnetic Resonance Imaging (MRI) is often performed. MRI uses a powerful magnetic field, 30,000 times the pull of gravity, to produce very detailed images for diagnosis. Images of the brain and spinal cord are diagnosed by senior neuro-radiologists such as Drs. David Pelz and Donald Lee. Tumours, brain injuries and congenital defects are the most common conditions in children that are diagnosed by Dr. Pelz and his colleagues.

A typical scan takes 20-30 minutes and creates 100-300 images. Any motion during this time can degrade the images and make diagnosis more difficult. Parents play a

crucial role by helping to calm their children both before and during the test. In most cases parents can be admitted into the MRI suite after being screened for metallic implants, due to the powerful magnetic field they will be exposed to. Many children will require oral sedation or general anaesthesia to undergo an MRI examination.

How do they do it? Survive in the Great White North!!! As a case manager in the Barrie area I get comments like, "Is there life above the 401?" It's not all that bad trust me.

I have been working as a case manager for a number of years providing service to many different areas, from London to Toronto, Barrie to Owen Sound and to the north - Sudbury, North Bay and surrounding area. At times it is a challenge to put together a rehabilitation team, particularly when the client is young and head injured.

A child with a head injury is most complicated involving family, school and social issues, as well as the transitions in growing from young child to adolescent to adult. An extensive team of qualified professionals is required. There are excellent therapists and means of accessing services, even in remote areas.

As a case manager, it is most important to select a team that will work and communicate well together to provide the best treatment for the client.



While it is true that travel has to be a consideration, the priority is to ensure that the child's needs for rehabilitation are met that will ensure optimum recovery.

The best way to locate therapists is through word of mouth and networking. A therapist with an excellent reputation becomes well known throughout the industry. Talking with lawyers in the local area is also another method, as they often have had past experience with therapists assisting their clients. Most communities have a Head Injury Association or a larger centre nearby where services can be accessed. Many associations put together a list of local therapists that can be accessed. At times CCAC (Community Care Access Centre) will also have therapists available or knowledge of therapists who work with head injured children.

I keep a "Resource List" that I update regularly. Contacting people I have worked with in the past, even though they may not be in the industry anymore, can produce valuable information. Attending conferences and workshops is also an excellent way to network and build up a list of resources.

Specialized services such as neurologist, neuropsychologist, etc, often need to be scheduled in the larger centres. The booking of such assessments must be timely as there are often lengthy waiting lists.

Once you establish teams within the areas you provide service, quite often these teams work together for an extended period of time. I am very fortunate to be a part of many excellent teams throughout my area to provide optimum rehabilitation to clients.



## Golf Classic Reminder

If you like golf and are interested in supporting the Brain Injury Association of London and Region & H.A.B.I.T. to raise money for brain injury treatment and awareness, it's not too late to sign up for the London Brain Injury Charity Golf Classic to be held Thursday, September 20, 2007 at Greenhills Golf Club in London. For further information and registration forms, please contact Lisa care of **H.A.B.I.T.**

P.O. Box 24136 London, ON N6H 5C4  
Tel:(519)672-4942 Fax: (519)672-8970  
Email:habit@rogers.com

**1.**  
**When will my child be back to their pre-injury self?**

Recovery from acquired brain injury varies dramatically, depending on the severity and mechanism of the injury, and the child's pre-injury functioning. We know that children who had pre-injury developmental delays often have a greater challenge post injury. Some children recover fairly quickly, while others have ongoing problems for some time. Some children continue to have ongoing challenges throughout their childhood and adolescence that will require intervention and support, especially in school and social situations.

That being said, we never know what a child's potential for recovery is, and encouraging a child to reach their potential is an integral part of brain injury rehabilitation. Children who are injured in infancy and early childhood often have more challenges due to the brain's immaturity in the early years. Sometimes the injury effects are not seen until the child grows older and greater challenges are placed on them. Often, recovery is most marked in the first year; however, children continue to recover (even very small gains) on an ongoing basis as they grow. The bottom line is that we simply don't know when or whether a child will return to their pre-injury self. Children are a work in progress and although a brain injury may change the trajectory they are on, with ongoing support and

encouragement they will continue to develop and progress. Appreciation of this fact is why PABICOP is available to provide support and service to children with acquired brain injuries along the continuum of their development, from infancy through adolescence.

