Innovation and ABI

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Acquired Brain Injury Rehabilitation: Innovation in Everyday Clinical Practice
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Wearing a Weighted Vest to Conquer My Loss of Proprioception
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LEANDRE CASSELMAN
Development Coordinator

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Although sports-related concussions have the media’s attention, it is so important to recognize that concussions are not solely caused by a sports-related injury. Through our support services department, we provide assistance to those who have sustained concussions by other ways including motor vehicle collisions, falls and workplace accidents as well as sports-related incidences.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Concussion Comes to the Big Screen

The potential of long-term effects following concussion is one of the focal points of the movie *Concussion*. In this movie, actor Will Smith portrays Bennet Omalu, a courageous doctor who battles against efforts by the National Football League to suppress his research on brain damage sustained by professional football players. Omalu’s autopsies of former NFL football players led to the discovery of Chronic Traumatic Encephalopathy (CTE), a degenerative brain disease that is believed to be linked to concussions.

As this movie points out, concussions are more than a bump on the head and need to be taken seriously. OBIA, along with many other organizations such as the Ontario Neurotrauma Foundation, Parachute and local brain injury associations, have always recognized that a concussion is a brain injury and needs to be taken seriously. However, the general public, workplaces, athletic associations and even some medical doctors are now having to come to terms with what a concussion is, the significance of concussions and the need for immediate attention and treatment.

Concussions were thrust into the spotlight January 1, 2011 when Sidney Crosby, Canada’s beloved Canadian professional hockey player, sustained a serious concussion. Crosby’s concussion left him off the ice for 11 months. However, he was only able to play eight more games until the symptoms from his concussion became too great for him to continue play. It was not until March 2012 that he returned to the game.

Concussions can no longer be ignored and thankfully coaches, athletes, students and parents are becoming more aware that concussions need to be treated as a serious injury. In the past, athletes used the old adage “I got my bell rung” or “I saw stars” to describe what happened after taking a hard hit or sustaining a blow to the head. As the movie *Concussion* points out, more times than not the athlete returned to play without a second thought, without knowing that there could be lifelong debilitating effects.

In our work at OBIA, we understand the devastating effects that concussions can have on children, youth and adults. Although sports-related concussions...
have the media’s attention, it is so important to recognize that concussions are not solely caused by a sports-related injury. Through our support services department, we provide assistance to those who have sustained concussions by other ways including motor vehicle collisions, falls and workplace accidents as well as sports-related incidences.

The movie *Concussion* came on the heels of Bill 149, Rowan’s Law, which was introduced in the Ontario legislature on November 25, 2015. Bill 149 honours Rowan Stringer, a high school athlete who died as a result of sustaining a concussion after a rugby game. Ontario has the opportunity to become a leader in addressing concussion given that this would become the first concussion legislation in Canada. I had the opportunity to attend the debate on Bill 149 and was witness to one of the very few occasions in the Ontario Provincial Parliament where there actually was no debate and the critics from the other parties fully supported this bill. I firmly agree with a statement MPP Lisa MacLeod, the mover and shaker on this bill, made that “Rowan’s Law could save lives.” OBIA will continue to be engaged in supporting and giving input into Bill 149. For more information on Rowans Law please see page 7.

At OBIA we appreciate that concussion is making its way to mainstream media, news stories and movies. However, at the end of the day we have to remember that concussions happen to moms, dads, students, teachers, workers and countless others who are not in the limelight. We recognize how, for some, the concussion they sustained can be just as life-altering as the professional athletes and need to be taken just as seriously including getting access to the medical and rehabilitation support they require. ☝️
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IN THE NEWS

Rowan’s Law

By Katie Muirhead, Advocacy Specialist, OBIA

It has been close to three years since the death of Rowan Stringer. We are now seeing movement in the Ontario government to affect provincial change regarding concussion prevention and treatment. Rowan Stringer was just 17 years old when she died after a rugby game in Ottawa, Ontario. The cause of death: Sudden Impact Syndrome. Rowan was a young woman with high goals and an accomplished rugby player who was determined to play that final game. What was discovered after, was that Rowan was still experiencing symptoms from a previous concussion sustained in a game earlier that week, but had not reported these symptoms to her parents or coaches. This was a preventable death and that is the message her parents are determined to spread.

Rowan’s death triggered a coroner’s inquest resulting in 49 recommendations pointed at three different Ministries. The first recommendation was to adopt an Act (Rowan’s Law) governing all youth sport, both school based and non-school based. On November 25, 2015 Bill 149 passed first reading at the legislature to establish the Rowan’s Law Advisory Committee. This committee will be comprised of members appointed from the Ministry of Child and Youth Services, Ministry of Education, Ministry of Health and Long-Term Care and Ministry of Tourism, Culture and Sport. The committee’s role is to review the jury’s recommendations, make recommendations on how to implement the jury’s findings and provide further information on how to improve upon brain injury prevention and treatment.

Since this tragedy Rowan’s parents, Kathleen and Gordon, have dedicated their time to sharing Rowan’s story, educating children and youth about concussions and advocating for greater systemic change. As a result of their voice and advocacy, the Stringers along with their local MPP, Lisa MacLeod, brought the Bill to the legislature and had it co-sponsored by the NDP and Liberal Party.

All 50 U.S. states have already adopted and implemented similar laws but this is the first bill of its kind in Canada. In 2012 Bill 39 died when Dalton McGuinty suspended the legislature. This bill was intended to address the issue of concussions and education regarding proper medical treatment, return to play, return to learn and raising awareness.

This bill is the first step of many which needs to happen to better improve how we as a province respond to what some are calling an epidemic. The incidence of concussion, specifically youth concussion, continues to rise. “An Ontario study published in 2014 found the total number of visits for paediatric concussions to emergency departments and physician offices jumped to 14,886 in 2010 from 8,736 in 2003. During that period, the rate per 100,000 population increased to 754 from 467 for boys and to 441 from 209 for girls” (National Post). We can’t say if this means that concussions are happening more often, or if the raised media attention around concussions is bringing more people to emergency rooms and family doctors’ offices than before. We know with the proper education and training, concussions can be prevented and managed more effectively.

For more information on Rowan’s Law or to read the Coroner’s recommendations visit:

http://rowanslaw.ca/

When I was first approached by Tanya Jewell, NEO Advocacy Specialist for OBIA, to write an article about innovation in ABI rehabilitation, my first thought was, “what could I possibly write about?” Like many others, I confused “innovation” with “invention.” So often, when one thinks about innovation, one thinks about great discoveries, amazing technological advances, brand new products and cutting edge techniques. However, innovation can also happen on a smaller scale in everyday clinical practice. Given the right conditions (i.e. organizational vision that supports a culture of innovation), support (i.e. managerial and clinical leadership) and philosophy (i.e. continuous quality improvement, person/family-centred practices), anybody can be innovative. In fact, in their July 2015 report Unleashing Innovation: Excellent Healthcare for Canada, the Ministry of Health Advisory Panel defined healthcare innovation as “activities that generate value in terms of quality and safety of care, administrative efficiency, the patient experience, and patient outcomes.”

Many recent and current provincial initiatives aimed at improving and advancing the state of rehabilitation generally and ABI rehabilitation specifically in our province fit well within the panel’s definition of innovation. These include but are not limited to the Ontario Concussion Care Strategy led by St. Michael’s Hospital as well as the development and implementation of the Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe Brain Injury, a joint project between the Ontario Neurotrauma Foundation (ONF) and l’institut national d’excellence en santé et en services sociaux (INESSS) and the Rehabilitative Care Alliance’s development of a provincial minimum data set for outpatient/ambulatory rehabilitation programs which are seeking to measure patient experience, functional outcome, access and transition as well as financial performance. Just as promising are the innumerable regional and local projects that are exploring new ways for professionals to work together and new ways of engaging clients with acquired brain injury in their rehabilitation plan of care. These include projects supporting early referral to ABI inpatient rehabilitation, new frameworks for person-centred collaborative inter-professional goal setting, joint interdisciplinary assessment and intervention, telerehab/e-rehab and rehab patient advisory groups, just to name a few.

In addition to the wonderful projects just mentioned, innovation is occurring every day with those passionate, compassionate, tireless, creative frontline clinicians and teams who are constantly trying new approaches, tweaking current processes, consistently incorporating new learning and individualizing their intervention plans in relation to the unique goals, values, culture, profiles of strengths and impairments and idiosyncrasies of each person with acquired brain that they work with. These clinicians invariably focus on helping the person with brain injury achieve their own goals and to regain meaning and purpose in their own lives. Their essential “doing whatever it takes” attitude can sometimes lead to uncharted territory in brain injury rehabilitation. That’s an uncomfortable prospect for some clinicians. However, as long as patient safety, ethical concerns and regulatory considerations have been duly considered and addressed, trying new things will invariably lead to learning something valuable. The clinician and client will either land on something helpful or will learn from the failure and try something else which in turn will have the potential to work. It is precisely these small scale successes born from creative ideas that have the potential to grow into larger scale innovations. Furthermore, when the person with brain injury is perhaps not progressing as expected, these same clinicians or clinical teams demonstrate the necessary self-awareness, humility, perseverance and creative spirit needed.
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to ask themselves what they could do differently, and which new approach or strategy they could try to more successfully address the client’s needs, goals and preferences.

