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Sometimes families are placed in such impossible positions, including the onerous task of trying to straddle their commitments to their loved one alongside their obligations to their paid employment. This can cause a tremendous amount of strain both at home and at the workplace.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Family Caregivers: Our Unsung Heroes

Through my work at OBIA I have the opportunity to meet so many wonderful people, including survivors of brain injuries and their families. I am amazed at the commitment and dedication that families and caregivers have toward their loved ones. In my eyes, caregivers are the unsung heroes in our health-care system.

In Canada, eight million people, or 28% of the population aged 15 and over, provide care to family members or friends with a long-term health condition, a disability or problems associated with aging. It is estimated that caregivers contribute more than $5 billion of unpaid labour annually to the health care system. Despite these incredible numbers, caregivers are often in the shadows and are not recognized for the amount of work and sometimes strain that is involved in caring for a loved one.

When a person sustains a brain injury, in an instant the family way of being can be completely turned upside down. Therefore, when a family member is called upon to take on the role of caregiver, many stressors can come into play including financial, emotional, psychological and relational, for both the caregiver and the one being cared for. The person being cared for may experience feelings of guilt and, on the other hand, if a family member is unable to care for their loved one they can experience tremendous anguish. A family member may also feel pressure to take on a caregiving role even if financially it is not possible. There are times when caregivers may feel somewhat hesitant to initially take on the caregiving role because they feel they would be expected to take on the full responsibility.

Meg Luxton, a sociologist in Toronto who has conducted considerable research in this area of family caregiving, cites such an example:

My husband was injured at work. He was in the hospital for weeks and we thought that he was going to die. So I took time off work to stay with him. Then I had to go back to work. When he got out of the hospital, he needed full-time care. Everyone—the doctors, the social workers, the nurses—they all assumed I would take care...
of him. When I said I couldn’t, they acted like I was a monster! Surely if I was a good wife I would do anything for him. Like who was going to pay the bills? I said, he needs care, he should get it. That’s what health care is for. Or, he was injured at work the company should pay someone to care for him. It was a big struggle. I spent hours fighting to get him the care he needed. They really tried to make me do everything, but I said I can’t, I have to work. I felt terrible, but he understood.

I use this example because it speaks to the anguish many families face after a loved one has sustained a brain injury. Sometimes families are placed in such impossible positions, including the onerous task of trying to straddle their commitments to their loved one alongside their obligations to their paid employment. This can cause a tremendous amount of strain both at home and at the work place. With this dual role it was found that 30% of caregivers were late for work or had to leave early and 29% missed an average of six days of work because of caregiving responsibilities. Furthermore, many family members cannot continue to work and, therefore, become a full-time caregiver. The OBIA Impact Report found that 79% of caregivers stated their family finances had been impacted as a result of their loved one sustaining a brain injury.

For those of us who work in the field of ABI we need to support our family caregivers. They truly are unsung heroes. If you are a family member or you are working with someone who needs support, please feel free to call OBIA at 1-800-263-5404. Our Peer Support Program is an excellent resource that many have found helpful in this journey and we would be happy to make those Peer Support connections.

References
1 Stats Canada
2 Calling for a National Caregiving Policy: A Prerequisite for Providing Home and Community Care, Canadian Caregiver Coalition, 2002
5 Change Foundation Canada
6 OBIA Impact Report 2012
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The Ontario Brain Injury Association along with the Personal Injury Alliance (PIA Law) are pleased to announce the winners of the 2016 Awards of Excellence in Brain Injury Rehabilitation. These awards are meant to recognize exceptional service to the brain injury community. We congratulate the following recipients of this year’s awards:
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To learn more about Adam visit www.oatleyvigmond.com/adam
What would you do if your spouse was in a serious accident? Does he pay the bills? Do you know where they are kept? How are they paid? Do you have access to his bank account?

Do you have a will and Power of Attorney (POA)? Do you know where they are? If you do, I applaud you.

Most people say we’re too young for that; that’s for older people. That’s what my husband thought.

One day we were in the car and passed a place that did wills and POAs. I said let’s stop and get them done. We don’t have kids and wanted to leave our things to loved ones and not the government.

I am so glad we stopped that day because on Thursday, April 28, 2011, things changed for us forever.

My husband was in a very bad car accident. The pickup truck he was driving was T-boned and ended up underneath a tractor trailer.

Norm was only able to mumble his name and where he worked before he lost consciousness and was airlifted to Sunnybrook hospital in Toronto with head injuries and broken bones.

When I got home at 4:30 that day, the phone rang. It was one of the guys from the fire hall. He asked me if I had heard from Norm and I said no. I wasn’t expecting him home until about 5:30 as he does a radio show when he is not working at the fire hall.

He then told me that Norm never made it to the radio station. He said Norm was in the hospital and he would be right over. As I was waiting for him I was pacing the floor not knowing what he was about to tell me. When he finally arrived he said that Norm had been airlifted to Sunnybrook Hospital in Toronto. Then he told me it was the best trauma hospital in Canada. I almost fell. Then he started to tell me about Norm’s extensive injuries.

That was the beginning of my world changing in so many ways. You see Norm was the bill payer and provider of most everything. Not now! Those duties are now mine. But before I can do that I had to find the POA.

The bank accounts and bills were all in his name. If I didn’t have the POA to gain access to them, who knows how long it would have been before I could take over managing and paying the bills.

I also needed to cancel Norm’s credit cards as his wallet was lost at the accident scene. The bank needed the POA to cancel the credit cards as they didn’t know if I was an ex-wife out for revenge.

I am very grateful that Norm listened to me that day when we were out for a drive. I am glad that our wills and POAs were in effect. If we had just said “oh that’s just for old people” and continued to drive by, I would have been in a heck of a mess.

After hearing my story, what are you waiting for? Please don’t wait until tomorrow—it may be too late.
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My Journey
By Melinda Wasylyk

My journey began one day when I was finishing my second day of college. Fast forward to years and years of heartache, to doctors assuming I wouldn’t survive, wouldn’t even function, to where I am today: an amazing person who strives to get better.

I had my whole life ahead of me and was completely oblivious as to why my car accident even occurred. At the time I was working two jobs; one at a family-owned garden centre and also as a nurse in training. I began taking practical nursing, which was my dream to enroll in the medical field, until one tragic night. On January 12, 2011, a very outrageous event came about in my life. I spent several years between at least six different hospitals following my accident.

When I woke up from my coma I felt like I was in a dreamscape. Nine months had passed. At first I thought I could still walk and talk, but soon I learned I could not. Simple things that are easy for some were harder for me. To this day I am still re-learning a number of things, from my speech to walking. I hate to admit it, but it’s very difficult and challenging.

Initially I felt like I wasn’t good enough. I felt this way because I hate when I can’t do things for myself. I couldn’t feed myself; I couldn’t talk or walk by myself yet. Eventually I started learning to use a wheelchair, which I despised, and still do. The rehabilitation process was very overwhelming because there were so many people looking after me, doing things to me and for me. There were nurses, many doctors, occupational therapists, speech language pathologists, physiotherapists, health-care aids, social workers and more. At times I would refuse to do anything they wanted due to frustration and lack of control. Decisions were made for me and still are.

Throughout my times in the hospital and even after I got released home I felt like my friends and family didn’t necessarily understand. My mom stayed by my side the entire time and still does. Yes, she gets under my skin sometimes, but I still love her—she is my mom. She has basically been my rock. Everyone else has moved on with their lives. I was eighteen at the time so all of my old friends went off to college or university. As a result we lost touch and they began their lives. However, I’m making new friends as a result. My mom and I were told that this is the end of recovery. I knew that sitting in a wheelchair day after day by myself was NOT an option for me.

As of July 2016 it has been five years since my accident. I still have weekly speech and physiotherapy. I work with a personal trainer weekly. I have paid friends who I hang out with once a week. We go for coffee, get our nails done, sit at the beach, go to their house and interact with others. I work out in my home gym seven days a week. I recently started working with a rehabilitation counselor who is helping me get connected to agencies where I can go and tell my story to help others. I’m hoping by telling my story others will find hope and inspiration.

All I can say is NEVER give up and stay positive. Life is way too short and can end in a split second. You may feel like you’re not good enough because somebody says so, but YOU are good enough, amazing actually, so don’t put yourself down. ☺️
NRS is pleased to announce that we now have rehab coaches with expertise in brain injury who speak Cantonese, Mandarin, Taiwanese, Spanish, Slovak, Polish, Russian, German, Greek, Hindi and Punjabi, and this list is continuously expanding. These dedicated coaches provide culturally sensitive programming, act as interpreters for the team, and are available to work under the supervision of NRS or non-NRS therapists.

