Rob is a seasoned litigator.

As an experienced advocate for seriously injured clients and their families, Rob Durante has successfully represented clients at all levels of court in Ontario. He is also an in-demand speaker and authority on issues concerning personal injury law. To relax at the end of the day, Rob enjoys spending time in the kitchen, cooking and creating traditional Italian dishes passed down from his parents. Rob understands that in litigation, a recipe for success includes prep work. Like a chef, a lawyer always needs to be in prep mode, getting ready for the next step. Adding creativity to the mix helps Rob blend all the ingredients he needs to build a difficult case into one that wins the day.

Rob gets great satisfaction when he's able to help provide a sense of justice and closure for family members who can then begin the healing process. That level of commitment means that when the pressure is on, Rob can really take the heat.

To learn more about Rob visit www.oatleyvigmond.com/rob
OBIA REVIEW

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Unmasking Brain Injury is an international movement, and Ontario (through the coordination of OBIA) has become the first province in Canada to participate on a provincial level.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Pulling Back the Curtain on Brain Injury

There’s a story behind every mask. Behind every mask there’s a person. A person who’s been touched by brain injury.

Brain injury happens in an instant. The lives of those who acquire a brain injury and their families are changed forever. It leaves no time to prepare for the unique and extraordinary challenges that are immediate and often last a lifetime.

The numbers are staggering as there are close to half a million Ontarians currently living with Acquired Brain Injury (ABI) and more than 45,000 new cases will be added this year alone. This number does not include the 155,000 new concussions that occur each year in Ontario.

Yet, brain injury continues to be misunderstood and is often referred to as the invisible disability.

Ontario Brain Injury Association (OBIA), local Brain Injury Associations and community partners decided to do something extraordinary to bring awareness to brain injury. Together we pulled back the curtain on brain injuries through the Unmasking Brain Injury Project.

Unmasking Brain Injury is an international movement, and Ontario (through the coordination of OBIA) has become the first province in Canada to participate on a provincial level. The project aims to increase awareness of brain injury and bring understanding of what it is like to live with a brain injury.

Through the unmasking project, hundreds of people living with brain injuries are making the invisible, visible, by unmasking their stories through an artistic display of masks that represent their personal journeys.

A very meaningful part of the Unmasking Brain Injury Project is that it has resonated with survivors of brain injury in profound ways. It empowers them to personally increase awareness of brain injury.
Thus far, OBIA has sent out close to 2,000 masks to 26 participating brain injury associations and community partners across the province. Masks have been on display in public areas across the province and will continue to do so during the month of June.

For a listing of participating Brain Injury Associations/Partner organizations, visit: [http://obia.ca/unmasking-brain-injury-project/](http://obia.ca/unmasking-brain-injury-project/).

I encourage you to check with your local Brain Injury Association/partner and join in this visually powerful and emotional project to raise awareness of ABI and the unique experiences of survivors.

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What Health Care Providers Need to Know – and Do – about the Proposed Change to the ODSP Definition of Disability

On November 22, 2018, the Ontario government announced its intention to change the definition of disability in the Ontario Disability Support Program (ODSP) to “align more closely with federal government guidelines.” If it goes through, this change threatens the health and well-being of many of your most vulnerable patients.

How ODSP and federal definitions of disability are different

To qualify for ODSP now, a person must have a physical or mental impairment that is continuous or recurrent and expected to last one year or more; and that impairment must impact one or more areas of function (personal care, community function, or workplace function).

As one important example, to qualify for the federal Canada Pension Plan-Disability (CPP-D) program, a person must have a “severe and prolonged” mental or physical disability due to a medical condition. This means the person can’t work at all or on a regular basis, and the disability is likely to last a long time, or is likely to result in death. All other federal disability-related income benefit programs are as or more restrictive.

How this will impact your patients

Changing the ODSP definition will force many low-income people with disabilities – those with episodic disabilities like depression, or time-limited disabilities like most breast cancers, and people who experience the cumulative impacts of several health conditions – to rely on Ontario Works instead of ODSP. This means they will qualify for 37% less income, which will push very low-income people with disabilities into even deeper poverty, and likely homelessness. They may also be unable to access important disability-related health benefits available through ODSP.

A significant drop in income is a major threat to your patients’ health. The evidence is clear that lower incomes are associated with higher rates of morbidity and mortality from most health conditions, increased toxic stress and decreased well-being.

How this will impact you

An increase in poverty and stress levels will result in higher demands on your time to address the health and social needs of your patients who have disabilities. Apparent savings in the income security system will take a heavy toll on health care professionals and the health care system.
There is hope for a better tomorrow.

Thomson Rogers is dedicated to getting accident victims the compensation and support they deserve.
What you can do

1. Help any of your patients who may qualify (i.e., they have a disability and live on low income) to apply for ODSP under the current system. The government has promised to grandfather in most current ODSP recipients when the system is changed.

2. Contact your local MPP and Minister Lisa MacLeod to share your concerns. As a health care provider, your voice is important as you are uniquely able to offer both your patients’ real-life stories and evidence-based health expertise.

Resources for your Clinic Practice:

- Refer any of your patients who have questions about their ODSP eligibility or who require assistance or advice with applying or filing an appeal to their local community legal clinic
  - Legal clinic finder tool: https://www.legalaid.on.ca/en/contact/contact.asp?type=cl
- Assess and assist those who are eligible to apply for ODSP by completing the Health Status Report and Activities of Daily Living Index sections of their applications as soon as possible
- Complete medical review forms for current ODSP recipients as soon as possible when requested to do so

Resources for your Advocacy:

- Draft template letter / email to send to your MPP and Minister Lisa MacLeod:
- How to find and contact your local MPP:
  - http://incomesecurity.org/publications/other/How-to-find-your-Ontario-Member-of-Provincial-Parliament.docx
- How to contact Minister of Children, Community, and Social Services Lisa MacLeod:
  - Email: lisa.macleodco@pc.ola.org
  - Ministry mailing address: https://www.ola.org/en/members/all/lisa-macleod
- More information: “What Changing the ODSP Definition of Disability Would Mean”:

To Stay Up-to-Date:

Sign up here for periodic emails on this issue: http://eepurl.com/ggFLWr

Website: http://defenddisability.ca
The 2019 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 2019 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 3 to July 12, 2019.

Voting for the selected nominees will take place online from August 6 to September 6, 2019.

The Awards of Excellence will be presented to recipients at the Back to School Conference hosted by PIA Law and Toronto ABI Network on September 19, 2019, at The Carlu.

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

OBIA.ca
I sustained a Traumatic Brain Injury (TBI) in January 2013 after being hit by a bus while crossing the street. I have no memory of the accident or the following two weeks. My first real memory is after my first craniotomy to remove a piece of my skull to allow my brain to swell without any additional pressure on the brain. This was only the beginning of my journey. Over the next two years I would undergo three more similar surgeries, have one bone infection, a prosthetic implant inserted and a chronic wound infection that would take multiple doctors over a few different hospitals before they were able to heal it. This wound infection was at my incision line. The fact that it wouldn’t heal meant that my prosthesis surgery (the last and final surgery) was delayed by six months. Before they were able to go back in to insert it, I had been without a bone or other protection on the right side of my skull for one year.