Most professionals who work in the field of brain injury rehabilitation are familiar with the often quoted expression: “When you’ve seen one brain injury, you’ve seen one brain injury.” There is no better expression that highlights the need to individualize your assessment and intervention plans and to flex your creative muscles. Yet while clinicians know that there is no “one size fits all” approach that works for every client, it can be really difficult to step out of our comfort zones, stray from our routine approaches and to suspend long held assumptions in order to try something different. The weight of our professional training, our regulatory colleges, our organizational policies, mandated outcome measurement, our lack of time, our natural resistance to change, and individual risk tolerance can really suppress our creative juices and limit innovation in rehabilitation. How unfortunate!

If a clinician already knows exactly what they are going to do with a client before they walk in the door, because they do the same thing every time, they are not being innovative; in fact, they aren’t even providing evidenced-based care. I’m not suggesting we all become reckless ABI rehab renegades with a complete disregard for patient safety and the very real cognitive, physical and emotional challenges survivors face. Our clients deserve to work with knowledgeable, experienced, interprofessional teams of clinicians who can offer evidenced-based care and have a sound rationale for their plans, but they also deserve to work with clinicians who are willing to take the time to say: “ok, let’s figure out what is specifically going to work for you” or “okay, this isn’t working, let’s try something else.”

Undoubtedly, the landscape of healthcare, including rehabilitation services, is changing and indeed these are exciting times! Funders, planners, healthcare providers and healthcare consumers are recognizing that “improvement” is no longer sufficient and rather “innovation” is necessary to be able to deliver quality, evidenced-based care that is not only cost effective but responsive to client needs. There is an increased collective understanding that clients still often feel like the treatment they receive or the advice they are given doesn’t actually “fit” with their lives and that despite the fact that they receive evidence-based rehabilitation, these interventions do not always help them and they continue to struggle once they have completed formal rehabilitation and attempt to reintegrate in their life roles. We are really beginning to rethink rehabilitation to ensure we are offering value to the larger healthcare system as well as to each and every client we treat.

So, what’s a clinician or team to do? Maybe you can’t change the whole system at once but you can change the way you practice—starting now. One of the easiest things you can change is the questions you ask a client when trying to establish goals and a rehab plan of care. Try asking clients key questions such as:

- What matters to you?
- Who matters the most to you?
- What have you already tried that worked or didn’t work?
- What is your greatest fear?
- Do you have any suggestions on how to solve this problem or challenge for yourself?
- What do you want to try and how can I help you?
- How would you like to receive information about brain injury?

One small change such as asking your clients something you’ve never considered asking before, will undoubtedly lead you to a different plan of action than if you hadn’t asked that question. Warning—this approach is not for the unadventurous! You may find yourself in the middle of a farm trying to help a client with left neglect and poor balance figure out how to shovel manure because their work on the farm is all they really care about—so what you need to do is find a way to help make this work because they are going to do it anyway, with or without you! The next client who walks in the door could be an award-winning, well-published astrophysicist who is smarter than the whole rehab team put together. You had better figure out a way to challenge him cognitively because although he’s testing above normal limits on every test and task you throw his way, he knows he’s not as sharp as before. He is devastated by his decreased abilities and doesn’t feel he can return to work until he is at the top of his game. For another client, you may deviate from usual processes and adjust how and when you deliver education about living with brain injury and what to expect given they are scared to learn more about it and would rather that information just be given to their family.

Just remember that many routinely used techniques, methods, approaches and tests used today across many disciplines and areas of practice resulted from innovative thinking by clinicians, researchers, scientists and patients who were willing to try something different and test it out. I challenge you to do the same. Please share your experiences and results with the rest of the ABI rehab world to spread your great ideas and promote a new culture of innovation.

I have faith that if as clinicians and researchers we continue to challenge assumptions, rethink how we are delivering rehabilitation, engage in quantitative and qualitative research and above all listen to our clients and their families, we will be the ones who will change the landscape of brain injury rehab in the years to come. 

Ongoing education for people with an acquired brain injury (ABI) is important because recovery from ABI is a lifelong process. Access to ongoing education is necessary even if survivors no longer have access to rehabilitation services/professionals, if they never had access to these resources, or if they live in remote areas.

To provide this education, Parkwood Institute hosts an eight-week ABI Survivor and Family Education Series from March to May each year, which is videoconferenced through the Ontario Telemedicine Network (OTN) to various locations within Ontario. Videoconferencing allows learning, discussion and social interaction to occur at each location.

In the past, the videoconference locations were limited to Southwestern Ontario, but the 2016 series will be open to anyone within Ontario with access to an OTN system. This year’s series will be held on Tuesday evenings from March 22 to May 10, 2016 with each session running from 6:30 – 8:00 pm. Please contact the Ontario Brain Injury Association to request information regarding the locations to view the series in your area.

Over the past six years, the series has also been archived through OTN. The archived webcasts on the OTN website allow for viewing of sessions from previous years, as well as the current year’s series (each session of the current year is available for viewing approximately two weeks after the live presentation). The webcasts are often used as a source of education and support for clients and their family members while they are waiting for services, during active treatment and following discharge.

Topics include areas of interest across the lifespan for survivors (ages 16 and older) and their families and friends. Clinicians speak about such topics as: ABI 101, Practical Strategies for Coping with a Brain Injury, Coping with Anger and Frustration Following ABI, Managing Fatigue: Pacing and Planning After ABI, Psychiatric Aspects of Brain Injury and more. One of the most attended and appreciated sessions occurs in the last week of the series and is when survivors speak of their experiences of recovery. One survivor said she did the talk because, “I wanted them to know they are not alone, and that they’ll be OK.”

If you are interested in viewing some of the past sessions please use this link for instructions on how to access the archived webcasts on the OTN website: https://www.sjhc.london.on.ca/sites/default/files/pdf/abisurvivorvideoconference.pdf.
These wonderful people and their colleagues treated us with respect, dignity, and accountability...we also gained the help of kind, honest and able professionals that restored our faith in justice and humanity.

THE K. FAMILY, TORONTO
My Innovative Therapy: Wearing a Weighted Vest to Conquer My Loss of Proprioception

By Jamie Fairles, Peer Support Coordinator, BIA London and Region

I am no stranger to physiotherapy. I’ve had physio numerous times due to my many brain injuries: two benign brain tumours, two cases of meningitis and a series of shunt revisions, but it was the subarachnoid hemorrhage I suffered after a physical assault to my already fragile brain that seems to be the most damaging and required the most rehab.

Numerous physical therapists and their assistants were baffled at what method of physical therapy they could utilize to help me walk with a more fluid gait and bear weight on my left leg more. In 2011, my current physiotherapist had the ingenious idea to strap weights around my waist as a proprioceptive belt to increase the weight being distributed to my left leg. I performed an Internet search on proprioception and found:

Proprioception means “sense of self.” In the limbs, the proprioceptors are sensors that provide information about joint angle, muscle length, and muscle tension, which is integrated to give information about the position of the limb in space (http://courses.washington.edu/conj/bess/spindle/properceptors.html).

Basically my left leg and arm have a mind of their own as the hemorrhage caused me to have a stroke and the proprioceptors in my left limbs do not work properly. This makes walking and balancing very difficult but that little experiment with the strapped-on weights around my waist was the first step in the right direction.

Shortly after, I was advised to look into purchasing a weighted vest; that way the weight would be evenly distributed throughout my body. I still have limited mobility, but when I wear the weighted vest, the added weight compresses my joints and sends a message to my brain that there is actually a leg there and I feel like I can run again! My gait is much smoother and more natural.

I would wear the vest out in public but because of my body mass, I need the vest’s weight to be about 20-25% of my own body weight, so it is too big and bulky to wear under something. In fact when I have it on, I comment, “Excuse me S.W.A.T. team coming through!” because it looks as though I’m wearing a Kevlar vest!

I call my physiotherapist “the miracle worker” because it is amazing what she comes up with to tweak or manipulate my body to do what it should do. When I was expecting the birth of my daughter three years ago, she had me practise neonatal physio by swaddling weights in towels and picking up the “baby” walking with it and rocking it and even walking while singing it a lullaby just to make it more challenging!

