



The Monarch

March 2012

**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

BRAIN INJURY AND THE 5 SENSES

See our special section
starting on page 17.



In this issue:

Help Me Help You
Workshop
Page 3

2012 Survivor and
Family Education
Series
Page 10

15th Annual Brain
Injury Conference
Details
Centre Insert

In every issue:

Executive Director's
Report
Page 2

Peer Support
Mentoring Program
Page 6

Monthly Support
Groups
Page 7

Ask A Lawyer
Page 12

Upcoming Events
Page 28



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Email: info@braininjurylondon.on.ca **Website:** www.braininjurylondon.on.ca

Registered Charitable: 139093736RR0001

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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The **Monarch** is published by the *Brain Injury Association of London and Region*. Opinions expressed are those of the authors and do not necessarily reflect the opinion of the Board of Directors. Submissions to the Monarch are welcome at any time, but should consist of no more than 325 words. When you send in an article from a paper/magazine, please include the date and name of publication. Please include a cover letter with your name and telephone number. Published letters can be anonymous, but the editors must verify the information and obtain permission to reprint the letters, as well as have a contact for questions and responses. Advertising rates are available on request. The publication of an advertisement does not imply support of the advertiser by the Association. All submissions must be received by the first Wednesday of the month prior to publication, at the office located at: 560 Wellington Street, Lower Level, London, ON, N6A 3R4

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EXECUTIVE DIRECTOR'S REPORT



When we think of brain injury, often the first thing we think of is cognitive deficits, but there are many other consequences including impairment of the five senses that can occur. Often, the ability to smell, taste, touch, hear or see are altered. In this issue of the Monarch, you will find several inter-

esting articles in relation to brain injury and the five senses.

The fundraising committee is working hard preparing for our 12th Annual Dinner Dance & Silent Auction on March 3, 2012. Thanks to our many sponsors, silent auction donors and ticket purchasers, it is looking like our 'Evening with Alan Frew' will be a resounding success!

In the middle insert of this issue, you will find a copy of our 15th Annual Brain Injury Conference brochure. The Conference Committee is pleased to offer 'Effects of Multiple ABI's..Preventing Further Injury'. We are also in the process of planning half day workshops; the first one will be held April 27th, 2012 'Help Me Help You...Effective Communications with Insurers & Lawyers.'

The Support Services Committee continues to be busy with planning and promoting new Support Groups in both Elgin & Oxford counties. Both groups offer guest speakers and an opportunity for those living with the effects of brain injury to meet and find support from others with similar experiences.

Our Community Awareness Committee continues to work on the development of a Legal Guide for those living with brain injury in partnership with the firm of Harrison Pensa. We are also looking for opportunities to educate public service providers about brain injury.

In addition to the work of our committees, additional initiatives that are underway include:

- 1) the Helmets on Kids Partnership is gearing up for our annual campaign in June.
- 2) The New Attitude Committee will be offering a 10 week Brain Injury & Substance Use Educational Group here at our office on Tuesday's beginning in April.
- 3) Representatives from Chatham/Kent, Windsor/Essex and Sarnia/ Lambton Brain Injury Associations have joined me in the development of a monthly presentation about our Associations that is offered to inpatients at Parkwood Hospital ABI Unit. In addition, Jamie Fairles our Peer Support Coordinator and volunteer Crystal LeClair attend to discuss the Peer Mentor Program.

We are thrilled to have received a cheque from OBIA in the amount of \$6,663.59 for our share of the proceeds from the 2011 Provincial Conference. The conference is truly a provincial event, with 14 participating community associations that serve on committees and provide volunteers at the conference.

We hope you enjoy this issue of the Monarch and encourage you to contact us if you have suggestions for topics you would like to learn more about.

Donna Thomson

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Save the Date

for this exciting workshop!

'Help Me Help You...

Effective Communications with Insurers & Lawyers'

April 27th, 2012

8 am - 12:00 pm

Best Western Lamplighter

Watch www.braininjurylondon.on.ca for registration details

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Brain Injury Can Happen to Anyone

ONTARIO BRAIN INJURY ASSOCIATION



Ontario Brain Injury Survey

Dear Friend:

We are pleased to announce the launch of the new Ontario Brain Injury Survey. This survey replaces our former Caregiver Information and Support Link (CISL) Questionnaire which OBIA has been using since 1989. This new survey will be used to provide valuable information annually to researchers, service providers and government policy makers.

Your local brain injury associations is assisting OBIA with this project. By completing the attached Survey Release of Information Form you are agreeing to have a representative from OBIA contact you to provide you with more information about the Ontario Brain Injury Survey. Then, with your consent we will mail a copy of the survey to you with a postage paid return envelope. In appreciation of your time to complete the survey we are offering you a free dual membership to OBIA and a local association of your choice. For every survey completed the local association will receive \$15 to assist them in providing programs and services.

Benefits of Membership

- ✓ Survivor ID and Dual Membership Card
- ✓ Quarterly issues of the OBIA Review Newsletter
- ✓ Access to our Resource and Lending Library
- ✓ Discounts on training courses

As always information provided to OBIA will be kept strictly confidential.

If you have any questions about our Ontario Brain Injury Survey or the membership programs, please do not hesitate to call OBIA at 1-800-263-5404.

The attached consent form can be completed and sent back to OBIA via fax, email or by regular mail. Thank you for your support!

PO Box 2338, St. Catharines, ON, L2R 7R9, Tel: (905)-641-8877, 1-800-263-5404, Fax: (905) 641-0323
E-mail: obia@obia.on.ca Website: <http://www.obia.on.ca>
Registered as a Canadian Charitable Organization. Registration #10779 7904RR0001



Ontario Brain Injury Survey Release of Information

Name: _____

Please specify: Survivor Caregiver

Age of survivor: Adult (16 yrs+) Child/Youth (under 16 yrs)

Address: _____

City: _____ Postal Code: _____

Area Code & Telephone: (_____) _____

Association/Service Provider: _____

I give the Ontario Brain Injury Association (OBIA) permission to contact me regarding the *Ontario Brain Injury Survey*. All information provided to OBIA will be kept strictly confidential.

Signature of Survivor/Caregiver

Witness Signature

Date

Date

*Completed forms can be sent back to OBIA, via email, fax or regular mail.

