



**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

The Monarch

March 2009



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The “B-B-Q King”

“No doubt about it. A permanent spinal cord injury will depress you... but you have to work through it and realize that life goes on and still has a lot of wonderful surprises for you.”

Frank Nunnaro



Frank Nunnaro is a regular guy with a real talent for barbeque cooking. He was a produce manager at an Orillia IGA when he had a terrible car accident that damaged his spinal cord and left him a paraplegic.

After intensive rehabilitation at Lyndhurst Hospital, and with the loving help from his wife Vicky, Frank has gone on to become one of the great BBQ hosts of the century. Every year in the middle of the summer, Frank and Vicky host an amazing barbeque party at their Wasaga Beach home. Frank likes to think of it as a real celebration of life. We like to think of it as a testimony to the human spirit.

We are honoured to have represented Frank Nunnaro in his lawsuit and to count Frank as a friend and one of the many everyday heroes we have been able to help.

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Reminder:

Membership Renewals are now due!

Dual Memberships now available
with Ontario Brain Injury Association
and the Brain Injury Association
of London and Region.

See OBIA.BIALR Dual Membership
Application Inside

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Phone: (519) 642-4539

Fax: (519) 642-4124

E-Mail: info@braininjurylondon.on.ca

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EXECUTIVE DIRECTOR'S REPORT

When one acquires a brain injury many changes can be experienced. Although pain and fatigue are experienced in varying degrees by survivors, they are both very common side effects of brain injury. The Editorial Committee of The Monarch tries to encapsulate various topics and themes that are common in brain injury that can be presented within these pages and that is why this issue has the theme of pain and fatigue.

After the Christmas break, everyone at the Brain Injury Association of London & Region is feeling quite fatigued themselves. Plans for the annual gala are winding up and we are looking forward to it! This year's theme is Simply the Best: A night of Tina Turner and much more. We are currently seeking sponsors and exhibitors for our 12th Annual Brain Injury Conference, Moving Forward..Trends in Treatment. You will find the conference brochure and registration form in the center insert.

We are also in the process of revising the Brain Injury Services Directory to make it a more comprehensive resource which will indicate available services in each of the 5 counties we serve. If you haven't been contacted about your listing, or know of someone who should be listed, please contact Becky LeCouteur, Program Assistant at our office.

The Association is involved in providing education about brain injury at several long-term care facilities and we will also be offering the Brain Basics Course on May 12-13 in London. This course is excellent for health care workers and caregivers of survivors of acquired brain injury. The course will offer many modules on various aspects of brain injury.

Plans are also underway for Brain Injury Awareness Month activities including our annual insert in The Londoner, the Helmets on Kids campaign, and attendance at several community events.

Recently, the Executive Director of the Ontario Brain Injury Assoc., John Kumpf took part in a series of 6 articles that were sent out as part of the Ontario Alliance for Action on Brain Injury's (OAABI) newsletter.



In the second one called Brain injury survivors and caregivers turning to Facebook for help, he stated that "Brain injury survivors across Ontario are using social networking sites to seek out friendship and moral support from the only people who truly understand them - other survivors and caregivers". The Brain Injury Association of London & Region have now followed suit and created a page for the Association that anyone with a Facebook account can become a fan of to be kept up to date on the activities of the Association. A simple search for "Brain Injury Association of London & Region" in the upper right search bar, will bring you to the page.

On our website, we have placed a link to an excellent traumatic brain injury survival guide. It is written in clear language and deals with many issues related to a traumatic brain injury such as fatigue and headaches among other common brain injury side effects.

You can find this guide by logging on to our website www.braininjurylondon.on.ca, click on the Resources link on the left side of the page, and then click on Links. The TBI Survivor's guide is the top link. I hope you will find the information in this edition of the Monarch interesting and helpful.

Donna Thomson



Across the Province - OAC Report

The OAC met on November 15th, 2008. Representatives had the opportunity to learn about media relations from Rachel Sa of PR Post. Rachel has been working with the Ontario Alliance for Action on Brain Injury to develop a media campaign to raise awareness about ABI (for more information on the Alliance go to www.see-us.ca).

Rachel provided a brief orientation to help participants better understand the needs of reporters in newspapers, radio and TV. She advises that by understanding what they need, we can shape our messages so that they will be better received. She emphasized the importance of having a few key messages, and being sure to repeat those messages for impact. A brief background document and fact sheet should be left with the reporter as well.

Key advice that Rachel offered about speaking with reporters includes;

- ✓ When speaking to a reporter, keep in mind that they usually are working on many stories at the same time, so it is best to keep the message clear and simple - layman's terms, no acronyms or jargon.

- ✓ Use "Word Pictures" which help form an image in someone's mind. An example would be

a survivor, who said that he can't count anymore, so he must use a \$20.00 bill every time he buys something and hopes that he gets the right change.

- ✓ Radio and TV interviews are often brief and move quickly.

- ✓ Prepare yourself by practicing your key messages, polish your message and have crisp, clear answers.

- ✓ If the interviewer takes you in a direction that you did not plan to speak about, do not get defensive - answer the questions as concisely as possible and try to bridge the discussion to your key message.

Rachel provided information about how newspaper space is allocated - reporters have little or no influence on the final size of their stories, as other news competes for space, as does advertising. She explained that your story may not appear in the length or form you expect. To help make sure that your story has the most impact, regardless of space, she advises to always give the most important information at the beginning of the interview, so if the story gets cut short, your key points will still make the copy.



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OAC reps shared their experiences and advice for talking with media including;

- ✓ Pay attention to body language, even in a phone interview
- ✓ Return calls promptly - media works on tight deadlines
- ✓ Appoint 2 people in the association to talk to the media

In other OAC news, John Kumpf reported that OBIA is working with a group convened by the Ontario Neurotrauma Foundation to update the CISL questionnaire. The questionnaire was first developed many years ago. With the changing health care environment, it needs to be updated to better reflect the current reality. The new questionnaire will be tested with a group of 60 participants before being implemented across the province. The data collected from CISL represents the largest longitudinal data set on ABI in the country - however, more participation is needed to accurately reflect the experiences of survivors across Ontario.

Michele Meehan reported that the Brain Injury Association of Southeastern Ontario (based in

Kingston) has joined the program. With several new Peer Support Coordinators in place, PSC's from 11 communities met for training on November 14.

Ruth Wilcock reported about the planning for the Provincial Conference, which will be held in October, 2009. The Conference Planning Committee is very excited to be offering space at the 2009 Conference for survivors to show their art, photography, poetry, or any other creative effort. Community Associations are invited to work with OBIA to collect works to display the talents of their members. The Conference Committee has also released a "Call for Abstracts", seeking presentations that reflect the theme of "Harnessing the Power" after ABI. Abstracts will be accepted from professionals, survivors and caregivers that reflect this theme. Topic examples could include, but are not limited to, plasticity, mindfulness, interventions which serve to empower individuals, and the power of the human spirit to overcome adversity. For more information about submitting an abstract, contact Terry Wilcox at OBIA, 800.263.5404 or twilcox@obia.on.ca.

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The Ontario Brain Injury Association
&
Brain Injury Association of London & Region

You Can Now Belong to Both Associations for One Low Fee!!

Program Highlights

Membership in both the Ontario Brain Injury Association (OBIA) and the Brain Injury Association of London and Region (BIALR). Individual members shall be entitled to one vote at both BIALR and OBIA's Annual General Meeting. Family members shall be entitled to no more than two at both BIALR and OBIA's Annual General Meeting.

Membership in Community Support Network/Reseau De Soutien Communautaire (CSN/RSC) is available to individuals and families who support the aims and objectives of participating community associations and OBIA. Corporations, associations, partnerships or other types of organizations are welcome to support participating community associations and OBIA by listing or advertising in the online ABI Directory of Services, but may not hold CSN/RSC membership.

