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We utilize statistics to bring awareness to the prevalence of brain injury. However, when we talk about brain injury it is not just about statistics, it is about people whose lives have been changed forever.

RUTH’S DESK

Not Just a Statistic

The statistics around brain injury are startling. There are more than half a million people living in Ontario with a brain injury and, this year alone, 45,000 will be added to this number. This does not include the 155,000 who will sustain concussion. Furthermore, brain injury is 15 times more common than breast cancer and 30 times more common than spinal cord injury. It is hard to imagine but, within the next hour, six Canadians will sustain a brain injury.

We utilize statistics to bring awareness to the prevalence of brain injury. However, when we talk about brain injury it is not just about statistics, it is about people whose lives have been changed forever.

This is why the Ontario Brain Injury Association (OBIA) works to make a difference by enhancing the lives of those impacted by brain injury, by supporting survivors, their family, caregivers and health professionals through education, awareness and support.

OBIA was founded in 1986 by families who were committed to supporting and improving the quality of life for those impacted by an acquired brain injury (ABI). The Rempels were one of those families. For some who regularly read this magazine, you may know Jeremy’s story; for others it may be new to you. However, it is important that we are reminded of our roots and where it all began.

Sunday, August 24, 1980 was a very typical day in the lives of the Rempel family of Town Line Road, Niagara-on-the-Lake. As a family, they attended church and Sunday school in the morning, had a good time with friends in the afternoon and evening and called it a good day! Monday, the 25th was a big day. Their one and only son, Jeremy Michael Rempel, woke up to be nine years old. Both Mom and Dad had to work on Monday so they planned for a birthday party for Wednesday, the 27th, a day that they could both take off. The party was to begin at 1:30. There were to be about eight kids in attendance. A couple of Jeremy’s friends, Johnny and Jimmy, lived nearby so they arrived early. An ideal activity for these three was to do a bit of bike riding. Jeremy proudly took out his new bike that he had received for his birthday. The boys started off on their bike ride. At the same time, a young driver of a pickup truck and her sister were engaged in conversation as they travelled down
Town Line Road. Witnesses recount that Jeremy was flung to the side of the road and into the ditch, stood up for a brief moment, and then collapsed. Jeremy was in a coma for months and sustained a severe brain injury leaving him with many deficits. Initially, he could not speak and was paralyzed from the neck down. He was bedridden for many months. Through rehab Jeremy made great strides and went on to be a world class athlete and raced his wheelchair to several world records. Jeremy is now married and has children of his own but still lives with many of the effects of his brain injury. At the time of Jeremy’s injury, there were very few supports for people living with brain injuries, and no supports for families. That is when Jeremy’s family got together with another family (the Mantels) and as they sat around a kitchen table, determined to make a difference, and they formed what is now the Ontario Brain Injury Association.

The Rempels and the Mantels are not statistics; they are families whose lives were changed forever. Brain injury happens in an instant and survivors and families are not prepared for the journey that lies ahead of them. This is where OBIA continues to put into action the vision the Rempels and Mantels had, which was to support people living with the effects of brain injury.

I want to highlight some ways OBIA supports survivors and families members. All services are free!

**1-800 Helpline**

The message is “you are not alone, we are here to help”! The OBIA Helpline provides confidential, emotional support for anyone who needs a caring, compassionate and non-judgmental listening ear. Our callers discuss issues and feelings related to, but not limited to, problems with coping, loneliness and/or isolation, issues with income supports, other services including legal, housing, employment and transportation. We also support families, friends, and co-workers, as well as professionals who may be supporting survivors and seeking information on brain injury.

**Caregiver Training and Education. Coming Soon!**

In an instant, the lives of family members whose loved one sustains a brain injury are changed forever, leaving caregivers with no time to prepare for the unique and extraordinary challenges that are immediate and last a lifetime. The Support, Hope & Resiliency: An Education and Training Program for Caregivers of Acquired Brain Injury Survivors will enable caregivers to help mitigate the steep learning curve required to understand ABI, the amount of care their family member requires, and the emotional impact of being a caregiver. The program will be held across Ontario and an e-learning program will be available on the web.

**Online Concussion Support Group**

The focus of this group is to provide support to those who have sustained concussions. The aim is to provide a safe space to connect with others with similar experiences and to provide resources to help with one’s emotional recovery from this injury. The group is made up of a small number of people to allow for more discussion and interaction.

**Peer Support Program**

The Peer Support Program connects persons with lived experience (the Mentor) with an individual who is living with the effects of acquired brain injury who requires the support (the Partner). The program is available to survivors, family members and/or unpaid caregivers.

Mentor/Partner matches are time specific and are made based on similar experiences, needs and personal interests. The program is coordinated through the local brain injury associations across Ontario, making it possible for people to be ‘matched’ province-wide.

**If you or someone you know could benefit from our services, please call 1-800-263-5404 or email support@obia.on.ca.**

**Brain Fast Facts**

**DID YOU KNOW?**

- There are close to half a million Ontarians living with ABI and over 45,000 new cases are added every year.
- It is estimated that 53% of homeless people in Toronto have a history of brain injury.
- 155,000 new cases of concussion occur each year in Ontario.
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Issues with TBI and the Criminal Justice System

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Many risk factors for traumatic brain injury (TBI) are also risk factors for involvement in the criminal justice system, such as being young, male, engaging in high-risk behaviours, abusing substances, and having lower educational attainment.

Untreated TBI is more likely to be found in incarcerated individuals from racialized populations, those serving longer sentences, and those serving time for violent crimes. Therefore, it is not surprising that studies show TBI prevalence is higher in incarcerated populations than the general public.

In Canada, two Ontario-specific studies indicate significant rates of TBI in incarcerated populations. It was recently found that approximately one-quarter of patients in a forensic setting in Ontario had histories of TBI. This study’s findings suggested that patients with histories of TBI were more likely to be younger at admission, present with substance abuse problems, and have a slightly higher prevalence of assault charges (all levels).

Other research has indicated that the rate of TBI to be as high as 43% in Ontario’s correctional facilities, with females in particular more likely to have experienced physical and sexual abuse prior to sustaining a TBI.

Further Canadian research suggests a particular concern with the high prevalence of TBI in homeless populations, a group at high risk of violent victimization and police contact.

Since the research and understanding of TBI is still emerging, TBI is often missed among those it affects. For instance, if a justice professional were to explicitly ask an individual if they ever sustained a brain injury, many would likely answer “no”.

When questioning, instead screen for past blows to head, falls, motor vehicle accidents and incidents of childhood maltreatment, the answers will provide a more accurate picture of the prevalence of TBI. The nature and quality of the assessment is vital when trying to establish TBI histories.

The ‘feedback loop’ of violent victimization and engaging in violence

Research on victimization suggests that experiencing violence can trigger an individual to engage in violence, which then increases the risk of being further victimized. This is known as a ‘feedback loop.’ This is consistent with research suggesting incarcerated individuals with histories of TBI are more likely to be involved in violent infractions than those with no TBI.

Damage to the frontal lobe of the brain, which controls impulses, may be especially problematic. Damage to this area can have a significant impact on individual’s ability to consider alternative response options, learn from past behaviours, appreciate consequences, and maintain self-control.

The relationship between engaging in violence, being victimized, and sustaining a TBI suggests that TBI may be viewed as a risk factor for individuals involved in the justice system; that is, a TBI may inhibit an individual’s ability to reintegrate, and
therefore increase the likelihood of recidivism. However, with treatment and/or appropriate screening methods in correctional facilities and community-based services, individuals with TBI may be able to overcome or mitigate any lingering effects.

How Criminal Justice System Professionals Can Assist Individuals with TBI:

In programming, criminal justice systems (CJS) professionals should be prepared to accept that limitations in an individual’s capacity resulting from a TBI are frequently mistaken as attitudinal inflexibility, negative outlook and/or oppositional and dismissive temperament. If a client is presenting this type of behavior, it may be helpful to consider if TBI might explain what is being perceived;

Set realistic and achievable goals in programming, sentencing or probation that are in line with an individual’s cognitive and physical capabilities;

Any conditions or expectations placed on those with TBI should be reasonable and presented in formats they will be able to recall, such as written down in clear language, since individuals who have sustained a TBI can struggle with following directions, remembering dates or details, recalling places, and can have limited mobility;

Connect persons with TBI with supportive community programs for help with job needs, relationship maintenance, or physical/occupational/speech therapy;

Schedule regular medical care and full neuropsychological assessments to determine physical and rehabilitative needs where possible, if TBI is suspected or determined;

Build in screening for brain injuries during court-ordered medical assessments or assessments conducted upon admission to secure custody;

Utilize mental health courts when appropriate for the individual in question, since a history of TBI is associated with an increased risk of mental health issues.

The John Howard Society Position

Recent research has revealed the widespread prevalence of TBI among correctional populations in Ontario.

While still an emerging field of study, the documented symptoms and long-term effects of TBI are serious: neurological, cognitive, emotional and social capacities are compromised or altered.

Given the incidence of TBI among justice-involved populations and the cyclical nature of violence, it stands to reason that this is an issue that must be taken seriously and responded to appropriately by social, health and justice systems alike.

If properly assessed and identified, people with TBI may have better outcomes when it comes to justice re-involvement and responsiveness to treatment and programming. Ultimately, effective responses to TBI can lead to crime prevention.

Promising practices around assessing and treating TBI used in other countries should be explored.