PO Box 2338, St. Catharines, ON, L2R 7R9, Tel: (905)-641-8877, 1-800-263-5404, Fax: (905) 641-0323

E-mail: obla@obla.on.ca Website: <http://www.obla.on.ca>

Registered as a Canadian Charitable Organization. Registration #10779 7904RR0001





Peer Support Mentoring Program for People Living with ABI

*By Jamie Fairles
Peer Support Coordinator*

This month's theme of the Monarch is Brain Injury and the 5 Senses. When I was a mentor in the program, the young man I mentored coincidentally lost his peripheral vision and sense of smell just like I did. This was one of the many issues that we both faced and discussed over the year during our partnership. Other issues we talked about were our respective desires to return to school and regain a social life. The Peer Mentor Support Program was created for people who are having a hard time adjusting to their new lives as a result of their brain injury to receive support by discussing various coping mechanisms to alleviate the many frustrations

experienced by living with a brain injury. This is done by the local Peer Support Coordinators matching them with somebody who has faced the same or a similar problem and can truly understand. London is holding its fifth mentor training to add more mentors experienced in living with a brain injury to the roster of people across Ontario who selflessly devote their time and wisdom gained through their respective journeys. If you would like a mentor to talk to, or if you think you would make a good mentor, please don't hesitate to call the office and inquire about this amazingly helpful program!

**If you think you would make a good mentor,
or would like to have a mentor,**

Phone call: 519 642-4539 Toll Free: 1-888-642-4539

Bartimaeus Rehabilitation Services Because Experience Matters

Bartimaeus provides rehabilitation services for people with an acquired brain injury and people who have suffered from serious trauma.

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Support Groups

If you or someone you love has experienced an Acquired Brain Injury, you may benefit from participating in one of our many support groups. These groups meet on a monthly or weekly basis and offer people who live with the effects of a brain injury the chance to: meet and discuss common issues and problems, learn more about living with ABI and to have fun in a positive environment.

London/ Middlesex County:	First Baptist Church 568 Richmond Street London, Ontario Last Thursday of each month: 7-9 pm	18-30 Social Group Cornerstone Clubhouse 781 Richmond Street London, Ontario 1st Thursday of each month: 6-8 pm
Oxford County:	CMHA Oxford Branch 522 Peel Street Woodstock, Ontario 3rd Tuesday of each month: 7-9 pm	Woodstock Public Library 445 Hunter Street Woodstock, Ontario 3rd Thursday of each month: 6:30-8:30 pm
Perth County:	Zehrs —2nd floor Community Room 865 Ontario Street Stratford, Ontario Last Tuesday of each month: 7-9 pm	Perth Social Leisure Club Central United Church 194 Avondale Avenue Stratford, Ontario Every Wednesday: 1-4 pm
Elgin County:	Real Canadian Superstore 50-1063 Talbot Street St. Thomas, Ontario 2nd Wed. of each month: 7-9pm	

* For further details please visit the events calendar found on our website

Phone: (519) 642-4539
Fax: (519) 642-4124
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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 _____

Address 2 _____

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:

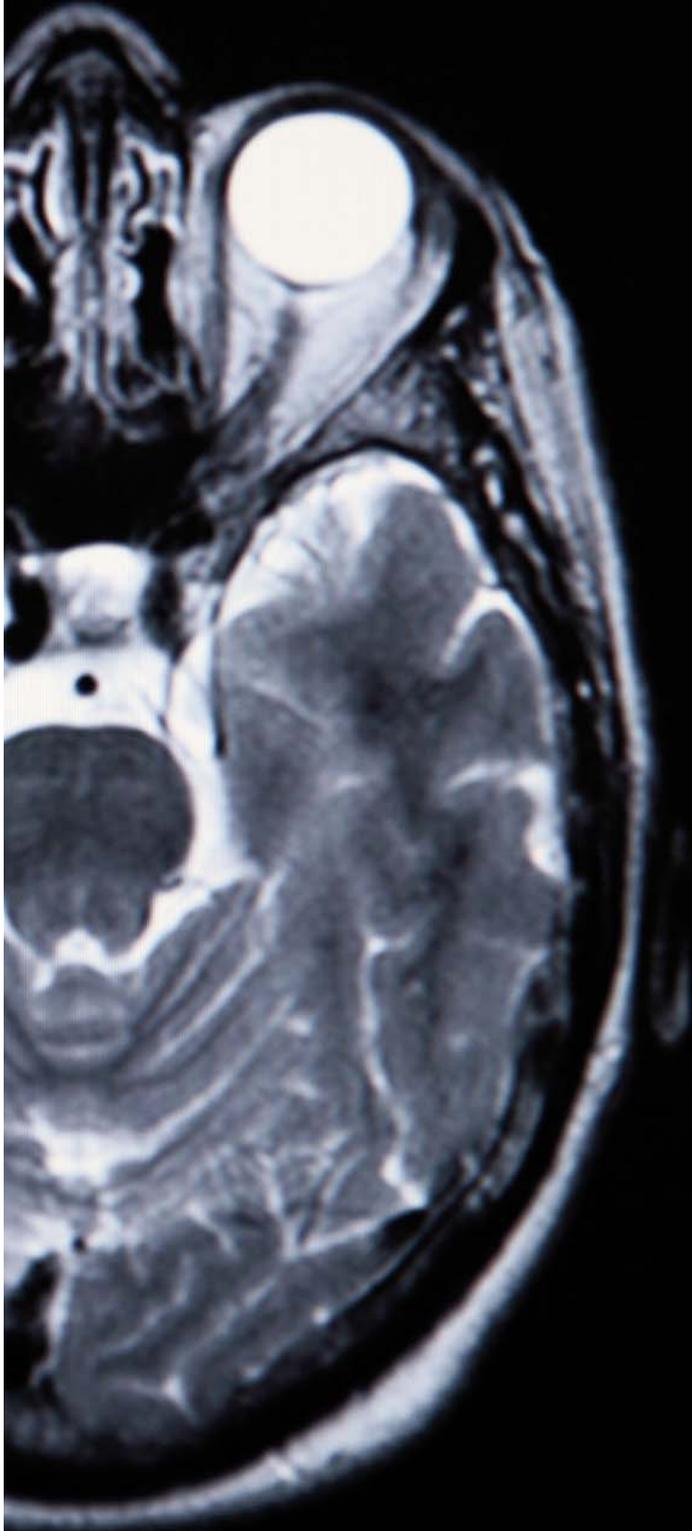
- Individual \$30 Family \$50 Subsidized \$5

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

- Visa MasterCard American Express

Card Number: _____ Expiry _____ / _____

Ontario Brain Injury Association
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Parkwood Hospital invites those who have survived a brain injury, their partners, parents, other family members, and friends to their

2012 Acquired Brain Injury Survivor and Family Education Series

The goals of this series are to share information, provide opportunities to meet other individuals and family members affected by brain injury, and to encourage peer support.

The sessions are held on Tuesday evenings from 6:30-8:00 p.m. in room A273 on the main level of Parkwood Hospital. See dates and topics of sessions below.