To say that I experienced some anxiety and depression during this time period would be an understatement. My future was uncertain with the TBI but add in all of the complications and the delays in my surgeries and I had no idea when I would be able to restart my life. Or what that life would look like. My social workers suggested that I learn mindfulness and at that point I would have tried anything. So, in the spring of 2014 I started my first 8-week Mindfulness-Based Stress Reduction (MBSR) program taught by my now good friend and mentor, Jaisa Sulit.

MBSR was initially created at the University of Massachusetts Center for Mindfulness by Jon Kabat-Zinn for patients with chronic pain. In the years since, MBSR has been used as
a complement for treatment of a number of physical and mental health issues. Recently, the research of MBSR has been expanded to individuals with TBI and Post-Concussive Syndrome (PCS).

Ask anyone with a brain injury and they will tell you that some of our more debilitating symptoms include: migraines, fatigue, dizziness, insomnia, light and sound sensitivity, and memory and cognitive issues. Anxiety, stress and depression can exacerbate these symptoms and, not surprisingly, these symptoms mentioned can create more stress and anxiety. A review of MBSR for individuals with TBI, (Link et al., 2016) found that MBSR practice has been shown to decrease anger, anxiety, depression and fatigue which is encouraging for those of us living with a brain injury. Learning mindfulness definitely helped me decrease my anxiety and depression, including some of my PTSD symptoms. It also helped me to recognize when something wasn’t right inside my body and to get the help that I needed.

In mindfulness, we speak about accepting the reality of the present moment. Acceptance taught me that while I don’t have to like what happened to me, I could learn how to reduce those thoughts of “it’s not fair” that add suffering on top of the pain that I was already experiencing. What happened to me wasn’t fair, just like it’s not fair what anyone in the brain injury community is going through. By accepting that some things are outside our control, we learn how to stop trying to control things.

Learning mindfulness changed my life. It taught me more than how to manage my anxiety and to accept what happened to me. It taught me how to connect into my body and to my thoughts in a way that helped me to learn what strategies would be helpful for ME and my recovery. My practice is something that I engage in every day. It helps me to recognize what emotions, sensations and thoughts are present. If we don’t know what we are experiencing, how can we do anything about it?
Caregiver Education Workshops

Support, Hope & Resiliency:
An Education and Training Program for Caregivers of Acquired Brain Injury Survivors

WHAT
A free interactive half-day workshop for unpaid caregivers of ABI survivors designed to increase their ability to meet the varied needs of their loved ones and reduce caregiver strain.

WHERE
To be implemented at various locations throughout the province of Ontario and organized in collaboration with Brain Injury Associations and other ABI service providers.

WHEN
Workshop sessions begin April 30, 2019 and extend through to Spring of 2020

CONTACT
Nancy LaJoie, Caregiver Education Specialist, OBIA
Email: nlajoie@obia.on.ca  Ph: 1-855-642-8877 ext. 248

The Caregiver Workshops are completely FREE but require registration online.
Register at: www.obia.ca/caregiver-education-program/

A Project of the Ontario Brain Injury Association

Funding provided by:
Ontario
You don’t know what you don’t know. Advocating for my own care has been the toughest uphill battle I’ve faced in my recovery.

I suffered a cerebellar stroke at age 48. It arrived with a violent headache, vomiting and vertigo. I passed the FAST test (Face, is it drooping? Arms, can you raise both? Speech, is it slurred or jumbled? and Time to call 9-1-1, Heart and Stroke Foundation) right away, so my family ruled stroke out. Hours later I was in an ambulance and later admitted to my local hospital for five nights.

I vividly remember when the doctor told me I’d suffered a stroke. As he turned to leave I asked – did I have a bleed, a clot, where in my brain, what does this mean, how did it happen, could it be from stress? I didn’t know what I didn’t know, but I needed answers. I’d just learned I had a left inferior cerebellar infarct and didn’t understand a word of it.

Five nights after arriving, I was sent home. I never saw a neurologist. There were no supports offered at discharge other than six-weeks of home physiotherapy, no neuro rehab, no paperwork to read, nothing to explain what had happened to me or what to be mindful of. I was to follow up with my family physician.

A couple of weeks post-stroke I visited my own physician and had a list of questions. I still walked and talked very robotically and he said it would pass. I asked about seeing a neurologist but he assured me that if a neurologist was needed, the hospital would have referred me. I was sent on my way with reassurances that I would recover. I trusted and believed him that time would make me better.
Sleep disturbance affects 30–70% of individuals with traumatic brain injury.

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www.bquiet.ca
1.877.475.9111
Starting at three-weeks post-stroke, I initiated my own return-to-work program. After six-months, the cognitive fatigue was starting to lift and other deficits began to show more clearly. Noise sensitivity was the biggest struggle all along, as well as the inability to hear fast speech and inability to differentiate background and foreground noise, so 11 months post-stroke I visited an audiologist. She was wonderful and suggested a central auditory processing exam. It identified several deficits: decoding, tolerance-fading (auditory) memory, auditory closure, elevated gap detection time, and reduced auditory figure-ground discrimination skills. The noise problems I’d had since the stroke were validated and I had tools to help myself.

The audiologist noted I had nystagmus in my eye, was shocked I didn’t have a neurologist and suggested one to reach out to. I realized I had to be my own advocate to get help. That first neurologist told me his focus was only stroke prevention and encouraged me to seek a referral elsewhere as well. That led me to write an email to the hospital where I had been a patient and self-advocate for a referral to the Chief of Neurology. Within a month I had my first appointment at the hospital where, 15 months prior, I’d been a patient. It led to more answers.

Since my stroke I have sought out: monthly massage therapy, regular physiotherapy for balance, speech-language pathology testing and therapy, occupational therapy for my memory problems and executive function struggles, audiology testing and central auditory processing testing for my hearing issues, swallowing problems, vestibular therapy for proprioception and balance problems, binocular vision testing & retraining, and a neuropsychological assessment to tease out where my brain has difficulty.

In 2017, I joined several online support groups. It’s been a great resource to fill in the gaps when “I don’t know what I don’t know.” I now have a place to ask questions and get responses from other survivors who’ve been where I am. It’s also a platform to share information about testing and therapies that I’ve uncovered on my journey, and hopefully I can positively impact health outcomes for others. I’m grateful for supportive friends, family, coworkers and the online communities I am a member of. They all accept me where I’m at and encourage me to seek new ways to improve.

Are you living with a brain injury and want your voice to be heard?
Are you a family member/caregiver of someone with a brain injury?

We need your Input!

Often, decisions affecting the brain injury community in Ontario are made with little input from persons with lived experience and their family members/caregivers.

The Ontario Brain Injury Association (OBIA) has created an Active Engagement Network called Brain Injury Speaks, whose goal is to inform and respond to decisions made by the government.

We want YOU to have the opportunity to voice Your Opinion to current issues. All responses will be presented as One Provincial Voice.

VISIT: www.obia.ca/about-brain-injury-speaks
AND HAVE YOUR VOICE COUNT!

JUNE 2019 | OBIA REVIEW
EPS Settlements Group of Canada has launched!

Brad Cantwell, President of EPS Settlements Group, and Bob Nigol are pleased to announce a partnership through the launch of EPS Settlements Group of Canada. EPS Settlements Group is the flagship company of the oldest and largest structured settlements organization in North America.

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

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

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Traumatic Brain Injury (TBI) is more common than breast cancer, HIV/AIDS, spinal cord injury, and multiple sclerosis combined. Those who survive may experience cognitive and communication impairments as a result of their TBI, including reduced behavioural self-regulation, slowed thinking, difficulty following and responding quickly in conversation, impulsivity, and impaired reasoning and problem solving.