Resources


10. Ontario Brain Injury Association. Online resources, courses. OBI REVIEW | JUNE 2018
A client’s MVP.

Troy Lehman loves football. When he isn’t working on personal injury cases involving municipal liability and other complex issues, this busy lawyer plays quarterback on the flag football field. Playing quarterback is all about strategizing, getting the ball to your teammates and working to get to the goal line.

As a litigator, Troy knows that careful planning, teamwork and focusing on his clients’ goals is the key to success. Troy is a litigation quarterback, planning the plays and involving the right experts to work in a tight formation. This approach keeps the case moving to the end zone.

There is one other thing you should know about Troy. Whether it is on the football field or in the courtroom, he can’t stand to lose. In football, winning is about who scores the most points. In personal injury law, winning is about exceeding your client’s expectations. As a personal injury lawyer, Troy wins the game when he obtains compensation for his clients that will help them rebuild their lives in a meaningful way.

To learn more about Troy visit www.oatleyvigmond.com/troy
It was a beautifully sunny Sunday afternoon in 2013. I’d just returned from a baby shower to meet with my family after their lovely day of boating on Lake Erie.

My daughter, Christine, was eager to get home and finish an essay due at school. She was rushing to pack the car and ensure she had all of her belongings as her mind was fixated on getting home and meeting her senior year academic deadlines. Mothers have intuition. I believe it. I feel it. Before she left, I asked her to slow down! I reminded her that she had only a 1-hour drive to get back home—with more than enough time to finish her essay and submit it online to her teacher.

As her car pulled away, I felt an intuition in the pit of my stomach. I looked up at the sky and sent a prayer to my father (who passed in 1987.) I asked him, please, to watch over his granddaughter as she drove home.

Twenty-five minutes later my husband’s cell phone rings. It’s the Ontario Provincial Police. An officer gave us the news that our daughter had been in a car accident and was now being transported by ambulance to the nearest hospital in Ingersoll, Ontario. My earlier hint of anxiety was now full-fledged, palpable fear—coursing through my body and spirit.

We learned that Christine had rolled her car into a ditch. My heart sank down to the bottom of my stomach. Our friends offered to pack up our boat and advised us to go … quickly! I was in shock. Was I mom or case manager? This time it was not a client I’d be helping, but my own beloved daughter.

On the way to the hospital, we stopped at the accident scene to retrieve Christine’s belongings from the car. I was in shock. My case manager’s brain was pondering the logistics and the potential extent of Christine’s injuries. But my brain as a mother was focused intently on keeping myself together so that I could be effective. So my adrenaline-infused mind raced back and forth between logic and emotion, as I pondered what I would see at the emergency department.

When we arrived, the police officer was there and Christine—wearing a neck brace—was on a stretcher. She was pure white—like a blank piece of paper—with cuts on her arms and hands from the broken windshield. Again, my mind shifted—from being an objective case manager, fully knowing the steps that lay ahead for Christine, while also being a loving mother trying her best to be calm and keep it all together.

Christine was diagnosed with a serious concussion and sent home. Her CT scan was normal. But she did not look good. Nor was she acting like herself, complaining of neck pain as we hastened to take her safely back home.

The next morning: definite pain in her neck and a droopy left eye. Even more frightening, when she started to speak, the left side of her mouth showed a definite droop.

Enter case manager brain and off to Children’s Hospital Emergency we go—for a fast MRI just 10 minutes after we arrived. The pediatric neurologist was very concerned. She diagnosed Christine with a mild traumatic brain injury but was also concerned with my daughter’s slurred speech, the look of her eyes, her sensitivity to light, all along with neck pain plus the ‘typical’ symptoms that come with mild traumatic brain injury.

The next stage was having a teenager, struggling not to believe that anything had happened and hoping to ward off any need
for medical rehabilitation. Seeing your daughter’s personality change is heart-wrenching. The “F”-word was now a part of Christine’s everyday conversations.

Anger, frustration, depression and all the emotional ‘feels’ that come with brain injury were present. It’s a much different scenario when it’s your child and not a claim number attached to a lawyer and insurance company, along with the family you are managing. Your daughter is your every single moment—a 24/7 focus made all the more intense by not being sure about whatever is coming next. You live day-by-day and moment-by-moment.

Christine finally hit rock bottom and was ready to engage in medical rehabilitation in 2015 after her first attempt at post-secondary education. She attempted to try college and lasted a mere four weeks. Starting a claim and being immersed in the process is absolutely not fun. Everything is a fight. Nothing is easy. Now I know first-hand what my clients and their families have gone through along with the emotional and financial distress it caused them.

There’s no such thing as a non-biased medical assessment. One loses trust in the world and in medical practice, in an industry that’s become jaded as various so-called “professionals” seek to manipulate the system as a “money win.” The result these days is a long, drawn-out process … with a sorry lack of trust by the very people who most need therapy and support within their first two years of recovery.

Working in the healthcare industry since 1990, I’ve seen a lot, learned a lot and ridden the unsteady waves of provincial legislation. If you’ve had, as I have, the best education that the province can offer and the privilege of helping so many families … your general state of mind is to feel well-versed and confident in your knowledge. But not when it’s your child and you’re on the front lines, vying for every possible help.

Fighting the good fight is exhausting and defeating. Before 2010, we had amazing automobile insurance policies. After the legislative changes that year, policies changed to a ‘base’ menu with “extras” you can purchase in an attempt to restore the original automobile insurance policy terms you once had. Having purchased all the ‘extras’ does not necessarily mean, when you have a claim, that you actually can use them or be reimbursed. If you do the homework for you and your family, I’ll bet you’ll uncover the same disappointing result.

Simply having a claim is no guarantee: the people you expect to turn to for support for you and your family … simply may not be there for you! Many families can relate to this. The insurance world is vast and connected. If you’re on the receiving end of negotiating with an insurance company, don’t be surprised if you experience some disappointment. That could start with your insurance broker. Think about who their customer really is. Hint: it’s not you!

Fast forward five years to June, 2018. Christine has permanent symptoms that require attention from professionals who know, understand and are well-educated in vestibular rehabilitation. She wears hearing aids and prisms in her eyeglasses, fighting physical, cognitive and visual fatigue every day.

The good news is: she’s still here. She is a fighter. Her ongoing mantra is now about tenacity: to continue to grow, get better, and be the best that she can be each day. Her previous dream of being a trauma nurse working for Ornge may no longer be realistic; however, with positive thinking, a good mindset, and dreams to help others in another capacity, she will continue to work towards her new dream.

We have worked as a family to love and support Christine along the way with cheering every little milestone of progress. She has one year of College completed. Achieving that was hard and at times super challenging; but one has to push to succeed.

She’s been accepted into University and her goals and dreams are still to work within some type of health-related field. We, as a family, know that she will succeed. Because when the medical rehabilitation team goes away—along with the physicians, specialists, lawyers and insurance professionals—family is always there, ready to pick up the pieces and continue. That’s what most professionals don’t see or realize—what really happens behind the scenes. I’ll be an even better case manager now, because I’ve lived on both sides.

From 1990 to 2013, I worked in vocational rehabilitation, return-to-work and case management. But I have truly learned more in the last five years from 2013 to 2018—using my case management skills to help my daughter—than I had from my 23 years as a professional, helping other families.

My message to professionals and families reading this is to pause and reflect. Brain injury is quite serious. It comes with many symptoms -- some that show up early and others that present as time moves along. Remain vigilant and aware of every treatment and the sequence in which they’re introduced. The neck is often forgotten. If your loved one has sustained a whiplash-associated disorder (WAD I or II), actively find the right “experienced” professional to assist you. It will make vestibular rehabilitation a lot smoother while decreasing symptoms and improving your loved one’s quality of life.

About the author:

Deb Crowe now works as a Health Care Case Navigator helping families, legal counsel and insurance companies work with challenging claims. She actively navigates the medical rehabilitation system to ensure that her clients receive the proper treatment despite financial hardship. She also is a motivational speaker and published author. ☛☛
Acquired brain injuries are something that no one plans for. After a loved one has been impacted by a brain injury, often the signs of the brain injury are not apparent until much after the acute phase of healing.

May 4, 2017, marked the 10th anniversary for my family following my father’s acquired brain injury. He was attacked and beaten at random in my hometown. I remember the call, the panic and the fear of the unknown. As I entered his hospital room, I remember the sight of my father lying there in a coma. Although scared, I had hope that he would remain alive because when I spoke to him, he would squeeze my finger.

In the days that came after, my father would eventually awake out of his coma. We were so grateful that he could walk, talk and that he remembered who we were but had no recollection of the events that had taken place. He was quickly discharged home after he appeared to be stable.

In the months that followed, we were so thankful and focused on the fact that he was alive, that we missed a lot of the signs. He also was not willing to admit that something was different, something was off and not right, and he would hide these changes from us. Eventually, we began to notice when driving with him that he would nearly miss the ditch, he would forget conversations we had with him earlier that day, and he began to fall at random times. Sooner or later, his emotions would overtake him and he would often cry uncontrollably and he would not be able to articulate why. We started to, in time, notice that he had difficulty finding his words, poor concentration, would often choke on his food and suffer from incontinence.

This is when we started asking questions. When we left the hospital, we were not told of the signs to look for with brain injury. We did not know what a brain injury was. My father at the time did not have the benefit of a motor vehicle insurer to assist with funding. We were left to navigate the waters and figure out what was happening on our own.

Interestingly enough, the brain imaging never showed any changes in his brain initially. His MRI and ultrasounds came back negative. However, we knew that something was different. He was not the same and the symptoms he was presenting with were not things we had ever witnessed before.