The sessions are also video-conferenced to participating sites throughout Southwestern Ontario, including:

- Goderich – Alexandra Marine & General Hospital
- Woodstock – Woodstock General Hospital
- Grand Bend – Grand Bend Area Community Health Centre
- Sarnia – Erie-St. Clair CCAC Office
- Windsor – Hotel Dieu Grace Hospital
- Owen Sound – Home and Community Supports Office
- Stratford – Stratford General Hospital
- Hanover – Hanover and District Hospital

March 27th **Brain Injury 101 – Part 1**
Speakers: Kelly Williston Wardell & Lisa McCorquodale

April 3rd **Brain Injury 101 – Part 2**
Speakers: Kelly Williston Wardell & Lisa McCorquodale

April 10th **Practical Strategies for Managing Your Life – Part 1**
Speakers: Scott McLean & Amy Abbruzzese

April 17th **Practical Strategies for Managing Your Life – Part 2**
Speakers: Scott McLean & Amy Abbruzzese

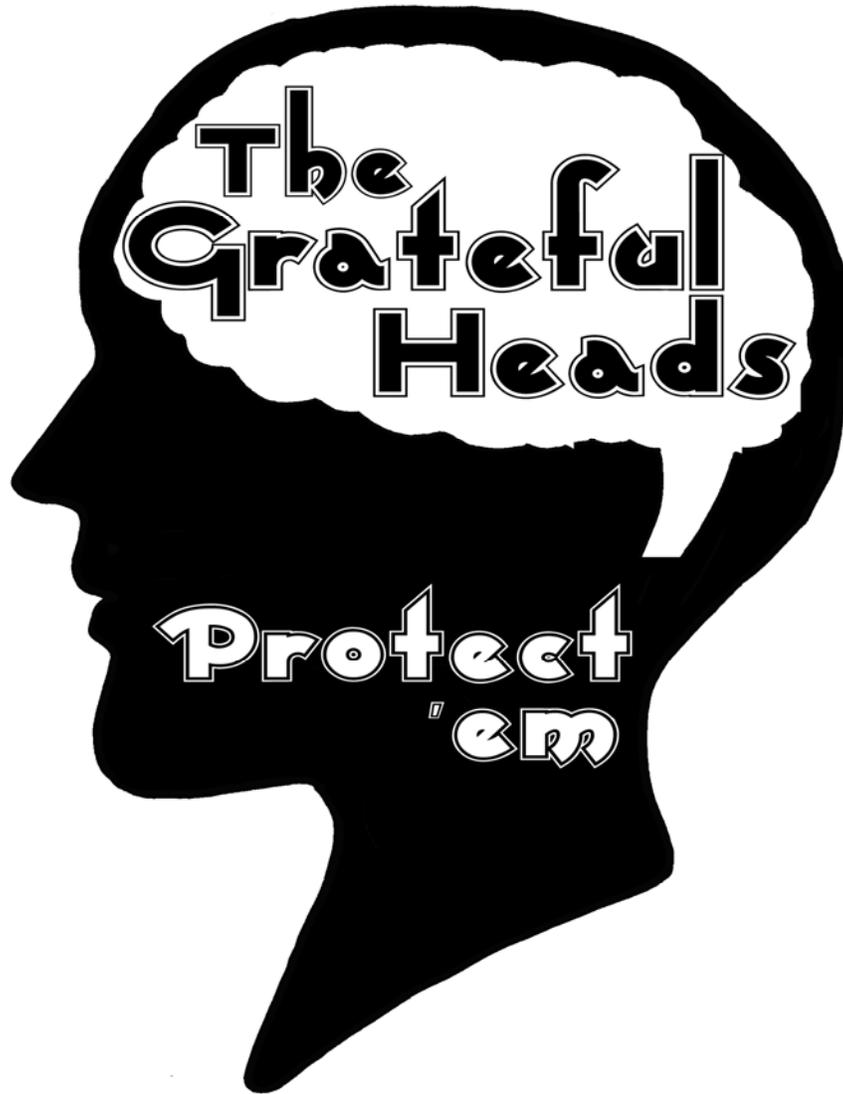
April 24th **Coping with Anger & Frustration Following ABI**
Speakers: Bob Lomax & Dan Pettapiece

May 1st **The Brain Behind the Eyes: Using Vision Rehabilitation to Help Recovery from Brain Injury**
Speakers: Shannon McGuire & Becky Moran

May 8th **Survivors' Stories**
Speakers: Chad Hall & another to be determined

Please contact Wendy Davis at 519-685-4064 or toll-free at 1-866-484-0445 to reserve your place for each evening you choose to attend or to clarify location of other sites. You are welcome to attend, one, some, or all of the sessions.





The Stratford ABI Social Leisure Group
Meets Weekly in Stratford
For more information call: 519 642-4539
Or email: support@braininjurylondon.on.ca

A free program offered by:





Ask a Lawyer

Laura Camarra, Legate and Associates

When your acquired brain injury interferes with your ability to operate a motor vehicle – the role of the medical profession

After suffering a brain injury, people often face a myriad of health issues. In Ontario, if a person's health interferes with their ability to operate a motor vehicle, their physician is required to report that issue to the Ministry of Transportation.

According to Section 203 of the Highway Traffic Act:

Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon the medical practitioner for medical services who, in the opinion of the medical practitioner, is suffering from a condition that may make it dangerous for the person to operate a motor vehicle.

If a physician feels their patient is suffering from a condition that may make it dangerous for that person to operate a motor vehicle, they have an obligation to report that person to the Ministry of Transportation (MTO). The MTO is responsible for determining the appropriate course of action, which may include suspending that person's license.

For those with an acquired brain injury (ABI), there are no hard and fast rules for determining whether they have a condition that may make it dangerous for them to operate a motor vehicle.

However, the Canadian Medical Association has set out some guidelines for physicians to follow in determining whether their patients have the skills necessary to drive safely.

In particular, to drive safely, those with an ABI require insight into their disability, as well as:

- Adequate reaction times
- Adequate ability to coordinate



visual-motor function (for steering)

- Adequate leg function for braking (or ability to use adaptive technology)
- Adequate ability to divide attention to perform multiple simultaneous tasks
- Enough responsibility to comply reliably with the rules of the road and to drive within any conditions set by licensing authorities

If you have suffered an ABI, I would encourage you to speak with your physician about this issue.