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- Family support

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Improve Your Sleep Quality to Reduce Symptoms of Brain Injury

By Alison Foo

Studies have long shown that sleep deprivation, especially when chronic, can have detrimental effects to our health. Poor sleep quality alone can impair brain activity, cognitive function, decision-making, concentration, learning, memory, balance, coordination, and emotional state just to name a few. It also increases the chance of being involved in an accident.\(^1\) All of these are common to the symptom profile of brain injury survivors. One of the most frustrating lingering effects from my concussion was disrupted sleep. At night, I had trouble falling asleep, staying asleep, and entering deep sleep. I either felt like I has half awake or I’d have terrible and vivid nightmares. During the day, I was beyond tired and frequently took long, restless naps. I thought that I would never get better until a simple change to my sleep schedule triggered drastic improvements across all of my symptoms.

A neuropsychologist was the first to suggest that I focus my efforts solely on waking up at the same time each morning. Coupled with avoiding napping, this reset my circadian rhythm (internal clock) and improved the quality of my sleep. The medical director of the sleep laboratory I visited also recommended this approach. After adhering to the new routine for just a few days, my headaches lessened in frequency and severity, the brain fog lifted, my mood stabilized, and I was able to tolerate more stimulation. Instead of relying on pharmaceuticals, I have adopted the following strategies to compensate for sleeping problems.

Guidelines for Optimizing Sleep Health

**Reset your circadian rhythm.**

Our bodies were meant to sleep after sunset and to wake with the sunrise. In fact, the highest quality of sleep that you can have is before midnight. However, sedentary lifestyles, modern technology and bright lights in large cities has resulted in bad sleep habits that disrupt our internal biological clocks. Here are different ways you can reset your circadian rhythm.

- **Go camping for one week.** Studies have shown that camping for at least one week can reset adults’ internal clocks. This result was contributed to increased exposure to natural sunlight during the day and reduced exposure to artificial lights at night. That means that you don’t have to go camping to sync your body’s clock to nature’s light-and-dark cycle.\(^2\)

- **Set your alarm and wake up at the same time, every single day.** Setting a daily routine will help your body shift its circadian rhythm. It is difficult to control when you fall asleep at night, so focus more on when you wake up. Be sure to get out of bed as soon as the alarm goes off. If desired, set your wake-up time half an hour earlier every three to four weeks, until you’ve reached the ideal time for your lifestyle. Eventually, your body will be conditioned to naturally wake up at the same time. The remaining tips will help you fall asleep faster and will make getting out of bed easier.

- **Get exposure to sunlight.** Get at least half an hour of sunlight during the day. According to my sleep clinic, this is most effective if done within 30 minutes of waking up.

- **Don’t take naps.** If you must take a nap in the middle of the day, set an alarm and don’t nap for more than 20 minutes.

- **Avoid blue light before bedtime.** Artificial lights and electronic devices emit blue wavelengths of light that suppress the secretion of melatonin, a hormone that regulates sleep.\(^3\) Using a TV, computer, phone, or tablet within 1 hour before bed will make your brain think that it’s still day time and disrupt your circadian rhythm.

- **An extreme method.** I stayed awake for 36 hours straight so that I would be sleepy enough to fall asleep at an appropriate hour on the second night. I then applied all of the other healthier techniques moving forward. My neuropsychologist said that this extreme method is not appropriate for everyone, so consult your doctor first.
Adjust your diet.

- Avoid caffeine after 10 am. An even better idea would be to give up caffeine altogether for at least four weeks. Keep in mind that caffeine may be hidden in foods and beverages other than coffee and tea. This includes medications, chocolate (cocoa), soft drinks, energy waters or drinks, coffee- or chocolate-flavoured ice cream, etc.

- Avoid alcohol. Alcohol's initial effects may make you feel sleepy, but it will actually wake you up in the middle of the night and/or decrease the quality of your sleep.

- Don't eat three hours before bedtime. You shouldn't go to bed hungry either, so if you must eat before bed, choose healthy, light snacks and consume small portions.

Adjust your lifestyle.

- Exercise. Regular physical activity, especially outdoors, will do wonders for your sleep and overall health. But if you exercise after 6:00 p.m., it may end up stimulating instead of relaxing you.

- Use your bed only for sleeping and sex. You don't want to condition yourself to associate your bed with any activities other than sleeping. Also, if you're unable to fall asleep or fall back asleep after 30 minutes, get out of bed and do something that is non-stimulating and does not involve electronic devices. When you feel sleepy, go back to bed and try again.

- Don't try too hard. When it's time for bed, don't try too hard to fall asleep. If you focus on the fact that you aren’t able to sleep, count the hours left in the night, or fixate on all of the things that you need to do the next day, stress and anxiety will prevent you from relaxing and will keep you awake even longer.

Inspect your bedroom.

- Ensure that your mattress has the right firmness for your comfort.

- Ensure that your pillow supports your neck sufficiently.

- Use blackout curtains in your bedroom.

- Remove all artificial lights and electronic devices from your bedroom. This will also prevent you from looking at the clock when you’re having trouble sleeping in the middle of the night. Checking the time when you can’t sleep can stress you out and keep you awake.

- Ensure that the temperature is optimal. The optimal temperature for sleeping is different for everyone, but falls within the range of 62 to 72 degrees F (16 to 22 degrees C). The bedroom should feel slightly cool and comfortable.

Create a bedtime routine and start getting ready two to three hours before bedtime.

- Take a hot bath or shower. Taking a nice hot bath or shower will relax you, but doing so within two hours prior to bedtime will keep you awake.

- Write down your stressors and plans. As our bodies relax, our minds tend to wander and fixate on past mistakes, present stressors, and future plans. So two to three hours before bedtime, sit down with a pen and paper and write down your concerns, ideas, and to-do lists. Then set them aside so that you don’t have to worry about them until the next day.

- Turn off lights and electronic devices before bedtime. At least one hour prior to bedtime, turn off all electronic devices. It is also preferable to turn off all of the lights. At the very least, dim the lights or use candlelight. Research also shows that wearing amber lenses in the evening can be effective at blocking blue light and improving sleep quality. Furthermore, keep all lights and devices turned off if you wake up in the middle of the night and are unable to fall back asleep. Just be very careful making your way to and using the bathroom in the dark.

- Have a warm beverage. Drink a cup of warm milk before bed, because it contains tryptophan, an amino acid that promotes sleep. Alternatively, a naturopath recommended drinking a cup of herbal tea (e.g.
chamomile flowers, lemon balm, or tulsi/holy basil) within 30 minutes to one hour before bed. If you are taking any medications, speak to your doctor and/or pharmacist to ensure that your herbal teas won’t interact with your drugs.

- **Take a magnesium supplement.** Taking magnesium 30 minutes to one hour prior to bed may help with sleep disturbances. Consult your doctor and/or pharmacist to determine your proper dosage and to ensure that it won’t interact with any of your medications.

- **Wash your face and brush your teeth one hour prior to going to bed.** Washing my face and brushing my teeth, especially when done with the lights on, tends to invigorate me, so I do these before I really start to wind down.

- **Engage in a relaxing activity.** The goal of your night routine is to unwind your mind and relax your body before bedtime. Try a non-stimulating activity such as meditation, gentle yoga or stretching, colouring, or reading a boring book/magazine.

I still struggle with fatigue and sleep some days, but I’m confident that if I consistently practice these good habits, high quality sleep will soon come easily.

**References**

Twenty-four years ago (in 1992), the top song was Boyz II Men’s “End of the Road” and the top film was “Aladdin.” This was also the same year I began my work at the Ontario Brain Injury Association. I was hired part-time to input data into the “new” Microsoft Office 3.1 computer system, saving the data on the 3.5” floppy disc.

It certainly was a different time as there were no cellphones, no Internet and no email. There were also little to no services for those people who were living with a brain injury in Ontario. Most people who suffered a catastrophic brain injury were sent to the United States for rehabilitation. In many cases, they were in these facilities for many years. Like many other people back then, I was not aware of the prevalence of brain injury in Ontario. As I continued with the data entry, I soon realized how important it was to educate the population about this epidemic. I was very grateful when I was offered a job full-time, allowing me to become a part of an organization that was going to be the leader in advocating for changes to the services offered in Ontario and facilitate the repatriation of those who were institutionalized in the United States.