With repeated cries for assistance, eventually my father was placed in a program for stroke victims at the hospital. Brain injury in the area where we lived was under-serviced by the medical professionals and he had to travel an hour away to receive this treatment. With time, he was placed in a pilot project with Community Care Access Centre with an acquired brain injury team. He started to receive the assistance from an occupational therapist, behavioural therapist, a speech language pathologist, as well as a rehab support worker and eventually personal support worker assistance. These therapies
became and are invaluable. The assistance that these workers provided to my father and my family and their impact on our lives will never be able to be put into words.

My father has not and will not be able to return to his job as an electrician at General Motors. He had to learn a new normal. Normal for him at 50 years old, when he acquired his brain injury, was a very different life than what he lived before. He became dependent on his wife and children to get around as his license was eventually revoked. Living in a rural community, this was difficult to adjust to. Once a handyman around the house, he had to learn that he had a lack of foresight and ability to understand safety risks. This put and still does put a significant strain on my mother who was and is his primary caregiver.

He has good days and bad days. Some days he will be able to understand that he has a brain injury and that he now has limitations. On the bad days, he does not. This has resulted in two floods in our home as an outcome of him not understanding the consequences of what he was doing. Often I will come home to my mother completely exacerbated because he will not leave the water system alone in our home. He truly believes that he knows what he is doing despite many catastrophes. He is a safety concern to himself and my mother must be watching what he is doing 24 hours a day.

Initially after this incident, his friends would drop by to see him. Over time, one by one, they would stop. Partly because their lives would take a different direction and partly because they would not know how to react to him. He would be able to walk, talk and he looked normal from the outside, but he was different. He was not the same guy. My father went through periods of isolation, frustration and acceptance of this change.

On the date of the anniversary of my father's brain injury, I called him. I said to him, “Dad, do you know what today is,” his answer was “the day I lost my brain.” Although I believe my father was trying to bring levity to the situation, this really resonated with me. No matter how long it has been since the brain injury, the impacts are lifelong.

Since his initial brain injury, my father has suffered from vertigo which is involuntary falling. He has fallen twice and hit his head resulting in two subsequent brain injuries. He has since been diagnosed as suffering from early onset of dementia, although the impact of the brain injury cannot be divorced from this diagnosis.

It is with my father in mind that I do what I do. I help injured victims. The law in my father’s case did not work in our favour. He did not have the benefit of an insurer to assist with his losses and further, the individuals who assaulted him received pitiful criminal sentences. No matter what happened though, nothing can change the impact a brain injury has on one's life and one's family.

My father’s brain injury changed the entire course of my life. I was initially planning on a career in genetic counselling and was working towards this when this incident happened. As a result of the direct impact this has had on my father and my family, I decided to go to law school. I had the opportunity to speak at the parole hearing of one of the individuals who assaulted my father and it was after that I told my mom, “I just made a small impact, I’m going to law school.”

The brain injury association in our local city has assisted my father immensely following his brain injury. He is part of the day service and now has a routine of attending the association. This has given him purpose and allowed him to interact with others in similar situations. I now sit on the board and donate my time as a small token of my appreciation for the services they have provided to help my father.

It is important for individuals and families to appreciate the changes that loved ones go through following an acquired brain injury and receive the assistance of both a medical team as well as a legal team to help navigate the waters of the impact of the brain injury.

---

**LEARN HOW TO IMPROVE YOUR HEALTH WITH ALTERNATIVE TREATMENTS**

In *Rethink, Redo, Rewired*, Anthony, a Motorcycle Trauma Survivor, shares how he used Natural, Alternative Treatments like Kangen Water and Laser Therapy to heal his brain and body in ways that pharmaceuticals couldn’t.

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Concussion Information
For Patients and Families

https://concussionsontario.org

Your one-stop-shop to navigate throughout the healthcare system
after experiencing a concussion, at any age

User-friendly, easy to read booklet, with the information you need

Who can help?
When should I get help?

✓ What is a concussion
✓ Symptoms of a concussion
✓ Warning signs of more serious brain injuries
✓ Getting better from a concussion
✓ Do’s and Don’ts
✓ Care and recovery pathway
✓ Key question to ask healthcare providers

**This patient resource is based on the Standards for Post-Concussion Care that was rigorously developed by concussion experts. This booklet is evidence-based and has received broad stakeholder input. You do not have to read the booklet all at once. Come back to the information as you need it.**

The Ontario Neurotrauma Foundation (ONF) is a leader in moving research to health practices that improve quality of life and health outcomes.
Meet the OBIA Staff

Katy Kumar - Support Services

We would like to welcome Katy Kumar, the latest addition to the OBIA team. She started this past March in Support Services. If you call our Helpline, chances are, you are going to speak to her. Katy has a penchant for helping people, whether it be providing emotional support or advocacy. Prior to joining OBIA, she worked for a local brain injury service provider and a crisis centre. Though she will miss having regular face-to-face interactions with her clients, she loves the work she does at OBIA! Every call is unique and there’s never a dull day.

Katy considers herself an eternal learner, an attitude which helps her greatly in her job. There’s always something new every single day. Whether looking for resources to help a client in a remote location, reading the latest concussion-related research or marvelling at a client’s personal journey after brain injury, she is constantly learning.

Katy couldn’t do the work she does without the support of her loving family and friends. Outside of work, she enjoys quilling when she’s feeling creative, socializing with friends and visiting new places with her husband, whenever possible. She also volunteers as a Zumba instructor at the local YMCA.

If working in this field has taught her anything, it is to never take life for granted; consequently, she tries her best to make each day count and live a meaningful life.

Online Concussion Support Group

Do you have a Concussion or Mild Traumatic Brain Injury?

OBIA is pleased to announce additional sessions of our weekly ONLINE SUPPORT GROUP FOR ADULTS (18 and over) living with Concussion.

For more information or to register for an upcoming session, visit: obia.ca/online-concussion-support-group/
The NeuroProtection Project: A collaborative effort towards enhancing coaching practices and safety in sports

By: *Allen A. Champagne¹, BSc, BA, Marie-Michelle Boulanger², BA, MA, Vincent Distephano², BA, Douglas J. Cook¹,³, MD, PhD

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Introduction

Growing concerns about sport-related brain injuries and head trauma have played a role in the recent decline in high-school football participation.¹,² This is true despite the knowledge that involvement in sport is a valuable contributor to the physical and mental well-being of young athletes.³

Recently, the legislative assembly of Ontario enacted the Rowan’s Law (bill 193), becoming the first Canadian governing body to take initiatives toward reducing concussions in athletes. The main goals of Rowan’s Law are to (1) require sport organizations to establish clear removal-from-sport and return-to-play protocols for players that have, or are suspected to have, sustained a concussion, and (2) require coaches, parents, and teachers to review online resources designed to increase awareness about sports related concussion (SRC) and enhance the way we recognize, identify and manage SRC on the field.⁴,⁵ This new legislation, in addition to other concussion policies, are effective under the Education Act, providing Ontario an emerging opportunity to establish a provincial sport injury prevention protocol, designed to mitigate the risk of head injury in youth, amateur and competitive sports.

Our Research Team

In response to the enactment of Rowan’s Law, researchers from Queen’s University (Kingston, ON) and McGill University (Montreal, QC) are collaborating a solution to the problem of the increasing number of SRC in Canadian sports. Our research team, including former student-athletes (NCAA Division I and CIS), current football coaches, and PhD and MD candidates is paving the way toward making cutting-edge sport technologies (i.e. GoPro cameras, video analyses, 3D motion capture) accessible to community youth sports. Our goal is to bridge the gap between neuroscience and concussion experts, and community-sport stakeholders.

The Concussion Education Safety and Awareness Program

To fulfill the annual pre-season concussion education requirements listed in the Rowan’s Law legislation, our group has launched a community-based outreach initiative known as the Concussion Education Safety and Awareness Program (CESAP; www.cesap.ca). CESAP is a platform through which...
we educate and raise awareness about SRC in youth and high school sports, using evidence-based didactic content and interactive teaching sessions. Currently, our group is also collaborating with local school boards to integrate concussion education into high-school academic curriculums, and engage students by providing direct instruction about the importance of sport safety, proper equipment fitting, and safer playing habits. CESAP covers a wide range of topics, including basic brain anatomy and functions, definition of concussion and potential (sport-specific) mechanisms of injury, concussion symptomology, what to do when a concussion is suspected, what measures should be undertaken to guarantee proper medical evaluation, and a review of the return-to-play guidelines and ways to prevent re-injury. Overall, the purpose of CESAP is to combine evidence from neuroscience and concussion research to teach youth about the complexity of the human brain, and to catalyze the learning process, thus allowing children to clearly understand the impact of SRC on mental health and the importance of protecting the brain through safer sports.

**The NeuroProtection Project**

Risk for head injuries is a function of both the environment and the player. While existing policies restricting the amount of contact used in practice may work to reduce the environmental risks (i.e. less opportunities for players to get hit or to hit somebody), they fail to address risks associated with players’ behaviours (i.e. playing style and technique), both in practice and during games. The latter is particularly relevant at the youth and high-school levels, which represents a critical period during which developing players must receive proper instruction on how to safely receive or deliver hits on the football field.