It is well established that TBI is disproportionately prevalent among individuals who are homeless or vulnerably housed, intersect with the criminal justice system, or are exposed to Intimate Partner Violence (IPV). Unfortunately, consequences of a TBI may significantly add to the challenges these populations already face. For example, cognitive impairments resulting from TBI can significantly affect an individual’s ability to maintain or secure stable and affordable housing. Among persons who have a history of incarceration, TBI is rarely accounted for when assessing their rehabilitation needs, which may delay their return to the community and increase their risk for recidivism. Finally, it is estimated that up to 80% of women survivors of IPV have a history of TBI, which is expected to negatively affect long-term health, personal relationships, employment, and community involvement.

A systems analysis of community and health services for TBI in Ontario found that there continues to be a lack of appropriate services and supports, especially for those with concurrent TBI and mental health and/or addictions (MHA). This gap in care is critical to address, as individuals with TBI are more likely to report experiencing psychological distress and to have used alcohol and other drugs, including cannabis, cocaine, ecstasy, and hallucinogens, compared to those without a TBI. Importantly, the combination of sequelae from a TBI and experiences of MHA can exacerbate challenges experienced by those who are vulnerably housed/homeless, those who are incarcerated, and women survivors of IPV.

The Integrating Brain Injury, Mental Health, and Addictions Research Program, led by Dr. Angela Colantonio and funded by Ontario’s Ministry of Health and Long-Term Care Health System Research Fund until July 2019, aims to address this care gap through research and knowledge transfer and exchange activities, with explicit consideration for sex and/or gender. Importantly, individuals who are homeless or vulnerably housed, who intersect with the criminal justice system, and who have been exposed to IPV with TBI and/or MHA are often overlapping populations that face similar challenges. Yet, current research typically focuses on each of these populations in isolation, which greatly limits the ability of the findings to translate to evidence-informed recommendations that can holistically impact health services and supports. Our program of research recognizes this major gap in research and will address it through four inter-related themes:
**Policy-Relevant Data Theme:** The first project of this theme aims to determine the impact of a concurrent TBI and MHA on health system level outcomes such as repeat non-urgent emergency department visits, re-hospitalizations within 30 days of discharge, delayed discharge from acute care, and direct economic costs. Updated and comprehensive population-based data that can inform decision-making, policy development, and resource allocation will be generated. Dr. Vincy Chan (KITE-Toronto Rehab, University Health Network) and Dr. Robert Balogh (University of Ontario Institute of Technology) are co-leading this project.

The second project of this theme aims to determine the barriers and facilitators in accessing health services and supports for individuals with a TBI and MHA, including their unmet health care needs. Province-wide data that can inform the support of timely and equitable health services will be produced. Dr. Vincy Chan and Dr. Robert E. Mann (Centre for Addiction and Mental Health) are co-leading this project.

**Housing Theme:** This project aims to identify the critical characteristics of housing support services for individuals with a concurrent TBI and MHA. Appropriate housing models will be identified and gender-sensitive knowledge transfer materials will be developed to inform the development of stable places to live and to reduce chronic homelessness. Dr. Emily Nalder (University of Toronto) and Dr. Bonnie Kirsh (University of Toronto) are co-leading this project.

**Criminal Justice Theme:** This project aims to recognize the gaps in knowledge and practice among service users and service providers regarding individuals who intersect with the criminal justice system with concurrent TBI and MHA. Gender-sensitive knowledge transfer materials will be produced to support education, awareness, and practice recommendations regarding cognitive communication and social communication sequelae and how these can be accommodated. Dr. Flora I. Matheson (St. Michael’s Hospital) and Dr. Catherine Wiseman-Hakes (University of Toronto) are co-leading this project.

**Intimate Partner Violence Theme:** This project aims to recognize the gaps in knowledge and practice among front-line staff and women survivors of IPV with concurrent TBI and MHA. Gender-sensitive knowledge transfer materials will also be produced to support education and awareness regarding the impact of TBI and MHA. Ms. Halina (Lin) Haag (Wilfrid Laurier University) and Dr. Angela Colantonio are co-leading this project.

**Program Advisory Committee (PAC)**

Engaging knowledge users is currently lacking in research. We are committed addressing this gap by co-creating research to gain important and valuable input from the perspectives of end users. This will enable us to maximize the relevance and impact of our research. To this end, a PAC has been formed to guide and participate in discussion and decision-making of this program, such as the research design, recruitment strategy, interpretation of findings, and/or knowledge transfer and exchange activities. To date, our PAC consists of persons with lived experience; front-line staff and service providers serving the TBI, MHA, criminal justice, housing, and violence against women sectors; and decision-makers. The PAC will also be actively involved in the creation, dissemination, and evaluation of our knowledge transfer materials. In addition to peer-reviewed publications, we will generate reports, fact sheets, and infographics with our PAC that can be used by knowledge users across sectors. Innovative arts-based knowledge transfer such as research-informed animated videos will be created and tailored for different audiences (e.g., front-line staff for the criminal justice sectors, women survivors of IPV, housing staff). Webinars and presentations throughout the program of research will be made to facilitate knowledge transfer and exchange, and networking opportunities. Importantly, our knowledge transfer and exchange activities is informed by collective/collaborative initiatives to implement evidence-based research emerging from the findings into practice; this will enable us to maximize the value and impact of our program of research to improve outcomes for individuals with TBI and MHA. Leading these activities are Dr. Pia Kontos (KITE-Toronto Rehab, University Health Network), Dr. Alisa Grigorovich (KITE-Toronto Rehab, University Health Network), and Dr. Richard Riopelle (Ontario Neurotrauma Foundation). We also aim to partner with the Research Team’s institutions on knowledge transfer and exchange activities.
Anticipated Impact

At the end of this program of research, we will provide policy-relevant data to direct resources and provide the right care to meet health services needs. Our findings will inform the policy and design of appropriate housing models to support Ontarians with TBI and MHA with a stable place to live. Finally, we will create gender-sensitive education and knowledge transfer materials that can address the knowledge and practice gaps in recognizing and understanding the cognitive and communication impairments associated with TBI and MHA among previously incarcerated individuals and women survivors of IPV.

It is noteworthy that this program of research is possible because of the generous support of many organizations serving the TBI, MHA, criminal justice, housing, and violence against women sectors, including Ontario Brain Injury Association. They provided letters of support that strengthened our applications for funding and are now actively participating as members of our PAC. Persons with lived experience have also kindly agreed to participate in our PAC and provide their invaluable feedback throughout our program of research. We are immensely grateful for the PAC's dedication and support; they continuously inspire and motivate us to increase awareness and education and identify sex and/or gender-sensitive solutions for timely, equitable, and appropriate health services and supports for this population. We look forward to pursuing additional funding opportunities to continue our successful partnerships.

Contact Information: To learn more about this program of research or how you can be involved, please contact Dr. Angela Colantonio (angela.colantonio@utoronto.ca) or Dr. Vincy Chan (vincy.chan@uhn.ca).

Funding: This program of research received funding from Ontario’s Ministry of Health and Long-Term Care (MOHLTC), 2017/18 Health System Research Fund Program Awards, grant #267. The views expressed are the views of the authors and do not necessarily reflect those of the Ministry. We are grateful for the support of the MOHLTC for this study and for the reviewers who provided feedback for our study. This includes a panel of patient reviewers who provided very positive comments on our proposed directions. Effective August 2019, we will be seeking other sources of funding to continue this program of research.