Members will receive a one-year subscription to OBIA Review and The Monarch newsletter.

Members may participate in the Peer Support Mentoring Program for People Living with ABI.

Members will have free access to OBIA's resource library and be eligible for a \$25.00 discount on most of OBIA's training programs.

All membership fees are equally divided between OBIA and BIALR

OBIA & BIALR Dual Membership Application Form

Name: _____

Address 1 _____

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City: _____ Postal Code _____

Home Phone: _____

Work Phone: _____

Email: _____

Yes! I wish to purchase a Dual Membership and I understand that I will hold membership to both Ontario Brain Injury Association and the Brain Injury Association of London & Region.

Annual Membership Fees:

- Individual \$30 Family \$50 Subsidized \$5

Please make cheque payable to Ontario Brain Injury Association or pay using:

- Visa MasterCard American Express

Card Number: _____ Expiry _____ / _____

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Peer Support Mentoring Program for People Living with ABI

By Jamie Fairles
Peer Support Coordinator

The Peer Support Mentor Program continues to thrive and offers support to those who seek it. In November I attended a training session in Toronto as a refresher, but also to keep abreast of the new data management procedures. The Peer Support Coordinator for each community brain injury association that offers the program can now log in to the Community Support Network and see each past and present partnership as well as all available mentors and partners. This makes mak-

ing matches more efficient and much easier. The Peer Support program is flourishing with more than 100 trained mentors in the province and less than 10 unmatched partners! London alone has one dozen trained mentors and currently has half a dozen partners, all of whom have been matched. The Peer Support Program is offered to survivors, family members, friends, and caregivers of people affected by acquired brain injury.

***I am available at the Brain Injury Association
519 642 4539
every Wednesday from 9:00 a.m. to 4:00 p.m.***

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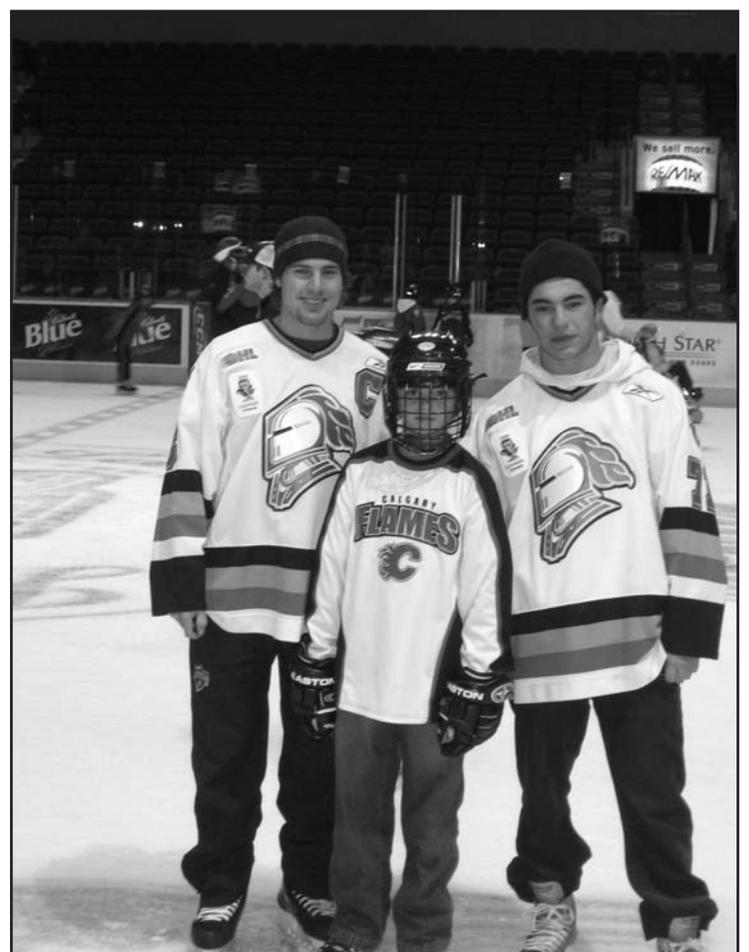
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Email: (Helena)
helena.wood@sympatico.ca

Supporting people to gain healthy functioning



The Brain Injury Association joined the Easter's Seals Society to skate with the London Knights



Acquired Brain Injury 2009 Survivor and Family Education Series

The eight-week Survivor and Family Education Series is for Southwestern Ontario residents recovering from an acquired brain injury, their families, friends and caregivers. Broadcast by videoconference to local hospitals and Community Care Access Centres (CCAC), the series features one relevant topic each week, provides opportunities to meet other individuals and family members affected by brain injury, and encourages peer support.

Parkwood Hospital, part of St. Joseph's Health Care London, hosts these videoconferences so people can view the series and interact with speakers without having to travel to London. At the time of publication the following sites are confirmed for the Spring 2009 series: Alexandra Marine and General Hospital in Goderich, the CCAC office in Sarnia, the CCAC office in Owen Sound, Chatham-Kent Health Alliance, Hôtel Dieu-Grace Hospital in Windsor, and Woodstock General Hospital.

Several other sites may join, so if you're interested in finding out if a hospital or CCAC office in your area is participating call Wendy Davis at 519-685-4064 or toll-free 1-866-484-0445. She can also help you with questions you may have on topics and speakers, and reserve a seat for you.

The education series runs Tuesday evenings from 6:30 – 8:30 pm.

- March 17 Brain Injury 101**
Speakers: Amy Abbruzzese, M.A., and Kelly Williston-Wardell, OT
- March 24 Practical Strategies for Managing Your Life**
Speakers: Mireille Testa, OT and Kathleen Murphy, OT
- March 31 Survivor-Run Programs**
Speakers: Jamie Fairles and Amy Roth
- April 7 Brain Injury: Where It Is and Where It's Going**
Speaker: John Kumpf, Executive Director of OBIA
- April 14 Role Changes Following Acquired Brain Injury**
Speaker: Bob Lomax, Social Worker
- April 21 Returning to Activities**
Speakers: Monique MacDonald, OT, Rick Madzia, Coordinator of Disability Services at Fanshawe College, and Mary Catherine Anne, Cornerstone Clubhouse
- April 28 Coping Financially: Some Tools and Techniques**
Speaker: Tom Okanski, Vice President of Okanski Financial Group.
- May 5 Survivor Stories**
Speakers: Bob Babineau and Amy Roth.



THANK YOU....

..TO ALL WHO CONTRIBUTED TO THIS YEAR'S GALA, "SIMPLY THE BEST"

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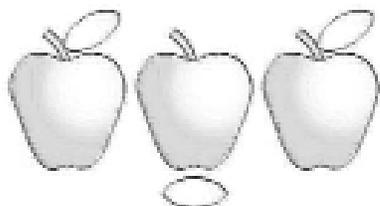
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Thank you to all of those who contributed in the silent auction at Simply the Best.

Watch for the June issue of the Monarch for a complete list of all the sponsors & donors.

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The Brain Injury Association of London & Region is offering a

Brain Basics Course

May 12-13, 2009

This course is ideal for health care workers, caregivers, and parents of survivors of acquired brain injury. The course consists of 7 modules that cover everything from functions of the brain, types and causes of brain injury, to consequences and strategies, and support roles.



For more information:
contact Donna Thomson at 519 642-4539 or
info@braininjurylondon.on.ca



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ABI

Acquired Brain Injury PROVINCIAL CONFERENCE 2009

Sheraton on the Falls Hotel, Niagara Falls
Wednesday, October 28 – Friday, October 30, 2009

HARNESSING THE POWER AFTER BRAIN INJURY

DO YOU WANT TO DISPLAY YOUR
TALENTS?