I’ve been going to Neuphysio in London for more than four years now and I would recommend this physio gym above all others because they tend to think outside the box! 📸
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- Where Can I Get Help?
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To receive a copy of this brochure, order online at: www.http://obia.ca/brain-injury-information/concussion-resources/ or if you need further information on concussion, contact: 1.800.263.5404 support@obia.on.ca
Meet the OBIA Staff
Ad Lewis, Financial Controller

Ad joined OBIA in April 2015 as Financial Controller. As part of the Senior Management Team, she is responsible for all accounting for OBIA, overseeing and managing compliance with financial policies and providing guidance on the organization’s budgeting. She is happy with the challenges of the job and pleased to be working with such a professional and talented staff.

She came to OBIA with more than ten years in accounting and administrative experience in the not-for-profit sector. Prior to that she had several years of accounting and managerial responsibilities in international and Canadian businesses (import/export, construction, travel and taxation).

She earned a Masters of Business Administration (MBA) degree in Accounting from Niagara University in 2014, a Bachelor of Business Administration (BBA) degree in Accounting, and certification in various career-related courses from Niagara College. She recently completed three acquired brain injury training programs—OBIA’s Brain Basics, Children and Youth with Acquired Brain Injury and Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury.

Her professional talents are matched by her empathy, interpersonal communications abilities, honesty and integrity. She has been recognized with a nomination from the Chamber of Commerce (Ruby Awards), for her selfless volunteerism at various local community organizations and events, as well as donating her time to the Community Volunteer Income Tax Program (CVITP) for free income tax preparation for those in need.

When not swimming or working out she may follow one of her talents in crochet, sewing, knitting, cooking and relating well to her family and friends in Canada and overseas.

Save the Date
OBIA Annual General Meeting
Saturday, June 18, 2016 - Location TBA
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We were doing several approaches simultaneously. Panic was our driving force; in two and a half years Nicolas had tried 17 different approaches! I left my job to dedicate myself entirely to his “rescue,” without neglecting his older brother (which wasn’t always possible) and all our money, time and energy was invested in this unexpected vocation. However, despite all our efforts, Nicolas didn’t seem to make valuable progress.

Until one day, my frantic research led me to a Russian man who opened an Advanced Bio-Mechanical Rehabilitation (ABR) Centre in England. I flew there with my child, even more desperate than ever before, after having experienced countless setbacks and disappointments over the last two years. This man looked at Nicolas, then turned to me and said the words that would put an end to my delirious search for solutions: “You are running around like those chickens with their heads cut off. You have to start looking at your child’s rehabilitation with a judicious and rational reasoning and stop acting through utopia and hope! You have to educate yourself, understand what is going wrong with your child and establish a smart and clever plan, if you want to get somewhere.” This man was Leonid Blyum and he was going to literally change my life forever.

He carefully examined every tiny part of Nicolas’ body, explaining to me what was wrong, different in his structure from that of his brother. Since the two children were just eighteen months apart, the differences were obvious. I was amazed! Leonid Blyum’s approach was going to show us the light at the end of the tunnel, and not limit us to this structural revelation: he told me to stop blaming the brain for my child’s shortcomings. If we could improve his poor structure, bring it closer to that of his brother, improvements would absolutely follow, in spite of the brain damage! This improvement was possible only by addressing the root of the problem: THE WEAKENING OF THE CONNECTIVE TISSUES, scientifically called fascia. He had developed a unique method to address those deep core tissues and miraculous (oops, sorry…I mean rational) improvements started taking place.

Nicolas, who used to wake up four to five times every night since birth, started sleeping through the night (and I started sleeping too!) and his numerous pneumonias became history. Nicolas had been scheduled for a G-tube insert as he was choking on every spoonful of food all the time. After three months of ABR, feeding was not a problem anymore and the surgery was cancelled. Every day, we could see the transformation in his body right before our eyes. Nicolas had received the somber prognostic of passing away around 5-years old—he just recently celebrated his 20th birthday in December 2015!

I was completely sold to the concept and I decided to open a centre in my city, Montreal, Canada. I hired professionals who were trained by Leonid and we started working with four or five families. Then the word of mouth spread and 10 to 15 families added themselves to the group. Soon, people started talking about their child’s results on chat groups (Facebook was not yet around at that time) and families went from 15 to 60 to 150! People were coming from everywhere in the U.S.: California, Texas, Florida, Pennsylvania and Chicago. The news spread to South America and before we knew it, we soon opened centres in Argentina, Chile, Colombia and Mexico. Children’s transformations started happening everywhere!!

What is ABR?

ABR stands for Advanced Bio-Mechanical Rehabilitation. The concept is based on the strengthening of fascia (connective tissues and muscles). The method involves stretching, realignment and strengthening of different muscle groups to improve mobility, balance, coordination and overall function. The technique incorporates a series of gentle, yet effective, movements that target the fascia, which is the connective tissue that covers muscles and organs. The goal is to improve movement, reduce pain and enhance overall quality of life for those with Cerebral Palsy or ABI.
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tissues), which constitute the framework of the entire human structure. It consists of a net of collagen fibers which not only envelopes but intertwines our bones, nerves, veins, internal organs, muscles, and even the brain. Fascia tightly binds everything together, transmits forces and allows every muscle to contract in an organized manner, every movement to occur selectively, and every joint to be stable.

When brain injury occurs, these fibers weaken and are unable to properly accomplish their role anymore. The neck and thorax collapse and lose tone; forces are suddenly randomly transmitted; the head, arms and legs move in one-block. Furthermore, since fascia wraps the internal organs, the lungs in turn become weak and respiration poor; the stomach weakens and digestion becomes very difficult. The child’s health becomes precarious and energy dramatically drops. ABR techniques are designed to strengthen the weakened fascia, bringing significant improvement to the metabolic functions and literally boosting the child’s health. The child breathes, digests and sleeps better and has more energy! In parallel, the exercises encourage the gradual realignment of the structure. The child’s head and thorax become spontaneously stronger; vertebral column becomes more stable, facilitating the sitting position; head, arms and legs start moving independently from the trunk and the child starts being able to weight-bear. More comfortable in his/her body, and more trustful, the child starts interacting much better with his/her environment, parents and siblings.

Scientific study confirms ABR results

What is absolutely fantastic is that these improvements have been authenticated through a three-year scientific study conducted on 100 children, which has already been presented to professionals in three international congresses.

Results show that:

1. Patients having undergone ABR over 36 months were on average 45% healthier than children who had not pursued the ABR therapy.
2. Patients having received ABR exercises improved significantly enough on the GMFCS (Gross Motor Functions Classification System) to jump from level five (most severe level) to level four (less severe level), suggesting significantly more functional abilities. (Study only carried out on level five children thus far, however, we expect similar results at all levels).
3. Patients having undergone ABR improved the ability to sit unsupported due to improved intra-abdominal pressure and spinal stability.
Home-based therapy

ABR is a home-based therapy. Parents come and learn the ABR techniques in one of our training sessions, which they then apply in the comfort of their own home, at their own pace. Virtual follow-ups (Skype calls) are conducted by the experienced ABR trainers. Parents are shown how to establish their own rehabilitation plan with respect to both child’s and parent’s availability.

Techniques and exercises are easy to learn and apply. Here is a Facebook comment from an ABR mother that speaks for itself: “ABR has been a wonderful form of rehabilitation for our whole family. As a mother, I very much enjoy being able to do therapies for Emma, my daughter, from home. It is nice to be able to do therapies and exercises for her that make her feel good and make me feel like I am a meaningful instrument in her growth and progress. Most importantly, Emma is very happy doing ABR. She enjoys the way it relaxes her because it is not forceful or uncomfortable, nor does she feel defeated because she is repeatedly asked to perform physical tasks that are grueling and/or too difficult for her to actually do.”

ABR is a passive therapy, meaning that parents/caregivers are the ones who do the work; the child is merely a receiver. It is non-invasive, pleasant, relaxing and extremely efficient. With ABR, the child becomes stronger, healthier, more relaxed and more energetic, making parenting experience happier and more meaningful.

ABR centres are managed by a mother of a child with Cerebral Palsy. In other words, your story is our story. We know the hopes, fears and concerns that you are living each and every day. Thanks to Leonid Blyum, we were able to find the light at the end of our tunnel—and now, all of us at ABR work to bring this light to families just like you.

For more information, check ABR’s website: www.abramericas.com.
New at the OBIA Bookstore

Memory Rehabilitation: Integrating Theory and Practice $54
Author: Barbara A. Wilson Ph.D. Sc.D
From a well-known authority, this comprehensive yet accessible book shows how state-of-the-art research can be applied to help people with nonprogressive memory disorders improve their functioning and quality of life. Barbara Wilson describes a broad range of interventions, including compensatory aids, learning strategies and techniques for managing associated anxiety and stress.

TIP Cards $3
Authors: Various
Brain injury affects children and adults differently, so we offer more than 50 different cards on different topics related to acquired brain injury. They are called “Tip Cards” because of the emphasis on checklists and suggestions for what to do. All are written in clear language for families, educators and advocates, as well as clinicians.