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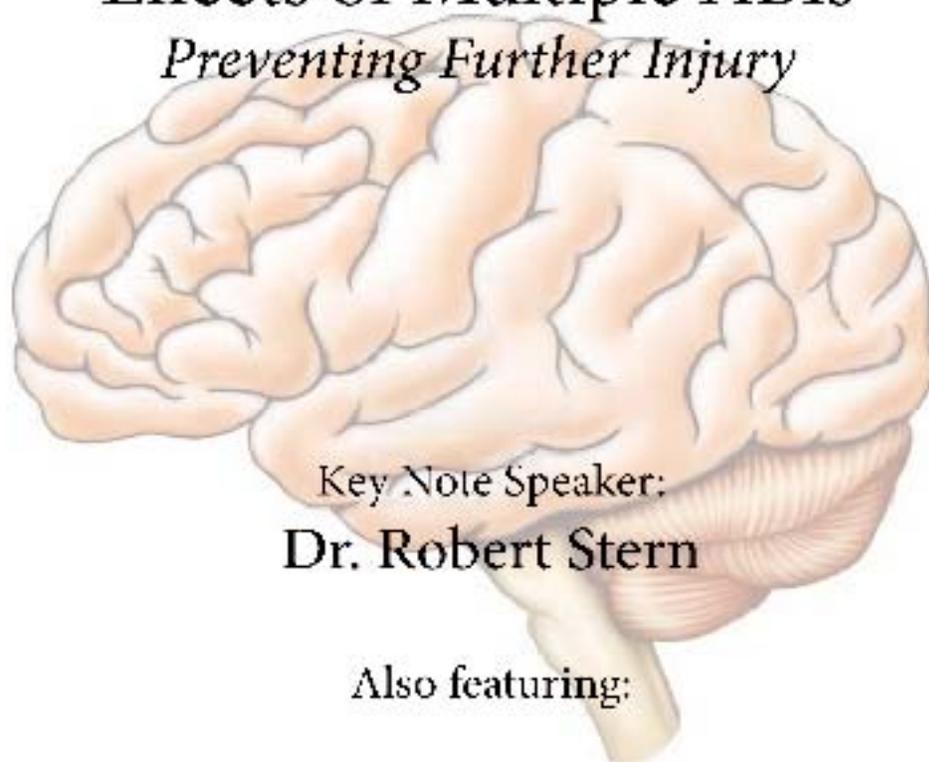
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Effects of Multiple ABIs *Preventing Further Injury*



Key Note Speaker:
Dr. Robert Stern

Also featuring:

Dr. Paul Echlin
Dr. Carolyn Lemsky
Dr. Angela Colantonio
Valerie Kuilboer & Nicola Memo
Ally Crich

June 15, 2012

Four Points Sheraton
London, Ontario, Canada



**BRAIN INJURY
ASSOCIATION
OF LONDON
AND REGION**

The Brain Injury Association of London and Region is holding its Fifteenth Annual Conference on June 15, 2012. The theme for this year's event is **The Effects of Multiple ABIs: Preventing Further Injury**. This conference will provide service providers, survivors and family members with information on a variety of topics including coping with multiple concussions and the relationship between substance use and brain injury. As always, this conference will give individuals an excellent opportunity to explore informative exhibits and network with industry professionals.

Welcome and Opening Remarks

by Chris Collins

Head Games: Chronic Traumatic Encephalopathy & the Long Term Consequences of Repetitive Brain Trauma in Athletes

by Dr. Robert Stern

Preventing Substance Use Problems After Brain Injury

by Dr. Carolyn Lemsky

Collaborating Approaches to Addiction Services

by Valerie Kuilboer & Nicola Memo

A Survivor's Experience with Multiple Concussions

by Ally Crich

Concussions in Sport: Definitions, Management and Current Research

by Dr. Paul Echlin

Planning for Acquired Brain Injury Services: What Does the Data Tell Us?

by Angela Colantonio

Closing Remarks

by Donna Thomson



Dr. Robert Stern is a Professor of Neurology & Neurosurgery at Boston University School of Medicine, he is also Co-Director of the Center for the Study of Traumatic Encephalopathy as well as Director of the Clinical Core of the BU Alzheimer's Disease Center. A major focus of his research involves the long-term effects of repetitive brain trauma in athletes and the military. Dr. Stern has published on various aspects of cognitive assessment as well as, psychological tests and instruments.

Dr. Paul Echlin

Dr. Paul Echlin is a fellowship trained and certified primary care sports medicine physician. He has provided junior hockey medical coverage for the past 7 years at all levels in the USA and Canada. He has 7 first author publications, with an interest in sport concussion and sports-related injuries. He and Doctor Charles Tator were named the two most influential Canadians in the world of sport, for their work on concussions.



Dr. Carolyn Lemsky

Carolyn Lemsky is a neuropsychologist with 20 years of experience working in rehabilitation settings. For the past 14 years she has been the Clinical Director at Community Head Injury Resource Services of Toronto. For the past 5 years has been the director of the Substance Use and Brain Injury Bridging Project. In that role she has provided leadership on the SUBI Research to Practice Network which conducted cross training workshops and seminars in addictions and acquired brain injury.



Dr. Angela Colantonio

Dr. Colantonio is a Senior Research Scientist at Toronto Rehab, where she holds the Saunderson Family Chair in Acquired Brain Injury Research. She is also a Professor at the University of Toronto. Dr. Colantonio has studied the epidemiology of disability in older people with acquired brain injury, dementia and stroke. Her current focus is on aging and traumatic brain injury.



Valerie Kuilboer

Valerie Kuilboer is currently an Intensive Addictions Case Manager and ASH Team Lead at Addiction Services of Thames Valley. She is an Internationally Certified Alcohol & Drug Counsellor. She has 17 years experience in the field of drug and alcohol treatment. She is a past Outreach Worker both on the West Coast, and most recently for the London CARES Outreach program.



Nicola Memo

Nicola Memo completed her social work degree at King's College and is currently an Addiction/Mental Health Counsellor/Team Lead for Fresh Start and Heart space program at Addiction Services of Thames Valley. She has 9 years experience in Community based mental health programs, including working as a mental health worker in London, England.



Ally Crich

Ally Crich is a 19 year-old brain injury survivor, who experienced six concussions over the course of five years. Her first concussion occurred when she was 13, and part of a provincial soccer team. She sustained her second while part of the same team. Her most recent concussion occurred while water skiing in summer 2010. Ally now attends Western University in her second year of the Kinesiology program.



Brain Injury Association of London & Region



**BRAIN INJURY
ASSOCIATION**
OF LONDON
AND REGION

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Lower Level
London ON N6A 3R4
Phone: (519) 642-4539
Toll free: 1-888-642-4539
Fax: (519) 642-4124
Email: info@braininjurylondon.on.ca
Internet: www.braininjurylondon.on.ca

Conference Location

Four Points Sheraton
1150 Wellington Road South
London ON
Phone: (519) 681-0600
Take Wellington Road North exit off Highway 401

Conference Committee Members

Chris Collins, Chair
Maia Bent
Karen Hulan
Lorrinda Mabee
Donna Thomson



REGISTRATION FORM

Please send completed registration form, along with your cheque, to Brain Injury Association of London & Region at address above, or you may register online at www.braininjurylondon.on.ca

* Use separate form for each registrant

** NO registration on day of conference

*** NO refunds after June 8, 2012 but substitutions are allowed

Fees: * includes continental breakfast, lunch, and breaks

Professionals/ service providers: \$180

Survivors, family members, caregivers, students: \$75

Exhibitor Space (includes one registration): \$350

Check here if you require an electric outlet _____

Total Payment \$ _____

Individual Name _____

Organization Name: _____

Address: _____

City: _____ Postal Code: _____ Phone: (____) _____

Email Address: _____

Eight Years Later

By Janko Stukic

January 17, 2004 was the day my whole life changed forever!! I was living my dream because ever since I was 14 years old, I told my mother that I was going to try whatever I could to make things a little easier for us with regards to my education after high school. When I told her that it was a scholarship that I wanted to receive, she just had this very blank and "unrealistic" look on her face. I told her that I wanted to see just how far soccer could take me.