This is an invitation from the Brain Injury Association of London & Region to its members to showcase their own vision of creative energy projects, which may include but not limited to art, poetry, writing and photography. This showcase is designed to provide a medium for the creative voice of individuals living with the effects of brain injury.

The Ontario Brain Injury Association (OBIA) in collaboration with the Community Support Network (CSN) and with host association the Brain Injury Association of Niagara (BIAN) are organizing the 2009 Provincial Acquired Brain Injury Conference on October 28 – 30, 2009 at the Sheraton on the Falls, Niagara Falls.

This year's conference theme is "**Harnessing The Power after Brain Injury**" and was chosen to represent the power of the Falls and how the region has harnessed that power to generate electricity. As part of the conference, we encourage all community associations to share the power of their members by participating in the "**Creative Energies Display**".

If you are interested in showcasing your creative talent, please contact Brain Injury Association of London & Region at info@braininjurylondon.on.ca or 519 642-4539 for further details.



Brain
Injury
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Niagara



OBIA

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Thank you to MDM Reporting Services and Nick Paparella for hosting the special Charity Dinner / Casino Night in support of the Brain Injury Association of London and Region, which raised over \$5000.00!

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Ask a Lawyer

Joni M. Dobson

Brain Injury, Fatigue and Employment: Legal Entitlement to Work/Life Balance

Fatigue is a common symptom experienced by brain injury survivors. It affects the survivor in a way that can be very difficult for a judge or jury to understand. The severity of the symptom, and the considerable effect it can have on a survivor is frequently met with skepticism. This can be devastating for a brain injury survivor who suffers from fatigue to the point that the ability to work and function in day to day life is significantly effected. As is often the case, the brain injury survivor may be able to work for short period of time before overwhelming fatigue sets in and prevents further activity. In other cases, a full day of work can be put in, but it comes at the expense of household commitments, family relationships and recreational endeavours.

What are the survivor's obligations with respect to managing employment and the effects of fatigue after brain injury? A person who suffers fatigue from a brain injury may well be capable of work for short periods of time. However, that does not necessarily translate to an ability to maintain employment, such that the person would not be entitled to some form of benefit or compensation for loss of income. The ability to earn an income must be viewed in the context of the real world. Does the

person have the ability to perform substantially the duties of employment? Is the person competitively employable? A positive answer most often requires an ability to work on a consistent, day to day or week to week basis. Fatigue can have the effect of preventing this. In those cases, there is argument in favour of entitlement to disability benefits, income replacement benefits or recovery for income loss from a defendant in a lawsuit.

Another important issue, from a legal perspective, is to look at is the overall change in the life of the brain injury survivor. What was the person like before the brain injury? Did he or she lead a full and balanced life including work, family, social activity, volunteer work? That prior history must be compared with life after the brain injury with a view to determining what is now possible, not only on the good days but on the bad days as well. More and more, judges and juries accept the reality that the brain injury survivors, just like uninjured people, are entitled to maintain a balance between work, family and social activities. Courts will look at the whole person when determining whether a brain injury survivor is truly capable of working full-time, part-time or at all, and to what degree other aspects of life must yield in order to permit work.

If you have suffered a brain injury that prevents or limits your ability to work and enjoy a work life balance in the way that you did before your injury, you may be entitled to compensation or benefits to replace lost income. The answer will depend on the specific facts of your situation. If you have questions or are facing difficulties in this regard, a lawyer should be consulted.



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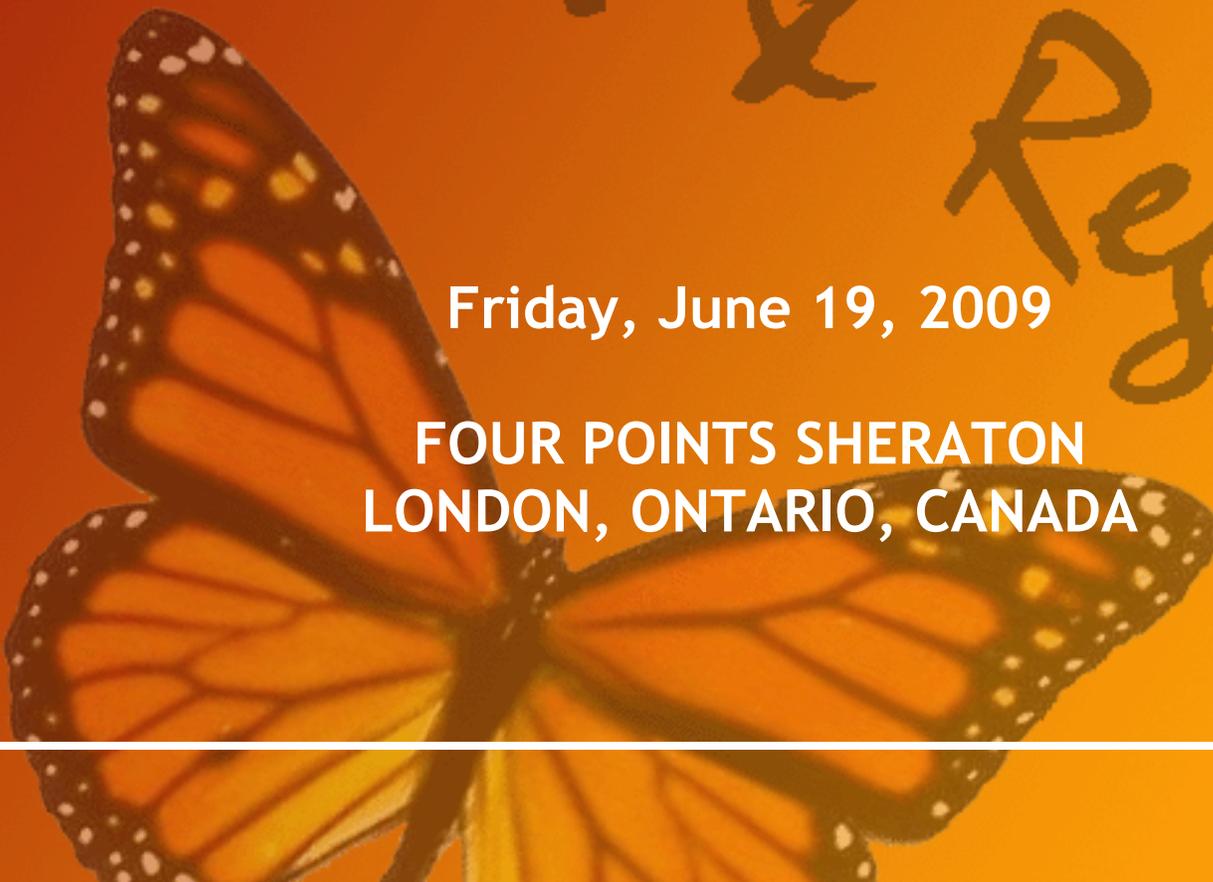
Twelfth Annual Brain Injury Conference

Moving Forward..

Trends in Treatment

Friday, June 19, 2009

FOUR POINTS SHERATON
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ABOUT THIS CONFERENCE

The Brain Injury Association of London & Region is holding its Twelfth Annual Conference on June 19, 2009. Moving Forward..Trends in Treatment will provide service providers, survivors, family members with information on a variety of ABI topics including Aging, Substance Abuse, Vision Rehabilitation and Suicide. As always, this conference will provide an excellent opportunity to explore informative exhibits and network with industry professionals.