While CESAP provides a medium to educate about SRC, our team also recently started The NeuroProtection Project (NP²;https://www.facebook.com/TheNeuroProtectionProject/), in an effort to provide community sports with an applied, evidence-based approach to mitigating the risk of injuries on the field (Figure 1). The objective of NP² is to address the current rise in SRC by offering a solution that integrates sport performance and injury prevention. This comprehensive approach seeks to enhance the way we teach athletes how to excel on the field, while concurrently promoting a culture that prioritizes safety. NP² proposes the implementation of pre-season, sport-specific test batteries that are designed to assess and identify athlete behaviours that increase the risks for head and body injuries. Whether injuries results from poor technique during tackling or blocking, or a combination of poor functional biomechanics and playing style, the NP² approach actively reduces risk factors related to player behaviours on the field by integrating intervention strategies that stem directly from individual players’ needs. Using this approach, our team offers athletes, parents, trainers and coaches unique opportunities to modify behaviours that are associated with greater risk for SRC, ultimately allowing athletes to enhance their skill development and competitive edge.

To promote accessibility for all athletes, NP² is currently free for all youth and high school football programs (other than logistical costs), as sport safety should not be limited to those with financial resources. Rather, sport safety should be our duty as a community and our contribution to the future of sports. Our team is also moving toward implementing similar initiatives across other high-risk sports such as soccer, rugby and ice hockey.

As parents weigh the risks and the benefits of allowing their children to play football, we wish to highlight many developmental benefits associated with the sport. Football fosters an environment through which players learn to battle adversity, develop a work ethic, become disciplined, embrace teamwork, and most importantly, appreciate each other’s differences knowing that diversity is their strength. It is because of these factors that we must invest in making the sport safer, and that resources and initiatives designed for this purpose must be made accessible across all levels of play.

**Figure 1.** Proposed framework for the NeuroProtection project.

**Figure 2.** Leading MD/PhD student Allen Champagne (Cente for Neuroscience studies, Queen’s university; left) setting up a football athlete from Dalbé-Viau (Lachine, Montréal) with the three-dimensional motion capture device used to understand the relationship between football biomechanics and risk of injury.
Figure 3. Leading MD/PhD student Allen Champagne (Center for Neuroscience studies, Queen’s university; left) setting up helmet accelerometers in the helmet of players from the Limestone Grenadiers football team in order to quantify exposure to head impacts and understand how such technology can be used to make the game safer.

References


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The notion of friendship is a critical one to the human condition. In fact, friendship is often a concept that is thought to be so simple that it hardly merits any deep study or discussion. All of us know that friendships are important, but rarely do we ever think we must work at the concept. However, the notion of friendship is a critical one to ponder, and in a way, we should not let the perceived simplicity lull us into being complacent about understanding the need for friendship.

Sociologists refer to friendship as “Social Capital.” To the academics, the term “capital” is one that speaks to resources that can advance or promote a profit. They talk about physical capital which refers to things like land or machinery. Economic capital might refer to goods, or services that drive an economy. “Human capital” is often thought to be the people needed to do the work to create the goods or services.

Social capital, however, pushes the concept beyond its economic roots and suggests the connectedness among and between people creates important value. Research is now convincing that the more social capital people have in their lives, the better their lives become. In fact, in his book *Bowling Alone*, Robert Putnam reports that the more social capital people have in their lives the healthier they are, the happier they are and—listen to this—the longer they live. That is right – social capital, or friendship is linked to the three highest quality of life indicators known to humankind—health, happiness, and longevity!

Now this is powerful and has real implications for not just organizations and people, but for our society in general. As I listen to people with disabilities and talk to their families we find that social isolation (the opposite of social capital) is the greatest challenge that people with disabilities have and that families fear most. This has been continually verified in my experience and in the literature.

You don’t have to dig too deep to understand the reality of social isolation or limited social capital for people with significant disabilities. We hear over and over again, and see in vivid ways, that the folks with disabilities have less friends and social opportunities than people without disabilities. In *Social Capital: The Key to Macro Change* (2014) I report on a recent Community Engagement Survey conducted by the Interdependence Network (www.buildingsocialcapital.org) in the United States and Canada showing that people with significant disabilities have nearly two-thirds less – yes, 66% less – social capital than their able-bodied peers!

This is a deep and penetrating finding—and begs for some basic answers and actions.

And like most vexing questions, the answers are simple, yet complex. Looking at the issues just described, the direction should be clear—all people are better when they have more social capital—people with disabilities have less social capital—how can we help people (all people, with and without disabilities) develop more social capital?

Maybe, however, the most basic problem in rehabilitation and services for people with disabilities is that we have either not come to understand the importance of social capital, we have not asked the right questions!

It seems that the common agenda in rehabilitation today is to answer the question—how do we fix the problems that the person with the disability has? If someone can not walk, let’s help them walk, or get around more easily. If someone can not
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talk, let’s help them learn to talk or get some talking device for them. If someone can not dress themselves, let’s teach them to dress themselves, or get someone to dress them.

In a way, this approach suggests if all these things can be addressed successfully, then people will be prepared to build more social capital.

Yet, there are serious flaws in this premise. I am not so sure that if only someone could walk, talk, or dress themselves they will automatically be set up to develop more friendships is accurate. The reason I say this is quite simple. I know, and I would imagine you do as well, people who can walk, and talk and get dressed independently, and have limited friendships. Further, I know other people who can not walk, or talk or dress themselves and they have loads of friends.

Researchers would call this an anomaly. That is something that is true in spite of the paradigm that surrounds it.

We have so much more to think about and look at in the challenge of rehabilitation. Our field exists to restore people to the situation they were in prior to their disability. What this means is that the goal of friendships and relevance in community should be our driving force—not to necessarily mitigate the disabling effects. To this end, the driving paradigm of our field must go well beyond the confines of a medical model or problem-solving agenda.

Way back in 1990 I wrote a book titled, Interdependence: The Route to Community. This book suggested that rehabilitation broaden its agenda beyond the medical issues of disability and consider a new paradigm to drive its work. Since the publication of that book, it is clear to me that social capital, friendships, and macro change are the most important outcomes of rehabilitation. Still we struggle with these issues.

And so, the realities of social capital can unfold when we look at the four basic steps associated with relationships (Cultural Shifting, 2002). The first is to identify the interests that the person has—it might be sports, or reading, or video games. Next we look for a community venue that meets regularly around the interest. Third, we must consider and factor in the cultural expectations of the group—its rituals, patterns, and jargon. Then last, we must enlist the involvement of a gatekeeper, someone who is indigenous to the group and has some social influence.

A good example in Ontario, that matches these 4 steps, is with an organization known as ParaSport Ontario (www.parasportontario.ca). This group offers centres for individuals with all types of disabilities who might have an interest in sports. They sponsor more than 30 different leagues for participation with sports from Amputee Hockey to Wheelchair Tennis. Folks with and without disabilities participate and the coach or instructor can function as a gatekeeper. ParaSport Ontario can create a bridge to other people and be a catalyst to building more social capital.

Think about it. Most everyone can relate to sports—and sports has become a powerful median that bridges people. Most small talk and ice breakers, so vital to initiating social capital, revolves around the big sport event that is coming up, or has just happened. Sports channels on the radio, TV, and internet are omnipresent and if you are not up to date on what is happening you can fall behind in social parlance that precedes friendship.

Of course there are other interest venues beyond sports. Another resource we use in our work is with the social networking website, www.meetup.com. Here you can find all types of clubs, groups, or associations that meet up on a regular basis all around Ontario. It helps in finding a match for almost any type of interest.

And so, let’s get to work. Regardless of where you find yourself in the scheme of things you can help in this effort. All of us play a variety of roles in our community. To this extent you are a potential “gatekeeper” in building social capital. Think about this the next time you are engaged in community and do your part to help build social capital.

(For more on social capital see, www.alcondeluci.com or follow @acondeluci on Twitter)
The 2018 Awards of Excellence in Brain Injury Rehabilitation

The Ontario Brain Injury Association (OBIA) in collaboration with the Personal Injury Alliance (PIA Law) are pleased to present the 2018 Awards of Excellence in Brain Injury Rehabilitation.

These awards are meant to recognize exceptional service to the brain injury community in the following categories:

- Hospital Social Worker
- Case Management
- Health Care Provider
- Community Brain Injury Association
- Rehabilitation Company

Nominations for the Awards of Excellence can be made online from June 4 to July 13, 2018.

Voting for the selected nominees will take place online from August 7 to September 6, 2018.

The Awards of Excellence will be presented to recipients at the Back to School Conference hosted by PIA Law and Ontario Brain Injury Association on September 20, 2018, at The Ritz-Carlton.

To nominate, vote or for more information about the Awards of Excellence, visit:

OBIA.ca
Massage Therapy and Post-Concussion Syndrome

By Richard Lebert, RMT

The Canadian Medical Association recently revised a number of its Clinical Practice Guidelines. For example, the Canadian Guideline for Opioid and Chronic Non-Cancer Pain now recommends a trial of massage therapy rather than a trial of opioids for a number of conditions including: back pain, neck pain, and headaches. This is a change that may impact patients experiencing post-traumatic headaches or whiplash symptoms.

For example, patients will still see their physicians immediately following a concussion, but after the diagnosis has been made, massage therapy may be recommended as part of an interdisciplinary approach to pain management. This article will provide an overview of massage therapy and how patients with post-concussion headaches and neck pain benefit from this safe, effective, non-pharmacological treatment.

Post-Concussion Syndrome

With the high-impact nature of most concussive injuries, the assessment and rehabilitation of the cervical spine and associated soft tissue is a high priority. Symptoms of post-concussion syndrome often occur immediately following a head injury, although it can sometimes take weeks for headaches or other symptoms to appear. The Ontario Neurotrauma Foundation Guidelines classify post-traumatic headaches as migraine headaches or tension-type headaches depending on the symptoms.