**2.**  
**Why doesn't my child seem to be able to maintain friendships anymore?**

There are a number of reasons why children with acquired brain injury often have difficulty in social situations. First and foremost, children who have been injured are often 'out of the social loop' for a chunk of time due to hospitalization, home based rehabilitation and progressive return to school. Children who return to school after an injury may be 'different' to how they were pre-injury. This may be difficult for their pre-injury friends to understand. They may have difficulty reading social cues, nonverbal language and may get over stimulated in group situations. This can lead to either withdrawal from social situations, or inappropriate reactions such as outbursts and aggression. There are a number of strategies that might help. Holding a 'Circle of Friends' with the child's social group may help them to understand the impact of the injury and the why it is difficult for the child to manage in certain situations. It is also a great way for groups of friends to support the injured child and help them to feel a part of the group again. Encouraging a child to maintain one or two friendships, rather than a "crowd" is often more successful in the beginning. Fatigue often prevents children from socializing as much as they did pre-injury, so taking things slowly and in small chunks can promote success. Sports restrictions can also make socialization a challenge post-injury. Being aware that it is important for the child to have opportunities for social interaction can prevent children becoming withdrawn and depressed. This may involve creative solutions, such as bowling instead of hockey or being team scorekeeper for a season.

### 3.

#### **What is the risk of reinjury if my child returns to sports or active play?**

There is well-documented evidence to support two important facts with regards to re-injury. First, children who have sustained an acquired brain injury are at a high risk for sustaining a second injury due to the ongoing sequelae of the first injury (inattention, impulsivity, balance). Second, sustaining another injury during recovery from the first injury places a child at a high risk for more severe and potentially permanent brain damage. These are concerns that cannot be stressed enough. PABICOP has a list of post injury sport restrictions that may be helpful to parents, teachers and coaches. We are also available to discuss any questions with regard to return to activity at any time. If the child continues to be symptomatic (headaches, fatigue, memory etc), we strongly advise that the child does not participate in any contact or high-risk sports activities at all. Once the child is no longer symptomatic, a gradual return to activity is advised, in accordance with the Think First Canada Guidelines, which are available on their website and endorsed by the Canadian Paediatric Society. It is also important to remember that a concussion is a brain injury and repeated concussions can result in serious and long-term damage, especially if they occur within a short time frame.

### 4.

#### **Where can I get support for my child and/or my family as a result of the injury?**

There are many sources of support for both your child and your family that specialize in issues related to an acquired brain injury. Some are fee for service (private providers), and others do not charge any fee (publicly funded, such as PABICOP). Contacting the Brain Injury Association can help you to link with either private or publicly funded services in your community. They are also a great source of information and resources to help support your child and family. The main point is to ensure that your child and family receive the help and support that is needed during a difficult and often frightening time. Often just having someone to answer questions or process thoughts, fears and feelings with is a great source of reassurance. Having good and accurate written information to refer to is also an important source of support. It is sometimes helpful to link with another family who has had a similar experience, and these contacts can be made through the Brain Injury Association or PABICOP.

### 5.

#### **Should I consult with a lawyer?**

Seeking and retaining legal counsel is advised in many acquired brain injury cases. The reason for this is that children who sustain brain injuries may require funds to support their rehabilitation that exceeds public or insurance amounts. Also, children and families may require financial support that are specific to paediatric brain injury issues with regards to future care and support costs that are not immediately evident. When children sustain an acquired brain injury, they still have their whole life ahead of them, and there may be many 'unknowns' with regards to recovery. It is hard to think ahead to the future to what supports (if any) your child might need many years down the road, but a personal injury lawyer will be aware of what these issues might be for you. They will also be aware of special testing or assessments that may help in making that determination. Make sure that the lawyer you choose has experience with paediatric brain injury and that you are comfortable with having them represent you. Most personal injury lawyers will offer a free one hour consult session to help you decide whether or not you have a case and what some of the issues might be. The Brain Injury Services Directory has an excellent selection of lawyers and their contact information listed in the Legal Compensation Section.

September is an exciting month for most families. It brings an end to the heat and humidity of summer, a chance to reflect on summer memories, and the excitement and anticipation of a new school year. And most welcomed by parents, September and the return to school, brings a return to routine and order.

But for many ABI students and their families, September and the start of a new school year can spell chaos and confusion. Any change in routine can be difficult for the ABI student and the transition back to the classroom can be nothing short of an obstacle course. The smallest of details, many of which go unnoticed by others, can present a situation that can quickly appear overwhelming and insurmountable to the ABI student.

Organizing clothes, backpacks, school supplies, and daily schedules, is not an easy task for the ABI student. Adjusting to a different classroom, different teachers, new friends, new textbooks, new classroom routines, a different desk and location, and even a different hook to hang a jacket on, can create information overload.

ABI students can be particularly sensitive to classroom distractions and can find it difficult to filter out stimuli. What others perceive to be "normal" classroom activity or noises can agitate ABI students and make it seem impossible to concentrate on the task at hand. The movement of a classmate's chair, a cough or giggle, a dropped pencil, a bird or car outside the window, can make it difficult to concentrate or to get back on track. Some students experience headaches or eyestrain from fluorescent lights.