From Grave to Cradle to Now $20
Author: Ian Powell, Drew Powell (contributor)
“I was riveted from the first page,” was the reaction of a senior health professional to this first-person account of a traumatically injured patient, a collaterally damaged family and their multi-year relationship with many health professionals. It is rare to see such a riveting first-person, minute-by-minute account; rarer still, by a father. Readers will take away the story, suspense, drama and knowledge for present and future use—including To Do lists.

For a list of available resources, visit OBIA’s Online Bookstore:
www.obia.ca/bookstore/

podemos ayudarle. pwede kaming tumulong. chúng tôi sẽ giúp.
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EPS Settlements Group of Canada has launched!

Brad Cantwell, President of EPS Settlements Group, and Bob Nigol are pleased to announce a partnership through the launch of EPS Settlements Group of Canada.

EPS Settlements Group is the flagship company of the oldest and largest structured settlements organization in North America.

Bob Nigol is a former owner and President and CEO of Henderson Structured Settlements and now the Managing Partner of EPS Settlements Group of Canada.

Together Brad and Bob wish to invite past and prospective clientele to engage in what assuredly will be the very highest standard of service achievable in the structured settlements market in Canada.

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Toronto Ottawa Montreal Charlottetown Halifax
For decades, structured settlements have proven to be the most reliable way of guaranteeing the investment security of compensatory damages received for personal injury or death in Canada. Still, for some there exists a perception that interest rates have nowhere to go but up and that gross rates of return should be the primary consideration when investing compensatory damages for people injured in accidents.

While structured settlements are clearly the only reasonable financial alternative for those made vulnerable by injury, the concern over interest rates has prompted some in this population that can ill afford to take chances to consider other, riskier investment alternatives.

In response to this, the producers of structured settlements have continued to deliver the entirely valid arguments that:

1. structured settlements remain, far and away, the best means by which to provide financial security to those with impaired worklife and life expectancies; and
2. structured settlements significantly beat comparable investment options, particularly when their tax-free status is accounted for.

That said, structured settlement producers, particularly in the United States, are venturing beyond the traditional arguments in an attempt to meet the challenge of the “new normal.” In particular, two products intended to combat the arguments against fixed income investment in a time of low interest rates, and another intended to offer an incentive to expand the market for structured settlements have either been introduced or are in development.

Variable Structured Settlements

The first of these two variable products may be characterized as a Market Indexed (MI) structured settlement. This product currently exists in the United States (available through Pacific Life Insurance Company).

An MI structured settlement plan is similar to any structure plan indexed for inflation, the difference being that the indexation takes place by reference to market performance (i.e. the S&P 500 in the case of the Pacific Life product), as opposed to a fixed rate of indexation (e.g. 2%) or a rate geared to the Consumer Price Index. An MI structured settlement has the certainty of a floor (i.e. the income produced never drops below the amount reset annually by reference to market performance) and the upside benefit of increased income based on market performance (with an annual ceiling of 5% in the case of the Pacific Life product). In short, by virtue of these product features, structured settlement payments increase annually with each market increase and there is no loss if the market declines.

Another variable structured settlement product, presently in the development stage, is a Convertible Lump Sum (CLS). This is not an entirely new product in the context of structured settlements; it is merely a twist on structure plans that call for the payment of a lump sum at some point in the future.

In simple terms, a CLS would allow the injured recipient to receive a specified lump-sum payment on a specific date in the future and reinvest that in another, predetermined structured settlement plan (at potentially superior interest rates).

Lawyers’ Fees Structured Settlements

In the United States, plaintiffs’ lawyers have had the option to receive their fees from their clients through a structured settlement for many years. This practice was solidified in 1994, when the Tax Court issued its opinion in Childs vs. Commissioner.

While not tax-free, the opportunity to accept contingent fees in the form of a periodic payment stream allows, among other things, plaintiffs’ lawyers to realize tax savings while keeping their income on a more even keel. This, in conjunction with a structured settlement for the injured client, serves the public policy imperative to deliver more structured settlements to the financially vulnerable, thereby better insuring against the premature dissipation of settlement funds and a reliance on the public purse for support.

While it is not the intention of this piece to go through how those practising through a professional corporation might structure their fees, suffice it to say that, in the United States, structured fees are not the preserve of solo practitioners; that is, shareholders in professional corporations structure their fees regularly and there exists a clear decision support process by which this is done.

In light of this, the future of structured settlements would seem entirely friendly. The traditional arguments in support of structured settlements are now augmented by new products that both respond to the “new normal” and offer more reasons to structure.
My key question was: does lack of restoration of hormones, neurotransmitters and supplements increase the morbidity and mortality over that of the original injury?

By Lawrence D Komer, MD FRCSC
Assistant Clinical Professor in Obstetrics and Gynecology,
School of Medicine, McMaster University
Medical Director: Komer Brain Science Institute, Burlington, ON
Medical Director: Masters Men’s Clinic, Burlington, ON
Medical Director: The Centre for Women’s Health, Burlington ON
Medical Director: Brant Medical Research, Burlington, ON

Post Traumatic Brain Injury Hormonal Deficiency Syndrome

Many brain injuries have a hormonal component and treatment of this problem is almost never addressed by neurologists and therapists. There has been rising interest in brain injuries and concerns about their long-term ramifications such as increased risk of Parkinson’s disease, dementia and Chronic Traumatic Encephalopathy (CTE). To meet the need and demand for better treatment models, I have applied more than four decades of my experience in optimizing hormone levels in a clinic specifically treating traumatic brain injury.

I do not believe that any one person can treat all aspects of concussions and traumatic brain injuries. Brain injuries can include deterioration of hormone levels, significant visual processing problems, neck and back injuries and vestibular issues. For that reason our clinic has linked with highly trained medical professionals who are experts in: visual assessment therapy, interventional pain management and rehabilitation medicine, vestibular issues, and sports medicine specializing in assessing and treating the non-hormonal aspects of Traumatic Brain Injuries (TBI).

Each injury is unique; it will require its own specific proportion of assessment and treatment by each of the individuals in this group. This approach has led to highly successful outcomes for the large majority of our patients.

When I first started treating traumatic brain injuries some eight years ago, I had a lot of unanswered questions. Is it really true what I have heard from a number of neurologists that, “there is no treatment for a concussion but rest?” Why do patients “hit a wall” in their recovery? Are people depressed because of their slow recovery or is there another reason for mood changes?
We want to hear from you.

Do you have a story of survival? Do you have coping strategies to share? Are you a caregiver to someone with ABI?

Have you dedicated your life to helping people living with the effects of brain injuries?

To help spread the awareness of how brain injury impacts our lives, OBIA is pleased to share stories from our readership.

The goal is simple:

**Share • Inspire • Support**

To share your journeys with our readers, email us at: stories@obia.on.ca

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Why is there so much time, money and talk about getting better imaging to show damage in the brain and so little discussed about treatment?

Why is there so much talk about CTE, gathering brains of deceased individuals for study and media attention when an athlete is diagnosed with it… and almost nothing said about preventing it?

**Is a major component of illness and injury being missed in assessment and treatment?**

My key question was: does lack of restoration of hormones, neurotransmitters and supplements increase the morbidity and mortality over that of the original injury?

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**Hormonal Deficiencies**

Disruption of the hypothalamic–pituitary axis has been documented in the acute phase of TBI with 80% of patients showing evidence of gonadotropin deficiency, 18% with growth hormone deficiency, 16% with corticotrophin deficiency and 40% with vasopressin abnormalities. Studies have shown that some of these early abnormalities are transient, whereas new endocrine dysfunctions become apparent in the post-acute phase. Without treatment, at three months after the brain injury, 56% of patients still persist with abnormal hormones. (*Journal of Endocrinology Investigation 2005:28 Popovic et al*).

However, these are also the key symptoms of low estrogen in women and low testosterone in men. If we restore hormones, these symptoms improve or are eliminated.

Given the prevalence of hormonal abnormalities, is the so-called post-concussion syndrome mainly due to the treatable condition of suboptimal hormones?

In my practice this appears to be the case.