Throughout the past 24 years my role with OBIA has expanded. I still input data, however, I also manage the membership program, donations and donor recognition, resources, online bookstore and our directory of services. In addition, I also organize special events and our Provincial Conference. Recently, I have been asked to manage OBIA’s Corporate Champion campaign. I am so proud to work for OBIA and to see firsthand the amazing work everyone has done to increase awareness of brain injury, support those affected by ABI and educate, not only the public and policymakers, but also those people working in the field of brain injury.

On a personal note, in my spare time I enjoy spending time with my family and friends; I enjoy watching and playing sports, but I most enjoy spending time at my little cottage on Lake Erie.

---

Terry Bartol, Member, Donor & Event Coordinator

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The Ontario Brain Injury Association released the OBIA Impact Report in 2012 which is a “statistical snapshot of acquired brain injury and its effects on survivors and caregivers.” Data for this research study was collected through OBIA’s survey. This study revealed that respondents with brain injuries had trouble some or most of the time with the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>95</td>
</tr>
<tr>
<td>Concentration</td>
<td>93</td>
</tr>
<tr>
<td>Deciding</td>
<td>91</td>
</tr>
<tr>
<td>Learning</td>
<td>91</td>
</tr>
<tr>
<td>Dizziness</td>
<td>71</td>
</tr>
<tr>
<td>Pain</td>
<td>65</td>
</tr>
<tr>
<td>Fatigue</td>
<td>91</td>
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<tr>
<td>Anxiety</td>
<td>80</td>
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<tr>
<td>Controlling of temper</td>
<td>69</td>
</tr>
<tr>
<td>Mood swings</td>
<td>78</td>
</tr>
<tr>
<td>Depression</td>
<td>78</td>
</tr>
<tr>
<td>Getting along with</td>
<td>76</td>
</tr>
<tr>
<td>Sleep pattern</td>
<td>71</td>
</tr>
</tbody>
</table>

The impairments listed above are only a small portion of the data collected. Bowel and bladder care, childcare, housework and personal care issues were also significant.

Families require long-term support, but most professional interventions are provided during the acute period (Lefebvre et al. 2005; Leith et al. 2004).

Long-term support is normally beyond the capabilities of families and loved ones, who can become overwhelmed with the changes in the person who has been injured. While there is a natural desire to feel that an immediate return to a familiar home environment is the best avenue to recovery and normalization, long experience has proven otherwise. Many studies, as cited in this article, have demonstrated that providing residential rehabilitation early on, results in increased independence for the survivor. Rather, further rehabilitation at an in-patient, private residential facility will be a time of teaching, training, and healing for the survivor and their family.

The return to home, family, and community will always be a goal for most individuals. The acute rehabilitation phase referred to earlier and consultation with experienced professionals will determine if an immediate return to the home is an appropriate discharge environment.

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The Ontario Brain Injury Association released the OBIA Impact Report in 2012 which is a “statistical snapshot of acquired brain injury and its effects on survivors and caregivers.” Data for this research study was collected through OBIA’s survey. This study revealed that respondents with brain injuries had trouble some or most of the time with the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>95</td>
</tr>
<tr>
<td>Concentration</td>
<td>93</td>
</tr>
<tr>
<td>Deciding</td>
<td>91</td>
</tr>
<tr>
<td>Learning</td>
<td>91</td>
</tr>
<tr>
<td>Dizziness</td>
<td>71</td>
</tr>
<tr>
<td>Pain</td>
<td>65</td>
</tr>
<tr>
<td>Fatigue</td>
<td>91</td>
</tr>
<tr>
<td>Anxiety</td>
<td>80</td>
</tr>
<tr>
<td>Controlling of temper</td>
<td>69</td>
</tr>
<tr>
<td>Mood swings</td>
<td>78</td>
</tr>
<tr>
<td>Depression</td>
<td>78</td>
</tr>
<tr>
<td>Getting along with</td>
<td>76</td>
</tr>
<tr>
<td>Sleep pattern</td>
<td>71</td>
</tr>
</tbody>
</table>

The impairments listed above are only a small portion of the data collected. Bowel and bladder care, childcare, housework and personal care issues were also significant.

Families require long-term support, but most professional interventions are provided during the acute period (Lefebvre et al. 2005; Leith et al. 2004).

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The return to home, family, and community will always be a goal for most individuals. The acute rehabilitation phase referred to earlier and consultation with experienced professionals will determine if an immediate return to the home is an appropriate discharge environment.
impacted their finances and 46% of caregivers state that the brain injury. 79% of caregivers say the brain injury has old and 75% of the caregivers live with the person who has. This OBIA impact study revealed that 73% of caregivers for therapies for the future.

Residential rehabilitation removes the transportation barrier to initially access intensive services and can result in developing skills that will assist the survivor in planning and executing a plan for alternate means of transportation to outpatient therapies for the future.

This OBIA impact study revealed that 73% of caregivers for persons with acquired brain injuries are more than 50 years old and 75% of the caregivers live with the person who has the brain injury. 79% of caregivers say the brain injury has impacted their finances and 46% of caregivers state that caring for their loved one has impacted their employment status. 37% of the caregivers indicated they had no access to a break from their caregiving duties. 30% of the caregivers felt that the person with the brain injury was not living in an appropriate environment. What is most concerning is that 52% of the caregivers admit they have concerns about the behaviour of their friend or relative since sustaining a brain injury, which may put her/him at risk.

These serious concerns can be clinically addressed in a residential rehabilitation stay. Residential rehabilitation for the individual to regain skills in a supported environment with rehabilitation professionals lessens these enormous caregiving responsibilities and concomitant economic cost of dependence.

Residential rehabilitation is cost-effective. While it is costly to create an individualized, intensive and structured program of residential rehabilitation, research has confirmed that the expense of rehabilitative care may be offset by the shorter duration of dependence on that care for the lifetime of the survivor if a comprehensive residential program specializing in acquired brain injury rehabilitation is provided early on to the injured person.

Harvard School of Health professor Linda Blimes has stated that 40 years of care for an individual injured at 23 years of age may range in cost from $8,000,000 to $17,000,000 (U.S.D.). The goal of residential rehabilitation is to decrease this number.

Outcome studies have shown it is cost effective to have a client in a residential program for an average three to nine month course of treatment following acute hospitalization. King’s College professor Lynne Turner-Stokes found that the levels of dependency of patients (and, therefore, the costs of their care) decreased as a result of active rehabilitation programs focused on regaining independence. The timing of the residential rehabilitation also has an impact on outcome. The financial costs associated with delayed or denied treatment often result in additional costs to the private sector payer. In 1982, Cope and Hall, conducted a study in which two similar groups of people with acquired brain injury were placed into rehabilitation programs. One group was entered soon after their injury and the other groups received late admissions to rehabilitation programs. Those admitted later required twice the length of stay to achieve similar outcomes as the group admitted early. This study indicated potential costs savings of $40,000 (for the residential rehabilitation period) per patient in the early rehabilitated group.

Residential rehabilitation follows a prescriptive model as outlined and directed by the regulated health-care professionals. The front line rehabilitation therapists and the attendant care support staff complete the activities as directed and follow through on the prescribed goals. The client is in a home/real life (apartment) environment with a comprehensive focus on rehabilitation. It is difficult for clients in residence to overlook treatment as staff are present to encourage participation.