The ABI student works hard to process information, from an auditory, visual and kinesthetic perspective. It is an on-going situation and one that requires tremendous, consistent effort on their part. Listening to, understanding and acting on information can be tiring. Fatigue is usually a constant companion. The ABI student may require extra time to understand directions before beginning the task or they may require a gentle prompt to help them get started. It may be difficult to follow directions that involve more than one step. The ABI student may experience difficulty moving from one subject to the next, or from one assignment question to the next. Locating notebooks or other necessary materials

within expected timeframes is a concern for some students; for many, the inside of the desk is definitely akin to the Bermuda Triangle. ABI students often need help to take notes in class or to copy information from the blackboard. Managing a pen or pencil takes effort.

And for many ABI students, social interactions with peers can be similar to navigating unknown waters. Frequently, these students tend to observe or watch. Understanding the nuances of appropriate conversation, behaviour or laughter requires practice, reinforcement and encouragement.

Begin talking with your child well before the return to school. Review how the day will flow, once school begins. Give ample opportunity to discuss questions or concerns. With younger children, practice walking to school, or to the bus stop.

Wherever possible, reinforce the positives from the previous school year. Link the unknown back to the known.

Identify a space and regular time for homework or to just talk about the day. Use an alarm clock to set the time for homework. Set it to ring at the agreed upon time for homework. And do your best to help your child keep a regular bedtime schedule and routine. Most ABI students follow a busy schedule. School and therapy appointments can be demanding. Consistency, routine, patience and positive reinforcement can help to minimize memory deficiencies and build new behaviours, over time.

If new supplies are needed, avoid shopping for everything all at once. Take short trips and buy one or two items at a time. Spend time organizing things such as pencil cases, books and backpacks. Talk about where things should be kept at home or in the bedroom and set up a system for your child to follow.

Remember to speak clearly and slowly. Give one direction at a time. Allow extra time for your son or daughter to process what you have said. Provide gentle reminders, prompts or assistance. Listen to your child.

Work with your child to design systems or strategies they can use in the classroom and at home. Often, colour coding or labeling items will help. Write out a list of steps to follow and fasten this list to the inside of a notebook, binder or on the corner of their desk. This could be as simple as a checklist to follow

to complete tasks at the end of the day, such as recording homework or bringing home all books. Recipe cards are helpful with older students. A carefully placed, discreet reminder on a bedroom wall or door at home can be helpful and avoid last minute confusion. Support your child in the consistent use of a planner, calendar or IPAQ to record appointments, events, homework, chores or other responsibilities.

If at all possible, encourage your child to use a computer and develop keyboarding skills. Many ABI students are more comfortable using a keyboard than a pen. Computers and assistive technology are wonderful tools to help manage information and navigate the world.

Wherever possible, develop and maintain a good working relationship with teachers and other in-school support personnel. Work together to provide the consistency, support, reinforcement and praise

your child requires to ensure success. Parents and family members are a wonderful resource for the classroom teacher. Share your knowledge and make sure the teacher is aware of all community supports and services. Become familiar with all assistive devices, programs and services potentially available to your child within the school system and work to ensure all are available, as needed. Open, regular communication with the teacher can help to identify skills that can be reinforced, both at home and at school.

And sometime during the second week of September, take a moment and just breathe. Remind yourself that you, your child, your family, and the school are doing the absolute best, at that moment in time. Celebrate each success, no matter how small it may seem. Before you realize, it will be June once again.

The Brain Injury Association of London & Region  
would like to thank the following sponsors for their  
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**“TWO PROBLEMS ONLY PLEASE”**

Secondary Symptoms Post ABI  
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### **Camp Dawn**

September 13-16, 2007 - For further info: [ww.campdawn.ca](http://ww.campdawn.ca)

### **The London Brain Injury Charity Golf Classic at Greenhills Golf Club in London.**

September 20, 2007

The Brain Injury Association of London & Region and  
H.A.B.I.T. (Helping Acquired Brain Injury Treatment) are  
cohosting the London Brain Injury Charity Golf Classic at  
Greenhills Golf Club in London. Please refer to page 11 for  
information on how to register.

### **Coming Together: Quilting the Pieces after Brain Injury - 2007 Provincial Acquired Brain Injury Conference**

October 24-26, 2007

The 2007 provincial acquired brain injury conference is to  
be held in the Holiday Inn and Convention centre in  
Kitchener Ontario. For further information, contact Ruth  
Wilcox (ext. 238) or Terry Wilcox (ext 234) at OBIA (905)  
641-8877. You can also visit the website or contact by  
email at <http://www.obia.on.ca/2007conference> and  
[obia@obia.on.ca](mailto:obia@obia.on.ca) respectively.

### **The Balancing Act in ABI Rehabilitation, Empowerment Vs. Control**

Brain Injury Services of Hamilton, Haldimand-Norfolk,  
Niagara 3rd Annual Conference November 7, 2007

For further information, contact Brain Injury Services  
Hamilton, Haldimand-Norfolk, Niagara.

Website:[www.braininjuryservices.com](http://www.braininjuryservices.com)

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