Interdisciplinary Approach to Pain Management

As mentioned above, there have been major changes in how we manage pain effectively. Last year The Canadian Medical Association expressed the need to move beyond immediately turning to drug options for pain management and called for the use of a number of non-drug pain management strategies. This aligns with recommendations for headache management made in the Ontario Neurotrauma Foundation Guidelines, where they cited evidence that early interventions may decrease the likelihood that an individual will develop chronic headaches and neck pain. Left untreated, acute pain can produce a sensitization phenomenon in the nervous system resulting in chronic pain.

Why Does Massage Therapy Make You Feel Better?

An important part of any health care professional’s involvement in managing concussions is ongoing education and symptom management strategies. When visiting a Registered Massage Therapist they will create a treatment plan based on patient-specific assessment findings and patient tolerance. This may include a number of rehabilitation approaches including, but not limited to: soft tissue massage, joint mobilization, and patient education.

Research on the effectiveness of massage therapy suggests that soft tissue irritation and subsequent nerve sensitization may be a major contributor to musculoskeletal pain. Massage therapists have a direct influence on nervous system through their touch. Specialized sensory receptors located in the skin and underlying muscle play a role in transmitting the pleasurable properties of touch. Therapeutic massage provides the body with a safe message, which can help mitigate the transition, amplification and development of chronic pain.
“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.”— Leo Buscaglia

In addition to the physiological responses to massage, the psychological responses cannot be overstated. Therapeutic massage can be a source of safety, comfort, relief, and pleasure. Socially appropriate touch mediates the release of oxytocin and helps modulate the activity of neural circuits important for maintaining resting state, which can result in reduced reactivity to stressors and improved mood/affect.

Registered Massage Therapists can be a valuable resource for patients who are suffering from post-concussion syndrome. Massage therapy treatment interventions for this type of injury aim to decrease an individual’s headache frequency and intensity, headache duration and acute medication requirements. If you have suffered a concussion here are some questions that your Registered Massage Therapist may ask:

- Was this your first concussion?
- Have you been assessed by a physician yet?
- What symptoms are you experiencing?
- What is your goal with massage therapy?
- What special accommodations do you need? (i.e. different positioning, alternate lighting and little to no noise.)

Bringing It All Together

The rapid acceleration and deceleration of the head and neck has been shown to contribute to headaches, dizziness and other signs and symptoms common after a concussion. Current clinical practice guidelines support the use of massage therapy as part of an interdisciplinary pain management approach, particularly when it comes to post-traumatic headaches and whiplash. However, it is important to keep in mind that:

- Concussions are a complex injury, whiplash is often a part of this mechanism of injury but it is not the sole injury.
- Massage Therapists are not treating the concussion itself but instead, treating whiplash symptoms, which can often improve patient outcomes.
- Treating whiplash symptoms is just ONE piece of the puzzle and it is not intended to replace other care such as a physician’s advice.

Massage therapy is a great option to manage the pain of post-concussion headaches and whiplash, and is a safe and effective addition to the medical care you are receiving from your physician and the rest of your healthcare team.

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- Busse et al. (2017). Guideline for opioid therapy and chronic noncancer pain. CMAJ.

Resources for Further Information
- Robert Cantu (2012). Concussions and Our Kids: America’s leading expert on how to protect young athletes and keep sports safe
- Norman Doidge (2016). The Brain’s Way of Healing: Remarkable Discoveries and Recoveries from the Frontiers of Neuroplasticity
- Ontario Neurotrauma Foundation Guidelines for Concussion/mTBI & Persistent Symptoms: Second Edition
- Opioid Wisely – A campaign from the CMA that encourages thoughtful conversation between clinicians & patients to reduce harms associated with opioid prescribing. - https://choosingwiselycanada.org/

Disclaimer

Concussions are classified as mild traumatic brain injuries and should be treated as such. This information is not meant to replace the advice from a medical professional.

Bio

Richard Lebert is a Registered Massage Therapist in Petrolia Ontario, and is associate faculty at Lambton College. Richard runs an online resource for health professionals (RMTedu.com). When he is not in the clinic his favourite activities are hiking, camping and kayaking.

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Traumatic Brain Injury

Traumatic brain injuries (TBI) vary in intensity and can have a dramatically different impact on a survivor’s day-to-day life. A TBI survivor may have difficulty with movement and co-ordination, experience a loss of feeling or sensation, suffer from loss of consciousness/fainting spells, suffer from tremors, acquire visual or hearing impairments, among many other physical symptoms.

Although dealing with changes in physical functional abilities can also put a strain on one’s mental health and cause emotional difficulties (depression, anxiety, change in personality), a person with a TBI may have limited or no physical symptoms, but still experience significant changes in brain chemistry and neurological function. TBI survivors may experience difficulties with memory, confusion, and anxiety in social situations as an effect of their injury.

A Best Friend and Trusted Helper

Specially trained service dogs for people with TBIs have had great success in helping survivors adjust to the challenging new conditions in their lives. For instance, service dogs can be trained to assist a TBI patient in managing a variety of symptoms of their injury:

Mobility/Loss of Consciousness – Service dogs have been trained to assist patients balance while walking, to retrieve dropped items and to prevent additional injuries due to poor co-ordination or visual impairment. These animals can also help a person to practise specific rehabilitation exercises, including grasping, self-dressing and targeting. If a person’s injury results in occasional episodes of fainting or loss of consciousness, service dogs can be trained to lick, nudge, or otherwise reawaken the TBI patient, or alert others that help is needed. As a person’s trusted guide and assistant, service dogs can give TBI patients the confidence to be active and social outside of their homes.

Memory Problems/Confusion/Anxiety – If a TBI patient’s injury causes them to have difficulty remembering to eat or take medication at regular intervals, a service dog can be trained to remind them, or retrieve certain needed materials. Moreover, service dogs can learn complex routines to assist a TBI patient who may become confused or disoriented, and develop safety protocols to lead them back to a safe place. If a TBI patient becomes stressed during certain activities, service dogs can also learn techniques to calm them.

Loneliness/Companionship – During recovery and rehabilitation, a TBI patient may feel physically and emotionally removed from their previous life and support networks. A service dog provides a sense of constant support, companionship and can help elevate a person’s mood.
The Healing Power of a Good Dog

In addition to the practical and functional help a service dog can offer a TBI patient, recent research suggests the presence of a service animal in a survivor's life can actually influence neurohormone production.

Research into veterans with a mild TBI found a statistically significant increase in pituitary dysfunction and reduced neural and hormonal function in the parts of the brain (prefrontal cortex/amygdala) that regulate emotional control, empathy, memory and learning. One neurohormone – oxytocin – that is impaired by TBIs is associated with symptom severity.

Increasing oxytocin in a TBI patient reduces stress response and negative stimuli response, reduces heart stress and heart rate variability, reduces perception of pain, anxiety and depression, promotes sleep, and promotes positive effects on social behaviour like trust, bonding, and empathy.

Remarkably, positive and friendly contact with dogs, including service dogs, has been found to increase oxytocin in humans generally, and a program that provides service dogs to veterans with TBIs and post-traumatic stress disorder has resulted in many encouraging clinical observations.

Conclusion

Long considered (hu)man's best friend, dogs – and especially service dogs – have developed a purpose beyond friendship for people with serious injuries and disabilities. If you or a loved one has suffered from a traumatic brain injury, you may have access to benefits or awards or damages from a personal injury which could cover some or all of the costs involved with obtaining a service animal to assist in your recovery.

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OBIA Advisory Council (OAC) Report

The OBIA Advisory Council met on March 24, 2018 at the Miles Nadal Jewish Community Centre in Toronto. There were 21 people in attendance representing 12 community associations and six participated via webcast representing another five associations. The morning workshop was a presentation by Jeff Dobbin, Executive Director of Partners in Planning (P4P) and Carolyn Fast, Manager of Partnership and Outreach. P4P empowers people with disabilities and their families with free resources to create meaningful lives and secure futures. Firmly rooted in community, P4P connects a powerful network of professionals, organizations and agencies. With more than 100 partner organizations referring families and caregivers to the Planning Network, it has become the go-to planning resource for families in Ontario.

Tanya Jewell was excited to share that more than 1000 masks have been shipped to associations across the province for the Unmasking Brain Injury Project.

Ruth Wilcock presented the OBIA report followed by each association presenting their report on new initiatives, fundraising and awareness campaigns.

BIA of Sarnia Lambton

Our Sarnia members are thankful to see the warmer weather after a long winter. We have had a busy spring filled with bowling, potlucks, a ceramic class, card making, scrapbooking and of course, our weekly outing to a local coffee shop. Our membership continues to grow and our survivors rely on and appreciate the support of one another.

Preparations are underway for our annual golf tournament, which takes place on May 24. As a key fundraiser for the year, it generates both a positive response from our community and the sponsors who so kindly support our organization. Our members are also preparing for a Community Open House on June 1 to promote the Unmasking Brain Injury event. Masks are being designed with the personal reflection that marks one's journey. It has been a very well received activity by both the members, as well as the community. Immediately after our Open House, the masks will be displayed in various locations throughout Sarnia. This includes the local library, an art gallery and a downtown pub that dedicates a monthly gallery wall to various artists. We are extremely grateful as the original artist booked at this venue agreed to reschedule so that we could have the space while recognizing Brain Injury Awareness Month.