Clients who come into residence may have a multi-disciplinary team, which may include:

- Case Manager (who coordinates and oversees the medical and rehabilitation needs)
- Psychologist
- Social Worker
- Psycho-Therapist
- Physiotherapist (PT)
- Occupational Therapist (OT)
- Speech-Language Pathologist (SLP)
- Nursing Care
- Dietitian
- Medical Services (Family Doctor, Psychiatry, Physiatry, various Physicians/Specialists, etc.)
- Dual Diagnosis supports (Mental Health, Substance Abuse, Behaviours, etc.)
- Rehabilitation Therapist (RT) to carry out the prescriptive model and to also assume Attendant Care responsibilities
- Teacher
- Job Coach
- Community agencies including government-funded
- Funder
- Legal Representative

The following sample of daily activities illustrates the value of the different activities performed by the rehabilitation therapist and attendant care staff as designed by the regulated healthcare professionals. Every waking hour is rehabilitation and intended to develop and maximize the skills necessary for independence. The rehabilitation professionals’ interventions promote comprehensive rehabilitation to bridge from in-patient residential programs to home and the community. Each client is an individual and their needs, therapies, level of functioning and rehabilitation programming may vary.
## Client Needs

<table>
<thead>
<tr>
<th>Orientation; daily schedule: OT and SLP related.</th>
<th>Activities of Daily Living (ADL) shower/bathing/dressing routines: OT and PT related.</th>
<th>Grocery Shopping; Meal preparation; Meal routines: OT, PT, and SLP related.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops memory, problem-solving, organization, time management and orientation.</td>
<td>Promotes initiation, sequencing, planning, balance, memory, and ensures a basic level of personal hygiene is maintained.</td>
<td>Improves on swallowing, attention, following direction, fine and gross motor skills, communication, and budgeting.</td>
</tr>
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<tbody>
<tr>
<td>Works on swallowing, voice, volume, oral motor, and expressive language.</td>
<td>Addresses issues with weight bearing, balance, proprioception, standing/sitting tolerance, transfers, trunk control, and gross motor skills.</td>
<td>Develops memory, eye hand coordination, concentration, attention, reading, purposeful responses, reading and writing.</td>
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<tbody>
<tr>
<td>Addresses stress management, self-regulation, problem-solving, social communication, and relaxation training.</td>
<td>Applies following instructions, sequencing, reasoning, problem solving, fine motor skills, communication, and attention.</td>
<td>Engages functions of fine and gross motor skills, creativity, information processing, planning, attention, and navigation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Events, Social Media, Television, Newspaper: OT and SLP related.</th>
<th>Tracking, documentation related to mood, pain management, social skills, sleep issues, responding to real life situations and developing a plan of action: Psychologist, Social Worker related.</th>
<th>Assessments: Problem Solving; Antecedent Behaviour Consequences; Mayo-Portland Suicide Risk; STAXI -2; Overt Behavioural Scale: Psychologist, Social Worker, and Psycho-Therapist related.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops memory, attention, orientation, reading, reasoning, flexibility.</td>
<td>Promotes good psycho-social outcomes, strategies, problem solving, pacing techniques.</td>
<td>Addresses post injury behaviours, psychiatric issues, and substance abuse, etc.</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Routines; hygiene; indoor/outdoor tasks; laundry; transportation; community safety; budgeting; fire safety; emergency management; medication management; sleep; fatigue; physical activities: OT and PT related.</th>
<th>Social interactions and cognitive communication: SLP related.</th>
<th>Recreational and leisure activities: all disciplines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promotes independence, judgement, problem solving skills, initiation and motivation.</td>
<td>Addresses breathing; articulation; resonation; spoken/written language; perceiving; remembering; judging; reasoning; relating experiences; ideas; knowledge; and feelings.</td>
<td>Improves generating ideas; motivation; initiation; planning; organization and problem solving.</td>
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<tbody>
<tr>
<td>Promotes developing healthy behaviours that promote better sleep at night and fatigue management during the day.</td>
<td>Targets visual perception, figure-background discrimination, visual scanning, and reduction of diplopia (double-vision).</td>
<td>Works on resume development, job search techniques, volunteer experience, interview skills, productive, meaningful activities and appropriate behaviours in the workplace.</td>
</tr>
</tbody>
</table>
The Turner-Stokes study also showed that patients admitted to residential rehabilitation programs had a mean total length of stay of approximately six months, with a mean cost of admission of €52,500 (approximately $72,700 CAD). This expenditure resulted in an overall reduction in dependency from admission to discharge which equated to weekly savings in care costs of €950 (approximately $1,315 CAD). This savings offset the cost of rehabilitation within 14 months.

More importantly, the individuals in longer-stay programs experienced increased independence as a result of their rehabilitation. One case study provided by Turner-Stokes referenced a 27-year-old male who participated in a course of residential rehabilitation of 18 weeks post-injury following a spontaneous left intracranial haemorrhage. He was not talking and was dependent for all self-care upon admission; by discharge he was walking and able to care for himself. There were many complicating factors in this case and in all, the rehabilitation stay was 392 days at a cost of €127,400 (approximately $176,400 CAD). The estimated weekly care costs savings was €1,027 (approximately $1,425 CAD) making the offset costs time 31 months. If he had not participated in rehabilitation and increased his independence, his cost of care could have continued for 40 years, making the 31 months offset time comparably minimal.

CONCLUSION:

Private residential programs are cost-effective treatment for clients who have sustained a moderate to severe brain injury. In fact, residential rehabilitation has been proven to decrease the cost of care for persons with brain injuries over the lifetime of the individual. More importantly, residential rehabilitation provides learning that leads to independence for people who have survived brain injuries. These programs address the unique medical and rehabilitation needs of the individual and provide durable and validated results. They improve quality of life for the clients and their family and support systems. They are a needed bridge to going home.

References:


Turner-Stokes, L. Cost efficiency of longer stay rehabilitation programs: Can they provide value for the money? *Brain Injury* September 2007; 21(10): 1015-1021


NRI0 Outcome Validation Reports, 1997–2014.
At the OBIA Bookstore

Living Life Fully after Brain Injury $55
Editors: Robert T. Fraser, Kurt L. Johnson and Kathleen R. Bell

This workbook is designed as both a reference for in-depth clinical information as well as a hands-on tool for addressing the many challenges of living with a brain injury. As survivors, families and caregivers achieve new goals, encounter setbacks, and meet new challenges, this workbook provides information, strategies, tools, and checklists that will guide the reader through the next phase of recovery.

Supporting Survivors and Caregivers after Brain Injury $52
Authors: Patty Belle-Kusse and Judith Zadoks

The SABI program helps families, survivors and caregivers explore who the person is behind the brain injury. It is a step-by-step method for developing a personal profile, identifying key life events, examining the meaning of the diagnosis, describing abilities and limitations, looking at pre-injury personal development, and identifying current lifestyle and coping strategies.

Overcoming Grief and Loss after Brain Injury $33
Authors: Janet Niemeier, Robert Karol

This is a practical, comprehensive and accessible book with goals of providing foundational brain injury information and coping resources for persons recovering from and living with the disabilities that accompany this injury. This book guides readers toward a self-assessment of their own concerns related to common post-injury challenges.

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

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What is an RDSP and How Can I Use One Effectively?

By Daniel Carroll,
Financial Security Advisor, Freedom 55 Financial

The world of the Registered Disability Savings Plans (RDSPs) can be a tricky one to navigate – for clients as well as financial advisors. It is important to understand the intended design of the plan if you are going to use one properly. The Canada Revenue Agency (CRA) describes these accounts as, “savings plans that are intended to help parents and others save for the long-term financial security of a person who is eligible for the disability tax credit (DTC).” The most important takeaway from this is the phrase “save for the long term.”

Think of RDSPs as Registered Retirement Savings Plans (RRSPs) for people with qualifying disabilities. Just like RRSPs, RDSPs offer tax-deferred growth; however, they differ in the fact that contributions to an RDSP are not tax-deductible. This means they do not reduce your taxable income.

A strong feature of an RDSP is the federal government’s contributions of up to $90,000 in grant and bond monies to the plan over one’s lifetime. It must be noted that CRA has applied restrictions that discourage the beneficiaries of these plans from dipping into their funds in the short term. In fact, one has to wait 10 years after the first deposit before making a withdrawal or they will face clawbacks on the grant and bond money and on their associated growth and/or interest.

In addition to the time-invested limitation, there are age limitations as well. No grant or bond monies will be contributed to the plan after the year in which the beneficiary turns 49. Also, withdrawals must begin in the year during which the beneficiary turns 60. This does not mean you shouldn’t consider investing in an RDSP if you are older than 49. If you have exhausted your RRSP contribution room or are no longer accruing any and have maxed out your Tax-Free Savings Account (TFSA), this is a great place to find tax-deferred growth as part of your financial plan.

Beside the benefits of tax-deferred growth and federal contributions, RDSPs provide a shelter for the preservation of provincial disability benefits. In Ontario, this is the Ontario Disability Support Program (ODSP). Not only are the contributions to an RDSP exempt from ODSP limitations, but any payments from the account are as well. This makes the RDSP a very powerful tool for people who are collecting ODSP and are recipients of insurance settlements. It might be even more beneficial for the parents, grandparents, aunts and uncles of people with qualified disabilities in that they can contribute to an RDSP without rendering their family member ineligible for ODSP benefits.