My dream became a reality because I ended up earning a full soccer scholarship to Fordham University in Bronx, New York City. However, the dream was short lived because on January 17 of 2004, while I was home for Christmas, I went out with my friends and we were in a terrible car accident.

As a result of the injuries that I sustained, I have no sense of smell, I am completely deaf in my right ear and I have suffered changes with my vision. I have no peripheral vision in my left eye and I am unable to see straight out of my right eye.

I now wear eyeglasses for reading and detailed

work and I also have tiny prisms on each lens to help correct this problem by increasing my field of vision. Life is very different now and I have been forced to try to adjust to the many changes that I have been faced with.

Not having a sense of taste was probably the hardest thing for me to deal with after my brain injury. In the very early stages of my recovery, I did not know any better and just assumed that I was still able to taste what I was eating. However, as I started to try new and different foods, I soon realized that I was



continued on page 18

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- Orthopaedic Injuries
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- Wrongful Death Claims
- CPP & Disability Claims
- Dangerous Premises
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online at judithhull.com

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not able to taste them and this was when I came to the realization and understanding that I couldn't taste anymore. I was just remembering what things were supposed to taste like!! The loss of my sense of smell, in my opinion, has not seemed to have had a terrible affect on me and in all honesty, I have not really even noticed the loss of this sense. Hearing, however, is a completely different story.

I have completely lost the ability to hear out of my right ear! And I have even noticed a little loss of hearing in my left ear. Not being able to taste and the complete loss of hearing (in my right ear) have probably been the two biggest and greatest losses that I have had to deal with!! This loss of hearing has had a tremendous impact on my everyday life because now I am forced to keep this in mind in just about everything I do in my life. I always have to remember that I cannot hear out of my right ear and therefore, I am constantly trying to position myself on or to the right side of everything and everyone!!

Even to this very day. I continue to prove a lot of people wrong!! However, due to my injuries, I was not able to return to Fordham University. However,

I did return to school, as I earned a Certificate in General Business from Fanshawe College (in London, ON). I volunteer at the Brain Injury Association of London and Region once a week and I am an active Member of Cornerstone Clubhouse. It has been a very long and difficult journey for me ever since that frightful night and even to this very day, every aspect of my life continues to be greatly affected by what happened 8 years ago.

It has been a very long and difficult journey for me ever since that night, eight years ago. I am trying to make the best of what I have and I just keep pushing myself to go that little bit further that was never 'thought to be something that I would ever be able to do again!

January 17, 2004 will forever be a day that is remembered by not only me but by my parents, family, friends and anyone else's life that I may have touched. On this date each year, I usually just stay at home for the entire day and reflect on what I have lost, where I have come in my life and as difficult as it may seem, try to look at all of the things that I have gained since that one day, 8 years ago.



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Auditory Processing Disorders and Traumatic Brain Injury

By Nicole Lanthier

Traumatic brain injury (TBI) can range from mild to severe, and can bring with it many different changes in function. One of the changes that can sometimes be overlooked in TBI is changes in auditory processing.

Auditory processing (or central auditory processing) occurs in the central nervous system in the brain. While hearing changes certainly can and do occur with a brain injury, these changes are often easily described and noticed by the person with the injury, and hearing loss can be widely tested for and easily diagnosed. Auditory processing disorders (often referred to as “APD”, or sometimes as “CAPD” for central auditory processing disorders) can be more subtle and are less often tested for.

Auditory processing is different than hearing (although hearing is certainly a part of the equation) and relates more to how the person is able to “sort through and understand” incoming speech and sounds.

A person may have perfect hearing, but if they have an auditory processing disorder, they may find that they are unable to tell where sound is coming from (localization), find that speech is difficult to understand, or find that they are unable to make sense of sounds when there are other noises occurring.

A working definition of Auditory Processing Disorder (as defined by the UK Auditory Processing Disorder Research Program) is that “APD results from impaired neural function and is characterized by poor recognition, discrimination, separation, grouping, localization, or ordering of speech sounds. It does not solely result from a deficit in general attention, language or other cognitive processes.”

APD can be a very frustrating problem for people since they may find that they can hear what is being said but they cannot understand it, and other people may not grasp the difference between being able to “hear sounds” and being able to “process sounds effectively”.

Since some types of ADP cause difficulties only in noise, or only when a sound signal is unclear (for instance, a poor telephone connection), friends and family members may accuse the person with APD of “only hearing what they want to hear” since it is not obvious to them that the difference in the person’s abilities from one time to another may be due to the environment and noise levels. In cases of TBI, the problems of APD are often further compounded by difficulties with attention and cognition.



As the friend or family member of someone who has APD, knowing the skills to become a better communicator can be extremely valuable and reduce frustration for both you and your loved one. For a person with APD, knowing exactly what to ask for from those who are communicating with you is likewise important. A few strategies to help with improving communication for a person with ADP include:

- reduce extraneous noise where possible; turn off the TV/radio/stereo, choose quieter restaurants, move to a room with less activity to communicate
- ensure you have the person’s attention before beginning to speak, and ideally, try to be in their visual field and near to them
- speak at a moderate pace; don’t rush your words
- allow some extra time for the person to comprehend and to respond to you
- if the person is having difficulty understanding you, try changing the words or phrasing that you are using rather than just repeating the same thing

Good communication is a two way street, and if you have APD, one of the first steps to improving communication is to communicate your needs to others. You may need to do this continuously until people become accustomed to using this style of communication, but it will pay dividends in reducing frustration and enriching the relationship.