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These are some of the symptoms of traumatic brain injury or post-concussion syndrome:

- Loss of memory
- Poor mood
- Poor concentration
- Fatigue
- Irritability
- Depression
- Joint pain and muscle ache
- Sleep disturbance
- Headache
- Brain fog
- Exercise intolerance
- Neck pain
- Loss of executive function
- Withdrawing socially
- Decreased competitiveness
- Weight gain
- Inability to perform usual daily activities and tasks
- Decreased enjoyment of life
- Nausea
Restoration of Low Estrogen Levels:
- Improves symptoms
- Decreases serious long-term chronic illness
- Decreases death rates of stroke and heart attack victims from 54% to 34%
- Decreases diabetes by 20%
- Causes significant reductions in Alzheimer’s Disease, Bowel Cancer, Osteoporosis, Depression and Arthritis
- Causes 29% reduction in all-cause mortality
- Leads to a 10% reduction in breast cancer

Restoration of Low Testosterone Levels:
- Leads to a significant improvement of symptoms
- Causes significant reduction in:
  - Stroke and heart attack (40-50%)
  - Depression and irritability
  - Arthritis
  - Metabolic Syndrome and Diabetes
  - Arthritis
  - Dementia
  - No increase in prostate cancer

Is there any research?
The following is an example of research on Google Scholar regarding Traumatic Brain Injury:
- Testosterone and depression: 70,400 articles
- Estrogen and depression: 99,300 articles
- Progesterone and depression: 53,600 articles
- Thyroid and depression: 235,000 articles
- DHEA and depression: 15,700 articles
- Growth hormone and depression: 432,000 articles

How Is This Relevant to TBI?
Brain injuries affect hypothalamic maturity during function. This area of the brain is responsible for hormone production and regulation. Outcome of a traumatic brain injury depends on a combination of structural and physiologic changes.

Mechanism of Injury
- Brain vs skull
- Shearing forces (axons)
- Post traumatic cystic cavitation (a spreading of the damage which enlarges the small area of direct trauma to a greatly enlarged secondary injury surround by a glial scar)
- Dead cells release toxic inflammatory molecules (cytokines, glutamate, prostaglandins, nitric oxide)
- This secondary phase of inflammatory-based progression of TBI has been shown to be active for up to 17 years post-TBI (Giunta et al, 2012)
An Added Approach to Treatment of Traumatic Brain Injury: Regenerate a Neuro-Permissive Environment

Every time you are tempted to react in the same old way, ask if you want to be a prisoner of the past or a pioneer of the future.  
Deepak Chopra

Evidence supports the hypothesis that Central Nervous System (CNS) neurons fail to regenerate, not due to their intrinsic inability to grow new axons, but due to their growth state and the lack of a permissive growth environment.

How to regenerate a narrow permissive environment:

- Control Inflammation
- Enhance neuronal survival and neuroprotection
- Stimulate recovery
- Replenish hormones

If one believes that brain injury causes chronic inflammation, and that in turn causes chronic progressive degeneration, then theoretically it’s reasonable to assume intervention is possible.  
Dr. Alan Faden  
Director University of Maryland, Shock Trauma Research, April 2015

The smoldering coals of inflammation, if unchecked, inevitably lead to the damaging flames that cause cognitive, emotional and neural degeneration.  
Dr. Larry Komer  
Burlington, ON, September 2015

Controlling Inflammation:

- Restore Hormones: DHEA, Growth hormone, pregnenolone and melatonin (may be the ultimate antioxidant)
- Give Supplements (Carnosine, vitamin C, vitamin B12, Vitamin D, N-Acetyl Cysteine, Quercetin, Coenzyme Q10, glutathione, nicotinamide, phosphatidylcholine, Omega 3, Mucuna Pruriens ), zinc
- Treat with Medication: Amantadine

Restore the Hormones:

- Estrogen
- Progesterone
- Testosterone
- DHEA
- Thyroid
- Growth Hormone (Healing Hormone)
- Cortisol
- Prolactin
- Pregnenolone

Hormones relegated to the “Reproductive and Sex hormone” genre offer much more. These neurosteroids and neuroactive steroids have major effects on the brain and many other non-reproductive organs.

Safety of Hormones

- Bioidentical hormones are safe!
- Need to restore in a physiologic way with optimal physiologic levels
- Earlier notion that GH supplementation increases cancer risks has been disproven (25 year study 1985-2009)

What If You Don’t Restore Hormones?

- Will not get optimal improvement in TBI
- Potential liability as there is a large increase in chronic and potentially fatal illness (stroke, heart attack, diabetes, bowel cancer, osteoporosis, depression, arthritis, Alzheimer’s Disease, dementia, CTE, Parkinson’s Disease, etc.)

So What Do You Do Now?

Think about getting a hormonal evaluation for everyone with a TBI. It may not be easy to obtain but you must persist if you want the best for your patient.

“Be open to new ideas but do not be afraid to challenge them as well. Don’t wait for light to appear at the end of the tunnel; stride down there and light the bloody thing yourself.”  
Sara Henderson

The Call to Action

The injured patient often has greater injuries than traditionally assessed. Finding hormonal abnormalities opens up a whole new category of injury assessment and treatment options for recovery and optimizes short and long-term health.
Are You Receiving A Personal Injury Claim?

CONSIDER A STRUCTURED SETTLEMENT

If you are receiving a settlement for a personal injury claim, you need to consider a structured settlement - the only no fee, tax-free investment option available that ensures long term stability for the injured party.

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PROUD SPONSOR OF SPINAL CORD INJURY ONTARIO AND THE ONTARIO BRAIN INJURY ASSOCIATION
The OBIA Advisory Council (OAC) Report

The OAC met on Saturday January 16, 2016 in Toronto. Our guest speaker, Hélène Duquette, a Program Manager with the Ontario Trillium Foundation, shared information about the funding streams of Trillium. The goal of the Ontario Trillium Foundation is to build healthy vibrant communities throughout Ontario. The current funding streams include Seed, Grow and Capital grants. Several tips and strategies for successful grant applications were shared with our group. During the afternoon, we completed a group activity where each round table completed a funding application, based on the specific scenarios. The questions on the grant applications challenged us to develop goals to support our funding requests.

During our Across the Province discussion, where members share the information about their organizations, we addressed the successes and challenges of fundraising. As well, participants were invited to share any information about new initiatives within their associations. There was unanimous consent among participants that fundraising remains a significant challenge, especially in our current economic situation. However, the overriding message was that we need to continue to build relationships with our funders and promote them within our communities, in a show of goodwill. Our new initiatives demonstrate our dedication to continuing to build healthy vibrant communities to support those with lived experience and their families.

The website will aim to provide the local community (and members) with information surrounding brain injury, local programs and resources available in York Region.

The BIAYR is planning an education event to be held during the spring that will be available to survivors of brain injury and their family members/caregivers. Our support group continues to meet on a monthly basis to offer survivors an opportunity to share their experiences and support each other. BIAYR also conducts annual events, such as the “meet and greet” to bring the community together and raise funds for the support of survivors.

For more information about our scheduled events, please leave a message for Adam A. Halioua, BIAYR Board President, at the BIAYR office, Ph: 905-780-1236.

The Brain Injury Association of York Region (BIAYR) is preparing a brand new website to be launched in 2016. The website will aim to provide the local community (and members) with information surrounding brain injury, local programs and resources available in York Region.

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For more information about our scheduled events, please leave a message for Adam A. Halioua, BIAYR Board President, at the BIAYR office, Ph: 905-780-1236.

BIAYR's new initiatives demonstrate our dedication to continuing to build healthy vibrant communities to support those with lived experience and their families.
If you’ve had a serious injury who will stand up for you?

TIMMINS
24 Pine St., S.
(705) 264-3100

SUDBURY
1730 Regent St., S.
(705) 522-0661

NORTHBAY
133 Main St., W.
(705) 472-7300

NEW LISKEARD
11 Armstrong St. N.
(705) 647-6330

OTTAWA
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BIA Windsor & Essex County

On November 9, 2015 BIAWE held their annual “Use Your Head!” Concussion Workshop in Essex, Ontario. More than 75 participants attended to learn more about identifying concussions and management, returning to learn and baseline testing.

Mr. Kevin Hamelin shares the story of his son who suffered a concussion in the playground at school.

The Brain Injury Association of Windsor & Essex County kicked off its new survivor social evenings. Meetings take place on the 4th Monday of every month from 6 - 8 pm at Chrysalis Day Club.

Jeannette Ware-Mikhael & Katherine Worotny

BIA Quinte District

Brain Injury Association Quinte District had a great December 2015! We hosted our second annual Uncorked from the County fundraising event. The night was a success and we want to thank everyone who sponsored and attended the evening. We appreciate the ongoing support from our local community and beyond!

The Board of Directors hosted their annual Holiday Party which included a turkey dinner, crafts, music and a visit from Santa! We had more than 80 members attend the Holiday Party.

We are excited to continue our weekly programs in 2016! We have local artist Bruce St. Clair teaching our members the art of watercolours. They have been enjoying art class and look forward to displaying their art at Celebrating Success in June, during Brain Injury Awareness Month!

BIA Ottawa Valley

Hundreds of people attended the annual Santa Shuffle 5K run along the Rideau Canal. Proceeds from the run went to the Salvation Army Food Bank. A fun time was had by members of our walk/run group.

Wayne Roszl and Eunice Lucas Logan
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We will be offering the Brain Basics course March 23 - 24, 2016 at the RA Centre, 2451 Riverside Drive, Ottawa, ON K1H 7X7. For further Information please contact: Brain Injury Association of Ottawa Valley at 613-233-8303, email contact@biaov.org; or OBIA at 1-855-642-8877, email: training@obia.on.ca.