When examining possible estate planning options, parents and grandparents may want to consider using Henson Trusts and/or a qualified disability trust to fund RDSPs. This helps maximize the benefit from federal contributions, ensure the preservation of ODSP and later provide the necessary liquidity to their heir(s). When considering trusts, an Informal Trust and an Insurance Trust should be examined as options as well. Poor decisions could lead to many unfavourable factors, including oversized tax bills and the loss of ODSP benefits. Needless to say, such intricate plans should be set up once you receive advice from your lawyer and an experienced financial advisor—specifically one with extensive experience in the disability field.

To show a real-world example of this, I will share the story of a client whom we will refer to as Charlie. Charlie was in a pretty serious car accident that resulted in brain and spinal cord injuries. He was making ends meet with the help of ODSP, but when he settled with his insurer, he took the funds to his bank and asked them to manage them. Since he had filed for his Disability Tax Credit, he received a letter in the mail stating that he was eligible for an RDSP. He took the letter to the financial advisor assigned to him by the bank and asked for advice.

Apparently this was the first time the advisor had heard of an RDSP and didn’t know what to do with it, so discussed the situation with a senior advisor who was also at a loss. They took a few moments to read about the plans online. They made some decisions and proceeded not only to max out Charlie’s TFSA, but also maxed out his wife’s TSFA ($46,500 in each TFSA). They put $200,000 (the lifetime maximum) into Charlie’s RDSP then they shook Charlie’s hand and sent him on his way.

At the recommendation of his lawyer, Charlie came to see me and I explained the advice he had received had put him offside with ODSP since a TFSA is considered a liquid asset and in excess of the $5,000 limitation. And, by maxing out Charlie’s RDSP in one shot, he would only receive $3,500 in grant money and $1,000 in bond money. What’s even worse is that Charlie and his wife have now separated and it’s difficult for him to claim to the funds that were put into her TFSA.
Since Charlie is 35 years old, if we calculate to age 49 (the last year for government contributions), the advice has cost him just under $176,000 – assuming a five per cent rate of return on both the foregone government funds and the money lost to his soon-to-be ex-spouse. Needless to say, Charlie is back in front of his lawyer and is trying to undo the situation the advice created.

One other topic for consideration is what type(s) of assets should be held in an RDSP. Clearly, if someone has a qualifying disability, his/her ability to earn an income has been reduced or possibly eliminated. As such, the person’s risk tolerance is likely moderate to low and their investment choices should reflect this. Mutual funds, especially profile funds, offer a good solution in that they are professionally managed and will automatically rebalance to keep the portfolio from becoming overexposed to market risk. Until segregated funds become available in RDSPs, this is likely the best option.

To further reduce a person’s overall exposure to market risk, segregated funds – which offer guarantees and vesting options (these will be explored in a later piece) – should be used in a disabled person’s other accounts or trusts to which he/she is the beneficiary. More key advantages of segregated fund policies are the creditor protection and estate bypass they provide. This means if an injured person has trouble with a lender, their segregated fund policies are protected. Lastly, when the person passes on, the monies in their policies will pay directly to their heirs without going through the estate and being subject to estate tax or any other issues involved in the settling of the final affairs.

About the Author

Daniel Carroll is a Financial Security Advisor with Freedom 55 Financial and an Investment Representative with Quadrus Investment Services Ltd. He has eight years’ experience working with people with disabilities—particularly those who have suffered a motor vehicle accident. Daniel is a long-time supporter of the Ontario Brain Injury Association as well as many of the community brain injury associations.

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OBIA Advisory Council (OAC) Report

The OBIA Advisory Council (OAC) met on September 24. We have continued with the Sustainability Series of workshops for the 2016-17 fiscal year. This meeting focused on social media. The council was fortunate to have Elio Gatto from Social Know How Inc. present on Social Media Marketing (Networks/Content/Strategy/Messaging/Execution).

Following Mr. Gatto’s presentation, Anne MacLachlan, Social Media Coordinator for Ontario Parks, presented on their strategies for promoting Ontario Parks through social media.

Both presentations were extremely informative and provided useful tools to build on our social media strategies. The next scheduled meeting will be November 19, 2016.

Archived videos of past workshops can be found on OBIA’s Vimeo page: https://vimeo.com/obia

BIA Sudbury & District

BIASD Annual Golf Tournament

This July, BIASD held its annual golf tournament at the Lively Golf & Country Club and we are pleased to inform you all that it was a huge success. The tournament had an amazing turnout from golfers, survivors, friends, and families that exceeded our expectations. The weather was beautiful and the course was filled with people driving their carts from one hole to the next all day long. The day ended with a catered dinner from the Lively Golf & Country Club where speeches, toasts and prizes were given. At the end of the night, everyone who attended walked away with a prize. Thank you to all our sponsors, and a special thank you to Oatley Vigmond for being our top sponsor once again. Thank you to our volunteers and the Lively Golf & Country Club for a wonderful tournament (photo below).

BIASD & March of Dimes Killarney Trip

In August, members of BIASD and members of the March of Dimes Sudbury, along with survivors and caregivers, went on a trip to Killarney for a day of fun, relaxation and delicious fish and chips. Thanks to ordering all the meals ahead of time, our orders were ready mere minutes after arriving. Everyone gathered together sitting down at the many picnic tables along the end of one of the docks where we could eat our meals while gazing at the water and the many boats, both driving and docked. When we were eating, an otter even came up to say...
hello to us and we all took pictures. Unfortunately, the weather took a turn and started to rain just after everyone finished their meals, so we all took shelter underneath the side of Killarney Fish & Chips. It was a short but sweet trip to Killarney and we look forward to doing it again next year (photo above).

Seizure & Brain Injury Centre (Timmins)

The Seizure & Brain Injury Centre was honoured to be awarded the Community Brain Injury Association of the Year Award in recognition of our contribution to the Brain Injury community (see picture on page 7). The awards ceremony was held in Toronto during the Back to School Conference in September. In keeping with what this award means, the Centre has expanded its day programming to include aquafit once a week for survivors.

Peer Mentor training was held at the end of the month with six new Mentors joining the province-wide program. Carla Thoms travelled to Timmins to do the training.

BIA Windsor & Essex County

On September 23rd BIAWE held its 5th annual golf tournament. It was a great day with 100 golfers coming out to help raise money for brain injury programs and services.
On October 19, BIAWE held its 4th annual conference “The ABI Collaborative Journey” at the Fogolar Furlan club. More than 70 clinicians, along with individuals with ABI and their caregivers came to share and learn.

Sue Marshall & Cindy Caster

BIS Toronto

BIST has been keeping busy! On September 27-29, 2016 we were proud to sponsor a table at the Brain Injury Canada’s Annual Conference hosted in Toronto. We had a great time meeting survivors and providers from all over the country; there was lots to learn and share with one another.

We have had some changes to our Board of Directors, which were voted on at our Annual General Meeting on September 26th. We bid a fond farewell to Judy Moir and Susie Cooke who have both been great advocates and supporters of our organization. We are welcoming with open arms Alex Piotti, Josh Himmel and Erik Joffe, who we are sure will provide great insights and contributions in the coming years. BIST would like to send a special thanks to Michelle Diamond who finished her term as Chair (although she will thankfully remain on our Board) and welcome Ryan Murray into this position.

On October 1, 2016 we were excited to host our annual 5km Run, Walk or Roll at Wilket Creek Park. Despite the rainy weather we had over 300 runners come out to participate. Our Heroes of Brain Injury Social Media campaign was a great success and prompted many heroes to join us on our run! A special thanks to everyone who came out, as well as to our sponsors and donors. With the funds raised we can continue to make strides in ABI support through our programming, advocacy, education and awareness campaigns.

BIST also added to our social media family and launched our Instagram account. You can find and follow us at https://www.instagram.com/braininjurytoronto/.

We had the pleasure of hosting a free workshop on Advocacy and Brain Injury to ABI survivors, family and friends, as well as professionals on November 5, 2016.

BIA Ottawa Valley

Our 10th annual fundraising dinner was held on September 22, 2016 at the Sala San Marco Banquet & Conference Hall. Special thanks to the organizing committee of Nicole McMullen, Lori Mitchell, Colleen Burn of Burn, Tucker Lachaine and Fiona Smith-Bradley, Shannon McGrath and Julia Ehrhardt of ModernOT and Laurie Warren.