Space Perception Changes After Acquired Brain Injury

By: Cheryl Letheren

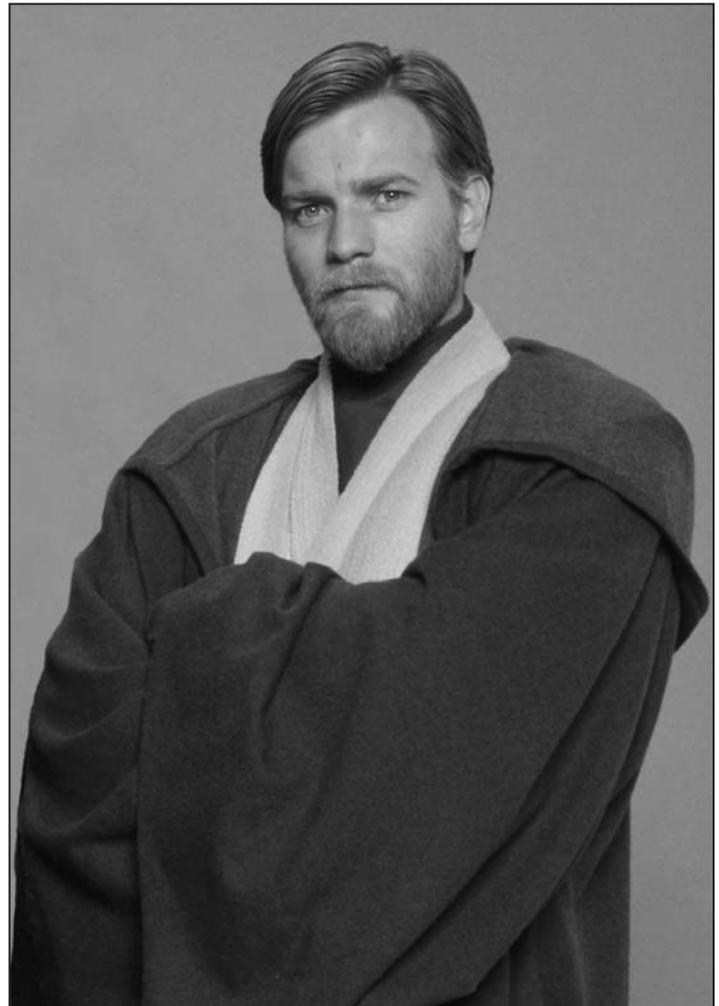
The way in which we perceive the world around us is a process which is dynamic, creative and personal. The perception of distance, position in space, and the relationship between objects, as well as the size, shape, and colour of objects are derived from patterns of light falling on the retina. Perceptions of the world are processed by an imprecise system, because what people 'see' is not simply a translation of retinal stimuli.

Our brain can construct an internal representation of external physical objects and events. Many of the problems encountered by patients with a brain injury are caused by errors between the physical world and the internal world view.

After an acquired brain injury, patients frequently report a large variety of symptoms which appear to be a dysfunction in the optimal visual-spatial function. These can include double vision, bumping into objects, difficulty locating objects, feeling insecure on escalators or in busy environments (such as grocery stores), and having difficulty in changing light conditions.

The most common conditions that cause problems with the "where am I?" system are hemiparesis, paralysis and neglect. An optometrist evaluates this system by referring to the patient's history as well as checking a number of conditions. These include: eye tracking, fixation, peripheral visual fields, midline assessment, neglect, head movement, and binocular vision.

Treatment might include using optometric visual training, patching, the use of special lenses and prisms, and working with other professionals for



**"Your eyes deceive you;
do not trust them."**

Obi-Wan Kenobi, Star Wars

collaborative care. The prisms are used as therapy or for compensation, depending on the type of disruption to the "where am I?" system. Special training is needed to be able to feel comfortable in treating these conditions.

Simply being able to understand the mechanism of the visual mismatch gives the patient comfort and helps them to be successful in therapy. There can be a large amount of anxiety produced by the "where am I?" dysfunctions. It can take many months for the therapy to provide a significant improvement.



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My Story

By: Bart Algra

In May 1987 I was ejected from my Uncle's red Honda Civic after losing control of it while speeding down a dirt road. The car flew off the road, hit the ditch embankment backward and I flew out, with the vehicle rolling a number of times with my brother inside.

I have a picture of the car and it is so banged up that it is hard to tell what type of vehicle it is. Chad broke a rib, broke a hip, collapsed a lung, and ruptured his spleen.

I have always thought it a figure of speech when people had told me I had a thick skull; but I guess I did. When thrown from the vehicle I struck my head on the ground and it did not crack. So, In order to prevent the swelling to get to the point of me being brain-dead, they had to drill a hole in my skull to relieve the pressure.

That summer I was in a coma for 2.5 weeks and spent 2 months in rehabilitation at Parkwood Hospital in London.

Of my therapies, I enjoyed physiotherapy the most and speech therapy the least; likely because I did the best at physiotherapy and found speech therapy the most challenging.

That next September I went from a small private school in Leamington (United Mennonite Education Institution) into the large local district high school in Essex.

I walked funny, talked funny, and had a lot of anger and identity issues that I was still grappling with. Subsequently I turned to drugs and alcohol as tools for me to escape and gain acceptance - I could still be wild and crazy and make people

continued on page 22

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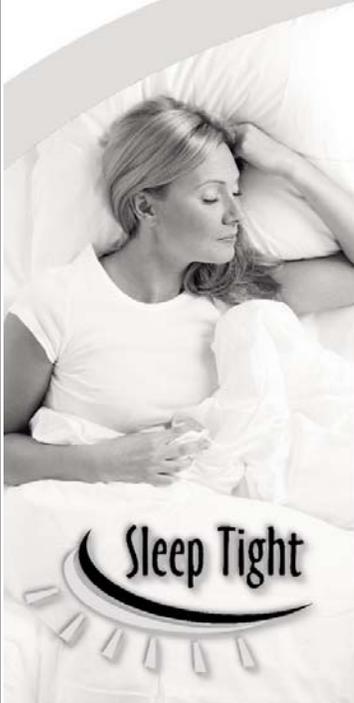
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continued from page 21

smile with my quick wit and humour. I walked the road of partying, skipping school, and got into trouble for much of grade 10 and part of 11. Then a young man named Randy Deraadt from our church took me under his wing, invested time in me and showed me a better way; a way about serving God and others rather than self.

So, with this new attitude and focus I went to class more often, tried more honestly, and got involved in more positive things, especially outside of school, and I graduated with honors—earning 2 -\$250.00 bursaries that I used toward University.

In September 1990 I enrolled in Reformed Bible College (now Keuiper College) in Grand Rapids Michigan in a Bachelors of Religious Education - Major Youth Ministry, Minor Social Work. I graduated, working part-time each school year and summer in this field, in 1994 and was married that same month.

My first school related position was as a Youth Director at a Church in Burlington that, after not

seeing eye-to-eye with the Sr. Pastor, was discounted after a year.

Eventually, after living in Texas for 2 years, and various other jobs—including a position as Transit Windsor Bus Driver (albeit for a week)—I was recruited as an insurance agent at Mutual Life (Clarica now Sun Life). I started with Calrica on August 19, 1999, have had a 2.5 year stint as a Manager, and am now the President of my own company—Algra Financial Solutions & Associates. I have been blessed with three beautiful children and run a small financial services business I am proud of.

I have never considered myself to be disabled and only always referred to myself as a survivor. The nurses on the floor said it was miraculous how well I did and did so quickly. Really, rather than feeling guilty with how well I've done I give God the glory and strive to serve others in what I do and say.