Throughout the month of June, we will be hosting a variety of activities. This includes a lunch and learn on the topic of vestibular disorders after a brain injury. We will also be introducing a new program for our members called Ageless Grace, which is a fitness program for the body and brain. We’ll be wrapping up the month with a Welcome to Summer potluck!!! We have a new website and we invite you to visit for further information about our organization and programs at www.sarniabiasl.ca.

BIA Windsor and Essex County

Archived videos of past workshops can be found on OBIA’s Vimeo page:

https://vimeo.com/obia

Across the Province
The Art Gallery of Windsor was home of the studio where those with acquired brain injury painted their interpretation of their personal story on the masks provided by OBIA. The Unmasking Brain Injury opening will be at the Art Gallery and, thereafter, the mask exhibit will make its way around the city at various municipal locations and then at the local healthcare facility that provides ABI programs and services.

Participants prepared for painting theirs masks by colouring them on paper at one of the monthly socials and then painted the masks with the assistance of Lynn, the Art Gallery’s artist. Participants enjoyed themselves so much they want to do this every year. The accompanying stories are both poignant and hopeful and will help others understand what those with ABI live with.

BIA North Bay and Area

2018 has been a busy year so far for the Brain Injury Association of North Bay and Area! BIANBA was approved for an Ontario Trillium Grow Grant for the Transitional Support Initiative, and we are pleased to welcome Tracy Paul to our team as our new

#IAmTheFaceOfBrainInjury

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

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:

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To share your journeys with our readers, email us at: stories@obia.on.ca
Transitional Support Coordinator. This initiative is aimed at helping people in our area with cognitive impairments, with a focus on helping these people through the application process(es) to realize the most appropriate income they are eligible for. In many cases, this will involve helping those receiving Ontario Works to apply for Ontario Disability Support Program payments. In addition, Tracy will help these individuals to stabilize their lives by connecting them with available community supports. Since joining us on April 3, Tracy has been working hard to develop relationships with other agencies in our area, and she has started taking on clients.

In addition, BIANBA is participating in the Unmasking Brain Injury initiative. During the months of April and May 2018, many brain injury survivors in the North Bay and surrounding area welcomed the opportunity to decorate a mask to heighten the awareness of brain injury and to tell their story of what it is like to live with a brain injury. Members from the Brain Injury Association of North Bay and Area, Acquired Brain Injury Services with the March of Dimes and the Stroke Recovery Network all came together to support the Unmasking Brain Injury Project.

Many enjoyed coming together in groups to share their views and ideas while others preferred to express their thoughts from the comfort of their own home. Regardless of where the individual created the mask, the comments that abounded were much the same. One woman that is new to brain injury said that the process was very therapeutic for her - during a time that she feels a lot of turmoil and uncertainty. Decorating the mask allowed her to express the struggles she is facing but at the same time provided her with hope that things will get better.

Other comments about the entire mask project were “It’s about time,” “This is long overdue,” “What an awesome idea.”

BIANBA is looking forward to sharing our mask display with the community on June 1!

Brain Injury Awareness Month

“This has been a great experience. Different emotions about my brain injury came to me when I was thinking about making my mask. I was able to show [these emotions] to people in different colours on my mask.”

- HBIA Participant
BIA Peel Halton

Brain Injury Association of Peel and Halton has monthly support groups for ABI survivors and their caregivers in Georgetown, Mississauga and Burlington. In addition, we offer an activity-based social group for young adults, Headspin. The youth group meets twice a month. I am pleased to report that all groups wanted to participate in the Unmasking Brain Injury project. Thank you to the members and facilitators who offered to purchase the art supplies to complete the masks. Members had a lot of fun making their masks, many were able to complete their masks within the two hours of our meetings, some members selected to take the masks home to work on them in the quiet and comfort of their own homes. The uniqueness of the masks really speaks to “how no two brain injuries are the same.”

Comments from one of our members:

I was reluctant to participate in making a mask for this project. With all the effort our group facilitators put in organizing and preparing for us, I decided to join in. The results were amazing. The masks truly spoke to how unique every ABI is and the emotional effects experienced.

BIA Sault Ste. Marie & District

We have been holding our monthly Survivor Support group
meetings where everybody gets to chat and share experiences and tips on overcoming barriers. We have discussed: dealing with financial strain, sleeping problems post injury, and tips to keep yourself happy, and self care. It’s always a fun, engaging, and supportive environment.

On February 28 we were able to host an amazing event at a local conference centre thanks to a sponsorship from Thompson Rogers. From 1:00-3:00 p.m. we had a Meet and Greet event for Survivors and Caregivers hoping to showcase our local resources and from 6:00-9:00 p.m. we had the Mix and Mingle, which around 40 local professionals attended. This evening portion of the event featured presentations by Thompson Rogers, March of Dimes, and our local association along with time to mingle and collaborate with other local brain injury resources to better help survivors and caregivers.

A busy past few months at the Seizure & Brain Injury Centre. In February a spaghetti supper was held to celebrate Valentine’s Day. Although the last three months have been extremely cold everyone keeps coming out to enjoy the Day Programming activities. To break up the long cold days the group took in an afternoon movie. Brain Basics course was held March 21-22 with 29 attendees. Once again all participants were very impressed with the course. We were fortunate enough to get sponsorship from Goldcorp Porcupine Gold, Wallbridge & Wallbridge Lawyers and Gosselin Professional Law so that seven survivors could take part in the course. Their stories were welcomed by the rest of the participants who were able to get some insight into the world of brain injury.

A great fundraiser was held in March: our first Paint & Sip with 88 participants. A local family-owned pizzeria “Don’s Pizzeria” held a fundraiser in December where, on our behalf, $1 donation was made for every pound of wings sold. We presented the owner with a certificate of appreciation.

**Seizure & Brain Injury Centre (Timmins)**

**Brain Injury Society of Toronto**

BIST members have been excitedly getting ready for our Unmasking Brain Injury Launch. Throughout the past months we have held four workshops in collaboration with Community Head Injury Resource Services (CHIRS) and have also completed masks during our regular programs. We are grateful to 9 Bars Coffee for allowing us to display our creations at their café from June 1–14 and hosting our launch party there on the 1st.

It has definitely been an art-centric few months here at BIST, as in April we also held our Community Agency Fair and Expressive Art Show. This year’s theme was Beauty and the Beast – The Good & Bad of ABI. We had more than 100 attendees come out to learn about community resources and see all the amazing
art created by our members. In total we had 18 artists display 42 pieces of art. We also had Faed Henry speak about how to access 211 Toronto, and Amee Le, Occupational Therapist, speak about mindfulness and art therapy.

In April we also launched our weekly Not-So-Blue Mondays creative social drop-in. This is another joint project with CHIRS, where BIST and CHIRS members are encouraged to create and present their work including music, poetry, short stories and more!

We have also been busy on the advocacy front. On April 10, 2018 BIST was proud to be at Queen’s Park with MPP Catherine Fife supporting the Vulnerable Road Users Bill.

We continue to be a proud part of the Toronto Police Disabilities Community Consultative Committee. The committee is currently working on a #lookingbeyond campaign and training video, stay tuned for more details!

On April 23, we were proud to present at Kingston’s Providence Care Community Brain Injury Services Workshop – Now is the time for you: Understanding the path to caregiver recovery. At this event Neil Rothenberg, Colleen Worsley and Melissa Vigar discussed tips and strategies for caregivers of ABI to cope with their new normal.

**BIA Quinte District**

The Brain Injury Association Quinte District has been busy getting ready for all the celebrations in June and the Unmasking Brain Injury Project. Working on this project has allowed us to really look at brain injury and how it truly is different for every individual. It has allowed us to share our stories, and offer support to our friends while working on this project with our community partners. Our masks will be on display on June 1 at the Quinte Mall, and the week of June 11-15 at the Gallery in the Core Centre located at 223 Pinnacle Street in Belleville.

It is shaping up to be a very busy next couple of months. In addition to our Unmasking Brain Injury project we have our Celebrating Success Art Show at the John M. Parrott Art Gallery on May 31–June 25. We will be working with the family of Cassidey Ouellette to host a Colour Run in her memory on June 9 at Proctor Park in Brighton ON. We will be hosting a caregivers Open House along with the staff and members of the Community Brain Injury Services on June 12 at our office from 1:00-3:00 pm. We are also looking forward to having our annual Members Golf Tournament on June 21 at the Bayview Golf Course.

In addition to all of these wonderful events we are very happy to announce that we will be expanding our Helmet Lending Program to now include the residents of Quinte West. The City Council of Quinte West have approved funding for us to purchase 80 new hockey helmets with face cages to have available to lend to the students and residents of Quinte West. The helmets will be stored at three of the local schools, and will be available to borrow by any resident who require the use of a helmet. For more information about our program, or how to donate please contact our office at 613-967-2756 or info@biaqd.ca. ☘️
Taking Care of Yourself While Caring for Others

Reprinted from Brainline.org

How Can I Stay Emotionally and Physically Healthy?

A traumatic brain injury (TBI) can lead to changes in a person. As you, the caregiver, come to terms with these changes with your family member, you may move through a series of emotional stages. In the first couple of months, for example, you may feel happy your loved one is alive and hopeful that he or she will recover fully and quickly. You might think a full recovery would happen faster, if only he or she would work harder at it. You might feel discouraged and depressed, or even feel guilty.

Knowing what other families go through as they adjust to life after TBI can help you realize that your feelings are normal; however, it can be harmful if you focus all your attention on your loved one.