Thank you to Title Sponsors: Burn, Tucker, Lachaine LLP and ModernOT; Platinum Sponsor: Hebert Nicholson LLP, Gold Sponsor: McKellar Structured Settlements; the MC for the evening, Véronique Soucy, 94.5 Unique FM and the Bank of Nova Scotia volunteers.

Thank you to all who attended and supported us by purchasing individual tickets, a table, or participated in the gift basket lottery. The winners are: Jewellery Package, Anne Jackson-Beek; Cottage Weekend, Shelley Stephenson; Yoga Package, Dr. Catherine Gow; and Ergonomic Chair, Janet Carioni. Funds from the event will go to further programming.

On October 1, 2016 we were excited to host our annual 5km Run, Walk or Roll at Wilket Creek Park. Despite the rainy weather we had over 300 runners come out to participate. Our Heroes of Brain Injury Social Media campaign was a great success and prompted many heroes to join us on our run! A special thanks to everyone who came out, as well as to our sponsors and donors. With the funds raised we can continue to make strides in ABI support through our programming, advocacy, education and awareness campaigns.

BIST also added to our social media family and launched our Instagram account. You can find and follow us at https://www.instagram.com/braininjurytoronto/.

We had the pleasure of hosting a free workshop on Advocacy and Brain Injury to ABI survivors, family and friends, as well as professionals on November 5, 2016.

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Members of the Step Up Work Centre Program were treated to a traditional Thanksgiving dinner with all the trimmings
prepared by their kitchen unit on October 6th. The highlight of the meal was the dessert—pumpkin praline cornucopias. Thanks to Jack, François, Ike, Al, Cheryl and Laurie for serving up the wonderful meal.

The folks preparing our annual Christmas lunch on December 16, 2016, have big shoes to fill. Good luck, guys!

We said farewell to Bob and Marion Allen on their retirement and move to Victoria, B.C. to be closer to family. They are the parents of Barbara de Cantanzaro. Thanks to Barb; she convinced her dad he should get involved with the association and was instrumental in working with Lise Marcoux, Moose Creek Villa, in researching and navigating the system to eventually form a committee to start the Step Up Work Centre Program. He was sometimes known as “Show Me the Money Bob” as he took on the task of treasurer or “Bob the Builder” when he worked in the workshop with members doing woodworking projects. Our loss is Victoria’s gain; both Bob and Marion are active community members. The workshop will be named after Bob.

We would like to welcome two new board members: Scott Vernon, Director-at-Large, and Mary-Lou MacDonald, Treasurer. Shelley Spence will be joining the fundraising committee. We also would like to welcome three young volunteers, Kelsey, Isra and Shelli. We look forward to working with all of you.

It is with heavy heart that we announce the sudden passing of our good friend and mentor to all, Al Leahy. Al joined the association in 2002, and in 2005 was elected to the Board of Directors. He served on the ad hoc committee to plan and implement the Step Up Work Centre in 2008 and has been an integral part of the Step Up Work Centre Program, working mainly in the maintenance unit, but always willing to lend a hand wherever he was needed. He took on the role of facilitator and mediator at the Drop In Program and was very much involved in the Peer Support Program. Al always encouraged the survivors to move on past their accident and live life to the fullest. Now we will have to move past our loss of a good friend and continue the wonderful work and spread his message. It just means taking another pathway. A Celebration of Life was held in his honour on November 16. Attendees were encouraged to wear team sweaters, Hawaiian shirts and funny ties, all of which were Al’s trademark.

#IAmTheFaceOfBrainInjury

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
Many family caregivers support someone with a visible health challenge—such as frailty, or developmental and/or physical disabilities. However, many illnesses can be hard to detect with the naked eye—and that makes getting support even more challenging. This is the case for many of the 500,000 Ontarians who suffer from an acquired brain injury (ABI). It is common for those with an ABI to have difficulty obtaining a diagnosis. These individuals often fall through the cracks since health and community care agencies usually require proof of injury and a documented health condition as a requirement for service provision.

Caregiving for someone with an ABI requires great stamina since most brain injuries are lifelong conditions. Layered on top of this, 86% of those with an ABI cannot return to work post-injury and their caregivers become the family's sole income earner. It is no wonder that these family caregivers have a high rate of burn out and illness.

That is what happened to Candice* whose husband Paul* was in a motor vehicle accident. It took Paul many years to realize he had sustained a brain injury. As a result, he was not able to access any benefits through his automobile insurance. Eventually Paul had to stop working—he became very anxious, socially inappropriate, and had significant issues with mental health, processing, memory and executive functioning skills. He experienced separation anxiety and needed to be with Candace at all times. Candace had to help Paul with his personal care and food preparation. She became the sole income earner, caring for Paul around the clock and advocating for his service provision. Due to the absence of a diagnosis, Candice was only able to obtain a few hours of home and community support for Paul. Paul was eventually admitted to a hospital for serious mental health issues. Candice developed cancer, possibly brought on by the stress of her caregiving role. Despite her own illness, Candace continues to be the case manager and system navigator for both herself and Paul. There is no one to care for Candace.

An ABI can result in behaviours that are a major challenge for family caregivers. Brian’s* wife Nina* suffered a significant brain injury when she was in a motor vehicle accident in the late 1990’s. This left Nina with executive functioning deficits such as impulsivity and aggression. She has no insight into her injury and feels that nothing is wrong. Nina requires full time care, so Brian had to quit his job. Nina is paranoid, and when Brian talks on the phone she screams and yells at him for cheating on her and lying. If they go out together to a restaurant Nina will accuse Paul of flirting with the waitress or other women in the restaurant. Not surprisingly, Brian has become a prisoner in his own home and is increasingly isolated from his friends and family. While there are support groups...
Skate 4 the Brain

On August 27, Tyler Stemmler organized Skate 4 The Brain, a local skateboarding competition to raise funds and awareness for brain injuries (acquired and traumatic). This inaugural event took place at the Brantford Skate Park.

In 1999, Tyler suffered a traumatic brain injury after being hit by a car. He spent three weeks in a coma with doctors believing he would remain comatose or in a vegetative state for the remainder of his life. After a long battle of learning how to walk, talk and eat solid foods again, Tyler is now a 26-year old contributing member of society.

Throughout his rehabilitation, he began skateboarding as an outlet to work through physical and mental roadblocks.

Throughout the last 17 years, Tyler noted OBIA had been there to educate and support him throughout his journey. Tyler felt it was time to give back. His goal was to raise funds and awareness for OBIA so they can continue educating, making others aware and supporting those with brain injuries and their families.

Thank you Tyler for helping support OBIA!
Celebrating Community Partnerships

Thomson Rogers 80th Anniversary Celebration

OBIA was privileged to be part of Thomson Rogers 80th Anniversary celebration with other organizations such as Spinal Cord Injury, West Park Hospital, War Amputees and the Brain Injury Association of Peterborough Region.

It was a wonderful way to celebrate their anniversary by showcasing the tremendous courage of five of their past clients and then making a donation to the organizations that supported them during their recovery.

Not only did the firm make a difference to people living with brain injuries by their donation to OBIA and the other organizations, but also for making a difference in their clients’ lives that have been changed forever by a traumatic injury.

The 6th Annual Making the Links Golf Classic

On June 21, 2016, the Henderson Structured Settlements LP team hosted the 6th Annual Making The Links Golf Classic. Attended by many members of the health-care and legal communities, the event raised $50,000 in support of the Hamilton Health Sciences Foundation, the Ontario Brain Injury Association, and Spinal Cord Injury Ontario.

Since its inception, the Making The Links Golf Classic has raised more than $300,000 which has contributed to the acquisition of essential equipment needed for spinal cord and brain injury patients.

Hosted at the prestigious Brantford Golf & Country Club, the event provided a great opportunity to meet, mingle and enjoy a game of golf in support of three important organizations that service Hamilton and the surrounding area. Plans are underway for the 7th Annual Making the Links Golf Classic to be held on June 20, 2017.
OBIA Proud Recipient of the Brinston Open Memorial Golf Tournament in memory of Glen Baldwin

On Saturday, September 24, 2016, Jessica Baldwin hosted a golf tournament in memory of her father, Glen Baldwin who passed away following a second brain aneurysm. The tournament was organized by Jessica, along with family and friends of Glen and held along the banks of the St. Lawrence River at the picturesque Iroquois Golf Course in Iroquois, Ontario. It was a beautiful fall day and the weather was perfect (Glen was smiling down, according to his wife Leslie). See pictures below of family and friends at the tournament. On behalf of OBIA, we would like to thank the golfers, sponsors and tournament organizers for thinking of OBIA.