*The Integrating Brain Injury, Mental Health, and Addictions Team:

Principal Investigator: Angela Colantonio

Co-Investigators: Robert Balogh, Vincy Chan, Alisa Grigorovich, Halina (Lin) Haag, Bonnie Kirsh, Pia Kontos, Robert E. Mann, Flora I. Matheson, Emily Nalder, Richard Riopelle, Catherine Wiseman-Hakes

Research Assistants: Jen Estrella, Hyun (Jeff) Ryu, Gina Stoduto, Danielle Toccalino
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Trainees: Danielle Burlie, Sonia John, Lauren Marcus, Samira Omar, Lindsay Rideout, Alexandra Saffran, Mijal Vonderwalde

Program Advisory Committee: Canadian Mental Health Association (CMHA) Toronto, Cota, Human Services Justice Coordinating Committee, John Howard Society of Ontario, March of Dimes Canada, Ontario Brain Injury Association, Ontario Neurotrauma Foundation, Ontario Shores Centre for Mental Health Sciences, PASAN, Probation Officers Association of Ontario, Provincial Acquired Brain Injury Network (PABIN), Waypoint Centre for Mental Health, WomenatthecentrE, Women’s Habitat, Women’s Shelters Canada, and persons with lived experience.

References:


OBIA’s Provincial Peer Support Program connects persons with lived experience (the Mentor) with an individual who is living with the effects of acquired brain injury and who requires support (the Partner). The program is available, at no cost, to survivors, family members and/or unpaid caregivers.

For more information on Peer Support in your community contact:

Ontario Brain Injury Association
1-800-263-5404  www.obia.ca
Last summer I started a much-needed Brain Injury Support Group in Muskoka. Although the main objective of such a group is to provide a safe environment for people with acquired brain injury to understand their “new selves,” another goal is to help people avoid sustaining a brain injury.

Without question, the use of bicycle helmets reduces both the number and severity of brain injuries. Very recently, there has been a big development in the testing of the degree of safety offered by various helmets.

For many years, bicycle helmets have had to meet a minimum safety standard to be approved for sale. To meet this standard, the helmet was held rigidly and a specific weight was dropped from a designed height. The helmets which passed this test were approved. The consumer had no way of comparing the relative safety of various helmets.

In 2008, Virginia Tech University started testing the safety of football helmets. More recently they realized that bicycle helmets affected the lives of a far greater number of people. Three years ago they started setting up a criteria for the quantitative testing of bicycle helmet safety under a variety of impacts. They then proceeded to test 30 different helmets, all of which had been approved under the present safety standards. The results of these tests has recently been published.

Each helmet tested had been given a safety ranking of zero to five stars, with zero being no helmet and five stars being the best of the helmets tested. Only four of the 30 helmets got the five star rating, with all of these being Multi-directional Impact Protection System (MIPS) versions. Two of the approved helmets received only two stars.

The price of the helmet was not an indicator of the helmet’s safety. For example a $250 helmet received only two stars and a $99 helmet received the full five star rating.

Wearing any bicycle helmet cannot guarantee that a person will not sustain a brain injury if they are in an accident, but the Virginia Tech research definitely helps the consumer make a more informed purchasing decision. It also gives bicycle helmet designers the impetus to improve their product.

The testing is ongoing with helmet manufacturers submitting new designs for testing. Bicycle riders owe it to themselves and their loved ones to check out the latest findings from the Virginia Tech study. Believe me, brain injury changes not only the life of the brain injury survivor, but also the lives of their family and friends.

The Virginia Tech University Bicycle Helmet Ratings

In collaboration with the Insurance Institute for Highway Safety, we have rated a total of 54 bike helmets using the STAR evaluation system. Our bicycle helmet impact tests evaluate a helmet’s ability to reduce linear acceleration and rotational velocity of the head resulting from a range of impacts a cyclist might experience. Helmets with more stars provide a reduction in concussion risk for these impacts compared to helmets with fewer stars.

Wearing a helmet is most important and can be the difference between life and death in the event of a crash. These ratings supplement standards by providing additional information on which helmets best reduce concussion risk. For bike helmets, we recommend any four or five star helmet. While there are some differences in impact performance within these groups, other factors such as cost, fit, and comfort should be considered when purchasing a helmet.

https://www.helmet.beam.vt.edu/bicycle-helmet-ratings.html
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2019

November 6 - 8, 2019
Sheraton on the Falls Hotel
Niagara Falls, Ontario

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DELEGATE REGISTRATION
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#2019ABIConference

2019 Provincial ABI Conference - Lead Sponsors
2019 PROVINCIAL ABI CONFERENCE SCHEDULE:

WEDNESDAY, NOVEMBER 6, 2019
6:00pm - 9:00pm  Registration
7:00pm - 9:00pm  Welcoming Reception - Hosted by McLeish Orlando and Oatley, Vigmond LLP

THURSDAY, NOVEMBER 7, 2019
6:30am - 7:30am  Yoga by the Falls - Hosted by PIA Law
7:00am - 8:15am  Registration and Breakfast - Hosted by Lerners LLP
8:30am - 9:00am  Welcome and Introductions
9:00am - 10:00am  Keynote Presentation: Dawn Neumann, PhD, FACRM “Know Thy Emotions: A New Treatment Approach for Emotion Regulation”
10:00am - 10:30am  Refreshment Break - Exhibits and Networking - Hosted by Daniel & Partners LLP
10:30am - 11:30am  Concurrent Session A
 A1 - Negative Attribution Bias: A New Perspective On Anger and Aggression after Brain Injury and Implications for Treatment. Dawn Neumann, PhD, FACRM
 A2 - Vision Screening From the Front Lines: What Therapists Need to Know to Help Identify Post-Concussion Vision Issues. Stephanie Schurr, OTD, OT Reg. (Ont.) and Tanya Polonenko, OD, FAAO, FCVO
 A3 - Youth and Adults with Traumatic Criminal Justice System: Building Br Integrated Approaches to Care. Cat Hakes, PhD, SLP, Amber Kellen, Kelly Potvin, ED Elizabeth Fry Society
11:30am – 1:00 pm  Lunch, Draws and Exhibits - Hosted by Neinstein Personal Injury Lawyers
1:00pm - 2:00pm  Keynote Presentation: Meg Soper “Bring It On... Strategies for Balance and Resilience” - Co-hosted by Gluckstein Law
2:15pm - 3:15pm  Concurrent Session B
 B1 - Examining the Relationship Between Age-at-Injury and Post injury Outcomes. Dawn Good, PhD C.Psych., Sean Rob, PhD Candidate, Caitlyn Gallant, PhD Candidate, Ushna Saeed, H.BSc, Rachel Luczon, H.BSc.
 B2 - Persistent Concussion Services at Holland Bloorview: Building Evidence-based Practice for Youth with Concussion. Shannon Scratch, PhD, C.Psych., Peter Rumney, MD, FRCPC, and Andrea Hickling, MScOT, OT Reg. (Ont.). Further presenters: Alysha Ladha, MD; Sabrina Agnihotri, PhD, MD, Nick Reed, PhD.
 B3 - “Wait... What? A Positive Workplace: Build It Together.” Meg Soper
3:15pm - 3:45pm  Refreshment Break - Exhibits and Networking - Hosted by Daniel & Partners LLP
3:45pm – 4:45pm  Concurrent Session C
 C2 - One Concussion, Three Perspectives: Pulling It All Together For A Successful Return To Work. Dee Sperry, MSc, S-LP(C) and Leslie Birkett, BSc., OT, OT Reg.(Ont)
 C3 - The Challenge of Providing Service Inside the Walls and Those Guarding The Dilemma. Mary-Ellen Thompson, F
5:00pm - 6:00pm  Cocktail Reception - Hosted by McLeish Orlando and Oatley, Vigmond LLP
6:00pm - 7:30pm  Conference Dinner and Draws - Co-hosted by Gluckstein Lawyers and Henderson Structured Settlements LP