SCHEDULE

- 7:30am:** Set up Exhibits, Registration, Continental Breakfast
- 8:25am:** Welcome & Opening Remarks by **Jim Mays**, Conference Chair
- 8:30am:** The Graying of Brain Injury: Aging and Lifespan Issues by **Dr. Rolf Gainer**
- 9:45am:** The New Attitude Committee: Working together, building hope for people living with acquired brain injuries and addictions by **Carl Lokko & Cathy Irwin**
- 10:25am:** Break and Visit Exhibits
- 10:45am:** Substance Abuse by **Dr. Carolyn Lemsky**
- 11:45am:** A Survivor's Story by **A.J. Fordham**
- 12:15pm:** Lunch, Networking and Visit Exhibits
- 1:00pm:** Suicide Attempts Following Traumatic Brain Injury: Identifying & Managing Risk by **Dr. Rolf Gainer**
- 2:00pm:** Device -Assisted Vision Rehabilitation for People with ABI by **Dr. Graham Strong**
- 3:00pm:** Break & Visit Exhibits
- 3:15pm:** Vision Rehabilitation in Brain Injury, A New Perspective of How We See by **Dr. Cheryl Letheren**
- 4:15pm:** Closing Remarks by **Donna Thomson**, Executive Director, Brain Injury Association of London & Region

FEATURED SPEAKERS



Dr. Rolf Gainer is the Chief Executive Officer of Brookhaven Hospital and of the Neurologic Rehabilitation Institute of Ontario. Dr. Gainer is a neuropsychologist who has developed over 25 rehabilitation and supported living programs in both the United States and Canada. He is operating 3 Outcome Studies; 2 of which focus on the long term issues faced by individuals with severe disability caused by brain injury.

Dr. Graham Strong has worked in the field of low vision rehabilitation for the past 37 years. His primary research focuses on evidence-based low vision services and the development of new assistive devices for people with impaired vision. In addition, Dr. Strong is a court-recognized Forensic Optometrist who has been consulted in numerous homicide investigations and prosecutions.



Dr. Carolyn Lemsky is trained as a neuropsychologist, and received her Diploma from the American Board of Professional Psychology in Clinical Neuropsychology in 1993. She is currently the Clinical Director of Community Head Injury Resource Services of Toronto. She is now the project lead on an Ontario Neurotrauma - Funded initiative to develop an Ontario-Wide Research and Clinical Community of Practice for substance use and brain injury service providers.

Dr. Cheryl Letheren graduated from the University of Waterloo's School of Optometry and now has her own private practice in downtown London, Ontario. She is enrolled in the Neuro-Optometric Rehabilitation Association for Brain Injuries Fellowship Program and the College of Vision Development Fellowship Program in Pediatrics. Dr. Letheren is part of the first Canadian Hospital based multi-disciplinary centre for visual rehabilitation at Parkwood Hospital in London. This was initiated in September 2007.



A.J. Fordham is a brain injury survivor. On January 20th, 2007, at the age of 16, he sustained a brain injury in a motor vehicle accident. A.J.'s survival story has inspired others to believe that anything can happen. He will share his success story to motivate others to become the best they can be. A.J. will discuss the changes and challenges of his experiences and how they made him the man he is today.

Carl Roderick Lokko completed his Master of Social Work degree from Wilfrid Laurier University and is currently the Clinical Services Manager at Dale Brain Injury Services in London, Ontario. Carl has presented papers at major Brain Injury Rehabilitation conferences in Canada and the United States and is particularly interested in the psychosocial effects of ABI on individuals.



Cathy Irwin is the Program Manager of the Fresh Start Program for Ontario Works Participants at Addiction Services of Thames Valley (ADSTV) since 2006. Prior to the Fresh Start Program, she provided addiction counselling to clients in Elgin and Middlesex County. She is a founding member of the New Attitude Committee since its creation in August 2007 and continues to assist clients affected by both an acquired brain injury and an addictions issue.

Brain Injury Association of London & Region



BRAIN INJURY ASSOCIATION OF LONDON AND REGION

560 Wellington Street
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London ON N6A 3R4
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CONFERENCE LOCATION

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1150 Wellington Road South
London, Ontario
(519) 681-0600
Take Wellington Road North
exit off Highway 401

CONFERENCE COMMITTEE MEMBERS

Jim Mays, Chair
Lisa Jadd
Angie Blazkowski
Maia Bent
Donna Thomson

REGISTRATION FORM

Please send completed registration form along with your cheque payable to:

Brain Injury Association of London and Region
560 Wellington Street, Lower Level,
London ON N6B 2M4

Or you may **APPLY ONLINE** at www.braininjurylondon.on.ca

PLEASE USE A SEPARATE REGISTRATION FORM FOR EACH PERSON ATTENDING.

CONFERENCE FEES

Professionals and service providers: \$175
Survivors, family members, caregivers, students: \$60
Exhibitor Space (includes one registration): \$300. Check here if electric outlet needed _____

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Fees include materials, continental breakfast, lunch and breaks.

PRIVACY CONSIDERATIONS

Would you like to receive emails regarding ABI programs and future events? Yes _____ No _____

Brain Injury Association of London & Region



Headaches and Brain Injury - Fact Sheet

Like memory issues, headaches are very common physical complaints following a brain injury, and may have an adverse impact upon your ability to follow a normal daily routine, study or work.

A strange feature is that the persistence of post traumatic headaches is not related to the severity of injury. Most headaches following brain injury do not require surgical treatment. Appropriate clinical examination and diagnostic tests are needed to assess the form of treatment required.

Causes of Headaches

The brain itself is not a source of pain - ironically, nerves themselves don't feel anything. Headaches arise from problems with a number of different structures both inside and outside the head. Those inside the head can be the dura, the venous sinuses, blood vessels and cranial nerves. Those outside the head can be the skin, muscles, nerves, arteries, and joint capsules, cavities within the head, nerves and the periosteum.

Should you be concerned?

When a headache first appears, how do you know whether it is something to be concerned about, or simply something which will go away with an over-the-counter pain killer, a glass of water and a lie down?

If you have a brain injury you should be concerned by novelty - any new or changed symptoms may be just part of life, but they may instead signal a worsening or even improving of your situation. See your doctor if you have any symptoms that are unusual, that unexpectedly increase in severity or that have a serious negative effect upon quality of life.

In addition to headaches that are caused by a brain injury, you may be having a reaction to medication, you may have an undiagnosed condition from the same event that resulted in the brain injury (for example whiplash from a car crash) or you may even have a completely unrelated medical condition.

The unfortunate truth is that some nerve damage, particularly in the neck or back, can result in incurable pain which must be

treated with full-time medication. However there is nothing to be gained by putting up with pain until you can't do it any longer or by taking increasing amounts of over-the-counter medications until they are no longer effective.

What your doctor should be asking.

A post traumatic headache is only a Symptom of an underlying disorder. Often a doctor may make this diagnosis and no further investigation is made of the problems causing the pain. The headache may be treated as neurovascular or Migraine headache when the great majority are not primarily migraine type problems. There are different types of injuries that may create the pain generators of headache. Ideally your doctor should ask you questions about the injury.

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Maureen Nagle mnagle@incarehealth.com

Joe Zablocki jzablocki@incarehealth.com



Major types of headaches

The major types of headaches following trauma include musculoskeletal headache, tension-type headache and neuralgic (i.e. migraine) headache. Other rare causes of headache including Seizure disorders, pneumocephalus (air in the head), cluster and paroxysmal hemicrania (severe and typically one-sided).

✓ Musculoskeletal headache is the most common type and also the most overlooked. There can be musculoskeletal pain from the neck and structures in the head - a very common cause of this is whip lash injuries. These headaches often worsen with stooping, bending or exertion and may be associated with dizziness, sensitivity to light, sensitivity to sound and even imbalance. Manipulative therapy can be effective to assist in resetting bony structures. Other treatment may focus on strengthening weak spinal musculature, improvement of posture, anti-inflammatory medications and muscle relaxants, or the use of splints.