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My Senses (Or Lack Thereof, Following My Brain Injuries)

By: Jamie Fairles

After my first brain surgery on November 30, 1998 to remove a benign brain tumour, the surgeon told me and my family that I may temporarily lose peripheral vision in my left eye because they had no choice but to “assault” my optic nerve to get to the tumour.

Well, the surgeon was right and wrong. I did lose my left field of vision, but it was not temporary nor was it only in my left eye. I now have what is known as left homonymous hemianopia, which means that I no longer have any left field of vision in either eye.

This prohibits me from driving and for the first few years I found myself constantly bumping into door frames and other objects if I didn't scan my surroundings.

I now wear corrective glasses with a prism called a Fresnel on my left lens to expand my peripheral vision on my left side. When my tumour came back in 2009 I tried to avert more surgery by undergoing 6 weeks of radiation therapy, but because this tumour was accompanied by a cyst, I had to undergo my third craniotomy to have the tumour and cyst removed.

Shortly after the surgery I noticed that I could not hear very well out of my right ear so I had a hearing test and I was diagnosed with mild hearing loss in my left ear and moderate hearing loss in my right.

The thing is that the doctors are unsure what caused this hearing loss. Was it from the radiation, one of the cases of meningitis I contracted in 1998 and in 2000, or from a condition known as siderosis that I experienced during my first surgery in 1998? Either way I now own a pair of hearing aids to help me hear properly.

I also don't have a proper sense of smell. On a good day I can smell strong scents, but usually I can't smell anything, Oddly enough although my sense of smell has been affected, my sense of taste has remained intact.

I have developed strategies to adapt to living my life without the senses I lost, such as the use of the Fresnel and hearing aids, but the sense I miss the most is the ability to

sense where my left foot and arm is in space - a term known as proprioception. My lack of proprioception on my left side is an effect of the assault I endured in 2005.

Without proprioception in my left foot and leg, I cannot balance on it for more than a couple of seconds, which subsequently affects my gait and mobility.

I have come to realize that even though four of my five senses have been affected by my multiple brain injuries, I still have my taste and mental faculties and the common “sense” to know that I am extremely fortunate and I use my abilities to pay it forward by volunteering my time at both the Brain Injury Association of London & Region and The Ontario Brain Injury Association.

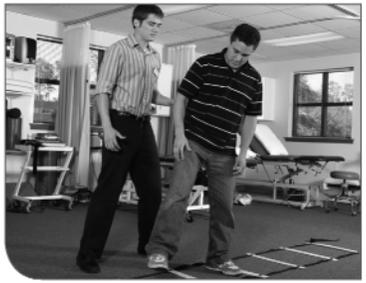


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ABI and The Senses

By: Sari Shatil

Sensory Loss is common after Acquired Brain Injury (ABI) and can be a significant impairment to function. Although there are 7 sensory systems in our body, all of which can be interrupted by ABI, this article will touch on only a few of them.

Vision: ABI can affect vision in several ways. Damage to cranial nerve 3 can result in total blindness, or loss of parts of your visual field, including being unable to see half or one quarter of the world around you. Damage to the occipital lobe, in the back of the brain, can stop the brain from registering the picture accurately. The nerves that control eye muscles can be impaired causing double vision, blurred vision, poorly coordinated eye movement, dizziness difficulty with concentration. Photophobia (difficulty with bright lights) is com-

mon. Vision may be corrected with prism lenses prescribed by optometrists, patching and visual rehabilitation. Sunglasses are recommended for photophobia, and side blinders reduce dizziness while in a car. Helpful Tip: Try taping the inside edges of your glasses beside your nose as a way to open up your visual field.

Hearing: Fractures of the temporal bone or nerve damage to the eighth cranial nerve may result in a loss of hearing in one ear. Ringing in the ears, also known as tinnitus, is common in ABI. This can present in one or both ears and frequently changes in pitch with your mood. There are few effective treatments for tinnitus, leaving survivors left to live with it. Helpful Tip: See an Audiologist to measure hearing loss and identify if you are a candidate for a hearing aid or surgical hearing implant.

Touch: Loss of tactile sensation can occur if the sensory cortex of the brain has been damaged. This results in numbness or reduced sense of touch. This kind of sensation can be retrained with physiotherapy. Techniques that help include using touch to improve touch, electrical therapy to stimulate nerves and the philosophy of neuroplasticity. Helpful Tip: Practice stroking your affected body part with smooth and rough surfaces to increase the input of sensation to your brain.

Vestibular: The vestibular sensory organs are imbedded in the inner ear. They are responsible for telling us if we are moving, spinning, dropping or rolling. Damage to this system is common after ABI, causing vertigo, lightheadedness or dizziness that contributes to imbalance. Vestibular Rehabilitation is helpful and can be provided by Physiotherapy experts. Depending on the underlying cause, treatment can take one visit to move crystals into place, or up to 8 visits to retrain the system. Helpful Tip: Practice looking directly at an object while moving your head side to side. It can help with re-setting the vestibular system.