FRIDAY, NOVEMBER 8, 2019
7:00am - 8:00am  Breakfast - Exhibits and Networking - Hosted by Pace Law
8:00am - 8:15am  Greetings and Introductions
8:15am - 9:15am  Keynote Presentation: Robert van Reekum, MD, FRCPC and Emma van Reekum “Understanding and Coping With the Dur
9:30am - 10:30am  Concurrent Session D
 D1 - Building Pathways to Integrated Care: A Model of Intensive Community Case Management for Clients with Co-occurring ABI, Mental Health, and/or Addictions Issues. Carolyn Lemsky, PhD, C.Psych., and Natalie Reitmeier, SSW.
 D2 - Supporting Individuals with Challenging Mood and Behaviours Following an ABI. Hilten Lad, PsyD, C.Psych.
 D3 - A Cognitive Assistive Technology to Enable the Independence of People Living with Meal Preparation. Sareh Zarshenas, Doctoral Fellow University of M Bottari, PhD, and Mélanie Coutur
OBIA REVIEW

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A5 - Navigating Accessibility through Post-Secondary Education Following ABI. Kate Dykstra, BA, MEd, OCT and Joanna Hamilton, PhD, C.Psych.

A6 - A Tale of Two Cities: A Collaborative Project For Initiating and Maintaining Economic and Social Supports Following an ABI. Isabelle Rivaletto, BA Psych, Vanessa Slater, Ryan Natale, BA Hons. and Laura Bellon, BA Hons, BEd.

B4 - Plain Talk About the Elephant in the Room: Concussion. Clare Brandys, PhD, C.Psych. and Judy Gargaro, BSc(Med).


B6 - Brain Injury Speaks: The Stakeholder Engagement Network of Ontario. Chad Debison-Larabie, MHSc, BHSc

C4 - Handling Complex Pediatric Brain Injury Cases. Charles Gluckstein, Lawyer

C5 - New Tools and Approaches to Empower People with ABI. Cindy Hunt, RN, Dr.PH, Alicia Michalak, RN, MScN and Carol DiSalle, MScS, Reg. CASLPO S-LP (C)

C6 - Vision and Acquired Brain Injury: A Rehabilitative Approach. Tanya Polonenko, OD, FAAO, FCOVD and Lisa Griffiths, Professional Musician

D4 - A Foot in Two Worlds; Bridging the Gap Between Private and Community Supports. Melissa Vigar, RSW, Teena Curtiss, Lauren Bellon and Tanya Jewell.

D5 - Corrections: The Final Frontier - The Criminal Justice System and the ABI Experience. Abbey Bird and Shawna Eisenrath.


JUNE 2019 | OBIA REVIEW 27
REGISTRATION FORM (or register online at www.ontarioabiconference.ca)

Name: ____________________________________________________________

Company: ________________________________________________________

Address: _________________________________________________________

City: ________________________________ Prov/State: ____________ Postal Code/Zip ____________

Phone: ______________________________ Email: ______________________

Please indicate the following:

☐ Yes ☐ No I will be attending the Welcoming Reception on Wednesday evening.
☐ Yes ☐ No I will be attending the Conference Dinner on Thursday evening.
☐ Yes ☐ No My attendant will be accompanying me (OBIA will contact you to arrange details).
☐ Yes ☐ No I consent to having my name included in the Delegate Directory.
☐ Yes ☐ No I consent to having pictures of me shared on conference Social Media (you will not be tagged).
☐ Yes ☐ No I have food allergies: __________________________

Concurrent Sessions
☐ I will be attending: (Please mark your first choice with a 1 and the alternate choice with a 2)

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Attention Survivors and Family Members

Thanks to the generosity of the Thomson Rogers Diamond Sponsorship a limited number of delegates will be able to receive a subsidized conference rate of $50 per person.

Diamond sponsorship does NOT include accommodations or travel expenses.

If you are interested in attending as a sponsored delegate, please check the box below.

☐ I am a survivor/family member and would like to be CONSIDERED for the Thomson Rogers Diamond Sponsorship

Recipients will be selected by lottery on September 16, 2019 and notified via email after that date.

Registration Options/FEES:
Registration will be confirmed only upon receipt of payment. Registration includes all keynote sessions, selected concurrent sessions, all meals, breaks and receptions where highlighted on schedule, and one delegation kit.

☐ Option 1: $395 Early Bird rate by Friday, September 20, 2019
☐ Option 2: $425 Final Registration rate after Friday, September 20, 2019
☐ I wish to bring a guest to dinner (Thursday November 7th) for an additional cost of $80
☐ I wish to register for the Thursday morning Yoga by the Falls hosted by PIA Law, (Please bring your own mat)

Payment Options
☐ Cheque/Money Order - Please make cheques and money orders payable to: Ontario Brain Injury Association
☐ VISA ☐ Mastercard ☐ Amex

Credit Card Number: ____________________________ Expiry Date: ____________

Please return your completed form/s with your payment/s to:
Ontario Brain Injury Association, PO Box 2338, St. Catharines, ON L2R 7R9, or Fax: 905.641.0323

For more information contact OBIA at 1.855.642.8877 or via email at conference@obia.on.ca
With thanks to the International Brain Injury Association for providing the venue, the Ontario Brain Injury Association, the Brain Injury Society of Toronto and Brain Injury Canada were able to provide two workshops following the 13th Annual World Congress on Brain Injury in Toronto on March 17, 2019.

**Survivor Workshop**

Jaisa Sulit and Charlene Gethons, Wallis for Wellness
How To Access Our Resources For Resiliency With Mindfulness.

Kylie James, Certified Nutrition Practitioner, Koru Nutrition

**Caregiver Workshop**

Dr. Hiten Lad,
Lad and Associates
Supporting Loved Ones with Challenging Behaviours and Mood Following Brain Injury.

Dr. Carolina Bottari,
University of Montreal
COOK: Smart Home Technology to Enhance Independence, Ensure Safety and Reduce Caregiver Stress.
OBIA Advisory Council (OAC) Report

The last meeting of the OAC was held on Saturday, March 9, 2019 at the Miles Nadal Jewish Community Centre. There were 18 people at the meeting and another six joined via teleconference.

In the morning portion of the meeting there was a presentation on the Stakeholder Engagement Network and Brain Injury Speaks, by Chad Debison-Larabie from OBIA/ONF, along with a discussion about continuing the momentum of the Unmasking Brain Injury project again this June for Brain Injury Awareness Month. The afternoon portion was devoted to brainstorming fundraising opportunities followed by the Across the Province reports.