The 3rd Annual Fleming Fitness Golf Tournament will be held at Loch March Golf and Country Club on Wednesday, June 8, 2016. To register your team, sponsor this event, or for more information, please contact Patrick Fleming, R.Kin, CSCS, Fleming Fitness at 613-882-8434 or email: patrick@flemingfitness.ca.

For more information or to have a site visit please contact Wendy Charbonneau at (613) 233-8303 or email contact@biaov.org.

BIA Sudbury & District

On Thursday December 10, 2015, the Brain Injury Association Sudbury & District and the March of Dimes Canada hosted its Annual Holiday Gala for members, caregivers and guests. It was a festive night featuring a gourmet turkey dinner catered by the United Steel Workers Hall and generously funded by Oatley Vigmond Personal Injury law firm. Once the food was gobbled up, gifts were distributed to survivors. There was a variety of prizes given out that were generously donated and once all gifts were distributed the dance floor opened up and all those dancing had a chance to win more prizes. Overall the night was a fun-filled event with festive decor, amazing music, an array of gifts and prizes and, most importantly, filled with wonderful guests and volunteers.

A special thank you to Oatley Vigmond for sponsoring the dinner and gifts; Source Rehabilitation, for the large donation towards the gifts and prizes; United Steel Workers for donating the hall; and Walmart, Dairy Queen and the March of Dimes Canada for their generous donations. Without such generous sponsors, the Holiday Gala would not have been such a success. A big thank you to all the volunteers (including Santa) who spent numerous hours to make this event so special.

On Saturday February 6, 2016 Valley East Minor Hockey Association hosted a Charity Fundraiser that featured $2 sleigh rides to the public from 11 am - 3 pm. The event took place at Raymond Plourde Arena and was a great success! All proceeds from the sleigh rides were donated to BIASD. A special thank you to VEMHA for all your support!

Need a Break to Relax and Recharge?

Community Solutions Cottage Getaways in scenic Muskoka offer the ultimate escape for people living with Acquired Brain Injury.

We offer:
- A fully accessible cottage suitable for people with physical challenges such as spinal cord injuries
- 24/7 expert support staff
- Outdoor activities such as hiking, exploring, boating and fishing are guided by our team of rehabilitation & personal support workers
- Week-long stays in the summer & long weekends in the spring and fall

Designed to cater to the unique needs associated with ABI, our fully accessible and expert support staff enable people with ABI to experience a greater sense of independence in a relaxing and enjoyable environment. This ideal retreat has proven to be restorative for both the cottager and family members.

To discuss our Cottage Getaway and how to make an application contact:
Ruthann Clark at (705) 342-9750 or rclark@communitysolutionsltd.com or info@commssolutionsltd.com
www.communitysolutionsltd.com
Over the last couple of years there has been an increasing dialogue regarding brain injury and concussion and, as a result, more effort is being made to prevent, diagnose and deal with this extremely important and growing issue. From corporations to community groups, people are trying to find ways to alert others to the huge cost, both human and financial, that this growing problem presents to not only the survivors and families but the community at large.

A little more a year ago I wrote an article for the OBIA Review telling people of the existence of a group of brain injury survivors who along with some of their close friends decided to create something positive from all that they and their loved ones have had to deal with every day because of brain injury. This group combined their love of the motorcycle lifestyle and formed a group called The Celtic Brotherhood (TCB). I am proud to say that I am one of the founders.

Originally we had planned to reach out to sports programs for youth and offer to give tricycle riding demonstrations using glasses which distorted an individual’s vision. The glasses were created by a good friend who is an optician and inspired by the character Bubbles from the popular Canadian television show Trailer Park Boys. One day while we were at a local market where one of our members had a stall selling motorcycle T-shirts and leather goods, we passed around the glasses to each other and to friends and took pictures with the special eyewear when we noticed that passers-by were stopping to look and, when encouraged, to try on the glasses. We noted people’s amazement at the disorientation when asked to perform simple functions and how the public’s interest in what we were doing surpassed any hesitancy about talking to bikers. One member realized that the onlooker’s curiosity was drawn first by the biker’s appearance—black T-shirts, beards and tattoos—but as they watched, they became more intrigued by the glasses and the difficulties people had while wearing them. From that moment the Busted Bucket Challenge was born.

Using the knowledge that there are about 250,000 motorcycles registered in Ontario and we were already part of that demographic we elected to use the various motorcycle shows and events that take place every year as the venue to make the public more aware of brain injury and to learn how to identify some of the symptoms of concussion. We realized that the visual image of motorcycle riders themselves participating in the demonstration of this growing problem would have a similar effect on the public, much as on that day years ago at the local market.
Today the **Busted Bucket Challenge** consists of chopper-styled adult tricycles and an interactive challenge where riders are encouraged to try and navigate a course consisting of traffic pylons bordered by AstroTurf, plastic fire hydrants and other objects meant to increase the difficulty all while wearing eyewear meant to simulate some of the optical issues that may occur following head trauma. Momentum and popularity have grown for the **Busted Bucket Challenge** with the help of people such as bike builders, painters, local businesses and most of all the men themselves who have honed their ability to reach out to the public and spread their message through humour, creativity and ingenuity. While at these events we distribute OBIA’s printed material and contact information to the onlookers so that they can find out more information about acquired brain injury. In addition, much of the success TCB has had with promoting the **Busted Bucket Challenge** and brain injury awareness has been due to the strong support of the Biker publication, *The Riders Mag* (a free publication distributed across Ontario).

Recently a law firm donated a commercial gas griddle and generator so our group could continue a program where we support other charity rides and events by cooking a free breakfast for riders who attend, answer any questions they might have or direct them to where they can acquire more information. I would like to add that this program has also been a great benefit to the members with ABI because they have the opportunity to show they are just regular people who live with a disability but can make a valuable contribution to their community.

In the upcoming year the members of The Celtic Brotherhood hope we can garner sponsorship from law firms or corporations so we can take our **Busted Bucket Challenge** to the larger indoor motorcycle shows across the province with the hopes of bringing more public attention and awareness, not only to the problem, but provide greater support to organizations such as OBIA and its many local brain injury organizations across Ontario.

Like the back of the T-shirt says—ANYTIME! ANYWHERE! ANYONE! Brain Injury Doesn’t Discriminate!

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**A volunteer tries out the Challenge**

Pictured (left to right) Rick “Critter” Davis, editor of *The Riders Mag*, Beau Rooney “Motorocyco Beau”, Ray Bonner (kneeling) and James Taylor, who promote Pace Law Firm’s Motorcycle Division
North Eastern Ontario Advocacy Pilot

Project Outcomes

By Katie Muirhead and Tanya Jewell, Support Services, OBIA

OBIA is excited to report on the successful first year of our North Eastern Ontario (NEO) Advocacy Pilot Project and announce its expansion. The overwhelming demand for services in the first year demonstrated a need that greatly exceeded expectations. Moving into the second year of implementation we will be expanding our geographic reach, increasing hours including hiring another part-time advocacy specialist for North Eastern Ontario.

Following months of preparation and partnership building, the project launched in February 2015 with the hiring of a part-time North Eastern Ontario Advocacy Specialist, Tanya Jewell. Tanya’s years of experience living with an acquired brain injury (ABI) and strong background in advocacy and community development provided understanding and capability which contributed to a successful start.

The first few months involved attending trainings and conducting extensive outreach to promote the project. Tanya developed strong community relationships and continues to work closely with more than 30 community partners such as hospitals, schools, family doctors, police departments, private companies, government agencies and service organizations. The Brain Injury Association of North Bay and Area (BIANBA) and the Brain Injury Association of Sudbury District (BIASD) were strong supporters of the initiative and helped to facilitate many of the community connections.

North Eastern Ontario presents many challenges for ABI work. The population is spread over a large geographical area and there are fewer medical facilities and specialists, especially outside of the larger cities. Based in North Bay, the project has provided support to individuals living in 11 communities, including Astorville, Espanola, Huntsville, Lively, Marten River, Mattawa, Powassan, South River, Sudbury and Thornloe. The aim of the NEO Advocacy Project is to help fill gaps and provide individual and family-focused care coordination for people living with the effects of ABI. Since the program started more than a year ago the NEO Advocacy Specialist has responded to more than 100 requests for service. Referrals came from local hospitals, brain injury associations, service providers, the police and self-referrals.

The people we have supported range from youth to seniors. The three main areas of work have been around individual and family advocacy, service coordination, and education and awareness. Individual and family advocacy work has included; working with schools to ensure needed supports are put in place, meeting with the police to increase understanding and ensure symptoms of ABIs are understood, advocating to have placement on waitlists and services reinstated. Service coordination has involved identifying and applying to appropriate service providers and in some cases, building and facilitating teams of service providers for high needs clients. Education and awareness has ranged from providing presentations and
in-service trainings to individual one-on-one support to help individuals living with ABI and their loved ones better understand what is happening to them.