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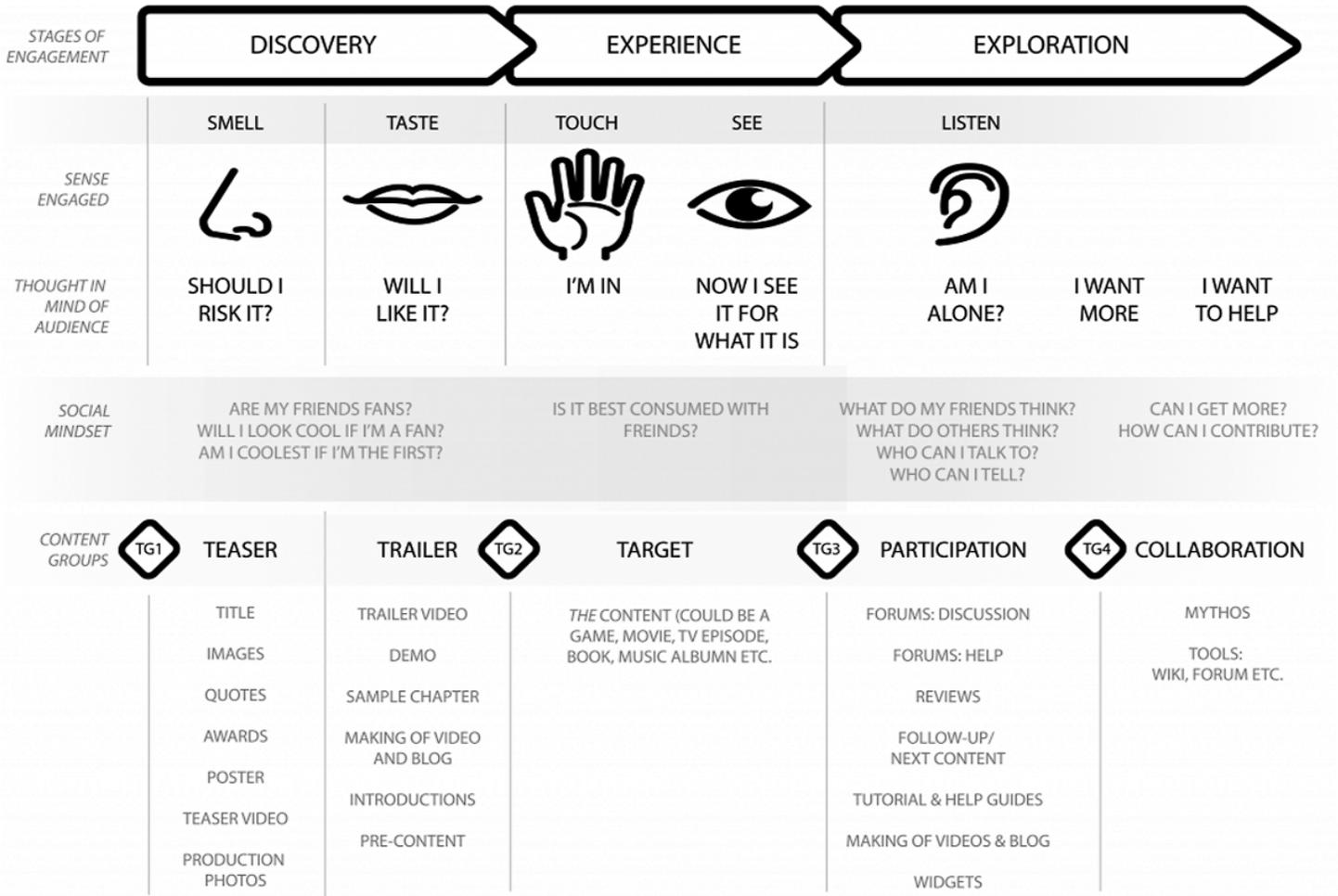
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Proprioception: Proprioceptors are small sensors in our joints and muscles that tell us if our limbs are bent or straight. They contribute to balance and coordination. If ABI affects proprioception, we cannot feel where our limbs are in space and hence do not use them effectively. Watching your limbs move can help overcome proprioception loss. Helpful Tip: Practice standing on a pillow with your eyes closed to improve ankle proprioception. Make sure you have a counter in front of you to steady yourself if needed!

Sensation is important for quality of movement and quality of life. If you have noticed a reduction in any of your senses since an ABI, there are tools that can help. Speak with your doctor or physiotherapist to find strategies that can lead to improved sensory input.



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Acquired Brain Injury and its Potential Impact on the Sensations of Taste and Smell

By: Chris Fraser

Anosmia is the complete loss of olfactory function (the ability to detect scents/odours), while dysosmia is the partial loss of this ability. These conditions are quite common following brain injury. Changes in the smell sensation may result in the ability to detect that an odour is present (odour detection) but the inability to recognize what the odour is (odour identification/discrimination). Gustatory deficits (complete or partial loss of the ability to taste) are relatively rare following brain injury.

Persons with brain injury are often unaware of their impairments.

The frequency with which changes in the ability to smell may be underestimated because persons with brain injury are often unaware of their impairments in this area and because partial losses are often difficult to detect. In addition, an individual with a severe brain injury may not be able to express ability to taste/smell and/or communicate the ability to identify scents and odours.

The common finding among researchers is that complete or partial loss of ability to smell, as well as having an awareness that there are impairments in this area, are closely related to the severity of the brain injury; however, these consequences may also occur in mild or moderate brain injury, including mild cranial trauma and mild concussive brain injury.

Research has suggested that brain injury survivors who are unable to smell were in a coma for a longer period of time, have more severe impairments in attention, new learning, memory and problem solving which therefore lead to greater functional impairment including difficulties maintaining employment.

There may also be personality changes such as inappropriate humour and sexual behaviour, lack of inhibition and impulsivity. As a result, post-traumatic brain injury anosmia may serve as a marker for frontal lobe deficits.

The three primary causes that may result in changes in smell function are:

- (i) injury or tearing of the olfactory nerve fibres (cranial nerve I);
- (ii) olfactory parenchyma injury (brain contusions and hemorrhages);
- (iii) damage to the nose and/or nasal passages.

While blockages resulting from injury to the nose or nasal passages can often be repaired resulting in restoration of the ability to smell, there is no treatment for the full or partial loss of the ability to smell that has resulted from neurological injury. Natural recovery is most likely to occur within six months to one year after injury. If loss of the



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Without smell and/or taste, individuals may experience aspects of their day-to-day lives challenging or significantly altered.

ability to taste occurs in addition to the loss of ability to smell, recovery in the ability to taste occurs more quickly, with the ability to taste sweet tending to occur before the ability to taste bitter.

Despite the reported prevalence of impairment in the ability to smell among persons who have experienced acquired brain injury, there is very little research published in this area and no known treatment for the disorder.

Without smell and/or taste, individuals may experience aspects of their day-to-day lives challenging or significantly altered.

Rehabilitation and support for impairments in these areas, and particularly losses in the ability to smell, must consider and plan for safety concerns (e.g., failure to detect smoke/ natural gas and other noxious/toxic or spoiled substances), social concerns (e.g., poor personal hygiene/body odour, excessive use of perfumes/colognes), quality of life issues (e.g., loss of the social pleasure associated with eating, alteration in leisure activities such as cooking or other hobbies that are enhanced by the ability to smell), vocational concerns (e.g., professions that rely on the ability to smell) and health concerns (e.g., lack of appetite, significant unintentional weight loss and malnutrition because of inadequate food intake, excessive use of sugar, salt and/or hot spices in an attempt to taste foods and beverages, excessive intake in an attempt to “search” for eating enjoyment).

Intervention must include informing the patient and his or her significant others that there is potential for these impairments to improve and psychosocial support that acknowledges this as another loss resulting from the injury.



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Where: Lambton Inn Conference Facility
When: April 12, 2012
Contact: Maia Bent at 519 672-4510 EXT6306 or email at mbent@lernaln.ca

What: Children's Safety Village Birthday Party
Helmet Exchange
Where: Fanshawe Park London
When: June 3, 2012



What: The Effects of Multiple ABI: Preventing further injuries
Where: Four Points Sheraton, London, Ontario
When: June 15, 2012
Website: <http://www.braininjurylondon.on.ca>

What: Annual General Meeting of Brain Injury Association of London & Region
Where: Four Points Sheraton
When: June 15th, 2012 4:30p.m. Immediately following the conference
Website: <http://www.braininjurylondon.on.ca>

What: Camp Dawn, 2012
Where: Rainbow Lake, Waterford, Ontario
When: September 13th- 16th
Website: www.campdawn.ca



Camp Dawn

What: 16th Annual London Brain Injury Golf Classic
Where: Greenhills Golf Club
When: September 20th, 2012
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