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

The following reports are from some of the local community associations:

BIA Windsor Essex

The Brain Injury Association of Windsor and Essex County (BIAWE) started a new outreach program. We provided a script...
pad, introductory letter and information about BIAWE to health professionals. We ask for referrals to our programs and the health professional fills out the script and has the patient call BIAWE. Alternatively, the health professional makes the referral and sends the script to BIAWE and we call the patient. Since its start, it has proven successful in promoting our programs and services to front-line professionals and there has been an increase in program participants.

To continue these services, we organize fundraisers—a new one this year was “Duelling Pianos” held at the Windsor Yacht Club overlooking the lovely Detroit River. It was a huge success with sold-out attendance. Two pianos “duel” it out, playing the audience’s requests. There’s singing, dancing and audience participation involved. A good time was had by all. We’re going to do it again next year!

**BIA Waterloo-Wellington**

The Brain Injury Association Waterloo Wellington has had a busy last few months!

• **Art Therapy Programs** - Thanks to a number of generous individuals in our communities and the Kitchener Waterloo Community Foundation (KWCF), our members are participating in acrylic painting, glass fusing and ceramic workshops. These creative programs are providing members with a fun, social and creative experience with other brain injury survivors.

• **Art Exhibition** - We were pleased to co-host an exhibition at the Canadian Clay & Glass Gallery which featured the ceramic and mixed media art of Kanika Gupta, a Toronto-based artist who is recovering from a brain injury. Members of the public were invited to an artist talk and reception on Feb. 2, 2019. Brain injury survivors were then led through a workshop titled “Rethink Recovery.” This project was supported by Siskinds Law Firm.

• **Masks** – Our masks are still on display around our region at Plume’s Interiors in Mount Forest and at THEMUSEUM in Kitchener.

• **Greeting Card project** – We’ve had a tremendous response to our greeting card project with more than 2,000 cards made so far! We’ll be continuing our creative project and will be expanding to other locations in our area.

• **Fundraising events** – On June 6, 2019 we held our 2nd Annual Comedy night at the Conrad Centre for the Performing Arts. Pictures coming soon!
OUT OF ALL OF OUR SENSES — SEEING, HEARING, SMELLING, TASTING, FEELING — VISION IS OUR MOST DOMINANT SENSE. RESEARCHERS ESTIMATE THAT 80-85 PER CENT OF OUR PERCEPTION, LEARNING, AND COGNITION ARE MEDIATED THROUGH OUR EYES. SO DEALING WITH VISION ISSUES AFTER A BRAIN INJURY CAN BE CHALLENGING.

**Common forms of vision problems**

In general, 20-40 percent of people with Traumatic Brain Injury (TBI) experience vision-related disorders. Some vision-related issues can be permanent; others resolve quickly. This depends on the individual and their unique brain injury.

Vision can be broken down into the following general categories:

- **Visual motor abilities**, including alignment, refers to “eye posture” — meaning the direction in which the eyes point. For example, if the eyes are straight and aligned, the eye posture is normal.
- **Visual perception** is the ability to interpret information and surroundings from visible light reaching the eye.
- **Visual acuity** refers to clarity of sight.
- **Visual field** is the complete central and peripheral range, or panorama of vision; picture a pie as your visual field. Here are the common types of visual field loss:
  - hemianopsia
  - quadrantanopsia
  - homonymous hemianopsia
  - bitemporal hemianopsia

**What happens with change or loss of vision?**

When we can’t see clearly or have lost part of our field of vision, everyday tasks can become more challenging, some even impossible. You might have trouble with reading, driving, dealing with bright lights, or doing activities that involve hand-eye coordination. In many cases, there are tools and strategies that can help.

**Techniques and compensatory strategies**

In rehab, there are various techniques and strategies to help people with vision problems after TBI. They can include:

- Wearing prescription glasses
- Using magnification
- Implementing better or varying lighting for different environments
- Using assistive technologies to help make reading and using a computer easier
- Learning to use scanning and head turning
- Re-teaching the eyes to move and look into missing areas in the visual field

**Getting the right professional help**

Someone with vision problems after a TBI should find a top-notch ophthalmologist or neurologist who can administer a comprehensive vision exam. From there, the ophthalmologist may suggest the patient work with an interdisciplinary rehabilitation team to integrate all the necessary treatments for optimal recovery.

Having vision problems after a TBI can definitely interfere with a person’s quality of life, but it doesn’t have to be that way. Vision expert Dr. Gregory Goodrich advises, “Even if your symptoms don’t seem that serious, try to find an optometrist or ophthalmologist who has experience working with people with TBI. And keep persisting until you get the help you need.”
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I have a grand memory for forgetting.

Robert Louis Stevenson

TBI 101: Memory Problems

By Brainline.org

“I wonder if I’ve been changed in the night,” says Alice in Alice’s Adventures in Wonderland. “Let me think: was I the same when I got up this morning? I almost think I can remember feeling a little different. But if I’m not the same, the next question is, who in the world am I?”

Sometimes a traumatic brain injury can feel like falling down a rabbit hole, or being trapped on the wrong side of a looking glass, especially in the first days or weeks of recovery. You feel different; you are not sure who you are—the most daunting aspect of all these changes is the fact that you are having trouble with your memory.

What is memory?

Memory is the brain taking in, keeping, recalling, and using information. A brain injury can affect any of these facets of memory. And it can also make it hard to learn and remember things.

How can TBI affect memory?

Confusion is very common for people in the early recovery phase of a brain injury. They may not remember events that happened immediately before the injury or events from their hospital stay. As they recover, people who have memory problems typically have more difficulty with remembering recent events or learning new information (recent memory), rather than forgetting their identity or events that occurred in the remote past (remote memory).

What can make memory problems worse?

Other symptoms from brain injury can exacerbate memory problems, including:

- Fatigue and lack of sleep
- Stress
- Illness, poor health
- Strong emotions like anxiety, depression, and anger

Memory problems are not only frustrating, but they can also be dangerous. They can impact a person’s whole life—from interfering with their work or home life to affecting their ability to drive a car or take care of their children. It’s important for people to talk with their doctor about their memory, especially if the problems change or worsen.

Even after the “acute” recovery phase has passed, people with TBI can continue to have problems with their memory. They may forget details from conversations or have trouble remembering names, appointments, or basic procedures like doing the laundry. For some people after a TBI, their problems with memory never resolve; they may need to use tools or strategies to make up for the loss.

Strategies for remembering

Types of memory problems differ depending on each injury, but here are some general strategies to help:
• Write everything down—keep a notebook, mobile device or a Personal Digital Assistant (PDA) with you at all times to remember what you have to do.

• Use signs, labels, or cue cards, or iPhone or Android smartphone apps to remind you where objects are located.

• Keep a “cheat sheet” of important information in your wallet.

• Buy appliances that turn off automatically.

• Use a pill organizer to organize your medicines.

• Get enough regular rest during the day.

• Set a routine: Have a plan for each day and each week so you remember important things like taking your pills and going grocery shopping.

• Have a family member take notes during meetings with your doctor or health-care provider.

• Break down new information into small parts. Learn the small parts instead of trying to learn everything at one time.

• Focus on one thing at a time.

• Keep a journal to record your progress, your thoughts.

Don’t go it alone

Living with memory problems after a TBI can be challenging, but unlike Alice from the famous children’s book, you are not in a rabbit hole or on the wrong side of a looking glass. Work up the courage to tell your family, friends, and colleagues that you have issues with your memory. That way they won’t get frustrated and angry with you if you forget important information or miss meetings, and they’ll also be able to help you establish effective strategies to make your life easier.