✓ Cervical Sympathetic Nerve Syndrome. Unfortunately, there is one instance in which a headache resulting from whiplash cannot be cured, and that is when the cervical spinal column - the length of spinal column in the neck itself - is damaged. Symptoms can include, apart from a headache, uncontrollable spasms over the body, painful pins and needles all over the body, vertigo,

facial pain, sinus congestion, fatigue, and more. This condition has also been known as Barre-Lieou Syndrome, after the doctors who independently discovered it. Although it is possible to treat this condition if there is pressure upon the nerves but no actual damage, it is vital that treatment be within 72 hours of the injury or permanent damage becomes almost inevitable.

✓ Tension headaches are reported by most people to feel like a diffuse vice-like pressure throughout the head. An attack can last from 30 minutes to a week. Tension type headache may be chronic or episodic depending on frequency. There appear to be two types - one with migraine features fairly responsive to anti-migraine medications, the other without such features.

✓ Neuralgic Pain Syndrome tends to occur when large nerves in the scalp are injured following trauma. This type of pain tends to be a shooting, stabbing type in the front and side of the head, sometimes with pain around or behind the eye.

✓ Migraine headache can last from four hours to three days. They have perhaps the clearest diagnosis of any of the categories of headache, using the acronym POUNDing: Pulsating headache for between 4 and 72 hOurs, Unilateral (one-sided), Nauseating and Disabling. Treatment should include reduction of triggers such as stress, foods that may elicit an allergic reaction, sleep inconsistency and other allergies. Hormonal fluxes can also cause migraines, and hormone replacement therapy has been effective at controlling migraines in many cases. The most effective control is often, however, awareness - people who are susceptible to migraines often have an "aura" that signals the approach of a migraine, and may be able to prevent it by immediately stopping stressful activities and/or taking pain-killers.

Appropriate medication could include tryptamines, ergotamine or corticosteroids. Relaxation training and biofeedback also should be considered. Newer techniques including the use of botulinum toxin injection into pericranial musculature should also be looked at.

There are many other types of headaches which can be diagnosed with tests such as MRI scanning of the brain, X-rays and magnetic resonance angiography.

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Are headaches dangerous as well as unpleasant?

A headache can interfere with your judgement, cause fatigue and contribute to irritability or aggression as well as impair your ability to work, socialize or even simply keep your life in order. But is a headache directly dangerous?

Unfortunately, it seems that it is possible for a migraine to itself cause a brain injury. Studies have previously shown that migraine sufferers are at an increased risk of stroke and heart attacks and a recent study has found that during a migraine, as well as during stroke and head trauma, the brain can swell enough to restrict blood flow and starve cells of oxygen, a process known as Cortical Spreading Depression (CSD).

Medication

Pain management in brain injury is often difficult as medications may work against recovery. Many painkillers work against the re-emergence of the person's mental and physical systems. Later, narcotics are a problem because of their potential for substance abuse and their negative side effect on the ability to think clearly.

Anti-inflammatory agents are appropriate for musculoskeletal pain, though doctors must stay alert for possible gastric problems. Patients with brain injury and spinal cord injury tend to have high acid content in the stomach and are susceptible to stomach ulcers which can be increased by these agents.

Antidepressants can be effective in controlling headache and nerve pain. These are not sedating except in high doses, and don't depress the respiratory cycle.

Coping with Limitation

Lack of awareness, reduced attention and short-term memory and distrust can make it hard to help a person with a brain injury in coping with pain. First, the individual must understand the source of

the pain. The pain should be explained in a manner that compensates for any Cognitive deficits. Explanations should be provided in brief, concrete sentences. An understanding is needed of the benefits of treatment and how the treatment plan will help achieve these benefits.

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Handling Pain and Brain Injury- Fact Sheet

Pain issues can arise after a brain injury that can be an added burden on the path to recovery.

There are two kinds of pain-acute and chronic. Acute pain is relatively short in duration. It has a readily seen cause and reduces with treatment. On the other hand, chronic pain lasts beyond the expected duration and it may continue although there is physical healing of the body region involved.

Some of the more frequent causes for pain following a brain injury are:

- ✓ Headaches
- ✓ Abscess
- ✓ Cervical or spine injuries
- ✓ Heterotopic Ossification (bony overgrowth)
- ✓ Kidney stones
- ✓ Bladder infections
- ✓ Fractures
- ✓ Skin sores
- ✓ Spasticity
- ✓ Constipation

Pain and Brain Injury

The difficulties a person with brain injury faces can be even greater when pain is involved. The pain can emerge as headaches, neck and shoulder pain, lower back pain and/or pain in other body areas. The pain may be so intense and bothersome that the person withdraws from work, family and social activities.

Pain experienced by individuals with mild brain injury may prevent them from attempting to return to everyday activities despite being ready for a gradual safe return as a result of improvement in Cognitive functioning. This not only serves to lengthen significantly the time before returning to activities, but it also may contribute to hesitancy and reduced self-confidence when later attempting to resume activities.

In contrast to people with mild brain injury, individuals with moderate to severe brain injury may deny or minimise the effects of their deficits. For these people, pain may reduce both awareness of their deficits and their incentive to work on improving these deficits by causing them to focus too much on their pain. The greater the deficits from the brain injury, the greater the need for family members to participate in the reduction of pain behaviours in the person with brain injury.

Medication

Pain management in brain injury is often difficult as medications may work against recovery. Many painkillers work against the re-emergence of the person's mental and physical systems. Later, narcotics are a problem because of their potential for substance abuse and their negative side effect on the ability think clearly.

Anti-inflammatory agents are appropriate for musculoskeletal pain, though doctors must stay alert for possible gastric problems. Patients with brain injury and spinal cord injury tend to have high acid content in the stomach and are susceptible to stomach ulcers which can be increased by these agents.

Antidepressants can be effective in controlling headache and nerve pain. These are not sedating except in high doses, and don't depress the respiratory cycle.

Coping with Limitations

An individual who has sustained a brain injury may face a variety of limitations including lack of awareness or insight, reduced attention and short-term memory, apathy, withdrawal and distrust of others.

First, the individual must understand the source of the pain. The pain should be explained in a manner that compensates for any cognitive deficits. Explanations should be provided in brief, concrete sentences. An understanding is needed of the benefits of treatment and how the treatment plan will help achieve these benefits.

Chronic Pain Syndrome

Chronic pain can lead to depression, anger and anxiety disorders as sufferers may have many other negative events and stressors to deal with such as losing their jobs, experiencing financial hardship and having increased stress upon their families. With chronic pain, people may believe the pain is increasing even though there is no medical evidence for this. In these cases other factors are at play including:

- ✓ Emotional functioning
- ✓ Personality traits
- ✓ Past learning experiences
- ✓ The way others respond to the person's behaviour

S l e e p

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and appetite disturbances intensify the disability that results from chronic pain. As time goes by, the person may become depressed and preoccupied with normal changes in bodily functioning and may worry about experiencing new illnesses.

The individual can develop a tendency to view all activities in terms of how much pain will be experienced. This can lead to a cycle of helplessness and despair, often accompanied by anger toward professionals who never seem to be able to cure the pain. In turn, professionals lose patience with the person with persistent pain who appears to have limited medical justification for these complaints.

Managing Chronic Pain

Pain management strategies are usually based on one ultimate and constant objective—the reduction of pain, not its total elimination. If the person experiencing the pain and all of the professionals who treat the individual do not make this the goal, frustration will grow, resulting in failure to coordinate treatment efforts in a successful manner. Reasonable outcomes would include:

- ✓ Decreased medication use
- ✓ Fewer physician visits
- ✓ Fewer hospitalizations
- ✓ Improved flexibility and endurance
- ✓ Increased strength
- ✓ Improved functioning at home
- ✓ Improved social interaction
- ✓ Return to employment

Research has shown that having realistic, helpful thoughts is an important part of pain management. Cognitive behavioural psychologists help chronic pain sufferers to change their negative thoughts about their pain, its effects, and other sources of stress.