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Ontario Trial Lawyers Association Celebrates 25th Anniversary with Donation to OBIA

The Ontario Trial Lawyers Association (OTLA) included OBIA in their 25th Anniversary Celebration with a donation of $15,000. We are very grateful and honoured to be part of this celebration.

We would like to thank OTLA and their members for, not only this donation, but also for their steadfast support of OBIA and the many local brain injury community associations across the province.

Sponsorships and donations have enabled us to provide support to hundreds of people living with acquired brain injury and their families.

OTLA and their member’s engagement in the brain injury community not only focuses on helping people after they have sustained an injury but also on prevention. Several examples include the Helmet on Kids campaign that was launched in 2002 and has seen more than 30,000 helmets given to children in need. Also, OTLA was a major sponsor of OBIA’s Drive Only, Never Text campaign.

Thank you again OTLA and your members for your continued support.

◊◊◊
Once my husband was discharged from hospital, I was incredibly determined for us to live normal lives as much as possible. My husband is a traumatic brain injury survivor and has mobility issues, balance and coordination issues, swallowing and speech impairments, cognitive impairments, and fatigue is often a challenge for him. Once he was strong enough to handle significant travel, we decided we would take our honeymoon in Australia, where we'd always dreamed of visiting. It meant a lot of flight time, which went better than expected as we headed out. The staff at the airports were helpful, thank goodness, as I had him in his wheelchair, both our bags, and his walker to maneuver around. The flights went well and my husband was able to rest, which was good. After 22 hours of flight, we arrived in Australia. I think we were both just so incredibly excited that we didn’t feel too tired. I was pretty surprised that my husband was able to function as well as he did.

Australia was interesting in terms of handicap accessibility. Every public washroom had a family room, which was so wonderful because it gave us some privacy. In Canada, we are often forced to use the women’s washrooms for the accessible stall because my husband requires my assistance to get onto the toilet. The men’s washrooms have urinals, which make it impossible for me to go in there. It is an uncomfortable and embarrassing situation for my husband. But here, we didn’t have that issue. They even had accessible washrooms in the street! They looked like bus stops, but they were actually family washrooms. I couldn’t believe how thoughtful that was.

However, our trip was not without difficulty. We had challenges in terms of transportation in Sydney. Although my husband used his wheelchair in the evenings and during longer excursions during the day, he was perfectly able to get into a vehicle and his wheelchair was very compact. It was easy to fold up and put into the majority of car trunks. But we quickly realized that none of that mattered. Our first dinner out, the staff at the hotel rang us a taxi. I was quick to notice that the driver was not a friendly fellow, but didn’t think much of it. When we arrived at our destination, I got out of the car, as did the driver, to get the wheelchair out of the trunk. The driver was so angry that he’d had to take us that he threw the wheelchair at me right there in the street! I’d never felt such cruelty from another human being. He then proceeded to return to the car (slamming his door in the process) to wait for my husband to be out of the car so he could speed off. I stood in the street, shaking, in a dress and heels, trying to get the wheelchair unfolded and put back together so I could get my husband out of the car. But the cab driver’s unrelenting glare made it so I was all thumbs and it took me several minutes (which felt more like hours) to get it together and help my husband out of the car.

I tried my best not to cry and to stay strong for my husband. I pulled myself together as we were brought up to the restaurant and we enjoyed a very romantic meal together. Unfortunately, our troubles were far from over. Once we’d finished our dinner, we had to get a taxi to return to the hotel. I was encouraged when we walked out and there was a lineup of about 10 taxis available for rides. I advanced to the first taxi and the driver told us that the wheelchair wouldn’t fit in the trunk. Now, I don’t know much about cars, but I do know that the wheelchair folds up enough to fit into the trunk of a station wagon. Frustrated, I went to the cab behind him. This driver insisted that we had to take the cab in front of him. When I repeated what the first cab driver said, this driver began to yell at me, saying that the other guy was lying. I told him I was well aware of that and just asked him to take us, but he refused. He quickly returned to his cellphone, ignoring me. When we started to advance towards the third cab, the driver immediately shook his head no. I now couldn’t help myself and began to cry. I was so overwhelmed by the rejection and felt awful for my husband. Luckily for us, a stranger noticed what was happening and offered to call the accessible taxi company for us. She
did warn us that they often don’t show up when called and that their wait times are extensive. I told her to call anyway, as I couldn’t use my cellphone to make calls in Sydney and we had no other options. I don’t know what we would have done if that woman hadn’t stopped and shown us kindness.

Luckily, that was one of our last days in Sydney, and we didn’t have similar issues in Port Douglas. We didn’t let it ruin our trip, but it deeply saddened me that we were treated so unfairly. Travel is really a whole other ballgame when you are a caregiver responsible for someone else. It becomes not only about enjoying yourselves, but also about making sure that things are in place to accommodate your needs. For us, it meant bringing a lot of extra equipment and mobility devices, keeping tabs on fatigue levels, inquiring about layouts and accessibility of public areas, and transportation. We are not going to let the challenges we faced prevent us from travelling in the future. But now, we are aware of the challenges that we may face and can better prepare ourselves to face them.

About the Author

Melissa Jirovec is a health and wellness coach and speaker who is in the process of starting a health and wellness business in Ottawa, Ontario, called Out of the Rut. She is passionate about helping others to develop a positive perspective and live healthier, happier lives. She has been a caregiver to her husband, who has been a traumatic brain injury survivor for more than a year.

Support Services for Brain Injury

Helping individuals living with the effects of brain injury achieve a better quality of life

MindWorks Group
312 Rubidge Street
Peterborough, Ontario K9J 3P4
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Fax: 705-741-4098
Toll Free: 1-800-559-8323

www.mindworksgroup.ca

OUR SERVICES
- Rehabilitation Assistants
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- School Support Staff
- Recreational Programming
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Serving East Central Ontario

Brain Fast Facts

DID YOU KNOW?

- 73% of caregivers are more than 50 years old
- 75% of caregivers are female.
- 41% of caregivers are parents

- 2012 OBIA Impact Report
OBIA’s Concussion Booklets

Information includes:

- What is a concussion?
- Anatomy of a concussion
- Symptoms
- What should I do?
- How long will it take to feel better?
- When can I go back to work, school, play, activity?
- What is Second Impact Syndrome?
- Where can I get help?
- Resources

To receive a copy of this brochure, order online at:
www.obia.ca

or if you need further information on concussion, contact:
1.800.263.5404
support@obia.on.ca
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.

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We are honoured to be named a Top Personal Injury Boutique Law Firm in Canada by Canadian Lawyer Magazine for 2015-2016.
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- Developed in consultation with Canada’s Health Informatics Association (COACH) and the Canadian Health Information Management Association (CHIMA)*

*The Health Information Management program is not CHIMA accredited at this time.
email: hinform@mcmaster.ca himgmt@mcmaster.ca

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Incorporate the theoretical knowledge and practical skills for working with people with addictions. Focus on the related approaches to intervention, assessment, treatment, relapse prevention and case management. Explore the specific needs of individuals and groups.
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- Start in any month
- All courses are CACCF approved
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email: casemanagement@mcmaster.ca

Call our toll free Support Line 1.800.263.5404 or eMail: support@obia.on.ca

Support Services: We Can Help!