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Our brain needs specific foods and nutrients to help it function properly. Eating the right kind of foods can support mood, mental focus and memory. Here are the top five foods to support your brain health.

Eat Your Nuts and Seeds

Did you know that 60% of our brain is made up of fat? This includes saturated as well as polyunsaturated fats. Omega 3 is a very important fat for our brain and we just do not get enough in our diets due to poor food choices, cooking and heating methods, and consuming processed foods. Omega 3 surround our nerves and protect them. They ensure our nerves can transmit a smooth signal. Believe it or not, these good fats help regulate the release and performance of neurotransmitters. If we don’t consume enough of these good fats in our diet we can experience depression, memory and learning problems, difficulty concentrating, inflammation and even schizophrenia (Holford 2004).

The best way to get good fats, especially Omega 3, is by eating raw nuts and seeds. You need them to be raw as this preserves the fat content and nutrients. Consuming flax seeds, hemp seeds, pumpkin seeds, chia seeds and walnuts is a great way to get these good fats into your body. Walnuts are rated number one for brain health, so make this nut a must! You can make up some trail mix bags and keep them in the fridge for a quick grab and go snack or put them on your yogurt, oatmeal or sprinkle on top of salads.

Eat your Blueberries

Anti oxidants are important for protecting our bodies and brain from harmful free radicals. These can be found in our fruits and vegetables, with the highest amounts being in berries. Blueberries contain anthocyanins which can cross the blood-brain barrier, and may help decrease vulnerability to the oxidative stress that occurs with aging, reduce inflammation, and increase signaling between neurons.

A six-year nurses’ health study in more than 16,000 older individuals found that consuming two or more half-cup servings of blueberries and strawberries a week were linked to slower mental decline and delays in mental aging by up to 2.5 years. Another study identified nine older adults with mild cognitive impairment who consumed blueberry juice every day. After 12 weeks, they experienced improvements in several markers of brain function (Kroikorian 2010).

Tufts University scientists have found that the addition of blueberries to the diet in animal studies improved short-term memory, navigational skills, balance and coordination. Compounds in blueberries seem to jump-start the brain in ways that get aging neurons to communicate again.

Eat your Eggs

Eggs are packed with brain supporting nutrients such as vitamins B6, B12, choline and folate. Deficiencies in B12 and folate have been linked to depression. The yolk is higher in fat

**Top Five Foods to Support Brain Health**

By Kylie James, BSc, OT CNP Certified Nutrition Practitioner
and contains a nutrient called choline, which is good for the brain.

The National Academic Press indicates that choline is an important micronutrient that your body uses to create acetylcholine, a neurotransmitter that helps regulate mood and memory. Two studies found that higher intakes of choline were linked to better memory and mental function (Nurk, Resfum, et al 2013) (Poly, et al 2011). Because eggs are high in the B vitamins, they are good at helping to reduce mental decline as we age.

Eggs are economical, and quick and easy to make for any meal of the day. The Mayo clinic indicates that although chicken eggs are high in cholesterol, the effect of egg consumption on blood cholesterol is minimal when compared with the effect of trans fats. Most healthy people can eat up to seven eggs a week with no increase in their risk of heart disease. Some studies have shown that this level of egg consumption may actually prevent some types of strokes.

### Drink Green Tea

Green tea is high in antioxidants and polyphenols which can help to protect the brain from free radical damage. It has shown to improve memory, mental focus and mental alertness (Dietz, Dekker, 2017).

L-theanine is an amino acid found in green tea. This amino acid can cross the blood-brain barrier and increase the activity of the neurotransmitter GABA, which helps reduce anxiety and makes us feel more relaxed. Although caffeine in green tea can help increase our mental alertness, the L-theanine helps us to avoid getting the “jitters” and nervous energy that coffee can sometimes give us.

So switch out your coffee for green tea and if you are not a hot green tea fan - brew a pot and put it in the fridge to cool and add Stevia® for a healthy iced tea beverage.

### Eat Dark Chocolate

Get rid of your candy bars, cookies and candies and reach for a couple of squares of dark chocolate instead. Sugar is terrible for brain function and switching out these high sugar treats for some 85% dark chocolate may be just the trick. Chocolate is high in magnesium which helps to calm the mind and promote relaxation. In fact, craving chocolate can be a sign of a magnesium deficiency.

Dark chocolate and cocoa powder are packed with a few brain-boosting compounds, including flavonoids, caffeine and antioxidants. The flavonoids in chocolate gather in the areas of the brain that deal with learning and memory. Researchers say these compounds may enhance memory and also help slow down age-related mental decline (Sokolov, Pavlova et al, 2013).

Chocolate also contains a chemical, phenylethylamine (PEA), which can help to elevate mood and feelings of love, suppress appetite and improve memory and learning. Feel the love and eat some dark chocolate! ♡♡♡
The OBIA Review has featured articles in prior years about an Ottawa area motorcycle club called The Celtic Brotherhood (TCB). This club is mostly made up of men who are brain injury survivors. TCB decided to organize and utilize experiences of their own personal journeys from brain injury victim to survivor and pass on the lessons they have learned so that they might better promote brain injury awareness. They help others cope with the lack of understanding often met from family, friends and community because of their “invisible injury.” While each survivor’s story is different, the obstacles they face in the outside world are pretty much the same.

In 2016, TCB were honoured to have been the recipients of the prestigious Fellowship Award presented at OBIA’s Annual General Meeting, and they proudly bring their award to display at special events and functions.

Awareness Activities

The club has created the Busted Bucket Challenge which is an interactive project where the public is invited to navigate a special road course riding “Chopper-style” tricycles while wearing special optical eyewear created to simulate some of the optical difficulties that present themselves after brain trauma. While the audience is watching the difficulty the riders have, TCB deliver a message about the struggle brain injury survivors deal with and, at the same time, delivering it with some humour so as not to lose their attention. The challenge has become so popular that they receive requests from motorcycle events and brain injury associations to come and put on a demonstration. Unfortunately due to the number of requests, the demand is beyond their capabilities at this time.
In addition to the Busted Bucket Challenge, TCB constantly looks for more ways to engage the public to promote awareness. One way is to offer free breakfasts to participants of rides hosted by other clubs on the premise. In 2018, TCB served breakfast to more than 3,000 motorcyclists and, while they certainly never intended to become short order cooks, they expanded the program because of the number of people who wanted information about brain injury, whether for themselves, a family member or friend.

They also work with other motorcycle groups such as BACA (Bikers Against Child Abuse) because many of the children they protect from domestic abuse have sustained head trauma. Their input can be very helpful in seeking support beyond just housing or protection.

A number of years ago TCB organized the Annual Awareness Ride for Brain Injury event to bring awareness of local brain injury associations with the hope to bring financial and volunteer support from the communities they serve. The ride and the motorcycle rodeo keep getting larger and this year will become a two-day event which will include a “Hotcakes, Ham & Harleys Father’s Day Breakfast for Bikers.”

Most recently, the members of TCB are looking for ways to reach everyone they possibly can and one of the demographics they have been limited in is creating awareness and early detection of brain injury in children 10 years and under. A year ago they finished a new apparatus, the “Busted Bucket Mini-Basketball Challenge” and it’s a big hit with kids.

Future plans include satellite branches of the Busted Bucket Challenge into other areas of Ontario and Canada because TCB want to give hope to other survivors and their families.