If you are feeling discouraged or worn out, here is what you can do:

Find a friend or family member to talk to about your feelings or join a support group with other families affected by TBI. Talking with someone can relieve stress and reduce anxiety because you will learn that you are not alone.

If your stress, sadness or anxiety begins to feel out of control, seek professional help from a counselor, therapist, religious/spiritual leader or social worker.

Stress

Stress is the mental and physical reaction to events that upset our balance in life. Chronic stress that doesn’t go away can lead to serious health problems over time.

Symptoms of Stress

- Headaches
- Neck and shoulders tightness
- Fatigue
- Trouble sleeping
- Weight change
- Stomach upsets
- Increased use of alcohol, drugs, tobacco
- Fear and worry
- Mood swings
- Crying spells
- Irritability
- Depression
- Forgetfulness
- Poor concentration
- Low productivity
- Negative attitude
- Confusion
- Weariness
- Boredom
- Feelings of isolation
- High blood pressure

How to Cope with Stress

- Practice deep breathing and other relaxation methods
- Exercise
- Improve time management
- Meditate
- Accept help from friends and family
- Keep a sense of humour
- Keep up personal activities that are important to you
• Reward yourself
• Stay in touch with friends
• Set limits
• Join a support group
• Contact a therapist
• Read a book
• Listen to music that lightens your mood
• Seek counsel from a chaplain or provider

**Anxiety**

Anxiety is excessive worry about life. It is a reaction to stress and can lead to depression.

**Symptoms of Anxiety**

- Ongoing worry and tension
- Viewing problems as overwhelming
- Restlessness or a feeling of being “edgy”
- Bad temper
- Muscle tension
- Headaches
- Sweating
- Difficulty concentrating
- Nausea
- Needing to go to the bathroom often
- Being tired
- Trouble falling or staying asleep
- Trembling
- Being easily startled

**How to Cope with Anxiety**

- Talk to a friend or family member
- Exercise
- Eat a balanced diet
- Avoid caffeine
- Write in your journal
- Counseling and/or medications can treat anxiety
- Seek counsel from a chaplain or provider
- If symptoms persist, seek professional help

**Sadness and Depression**

Sadness and grieving are normal responses to the loss of life as you once knew it. Sadness and grieving can lead to depression.

Symptoms of depression are a combination of symptoms that interfere with a person’s ability to work, sleep, study, eat and enjoy once pleasurable activities.

Major depression is disabling and prevents a person from living normally.

**Symptoms of Sadness and Depression**

- Feeling blue
- Withdrawing
- Irritability
- Constant sad, anxious, or “empty” feelings
- Feelings of hopelessness
- Feelings of guilt, worthlessness and/or helplessness
- Bad temper, restlessness
- Loss of interest in activities, hobbies, or sex
- Tiredness and decreased energy
- Trouble concentrating
- Trouble remembering details and making decisions
- Inability to sleep, early—morning wakefulness or too much sleeping
- Overeating or appetite loss
- Suicidal thoughts
- Suicide attempts
- Constant aches or pains, headaches, cramps or stomach problems that do not ease, even with treatment

**How to Cope with Sadness and Depression**

- Talk over your feelings with others, e.g., in a support group
- Keep a journal to explore your feelings.
- Give yourself a break by asking for help in caregiving
- Try to rest your body and your mind with yoga and meditation
- Find someone who can listen without giving advice or making comments
- Focus on positive relationships in your life — family, friends and pets
- Seek counsel from a chaplain or provider
- If symptoms persist, seek professional help. Counseling and/or medications have proven effective in treating depression
- Seek counseling immediately from medical care staff if you have thoughts of suicide
- If you are thinking of suicide, call your local crisis line.

**How Can I Take Care of Myself?**

Healthy behaviors can keep you well and help you cope with the stress of life while you care for a loved one with a TBI. This section contains some healthy lifestyle tips. The more you take care of yourself, the better you will feel.

**Stress Busters**

Practice deep breathing. Take a deep breath, hold it for a few seconds, and then let it out. Continue to breathe deeply until you feel yourself calm down.

Relax your muscles. Lying down, begin by tensing your toes, then relaxing them. Then tense your ankles and relax. Continue up your body to your forehead, tensing and relaxing each set of muscles. Then lie quietly for a few minutes, letting your body melt into the floor.

Try meditation. Select a quiet spot in the house and a time when you can be quiet for 15 minutes. Sit down and rest your hands in your lap. Close your eyes. Clear your mind. Breathe in deeply, then let your breath out while you say a word such as “one.” Repeat continuously. Try to clear all thoughts from your mind as you do this. It takes practice.

Manage your time effectively. Plan ahead so that you arrive on time. Plan your day or week sensibly, so that you are not trying to do too much in too little time.

**Exercise**

Exercise can relieve stress, reduce depression, make you feel better about yourself and help you maintain your weight and strength.

Try these tips to begin an exercise routine.

Make your plan fit your life. It doesn’t have to be strenuous; even brief exercise reduces stress. A 30-minute walk on most days is usually enough. You can break the 30 minutes into shorter 10-minute segments, if that’s all the time you have.
Be consistent. Doing weights once a month or stretching once a week won't make much of a difference. Whatever your workout, make sure you do it at least two to three times a week.

Use the buddy system. Find a friend or relative whom you like and trust, and exercise together. Use this as an opportunity to enjoy one another's company and as an outlet to deal with stress.

Nutrition

The food you eat can have an impact on your overall health, energy levels and ability to deal with stressful situations in an effective way. Follow these healthy eating tips:

Eat a variety of nutrient-rich foods. A healthy diet is one that is low in fat; high in fiber from whole grains, fruits, and vegetables; and includes lean cuts of meat, poultry, eggs and other protein sources.

Drink plenty of water. The intake of water is essential to the reduction of toxins within our bodies and protects the body from infection.

Eat moderate portions. Try to eat six small meals a day, or three regular meals and two snacks.

Eat regular meals. Skipping meals can lead to out-of-control hunger, stress and a weakened immune system.

Eat healthy snacks. Snacking between meals can help curb hunger, so choose healthy options such as raw carrots or a piece of fruit.

Sleep

If you don’t get enough sleep, you are likely to be tired and irritable during the day. You also may find it hard to concentrate. Most adults need seven to eight hours of sleep per night.

Try these tips for getting a comfortable night's sleep:

Establish a routine for when you go to bed and when you get up every day. This can reinforce your body’s sleep-wake cycle.

Establish a relaxing bedtime routine. Take a bath, read a book, or find another activity that helps you shift from your busy daytime life to restful sleep.

Go to bed when you’re tired and turn out the lights. If you can't fall asleep within 15 to 20 minutes, go to another room. Keep the lights dim and do something relaxing, but avoid using the TV, computer or phone.

Do not rely on sleeping pills. Check with your doctor before taking any sleep medications, as they can interact with other medications or a medical condition. You may have an underlying sleep disorder that requires treatment.

Don’t exercise within three hours of bedtime. It may make it harder to fall asleep.

Avoid caffeine-containing foods or drinks—such as chocolate, energy drinks and soda—at least 6 hours before bedtime.

Avoid alcohol, nicotine, heavy meals and drinking a lot of liquids close to bedtime.

If You Have Sleep Problems...

Create a sleep diary to keep track of any issues you are having and any medications you are taking. Make note of the types of sleep problems you are having, including inability to fall or stay asleep, or excessive sleepiness during the daytime. If problems continue, discuss the sleep diary with your doctor. There may be an underlying cause, and you will want to be properly diagnosed.

Tobacco Use

If you don’t use tobacco products, don’t start. Find other ways to cope with stress.

If you do use tobacco products, stress may increase your use. It may be difficult to quit, especially when you are learning to care for someone with TBI.

Your goal right now may be to not increase the number of tobacco products you use each day. Later, you may want to start cutting down on the number of tobacco products and then quit altogether.

The nicotine in tobacco is addictive. Most smokers find it takes several attempts to quit before they are successful.

Ask your doctor about medications or programs that can help you quit.

Alcohol and Other Drugs

When life is stressful, some people turn to alcohol or other drugs to help them relax, which tends to make problems worse.

Using alcohol or drugs to make you feel better in the short term can be dangerous. You can become dependent on these substances. This will interfere with your responsibilities to your family. If you drink, do so in moderation. Find other ways to relieve stress and reward yourself.

Routine Medical Care

Getting routine medical and dental care, such as preventive screenings (mammograms, blood pressure checks), helps keep you strong and healthy.

It’s okay to have your family member with TBI sit in the waiting room while you see the doctor, dentist, or other provider if he or she is able. Otherwise, make plans for someone to care for him or her while you are at your appointment. If you become sick, worn down or burned out, you will not be able to provide good care to your family member.