OBIA’s Support Services can offer:
- Quick linkage to your local Brain Injury Association and to other available acquired brain injury (ABI) services
- Connection to our Provincial Peer Support Program
- Access to current information and resources about ABI
- Support/Advocacy as you navigate the often complex system of ABI
- Online mTBI/Concussion support group

HEALTH & SOCIAL SERVICES PROGRAMS
www.mcmastercce.ca 905-525-9140 ext. 24321
Events Calendar

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

January 21, 2017
Canadian Concussion Centre at The Krembil Neuroscience Centre presents:
Fifth Annual Symposium: Research on the Concussion Spectrum Disorders
Location: Toronto Marriott Downtown Eaton Centre Hotel, Toronto, ON
Phone: 416-597-3422 ext. 3448
Email: conferences@uhn.ca

February 10, 2017
University Health Network - Toronto Rehab Institute presents:
2017 Traumatic Brain Injury Conference
Location: BMO Education & Conference Centre, Toronto Western Hospital, Toronto, ON
Phone: 416-597-3422 ext. 3448
Email: conferences@uhn.ca

February 21-24, 2017
OBIA and Brock University present:
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)
Professor: Dr. Dawn Good, Dr. Sherrie Bieman-Copland and Deidre Sperry.
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

March 29-April 1, 2017
International Brain Injury Association presents:
IBIA 2017 World Congress
Location: New Orleans, LA
Contact: Colleen LoGrande
Phone: 703-960-6500
Email: clogrande@internationalbrain.org

May 4-5, 2017
Hamilton Health Sciences presents:
24th Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury: From Evidence to Practice: Concussion - Catastrophic
Location: Hamilton, ON
Contact: Joyce Lambert, ABI Conference Coordinator
Phone: 905-521-2100 ext. 40833
Email: jlambert@hhsc.ca

May 24-26, 2017
OBIA and Brock University present:
Advanced Brain Injury Rehabilitation (Level 2)
Professor: Dr. Dawn Good and Dr. Sherrie Bieman-Copland
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

September 29-30, 2017
OBIA and Brock University present:
Children and Youth with Acquired Brain Injury (Level 1)
Professor: Dr. Roberta De Pompei
Location: Holiday Inn, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

November 1-3, 2017
OBIA and Participating Community Associations present:
2017 Acquired Brain Injury Provincial Conference “Making a Difference”
Location: Sheraton on the Falls Hotel, Niagara Falls, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: conference@obia.on.ca
Website: www.ontarioabiconference.ca
See call for abstracts on page 45.

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ONF, with its partner the Institut national d’excellence en santé et en services sociaux (INESSS) is proud to release the INESSS-ONF Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe TBI.

The INESSS-ONF Guideline is specific to adults who have sustained a moderate or severe TBI. It covers all areas affected following a TBI that pertain to rehabilitative care; addressing physical, sensory, cognitive, behavioral and emotional components as well as associated conditions such as behavioral, mental health and addiction issues. The CPG provides recommendations for the organization of rehabilitative services and systems of care; covering all phases of the rehabilitation process (subacute, intensive functional rehabilitation and community integration and participation). The Guideline provides assessment and intervention procedures for the various effects of TBI that can occur over time, with attention to aspects of early care and continuity across the continuum of services.

The development of the Guideline was based on both the adaptation of recommendations available in existing CPGs and the formulation of new recommendations based on scientific evidence and expert opinion.

To download the Guidelines, please visit: 
http://braininjuryguidelines.org
Community Associations

Call OBIA
1-855-642-8877
Toll Free Support Line
1-800-263-5404 (HELPLINE)

All recent changes to information marked in orange.

Follow on Social Media:  

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
Facebook: www.facebook/OntarioBIA
Twitter: www.twitter/OntarioBIA
LinkedIn: www.LinkedIn.com/company/Ontario_Brain_Injury_Association

Belleville
BIA of Quinte District
223 Pinnacle Street, Core Centre
Belleville, ON  K8N 3A7
Phone: 613-967-2756 or toll free:
1-866-967-2756
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 8N5
Phone: 905-723-2732 or toll free:
1-866-354-4464
Fax: 905-723-4936
Email: information@biad.ca
Website: www.biad.ca
Contact: Jeff Chartier, Executive Director

Fort Erie
BIA of Fort Erie
649 Niagara Boulevard
Fort Erie, ON  L2A 3H7
Phone: 905-871-7789
Fax: 905-871-7832
Email: biafeoffice@gmail.com
Website: http://braininjuryfe.wixsite.com/biafe
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
BIA of London and Region
201 King Street
Innovation Works Building
London, ON N6A 1C9
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
BIA of Niagara
Office: #10 - 261 Martindale Road,
St. Catharines, ON
Mail: 115A - 282 Linwell Road
St. Catharines, ON L2N 5B3
Phone: 905-984-5058
Fax: 905-984-5354
Email: pat@bianiagara.org
Website: www.bianiagara.org
Contact: Pat Dracup, Program Director

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BIA of North Bay and Area
c/o PHARA
280 Oakwood Ave.
North Bay, ON P1B 9G2
Phone: 705-840-8882
Email: contact@bianba.ca
Website: www.bianba.ca
Contact: Tracey Poole, Board President

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BIA 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
BIA of Peel & Halton
PO Box 47038
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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
BIA of Sarnia-Lambton
#1048 - 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
BIA 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
BIA of Sudbury & District
2750 Bancroft Drive
Sudbury, ON P3B 1T9
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Fax: 705-222-2427
Email: info@biasd.ca
Website: www.biasd.ca
Contact: Joe-Ann Vandeligt, Board President
Brain Basics- eLearning

A Training Program for Health Care Workers, Caregivers and Survivors of Acquired Brain Injury

The Brain Basics Program:
• is an introductory training program on acquired brain injury
• consists of seven modules that outline types of ABI, consequences and strategies for living and working with survivors of ABI
• is designed for both professionals and family members
• offers a certificate of completion given by OBIA to all persons who successfully complete the program

“IAm a registered Psychiatric Nurse and have worked in the field of brain injury for almost two years now. I found this course extremely helpful and feel that it will allow me to fine tune the care that I provide to my clients. As a whole, the course was amazing!”

“I have been working as a PSW for 30 years and I wish there was a course like this when I started.”

For more information or to register for the course visit www.obia.ca 1-855-642-8877
Why we are the preferred agency for Acquired Brain Injury rehabilitation

Accreditation Canada has awarded us its highest – and rarest – rating: Accreditation with Exemplary Standing. That standing signifies that the designated agency has greatly surpassed rigorous standards in quality care and service and is at the very pinnacle of programming excellence. It is an “exemplar” to others of how things should be done.

A full range of proven, exemplary, ABI services

- Transition from hospital
- Group homes
- Transitional living apartments
- Outreach services program
- Group activities program
- Adolescent program
- “Therapeutic groups
- Daily living skills
- Vocational training
- Workplace support
- Home support
- Accessing education
- Community re-integration
- Experts in complex care
- Experts in cognitive rehabilitation
- Experts in behavioural rehabilitation

225 King William St., Suite 508, Hamilton, ON L8R 1B1, 905-523-8852 Ext. 117
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 P.E.I.
#5 - 81 Prince Street
Charlottetown, PE C1A 4R3
Phone: 902-314-4228 or 902-367-3216
Website: www.biappei.com
Email: info@biappei.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 Certificate Training Programs 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 features 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**

Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)

Approved by VRA Canada for 24.5 Continuing Education Hours

This four day Certificate Training Program will provide you with information, techniques, strategies and interventions that will equip you to better support people with ABI. Some topics include:

- Introduction to Neurorehabilitation: Where brain and function meet
- Foundations of Neurorehabilitation
- Facilitating cognitive function in everyday life
- Behavioural challenges and facilitating participation in life roles
- Relationship building: Supporting engagement in social roles and developing adaptive social networks
- Risk management: Seeking a balance between protection and risk

**Location:** Brock University
1812 Sir Isaac Brock Way, Thistle 325
St. Catharines, ON

**Date & Time:** February 21 to February 24, 2017

**Hotels:**
- Four Points Sheraton 905.984.8484
- Holiday Inn & Suites 905.688.2324
- Best Western 905.934.8000

**Professors:**
- Sherrie Bieman-Copland, Ph.D, C.Psych
- Dawn Good, Ph.D, C.Psych
- Deidre Sperry, M.Sc, SLP

_for more information about this and/or other Certificate Training Programs visit: www.obia.ca 905.641.8877  1.855.642.8877  training@obia.on.ca_
Providing Quality Rehabilitation Support Services

At Lawlor, our business is providing rehabilitation support services to children and adults with an acquired brain injury or spinal cord injury in Central and South Western Ontario.

REHABILITATION SUPPORT WORKERS INCLUDE:

- Occupational Therapy Assistants
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- Kinesiologists
- Educational Assistants
- Behavioural Therapists
- Social Service Workers
- Recreation Therapists

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Ask for Richard Shekter or Alden Dychtenberg.
Visit us: http://braininjury.shekter.com
We design individual programs to assist every ABI survivor to maximize their strengths to live healthy, meaningful lives.

For more information:
Dale Brain Injury Services
815 Shelborne Street, London, ON N5Z 4Z4
Tel: 519.668.0023 ext. 319
admissions@daleservices.on.ca
www.daleservices.on.ca

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