One approach views pain as a learned behaviour and is done by a

psychologist or Neuropsychologist. Other approaches help the person to identify inappropriate and unhealthy beliefs about pain and provide strategies to deal more effectively with pain behaviour. Techniques may include relaxation training, hypnosis, stress management, attention-diversion strategies and biofeedback.

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Managing Pain & Fatigue

By Amy Prevost, SLP & Mireille Testa, OT

Following a brain injury, one of the biggest challenges can be managing pain and fatigue. Headache pain is common in most individuals with brain injury. Depending on how a brain injury was sustained (auto accident, fall, aneurysm, blow to the head, etc.), there may also be other physical injuries causing pain throughout the body. Physical fatigue and cognitive fatigue can also impact the ability to carry out daily activities. Physical fatigue refers to the fatigue felt following physical labour, such as tired legs after a shopping trip or weak arms after lifting groceries. Cognitive fatigue is the feeling of having reduced mental energy. It is the feeling of being cloudy, disorganized, and overwhelmed. Pain and fatigue negatively impact the ability to carry out regular activities and may add stress to personal relationships. This article provides some strategies for managing pain

and fatigue following a brain injury.

Living with a brain injury can be exhausting. Recovery from injury requires the body to use more energy to use legs for walking, arms for reaching, hands for writing and the brain for thinking. Many people find that they are unable to return to the same kinds of activities they did before their injury. Being in noisy environments, such as a child's hockey games or busy places, such as the grocery store, is often challenging. Also, the type of activity a person will find enjoyable may change due to the fatigue experienced in these environments. Most of the time, the number of activities expected to be completed in a day is significantly reduced. These changes can have a large impact on personal relationships if friends and family members are unaware of the pain and fatigue the person with a brain injury is experiencing. It is important to discuss these challenges with others to find solutions and improve recovery.

Before discussing strategies, it is important to first understand the cause of pain and fatigue. In fact, the event that resulted in a brain injury may have injured other parts of the body resulting in pain throughout the body. Whether it is muscle, joint or headache pain, assessments from health-care providers (doctors, physiotherapist, occupational therapist, etc.) can be necessary in identifying and managing your specific pain. The following are some strategies that may help identify and compensate for pain and fatigue:



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Identify situations and activities that cause pain and fatigue

- ✓ Keep a notepad handy for a week
- ✓ Rate your pain and fatigue on a scale of 1-5 at scheduled times throughout the day (for example, 8am, 11am, 2pm, 5pm, 8pm)
- ✓ At the end of the week, review your notes with a family member or close friend
- ✓ Discuss how you can reduce pain and fatigue by incorporating some of the following strategies
- ✓ Establish a routine
- ✓ Get up and go to bed at the same time each day
- ✓ Make a weekly 'To do' list of activities
- ✓ Schedule these activities throughout the week
- ✓ Assign certain tasks to specific days of the week (for example, laundry on Mondays, grocery shopping on Tuesdays, etc.)
- ✓ Follow a consistent routine at the end of the day to wind down before going to sleep

Pace yourself

- ✓ Breaks down a task into several steps. You may not complete all the steps in one sitting.
- ✓ Alternate from physical tasks to cognitive tasks
- ✓ Switch between difficult tasks and easy tasks
- ✓ Schedule rest time. Use an alarm to remind yourself to take at least a 10 minute break every hour.
- ✓ Ask others for help when an activity causes pain and/ or fatigue

Improve your environment

- ✓ Make sure the room is well lit
- ✓ Turn off the TV and music
- ✓ When starting a new task, clear the area first

Pay attention to your body mechanics

- ✓ Use larger muscle groups (lift with your legs)
- ✓ Align your body (head straight, shoulder and hips parallel, arms by side)
- ✓ Avoid extreme positions (long reaching,

twisting, bending)

- ✓ Don't stay in the same position for too long
- ✓ Keep objects close to your body when lifting
- ✓ Listen to your body and take a rest when you need it

The above strategies may help to conserve energy and reduce pain so you can participate fully in your life. However, if you do not sleep well, you start off the day fatigued and spend the rest of it trying to catch up. We have a limited amount of physical and cognitive energy each day. A tired body and mind will not have the energy to make it through the day, let alone recover from a brain injury. Consider the following questions to better understand your pain and fatigue.

Evaluate the quality of your sleep

- ✓ Does pain from physical injuries keep you awake?
- ✓ Do you have headaches that prevent you from falling asleep or wake you up in the middle of the night?
- ✓ Have you stopped following the recommendations from your therapists?
- ✓ Do you drink caffeinated beverages throughout the day?
- ✓ Do you give yourself the opportunity to wind down at night with quiet time and relaxation exercises?

* If you answered "yes" to any of these questions, you may need to modify your behaviour or consult a health care provider. Addressing this issue first may reduce your pain and fatigue.

Pain and fatigue are real and often long-lasting problems following a brain injury. These are the 'invisible' problems that come with brain injury.

It can be difficult to explain the impact of pain and fatigue to others, but support from therapists, family and close friends is necessary when tackling these issues.

Successful management of pain and fatigue can lead to improved relationships, increased activity level, and a greater enjoyment of life.



Managing Pain

By Carl R. Lokko, BA (Hon), MSW, RSW, C.Ht.

Pain, seen as the "fifth vital sign", is best understood from a biopsychosocial point of view. The experience of pain is an individual matter, as we can't really see, touch, hear, taste or feel another person's pain. A person can have perceived or real pain; both can interfere with adaptive functioning and well-being. When we don't "get" someone else's pain, it can leave them feeling unsupported, misunderstood, punished, picked upon, helpless, hopeless, angry, overwhelmed and sometimes, guilty about their health condition. These feelings can create or increase chronic anger, depression, anxiety, hopelessness, and grief. It can sometimes trigger symptoms of post-traumatic stress. Pain experienced by individuals living with ABI varies from post-traumatic headaches, neck pain, and tension pain, to a range of other physical, behavioural, emotional, psychological, psychosocial and cognitive symptoms. Pain can make it hard for people to sleep, leaving them tired and irritable.

For someone experiencing pain, the first step is to report the pain in a way that lets someone else have an idea about what is happening. A person can use a scale of 1 to 10 to describe how much pain they are experiencing. They can also use a picture of a human body to mark the specific areas where they are experiencing pain. A third method of report-

ing pain is by telling another person, such as a family member, friend, or staff.

It is helpful to see a physician, who can make referrals to professionals such as social workers and psychologists with pain management expertise, physiatrists, neurologists, physiotherapists and occupational therapists, chiropractors, massage therapists, and acupuncturists. Medication prescribed and monitored by physicians, can reduce pain. Some of the stronger painkillers can be addictive and may have other damaging side effects, so it is extremely important to work with your doctor to monitor your pain medication.

There are many things you can do to manage your pain. You can keep a pain log to track 1) the times you have pain, 2) for how long, 3) in what parts of your body, 4) the intensity (using pain scales), 5) what you were doing when the pain occurred or got worse, and 6) what you did to manage your pain. This helps you to know what to change to better manage your pain. Research has shown that when we are in a poor mood state or stressed out, our brain's pain gates open wider to receive more signals, and we experience more pain. If we can relax and improve our mood, our pain gates get smaller, allowing fewer pain signals through, and we have less pain. Getting help (individually or in groups) to manage depression, anxiety, hopelessness, sleep problems and stress are helpful for managing pain. Various relaxation and motivational pain management strategies, including hypnosis, can also be helpful. For example, it is helpful to pace your activities and include rest periods, have a structured routine that gives you a sense of purpose and accomplishment everyday, engage in prescribed exercises that help to keep you active and better conditioned, and to do as much as you could for yourself, while being assertive enough to ask for support when your pain makes it too difficult to complete tasks. If you have difficulties with sleep due to pain, try making sure that all the things you do during wakeful hours are turned off, allowing you to enjoy peace and relaxation. This means turning off the television, remaining in bed (instead of waking up to get a snack) turning off the music etc. Remember to work with your primary care physician and other pain specialists to help manage your pain.