For the second year of the program, plans are being made to expand the service area to Sault Ste. Marie and other communities across North Eastern Ontario. Due to the generosity of our funder, we’ve been able to expand the NEO Advocacy Specialist project to one full-time position and are looking to hire another part-time Advocacy Specialist.

For more information about the NEO Advocacy Specialist position you can contact Tanya Jewell, North Eastern Ontario Advocacy Specialist at tjewell@obia.on.ca, 705-471-7610 or Katie Muirhead Advocacy Specialist kmuirhead@obia.on.ca, 1-800-263-5404 ext 229.

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**Brain Fast Facts**

**DID YOU KNOW?**

- Nearly 80% of all respondents indicated they have trouble with vision most of the time.

- Nearly 80% of all respondents indicated they have trouble with vision most of the time.

- 93% of all respondents have trouble concentrating some or most of the time.

- 26% of all respondents have trouble with changes in sleep patterns because of their brain injury, some or most of the time.

---

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Anna Green at annagreen@me.com

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Before he joined Oatley Vigmond, Adam practiced with a prominent Toronto litigation firm, defending physicians in malpractice claims. With this valuable experience and insight into the way Canadian doctors are defended, Adam now uses that understanding on behalf of clients injured at the hands of the health care profession.

Successfully settling a case and seeing the smiles on his clients’ faces while he helps them to move on with their lives is gratifying for Adam. To him, it’s the same feeling as crossing the finish line in a race, knowing he has given it his all.
Announcing New Professors

Cognitive Interventions for Adults with Acquired Brain Injury
Introducing NEW Professor: Dr. Rick Parenté

Rick Parenté, Ph.D. is a Professor of Psychology at Towson University in Baltimore MD, a position he has held for 40 years. He received a Ph.D. in Psychology from the University of New Mexico in 1975. He completed a post-doctoral research fellowship in Physiology in 1981. He has done individual and group cognitive skills training with traumatically brain injured persons since 1980.

He teaches graduate course work in Neuropsychological Assessment and Neurotraining. He is a licensed Psychologist with a clinical practice specializing in rehabilitation of cognitive functions after brain injury. He has authored three books and more than 50 journal articles on cognitive rehabilitation.

Neurobehavioural Disorders: Their Origin, Nature and Rehabilitation
Introducing NEW Professor: Dr. Andrew Worthington

Andrew Worthington Ph.D., C.Psych. is Director of Clinical Services at Headwise, a rehabilitation and assessment centre in Birmingham, U.K. He has extensive clinical experience in neuropsychological rehabilitation and psychological adjustment to disability. Andrew is involved in a number of research projects and has published many academic journal articles and book chapters. He is also a well-respected speaker at clinical conferences, both nationally and internationally.

Andrew is the Program Director for the M.Sc. in Brain Injury Rehabilitation/Brain Injury Case Management Program and an Honourary Research Fellow in the Department of Psychology, Behavioural Brain Sciences at the University of Birmingham, U.K. For the past 14 years, he has acted as an independent expert witness on brain injury, rehabilitation and post-traumatic stress conditions in personal injury, clinical negligence and criminal cases, on a joint and single instruction basis.
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Events Calendar

For more listings, check: www.obia.ca/events

**March 21-22, 2016**
26th Annual Rotman Research Institute Conference: Healthy Brains
**Location:** Metro Toronto Convention Centre, Toronto, ON
**Email:** pferreira@baycrest.org
**Phone:** 416-785-2500 ext. 2363

**April 5-6 2016**
Brain Injury Canada 2016 Semi-Annual Conference:
**Location:** Coast Victoria Harbourside Hotel and Marina, Victoria, BC
**Email:** aduarte-devlin@marchofdimes.ca
**Phone:** 416-425-3463 ext. 7746

**April 9, 2016**
3rd Annual Brain Injury Association of Windsor & Essex Gala
**Sports & Sparkle: The Main Event**
Dinner | Music | Dance | Silent Auction
Sponsorships are available.
**Email:** sportsandsparkle@biawe.com
**Phone:** 519-981-1329

**April 13, 2016**
3rd Annual NRVMS/DSF Threshold Conference
*(see ad on next page)*

**April 26, 2016**
MRI Appointments/Comprehensive Medical Assessments
Group Inc. presents
**2016 Educational Seminar: It’s Time to Get Your Head Examined**
*(see ad on next page)*

**May 5-6, 2016**
23rd Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury
**Gaining Control**

**Location:** Hamilton Convention Centre, Hamilton, ON
**Email:** jlambert@hhsc.ca
**Phone:** 905-521-2100 ext. 40833

**May 8 2016**
Brain Injury Association of Windsor & Essex presents:
**3rd Annual King of Guac in support of Helmets on Kids**
**Location:** Bull & Barrel, Windsor, ON
**Email:** info@biawe.com
**Phone:** 519-981-1329

**June 8, 2016**
OBIA and BIST present:
**2016 Mix and Mingle**
**Location:** Steam Whistle Brewery, Toronto ON
**Contact:** Terry Bartol
**Phone:** 905-641-8877 ext. 231
**Email:** tbartol@obia.on.ca
**Website:** www.obia.ca

**September 15, 2016**
OBIA and PIA Law present:
**Back to School 2016 Conference and the OBIA Awards of Excellence**
**Location:** TBA, Toronto, ON
**Contact:** Terry Bartol
**Phone:** 905-641-8877 ext. 234
**Email:** tbartol@obia.on.ca
**Website:** www.obia.ca

**October 27, 2016**
BIAN presents the 2016 Conference:
**Demystifying Brain Injury**
**Keynote Speakers:** Dr. Abe Snaiderman and Charles Gluckstein
**Location:** Americana Conference Resort & Spa, Niagara Falls, ON
**Contact:** Pat Dracup
**Phone:** 905-984-5058
**Email:** pat@bianiagara.org
**Website:** www.bian.org
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8:00 a.m. to 12:00 p.m.
Fanshawe College, 1001 Fanshawe College Blvd.,
Rm D2001-1, London, ON

For more information, contact:
Deborah Crowe, Marketing & Communications Manager
(519) 878-5839
deb@mriappointments.com

Brain Basics Training Program

UPCOMING DATES/LOCATIONS:
MARCH 8-9, 2016 - SARNIA, ON
MARCH 23-24, 2016 - OTTAWA, ON
APRIL 20-21, 2016 - TORONTO, ON
APRIL 26-27, 2016 - TIMMINS, ON

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For details, contact Diane Dakiv, Training & Administrative Assistant.
training@obia.on.ca
Community Associations

Ontario Brain Injury Association
(Mail) PO Box 2338,
St. Catharines, ON L2R 7R9
(Courier) 3550 Schmon Parkway, 2nd Floor,
Thorold, ON L2V 4Y6
Phone: 905-641-8877 or 1-855-642-8877
Toll-free support 1-800-263-5404
Fax: 905-641-0323
Email: obia@obia.on.ca
Website: www.obia.ca

Belleville
BIA of Quinte District
223 Pinnacle Street, Core Centre
Belleville, ON K8N 3A7
Phone: 613-967-2756 or toll free: 1-866-894-8884
Fax: 613-967-1108
Email: info@biaqd.ca
Website: www.biaqd.ca
Contact: Jennylee Swallow, Executive Director

Chatham-Kent
New Beginnings ABI & Stroke Recovery Association
(2 Locations - Chatham and Sarnia)
9 Maple Leaf Drive
Chatham, ON N7M 6H2
Phone: 519-351-0297
Fax: 519-351-7600
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com
Contact: Bob Rawlinson, Executive Director

Dufferin County
Headwaters ABI Group (HABI)
Orangeville, ON
Phone: 519-215-1519
Contact: Volunteer Intake Coordinator

Durham
BIA of Durham
#24 - 850 King Street West
Oshawa, ON L1J 2L5
Phone: 905-723-2732 or toll free: 1-866-354-4464
Fax: 905-723-4936
Email: information@biad.ca
Website: www.biad.ca
Contact: Frank Murphy, Executive Director

Fort Erie
HIA of Fort Erie and District
649 Niagara Boulevard
Fort Erie, ON L2A 3H7
Phone: 905-871-7789
Fax: 905-871-7832
Email: hiafeadmin@bellnet.ca
Contact: Donna Summerville, Program Coordinator

Hamilton-Wentworth
Hamilton BIA
822 Main Street E.
Hamilton, ON L8M 1L6
Phone: 905-538-5251
Fax: 905-390-3649
Email: info@hbia.ca
Website: www.hbia.ca
Contact: Adria Simas, Service Coordinator
London and Region
Brain Injury Association of London and Region
#121-341 Talbot Street
Talbot Court Corporate Studios
London, ON N6A 2R5
Phone: 519-642-4539
Fax: 519-642-4124
Email: info@braininjurylondon.on.ca
Website: www.braininjurylondon.on.ca
Contact: Donna Thomson, Executive Director