Contact TCB

If you want to learn more about TCB and its mission, or become involved as a sponsor or participate in any of the activities, please reach out. They can be contacted at the following:

Email: tcb.motorcyco@gmail.com or awarenessride.ca@gmail.com

Facebook: Busted Bucket Challenge – Traumatic Brain Injury Project

Website: www.thecelticbrotherhood.com

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Events Calendar

Various dates
Caregiver Education Program
Support, Hope & Resiliency: An Education and Training Program for Caregivers of Acquired Brain Injury Survivors
Location: various locations across the province
Contact: Nancy LaJoie
Phone: 905-641-8877 ext. 248
Email: nlajoie@obia.on.ca
Website: www.obia.ca

June 19-21, 2019
OBIA Training Program
Advanced Brain Injury Rehabilitation (Level 2)
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

June 20, 2019
7th Annual ABI Conference: Cannabis, Addiction and Mental Health After Brain Injury
Location: Hotel Dieu Grace Healthcare, Windsor, ON
Contact: Anna Jurak, BIA Windsor Essex
Phone: 519-981-1329
Email: payment@biawe.com
Website: www.biawe.com

September 12-15, 2019
Camp Dawn
Location: Rainbow Lake, Waterford, ON
Contact: Julie Dickison
Email: campdawninfo@gmail.com
Website: www.campdawn.ca

September 29, 2019
SAVE THE DATE!
BIST - Hero 5K Run, Walk or Roll
Contact: Melissa Vigar
Email: mvigar@bist.ca
Website: www.bist.ca

November 6-8, 2019
OBIA and Participating Community Associations present: 2019 Provincial ABI Conference: Forging New Pathways • Navigating Challenges • Exploring Breakthroughs
Location: Sheraton on the Falls Hotel, Niagara Falls, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: conference@obia.on.ca
Website: www.ontarioabiconference.ca
(see information on Pages 25-28)

February 18-21, 2020
OBIA Training Program
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level One)
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

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

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

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

Call OBIA 1-855-642-8877
Toll-Free Support Line 1-800-263-5404 (HELPLINE)
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<thead>
<tr>
<th>Sarnia-Lambton</th>
<th>BIA of Sarnia-Lambton</th>
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<tbody>
<tr>
<td>Phone: 519-337-5657</td>
<td>Email: <a href="mailto:sarnia.biasl@gmail.com">sarnia.biasl@gmail.com</a></td>
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<tr>
<td>Website: <a href="http://www.sarniabiasl.ca">www.sarniabiasl.ca</a></td>
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<tr>
<th>New Beginnings ABI &amp; Stroke Recovery Association</th>
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<tr>
<td>Phone: 519-491-2668</td>
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<tr>
<td>Website: <a href="http://www.newbeginnings-cks1.com">www.newbeginnings-cks1.com</a></td>
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<td>Phone: 705-971-1050</td>
<td>Email: <a href="mailto:braininjuryssmd@gmail.com">braininjuryssmd@gmail.com</a></td>
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<tr>
<td>Website: <a href="http://www.soobraininjury.com">www.soobraininjury.com</a></td>
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<th>Sudbury and District</th>
<th>BIA of Sudbury &amp; District</th>
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<tr>
<td>Phone: 705-670-0200</td>
<td>Email: <a href="mailto:info@biasd.ca">info@biasd.ca</a></td>
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<td>Website: <a href="http://www.biasd.ca">www.biasd.ca</a></td>
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<th>Thunder Bay</th>
<th>BIA Thunder Bay &amp; Area</th>
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<tr>
<td>Phone: 807-621-4164</td>
<td>Email: <a href="mailto:biatba@yahoo.ca">biatba@yahoo.ca</a></td>
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<tr>
<td>Website: <a href="http://www.bisno.org/brain-injury-association-of-thunder-bay.php">www.bisno.org/brain-injury-association-of-thunder-bay.php</a></td>
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<th>Timmins</th>
<th>Seizure &amp; Brain Injury Centre</th>
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<tr>
<td>Phone: 705-264-2933</td>
<td>Email: <a href="mailto:sabicrl@eastlink.ca">sabicrl@eastlink.ca</a></td>
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<td>Website: <a href="http://www.seizureandbraininjurycentre.com">www.seizureandbraininjurycentre.com</a></td>
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<th>Toronto (GTA)</th>
<th>Brain Injury Society of Toronto</th>
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<tr>
<td>Phone: 416-830-1485</td>
<td>Email: <a href="mailto:info@bist.ca">info@bist.ca</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.bist.ca">www.bist.ca</a></td>
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<th>Waterloo-Wellington</th>
<th>BIA of Waterloo-Wellington</th>
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<tr>
<td>Phone: 519-654-0617</td>
<td>Email: <a href="mailto:info@biaww.com">info@biaww.com</a></td>
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<tr>
<td>Website: <a href="http://www.biaww.com">www.biaww.com</a></td>
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<th>Windsor-Essex</th>
<th>BIA of Windsor and Essex County</th>
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<tr>
<td>Phone: 519-981-1329</td>
<td>Email: <a href="mailto:info@biawe.com">info@biawe.com</a></td>
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<tr>
<td>Website: <a href="http://www.biawe.com">www.biawe.com</a></td>
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<tr>
<th>York Region</th>
<th>Brain Injury Association of York Region</th>
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<tr>
<td>Phone: 905-780-1236</td>
<td>Fax: 905-780-1524</td>
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<tr>
<td>Email: n/a</td>
<td>Website: <a href="http://www.biayr.org">www.biayr.org</a></td>
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<th>Provinicial Associations</th>
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<tr>
<td>Brain Injury Canada/Lésion Cérébrale Canada</td>
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<tr>
<td>Phone: 613-762-1222, Toll free Line: 1-866-977-2492</td>
</tr>
<tr>
<td>Email: <a href="mailto:info@braininjurycanada.ca">info@braininjurycanada.ca</a></td>
</tr>
<tr>
<td>Website: <a href="http://www.braininjurycanada.ca">www.braininjurycanada.ca</a></td>
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| 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 |

| Manitoba Brain Injury Association |
| Phone: 204-975-3280 or Toll Free: 866-327-1998 |
| Email: info@mbia.ca |
| Website: www.mbia.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 cranio-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@biapei.com |
| Website: www.biapei.com |
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3. Issues and Interventions for Mild to Moderate Brain Injury

This program is an extension of OBIA’s Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury program.

June 19-21, 2019

DETAILS

Location: Brock University, Room TH245
1812 Sir Isaac Brock Way, St. Catharines, ON

Date & Time: June 19-21, 2019

Hotel: Four Points by Sheraton, Ph: 905.984.8484

Professors: Sherrie Bieman-Copland, Ph.D, C.Psych
Dawn Good, Ph.D, C.Psych

For more information about this and/or other Certificate Training Programs visit www.obia.ca
905.641.8877 1.855.642.8877
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- Provides listening and emotional support to discuss the difficulties and frustrations associated with brain injuries
- Empowers the caller to cope with specific aspects of their life
- Supports families, friends, co-workers as well as professionals who may be supporting survivors and seeking information
- Is responsive to the needs of persons from diverse backgrounds and experiences
- Makes the appropriate community referrals

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Call our toll free Support Line 1.800.263.5404
Email: support@obia.on.ca
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In appreciation for your participation in our research study, you will receive a free one year dual membership with both OBIA and the participating local brain injury association of your choice and a Survivor Identification Card.

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