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HEALING USING THE HUMAN ENERGY FIELD

By Beverley Philp

Healing Touch (HT) is an energy-based approach to healing which complements traditional health care. It was developed in the U.S. in 1989 and came to Canada in 1990 and is now practiced in over 32 countries around the world. HT may be used with individuals of all ages and stages of health/illness and can produce profound changes in one's physical, emotional, mental and spiritual health. Balancing and clearing the energy system places the person in a condition to self heal. If you are skeptical about bio-field healing, you would still benefit from the procedure(s).

Touch is used to balance, open, clear, energize and support the human energy system. It can be done on an area related to a specific symptom or on the whole body. The client lies fully dressed on a treatment table or may choose to sit in a chair. An average session is typically 15 to 60 minutes based on which technique(s) is required. The following are a few of the benefits:

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- * Pain reduction and management
- * Speed up healing
- * Decrease anxiety, tension and stress
- * Preparation for and recovery from medical treatments and surgery
- * Wellness and prevention of illness
- * Shows positive effect for brain injuries, chronic fatigue, arthritis, fibromyalgia, heart attack, cancer, migraine, tension and trauma headaches

Research has been supported and/or funded by hospitals, universities, colleges

professional organizations, private foundations and the National Institute of Health, Center for Complementary and Alternative Medicine. HT is utilized in hospitals, hospice, long term care, integrative health centers, private practices and clinics.

The world and everything in it is interdependent and a person's health and quality of life is affected by the health and quality of their energy system. The energy system is influenced by the environment, thoughts, emotions and actions of the self and others.

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Occupational Therapist
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PAIN!

By Natalie Molinaro

Did you know there are clinics out there to help out there to help people with pain and/or chronic pain? Chronic pain is pain that a person has all the time with or without a disease or a cause that doctors can find. If you have pain and doctors do everything in their power to find the cause and in the end they can't. They will try to treat the pain as much as they can.

I personally suffer from chronic pain. This means that I have had everything that could cause the pain looked at. They also proved that they cannot find out what is causing the pain.

Right now they are treating the pain as best they can. Every eight weeks I go to the pain clinic at St. Joe's to get a shot full of medications that either kill the pain or lessen it to a manageable point. The doctors there have also given me some pain medications to take at home to help my pain management.

I have also found other ways to help me deal with the constant pain. One of them is yoga. Yoga

doesn't take the pain away but you do have to push through the pain a little in the beginning. After a while yoga will lessen the pain, make it easier to manage and in the long run take the pain away.

The second way to help take away the pain is meditation. I do personally do this a few times a week and definitely on Mondays at Cornerstone Clubhouse. Meditation at first doesn't take the pain away but you have to work at it a little bit before you notice the effects. The effects vary from taking the pain away for a moment to a couple of days or the meditation will help you manage the pain easier.

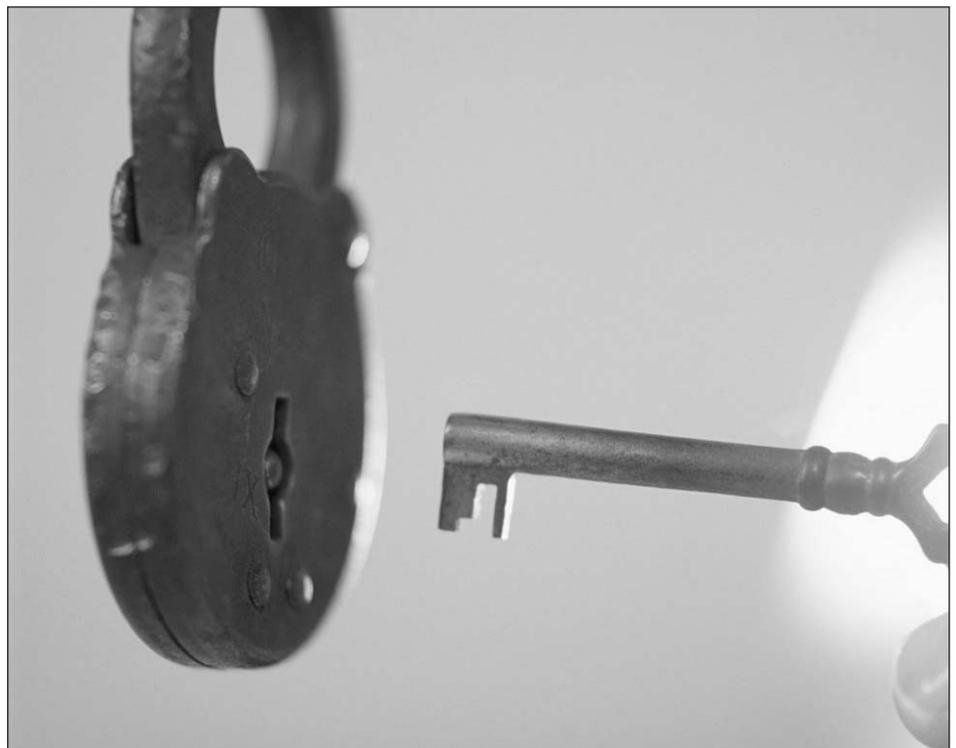
the third way to help manage pain beside a lot of pain medication is keep busy. Try your best to keep yourself very busy to either notice or care. Keep yourself distracted do stuff so that you don't have time to think about the pain.

Well these are the ways I am able to keep my chronic pain down to a manageable level. Hopefully they will help you manage your pain.

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Dealing with Chronic Pain

By Laura Miller

When I sustained my brain Injury in 2002 from a MVA that left me with amnesia and multiple physical affects, I had no idea how hard the road to recovery would be, living with chronic pain.

Treatment started with aquatics program. Pool and hot tub therapy are an amazing relief on the body when you are having intense, acute pain. When the time was right we incorporated a gym routine with light weights and a program to suit my physical challenges at the time.

The gym was a step that took a very long time to get used to; I had little faith as the pain would overrule most every choice I made in my everyday life. I was climbing hurdles to see how I could make the pain better, as I was also learning to cope and live with all the other affects that you have to adapt, overcome, or work around with a brain injury. I decided to research with my team of therapists and try a few different alternative therapies to healing and living healthy.

Cranial sacral therapy releases emotion of the trauma more so then easing pain. As a survivor you need to work on the whole person inside and out, to have a more successful recovery with pain management. Massage was also involved and I was able to have a few improvements with my injured muscles.

The bettering of myself that brought me forward was halted by becoming the victim of three more accidents over the next few years, so all the advancements I had accomplished were set back and I suffered a bad pelvic and hip injury in one of my accidents.

At this point I introduced chiropractic work into my regime of therapies, It was a welcomed relief having an adjustment, but sometimes I couldn't make it to my truck without my adjustment falling out of place, but in time and it made my body stronger, so I could have a few days relief from intense pain.

While I was recovering slowly, I started music therapy;

this was so good for my healing and because it made me more creative and got me thinking more positively. I was also researching how the brain perceives pain, I was curious as to why my memory impairments couldn't forget the pain, but I found out trying to heal and recover brain injury is not as easy as it looks, it became my job, after working was out for apparent reasons.