Niagara Area
Brain Injury Association of Niagara
Office: #10 - 261 Martindale Road,
St. Catharines, ON
Mail: PO Box 20019
Thorold, ON L2V 5B3
Phone: 905-984-5058
Fax: 905-984-5354
Email: pat@bianiagara.org
Website: www.bianiagara.org
Contact: Pat Dracup, Program Director

North Bay Area
Brain Injury Association of North Bay and Area
c/o PHARA
280 Oakwood Ave.
North Bay, ON P1B 9G2
Phone: 705-840-8882
Fax: n/a
Email: contact@bianba.ca
Website: www.bianba.ca
Contact: Beth Ward, Board President

Ottawa Area
Brain Injury Association of Ottawa Valley
211 Bronson Avenue, 3rd Floor
Ottawa, ON K1R 6H5
Phone: 613-233-8303
Fax: 613-233-8422
Email: contact@biaov.org
Website: www.biaov.org
Contact: Wendy Charbonneau, Board President

Peel-Halton
Brain Injury Association of Peel & Halton
PO Box 47038
Sheridan Mall PO
Mississauga, ON L5K 2R2
Phone: 905-823-2221
or 1-800-565-8594
Fax: 905-823-9960
Email: biaph@biaph.com
Website: www.biaph.com
Contact: Jorun Rucels, Executive Director

Peterborough Area
Brain Injury Association Peterborough Region
158 Charlotte St.
Peterborough, ON K9J 2T8
Phone: 705-741-1172
or 1-800-854-9738
Fax: 705-741-5129
Email: biapr@nexicom.net
Website: www.biapr.ca
Contact: Teryl Hoefel, Executive Director

Sarnia-Lambton
Brain Injury Association of Sarnia-Lambton
#1032 - 1705 London Line,
Sarnia, ON N7W 1B2
Phone: 519-337-5657
Fax: 519-337-1024
Email: info@sarniabiasl.ca
Website: www.sarniabiasl.ca
Contact: Chantal Prasad, Board President

New Beginnings ABI & Stroke Recovery Association
Lochiel Centre
180 College Avenue North, 2nd Floor
Sarnia, ON N7T 7X2
Phone: 519-491-2668
Fax: 519-491-2632
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com
Contact: Bob Rawlinson, Executive Director

Sault Ste. Marie
Brain Injury Association of Sault Ste. Marie & District
PO Box 22045 McNabb PO
Sault Ste Marie, ON P6B 6H4
Phone: 705-971-1050
Fax: n/a
Email: braininjuryssmd@gmail.com
Website: www.soobraininjury.com
Contact: Tamara Soltys, Board President

Sudbury and District
Brain Injury Association of Sudbury & District Branch
2750 Bancroft Drive
Sudbury, ON P3B 1T9
Phone: 705-670-0200
Fax: 705-222-2427
Email: info@biasd.ca
Website: www.biasd.ca
Contact: Joe Ann Vandeligt, Board President
**OBIA REVIEW**

**Thunder Bay**

**BIA Thunder Bay & Area**

#217 - 1100 Memorial Ave.
Thunder Bay, ON P7B 4A3
Phone: 807-621-4164
Email: biatba@yahoo.ca
Website: www.bisno.org/brain-injury-association-of-thunder-bay
Contact: Karen Pontello, Board President

**Timmins**

**Seizure & Brain Injury Centre**

733 Ross Ave. E.
Timmins, ON P4N 8S8
Phone: 705-264-2933
Fax: 705-264-0350
Email: sabicrl@eastlink.ca
Website: www.seizureandbraininjurycentre.com
Contact: Rhonda Latendresse, Executive Director

**Toronto (GTA)**

**Brain Injury Society of Toronto**

#205-40 St. Clair Ave. East
Toronto, ON M4T 1M9
Phone: 416-830-1485
Email: info@bist.ca
Website: www.bist.ca
Contact: Marie Deluca, Executive Director

**Waterloo-Wellington**

**BIA of Waterloo-Wellington**

#1-31 McBrine Drive
Kitchener, ON N2R 1J1
Phone: 519-579-5300
Fax: 519-579-0118
Email: patti@biaww.com
Website: www.biaww.com
Contact: Doug Wetherill, Board President

**Windsor-Essex**

**BIA of Windsor and Essex County**

PO Box 22070
11500 Tecumseh Road East
Windsor, ON N8N 5G6
Phone: 519-981-1329
Email: info@biawe.com
Website: www.biawe.com
Contact: Mary-Ann Fuduric, Executive Director

**York Region**

**Brain Injury Association of York Region**

11181 Yonge St., 3rd Floor
Richmond Hill, ON L4S 1L2
Office Voicemail: 905-780-1236
Fax: 905-780-1524
Email: n/a
Website: www.biayr.org
Contact: Adam Halioua, Board President

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Provincial Associations

Brain Injury Canada/Lésion Cérébrale Canada
200 - 440 Laurier Ave. West
Ottawa, ON K1R 7X6
Phone: 613-762-1222, Toll-free Line: 1-866-977-2492
Fax: 613-782-2228
Website: www.braininjurycanada.ca
Email: info@braininjurycanada.ca

British Columbia Brain Injury Association
Sea to Sky Meeting Management Inc.
Suite 206, 201 Bewicke Avenue
North Vancouver, BC V7M 3M7
Phone: 604-984-1212
Fax: 604-984-6434
Website: www.brainstreams.ca
Email: info@brainstreams.ca

Central Alberta Brain Injury Society (CABIS)
#202, 4805 - 48 Street
Red Deer, AB T4N 1S6
Phone: 403-341-3463
Fax: 403-346-1035
Website: www.cabis.info
Email: cabis@telus.net

Saskatchewan Brain Injury Association
Mail: P.O. Box 3843
Regina, SK S4P 3Y3
Office: #322 - 310 Main St. N.
Moose Jaw, SK S6H 3K1
Phone: 306-373-1555 or
Toll-free (in Sask) 866-373-1555
Fax: 306-373-5655
Website: www.sbia.ca
Email: info_sbia@sasktel.net

Manitoba Brain Injury Association
204 - 825 Sherbrook St.
Winnipeg, MB R3A 1M5
Phone: 204-975-3280 or
Toll Free: 866-327-1998
Fax: 204-975-3027
Website: www.mbia.ca
Email: info@mbia.ca

Ontario Brain Injury Association
PO Box 2338
St. Catharines, ON L2R 7R9
Phone: 905-641-8877 or 800-263-5404 (support)
855-642-8877 (admin)
Fax: 905-641-0323
Website: www.obia.ca
Email: obia@obia.on.ca

Newfoundland and Labrador Brain Injury Association
PO Box 21063
St. John’s, NF A1A 5B8
Phone: 709-579-3070
Fax: n/a
Website: www.nlbia.ca/index.php
Email: nlbia2011@gmail.com

Regroupement des associations de personnes traumatisées cranio-cérébrales du Québec
220, avenue de Parc
Laval, QC H7N 3X4
Phone: 450-575-8227
Fax: 514-274-1717
Website: www.raptccq.com
Email: info@raptccq.com

Brain Injury Association of Nova Scotia
PO Box 8804
Halifax, NS B3K 5M4
Phone: 902-473-7301
Fax: 902-473-7302
Website: http://braininjuryns.com/
Email: info@braininjuryns.com

Brain Injury Association of Canada (New Brunswick)
Phone: 506-721-8003
Website: www.biacnb.org
Email: biacnb@icloud.com

Brain Injury Association of PEI
#5 - 81 Prince Street
Charlottetown, PE C1A 4R3
Phone: 902-314-4228 or 902-367-3216
Website: www.biapei.com
Email: info@biapei.com

Alberta Brain Injury Association
Website: www.biaa.ca
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OBIA Training

The Ontario Brain Injury Association in conjunction with Brock University has developed a Certificate Training Program to provide professionals with the tools and knowledge to assist clients with recovery and function in everyday life following acquired brain injury.

**Brock Certificate Training Programs:** The program is currently composed of two separate levels and feature guest faculty. Both levels are directed primarily at personnel working in community and home based rehabilitation programs that serve individuals with acquired brain injury.

**Featured course**

Cognitive Interventions for Adults with Acquired Brain Injury

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VRA Canada Continuing Education Hours to be announced

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**Details**

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(formerly known as 500 Glenridge Ave.)
Room: Thistle 325
St. Catharines, ON

Hotel: Four Points Sheraton: 905.984.8484
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For more information about this and/or other Certificate Training Programs visit: www.obia.ca
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For more information:
Dale Brain Injury Services
815 Shelborne Street, London, ON N5Z 4Z4
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admissions@daleservices.on.ca
www.daleservices.on.ca

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