The more you take care of yourself, the better you’ll feel. ☀️
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JOAN TOGLIA Ph.D., OTR/L, FAOTA

Optimizing Functional Cognition and Executive Function: Assessment and Intervention Strategies

who should attend
- Occupational Therapists
- Speech Language Pathologists
- Rehabilitation Support Workers
- Occupational Therapist Assistants

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Events Calendar

June 13, 2018
BIST and OBIA present:
14th Annual Mix and Mingle
Location: Steam Whistle Brewery, Toronto, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca

June 16, 2018
OBIA Annual General Meeting
Location: Miles Nadal JCC, Room 318, Toronto, ON
Phone: 905-641-8877 ext. 231
Email: ddakiv@obia.on.ca
Website: www.obia.ca

June 20, 2018
BIA Windsor & Essex County 6th Annual Workshop
Location: Fogolar Furlan Club, Windsor, ON
Phone: 19-981-1329
Email: info@biawe.com
Website: www.biawe.com

August 25, 2018
Tyler Stemmler hosts:
Skate 4 the Brain with proceeds going to OBIA
Location: Brantford Skatepark, Brant Crossings, ON
Contact: @Skate4theBrain on Facebook

September 18 & 20 and November 6 & 8, 2018
Canadian Concussion Centre & UHN present:
When Symptoms of Single and Multiple Concussions Persist - An Education and Support Workshop
Location: Toronto Western Hospital, Toronto, ON
Phone: 416-603-5800 ext. 4025

September 20, 2018
PIA Law and OBIA present:
Back to School 2018 Conference:
Innovation in Brain Injury - Leading a World of Change
Location: Ritz-Carlton, 444 Yonge St., 7th Floor, Toronto, ON
Contact: Diana Rockbrune
Phone: 705-719-3965
Email: drockbrune@oatleyvigmond.com
Website: www.pialaw.ca

October 18-19, 2018
Brain Injury Canada
National Conference
Location: Ottawa Conference & Event Centre
Phone: 1-866-977-2492
Email: info@braininjurycanada.ca
Website: www.braininjurycanada.ca

October 25-27, 2018
Mindworks 2018 Fall Workshop:
Optimizing Functional Cognition & Executive Function - Assessment and Intervention Strategies
Location: Holiday Inn Peterborough Waterfront, Peterborough, ON
Phone:
Email: admin@mindworksgroup.ca
Website: www.mindworksgroup.ca

November 15-16, 2018
Toronto ABI Network Conference
Location: Toronto Marriott Downtown Eaton Centre, Toronto, ON
Phone: 416-597-3057
Email: info@abinetwork.ca
Website: www.abinetwork.ca

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

Ontario Brain Injury Association
Phone: 905-641-8877 or 1-855-642-8877
Toll-free support line 1-800-263-5404
Email: obia@obia.on.ca Website: www.obia.ca
- www.facebook.com/OntarioBIA
- www.twitter.com/OntarioBIA
- www.instagram.com/OntarioBIA
- www.LinkedIn.com/company/Ontario_Brain_Injury_Association
- www.flickr.com/photos/OntarioBIA

Belleville
BIA of Quinte District
Phone: 613-967-2756 or toll free: 1-866-894-8884
Email: info@biaqd.ca
Website: www.biaqd.ca

Chatham-Kent
New Beginnings ABI & Stroke Recovery Association
Phone: 519-351-0297
Fax: 519-351-7600
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com

Dufferin County
Headwaters ABI Group (HABI)
Phone: 519-215-1519

Durham
BIA of Durham
Phone: 905-723-2732 or toll free: 1-866-354-4464
Email: information@biad.ca
Website: www.biad.ca

Fort Erie
BIA of Fort Erie
Phone: 905-871-7789
Email: biafeoffice@gmail.com
Website: http://braininjuryfe.wixsite.com/biafe

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

Hamilton-Wentworth
Hamilton BIA
Phone: 905-538-5251
Email: info@hbia.ca
Website: www.hbia.ca

London and Region
BIA of London and Region
Phone: 519-642-4539
Email: info@braininjurylondon.on.ca
Website: www.braininjurylondon.on.ca

Niagara Area
BIA of Niagara
Phone: 905-984-5058
Email: pat@bianiagara.org
Website: www.bianiagara.org

North Bay Area
BIA of North Bay and Area
Phone: 705-478-8664
Email: contact@bianba.ca
Website: www.bianba.ca

Ottawa Area
BIA of Ottawa Valley
Phone: 613-233-8303
Email: contact@biaov.org
Website: www.biaov.org

Peel-Halton
BIA of Peel & Halton
Phone: 905-823-2221 or 1-800-565-8594
Email: biaph@biaph.com
Website: www.biaph.com

Peterborough Area
Brain Injury Association Peterborough Region
Phone: 705-741-1172 or 1-800-854-9738
Email: biapr@nexicom.net
Website: www.biapr.ca
Sarnia-Lambton
BIA of Sarnia-Lambton
Phone: 519-337-5657
Email: sarnia.biasl@gmail.com
Website: www.sarniabiasl.ca

New Beginnings ABI & Stroke Recovery Association
Phone: 519-491-2668
Email: info@newbeginnings-cksl.com
Website: www.newbeginnings-cksl.com

Sault Ste. Marie
BIA of Sault Ste. Marie & District
Phone: 705-971-1050
Email: braininjuryssmd@gmail.com
Website: www.soobraininjury.com

Sudbury and District
BIA of Sudbury & District
Phone: 705-670-0200
Email: info@biasd.ca
Website: www.biasd.ca

Thunder Bay
BIA Thunder Bay & Area
Phone: 807-621-4164
Email: biatba@yahoo.ca
Website: www.bisno.org/brain-injury-association-of-thunder-bay.php

Timmins
Seizure & Brain Injury Centre
Phone: 705-264-2933
Email: sabicrl@eastlink.ca
Website: www.seizureandbraininjurycentre.com

Toronto (GTA)
Brain Injury Society of Toronto
Phone: 416-830-1485
Email: info@bist.ca
Website: www.bist.ca

Waterloo-Wellington
BIA of Waterloo-Wellington
Phone: 519-654-0617
Email: info@biaww.com
Website: www.biaww.com

Windsor-Essex
BIA of Windsor and Essex County
Phone: 519-981-1329
Email: info@biawe.com
Website: www.biawe.com

York Region
Brain Injury Association of York Region
Office Voicemail: 905-780-1236
Fax: 905-780-1524
Email: n/a
Website: www.biayr.org

Provincial Associations

Brain Injury Canada/Lésion Cérébrale Canada
Phone: 613-762-1222, Toll-free Line: 1-866-977-2492
Email: info@braininjurycanada.ca
Website: www.braininjurycanada.ca

British Columbia Brain Injury Association
Phone: 604-984-1212
Email: info@brainstreams.ca
Website: www.brainstreams.ca

Central Alberta Brain Injury Society (CABIS)
Phone: 403-341-3463
Email: cabis@telus.net
Website: www.cabis.info

Saskatchewan Brain Injury Association
Phone: 306-373-1555 or Toll-free (in Sask) 866-373-1555
Email: info_sbia@sasktel.net
Website: www.sbia.ca

Ontario Brain Injury Association
Phone: 905-641-8877 or 1-855-642-8877
Toll-free support 1-800-263-5404
Email: obia@obia.on.ca
Website: www.obia.ca

Newfoundland and Labrador Brain Injury Association
Phone: 709-579-3070
Email: nlbia2011@gmail.com
Website: www.nlbia.ca/index.php

Regroupement des associations de personnes traumatisées crânio-cérébrales du Québec
Phone: 450-575-8227
Email: info@raptccq.com
Website: www.raptccq.com

Brain Injury Association of Nova Scotia
Phone: 902-473-7301
Email: info@braininjuryns.com
Website: http://braininjuryns.com/

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

Brain Injury Association of P.E.I.
Phone: 902-314-4228 or 902-367-3216
Email: info@biaper.com
Website: www.biaper.com
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- Nursing
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- Family support

Reach out to us to find out more about Pathways ABI Services:
289 Pinnacle St., Belleville, ON K8N 3B3  T 613.962.2541  F 613.962.6357
356 D Woodroffe Ave. Unit 202, Ottawa, ON K2A 3V6  T 613.233.3322

1 in 26 Canadians are living with a brain injury

Brain injuries can be a non visible disability

There will be 18,000 new brain injuries this year

Men experience brain injuries twice as often as women

ABI is damage to the brain that occurs after birth

ABI is not a developmental disability or autism

ABI affects cognitive, emotional, behavioural, & physical functioning

Men experience brain injuries twice as often as women

Reach out to us to find out more about Pathways ABI Services:
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**Brampton**
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Suite 400
Brampton ON
L6W 3W8
(905) 595-6760

**Hamilton**
1 Hunter St. E.
Ground Floor
Hamilton ON
L8N 3W1
(905) 777-8002

**Kitchener**
55 King St. W.
Suite 700
Kitchener ON
N2G 4W1
(519) 772-7659

**Oshawa**
21 Simcoe St. S.
Oshawa ON
L1H 4G1
(289) 634-5554
Featured Training Program

Children and Youth with Acquired Brain Injury (Level 1)

Approved by VRA Canada for 11.75 Continuing Education Hours

Details

Location: T.B.A.
St. Catharines, ON

Date: November 9-10, 2018

Professors: Roberta DePompei, Ph.D

November 9-10, 2018

This Certificate Training Program will focus on providing information about behaviours after ABI that relate to learning and community participation. Emphasis is on describing the cognitive-communicative problems that affect classroom learning, behaviour and community participation. Group problem-solving activities will develop methods for assessing and treating educational and social challenges for these individuals from a functional perspective.

Some topics covered during this training program include:

• Characteristics that impact learning and behaviour
• Environmental scans and communication partners and treatment strategies
• Transitions, functional outcomes and collaborations

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

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Support Services: We Can Help!

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- 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

Call our toll free Support Line 1.800.263.5404 or eMail: support@obia.on.ca
NRS offers many brain injury rehabilitation services in languages other than English, including Cantonese, French, Greek, Gujarati, Hebrew, Hindi, Italian, Mandarin, Persian, Polish, Punjabi, Russian, Serbo-Croatian, Spanish, Tagalog, Tamil, Turkish and Urdu.

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