Currently I try to make it to the gym at least six days a week, with the pool being at least three times whether it be doubled up with my gym program or just aqua therapy that day. I eat as healthy as possible mostly raw vegetables as I have challenges with cooking now, and it suits me and my needs for convenience. I'm fortunate as my gym has a pool, so If I am extra sore after working out, I head to the pool and I know most of the time I'm leaving with my body, almost stress-free after my aquatics. While my life now is still complicated, sometimes thinking of eating is not on my mind, but the gym powers my brain in different ways and this thinking is producing more positive thoughts on my daily life and the way I act and react.

Physical activity is the core of healing the body, Meditation is the foundation of improving the clarity of the mind and compassion,

Understanding and love can only make the soul succeed and feel better in the way we recover"

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MILD TRAUMATIC BRAIN INJURY (MTBI):

By Gloria Gilbert, M.Sc. (PT)

As we learn more about Brain Injury, it is becoming more evident that the incidence of TBI is actually much higher than what was previously thought.

Most often, we think of the brain injured person as one who has sustained a major assault to the brain- caused by a car accident, work or sports injury.

Persons often lose consciousness and sustain severe physical and emotional injury sequelae. Their recovery and rehabilitation path is usually lengthy- and unfortunately not always complete.

However there are also many injured people who sustain what is now being referred to as a 'Mild Traumatic Brain Injury' (MTBI).

In these cases, the person may or may not have lost consciousness but they (usually) sustained a contusion to the brain.

This 'contusion' may be caused even if their head does NOT actually hit a surface.

People are left with a myriad of 'noxious and strange' symptoms that do not always fit into one category or the other.

Besides more obvious problems like pain and fracture healing, they may also complain of symptoms of dizziness, lightheadedness, a feeling of fullness in the head, tinnitus (ringing in the ears), visual problems, memory and concentration difficulties, as well as co-ordination and balance problems.

On Friday February 6, 2009 a group of London health providers attended a full day Workshop at The Old Mill Inn and Spa in Toronto.

Sponsored by Toronto Rehab- a well recognized service provider for patients with Complex injuries- the workshop was titled Mild Traumatic Brain Injury - Challenges and Controversies in Diagnosis.

Key note speakers included Dr. Mark Bayley, Medical Director, Neuro Rehabilitation Program, Dr. Paul Comper, neuropsychologist and Dr. Cheryl

Masanic, physiatrist from the Toronto Rehabilitation Institute.

Using a case management approach for part of the presentation, they provided an over-view of physical and psychological

assessments and 'provisional' diagnoses.

Other keynote speakers included Dr. Jamie Kissick, who amongst his achievements is the Team physician for the National Men's Sledge hockey team.

Dr. Kissick discussed the 'subtle but life challenging' injuries learned from the Sports Concussion Population.

Workshop participants also had the opportunity to work and learn in small

groups about issues including vestibular assessment and the confounding factors of Post Traumatic Stress Disorder (PTSD) on MTBI.

Speakers and attendees all agreed that given the myriad of factors resultant from injuries, it was usually challenging to provide a definite diagnosis and rehabilitation program.

But they also agreed that health providers are committed to sharing and learning more from our patients. We will meet again next year to continue the process!

Suggested Websites:

Mayo Clinic: TBI

www.mayoclinic.com/health/traumatic-brain-injury/DS00552

National Center for Injury Prevention and Control: TBI www.cdc.gov/ncipc/tbi/TMI.htm

National Institute of Neurological Disorders and Stroke: TBI Information Page

www.ninds.nih.gov/disorders/tbi/tbi.htm





Monthly Support Groups

London/Middlesex

Great Canadian Superstore
2nd Floor Community Room
London, Ontario
Last Thursday of Each Month

Social Group for Age 18-30

Location Varies
www.braininjurylondon.on.ca
or call 519-642-4539 for more info
Last Monday of each month

Paediatric/ Parent/ Sibling Support Groups

Currently on Hold

Huron County

Huron County Health Unit
77722B London Rd. South
(Located Behind Huronview)
Clinton, On.
Last Tuesday of each month

Perth County

Zehrs Markets
2nd Floor Community Room
865 Ontario St. Stratford, On.
Last Tuesday of Each Month

Elgin County

St. Thomas Seniors Centre
225 Chestnut St. St. Thomas, On.
Third Monday of each month

Oxford County

CCAC
1147 Dundas St.
Woodstock, On.
Last Tuesday of each month 6-8pm

Woodstock Public Library

445 Hunter St. Woodstock, On
Third Thursday of each month

Unless otherwise noted all groups meet from 7-9pm
Information available at: www.braininjurylondon.on.ca
OR Contact: Becky LeCouteur support@braininjurylondon.on.ca
(519)642-4539

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Upcoming Conferences and Events

For a great reference of upcoming Brain Injury conferences around the world,
mark this website as a favorite!

http://www.northeastcenter.com/brain_injury_conference_event.htm#top

What: Brain Injury Association of Sarnia Lambton
5th Annual Conference:
Negotiating the Maze
Where: The Village Inn, Sarnia, Ontario
When: April 2, 2009
Website: www.braininjuryassoc@cogeco.net

What: Hamilton Health Sciences 16th Annual
Conference on Neurobehavioural Rehabilitation in
Acquired Brain Injury
Managing Transitions in ABI across the Lifespan:
Advances in Research and Practice
Where: Hamilton Convention Centre
When: May 7th & 8th, 2009
Website: <http://www.hhsc.ca/body.cfm?id=1507>

What: Brain Basics
Where: TBA
When: May 12th, 13th 2009
Website: www.braininjurylondon.on.ca

What: 4th Annual Brain Injury Insert
When: June 3rd, 2009
Pick up your free copy of the
"Londoner" to see our featured insert.

What: Children's Safety Village Birthday
Party - Helmet Exchange
Where: Fanshawe Park London On
When: June 7th, 2009

What: 8th Annual Helmets on Kids Campaign
Kick Off
Where: TBA
When: June 17, 2009
Website: www.braininjurylondon.on.ca

What: 12th Annual Conference
Moving Forward... Trends in Treatment
Where: Four Points Sheraton London, On
When: June 19th, 2009
Website: www.braininjurylondon.on.ca

What: Annual General Meeting Brain Injury
Association of London & Region
Where: Four Points Sheraton London
When: June 19th, 2009 4:30 pm
Website: www.braininjurylondon.on.ca

What: M.D.M Reporting Services 1st Annual
Charity Golf Tournament
Where: Westhaven Golf & Country Club
When: June 29th, 2009
Email: www.vbreakwell@mdmreporting.com

What: Sick Kids Centre for Brain and Behaviour
International Symposium:
Brain Injury in Children
Where: Four Seasons Hotel, Toronto, Ontario
When: July 8th-10th, 2009
Website: www.sickkidsfoundation.com

What: 8th Annual London Brain Injury Golf
Classic
Where: Greenhills Golf Club
When: September 24th, 2009
Website: www.braininjurylondon.on.ca





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A group of five diverse professionals in business attire standing together. From left to right: a Black man in a light-colored shirt and tie, a woman with dark hair in a white blouse, a woman with long brown hair in a black blazer over a white shirt, a man with dark hair in a light blue shirt and striped tie, and a woman with blonde hair in a light-colored blazer.

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Every year, thousands of Canadians suffer brain injuries that affect their personalities, relationships, health, careers and income. For many of those people, a split second means a long and difficult recovery. There is hope for victims of brain injuries and their families. Legate & Associates, Southwestern Ontario's most referred personal injury litigation firm, specializes in helping people win back their dignity and a better life. Personal injury claims are all we do, and our expertise has won over \$60 million in compensation for our clients in the past ten years. We can't change the past, but we can help give you a brighter future. For a free consultation, contact us at www.legate.ca.

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Brain Injury Association of London & Region
560 Wellington Street, Lower Level
London, ON N6A 3R4

