Concussion

There is hope, there is help!

Your clients cannot afford to compromise on their recovery, even when insurance limits are capped. We fight to ensure that your clients get funding for the care and treatment that they need.
INSIDE THIS ISSUE

Plain Talk About Concussion  
17

A Wider Perspective on Person Centeredness and Person Centered Care  
23

Also Inside

Ruth’s Desk - Spotlight on Concussion ........................................................... 4
Unmasking Brain Injury Goes to Queen’s Park ................................................ 6
Concussion in Adults ................................................................................. 20
2019 Provincial ABI Conference Registration ............................................... 27
#IAmTheFaceOfBrainInjury Blood Donations - A Way to Give Back ............ 31
Across the Province ................................................................................... 32
On the Road Again: Driving After Traumatic Brain Injury ............................. 37
An Interview with Dr. David Corey: His work with Functional MRIs ............ 39
Post-Traumatic Headache ......................................................................... 41
Menstrual Cycle Influences Concussion Outcomes ...................................... 43
Events Calendar ........................................................................................ 45
Brain Injury Associations (Local & Provincial) ............................................. 46
OBIA Training: Children & Youth with Acquired Brain Injury (Level 1) ......... 52

Connect with us!
VISIT  
www.obia.ca

EMAIL  
obia@obia.on.ca
In our work at OBIA, we see first-hand the devastating effects that concussions can have on children, youth and adults. OBIA continues to work diligently to support people who have sustained concussions while at the same time bring awareness to the seriousness of concussions.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

Spotlight on Concussion

Sidney Crosby, Canada’s own star NHL hockey player, is beloved and embraced by our great country of Canada and is often viewed as one of the greatest hockey players of all time. Canadians cheered when Crosby scored the game-winning goal for Team Canada in overtime, against the United States in the 2010 Winter Olympics in Vancouver. However, in 2011 Crosby sustained such a serious concussion that he was unable to play hockey for the rest of the season and for most of the 2011-2012 season.

Many Canadians were stunned that the seriousness of a concussion could keep their beloved hockey player off the ice. Even those who were not die-hard hockey fans began to take note of the term concussion and the devastating effect that it could have on a star athlete.

From OBIA’s perspective, it was after the publicity surrounding Sidney Crosby’s injury that concussion began to come to the forefront. OBIA has been operating a helpline for more than 30 years. This past year, fifty per cent of the calls we received were regarding concussion. More information is readily available regarding concussion and people are beginning to see it as more than a “bump on the head,” or that they “got their bell rung.”

The problem that remains is the limited access to treatment for those who do not recover fully from a concussion. We do know that at least eighty percent of people recover from a concussion within a relatively short time. However, that still leaves many experiencing post-concussive symptoms that interfere with their daily life, and ability to work and function as they did prior to their injury.

In our work at OBIA, we see firsthand the devastating effects concussions can have on children, youth and adults. OBIA continues to work diligently to support people who have sustained concussions, while at the same time bring awareness to the seriousness of concussions. One of the very important initiatives OBIA supported was a law that the province of Ontario passed on concussion safety, called Rowan’s Law. This was a bi-partisan effort with support from all three political parties. The intent of this legislation is to encourage:

- Increased education and awareness for parents, coaches, athletes, and
teachers surrounding concussion injuries

- Better tools for coaches and trainers to identify concussions
- Concussion policies in place at all school boards and sports associations across Ontario
- Increased education and training for healthcare professionals to better treat and manage concussions

Rowan’s Law was named for Rowan Stringer, a high school rugby player from Ottawa, who died in the spring of 2013 from a condition known as second impact syndrome (swelling of the brain caused by a subsequent injury that occurred before a previous injury healed). Rowan is believed to have experienced three concussions over six days while playing rugby. She had a concussion but did not know her brain needed time to heal. Neither did her parents, teachers or coaches.

The last Wednesday of each September has been designated as Rowan’s Law Day to help raise awareness about concussion safety. This year, Rowan’s Law Day will be commemorated on Wednesday September 25, 2019.

Source: [https://www.ontario.ca/page/rowans-law-day](https://www.ontario.ca/page/rowans-law-day)

Please join us in remembering Rowan Stringer by promoting safety and prevention of concussions.

For those who have sustained concussion and are in need of support, OBIA is here to help. We have a 1-800 helpline, a Peer Support Program and an Online Concussion Support Group. Please contact us if you or your loved one are in need of support.

◊◊◊

DISCLAIMER:

Articles may be reproduced from the OBIA Review provided credit is given to the authors wherever possible. Note: the opinions expressed herein are those of the respective authors and advertisers and not necessarily those of the Ontario Brain Injury Association (OBIA). OBIA will not be liable for any damages or losses howsoever sustained as a result of the reliance on or use by a reader or any other person of the information, opinion, or products expressed, advertised or otherwise contained herein. Where appropriate, professional advice should be sought.

Let your health shine.

Compassionately providing Nursing, Attendant Care and Housekeeping Services across Ontario.

1.844.505.7755
www.neuralrehabgroup.com
Unmasking Brain Injury Goes to Queen’s Park

by Tanya Jewell, Community Engagement Coordinator

On May 30, 2019, OBIA, local community associations, supporters, caregivers and survivors brought the Unmasking Brain Injury project to Queen’s Park! Together we raised awareness of acquired brain injury and commemorated the start of Brain Injury Awareness Month in June.

Through the Unmasking Brain Injury project, people living with brain injuries are making the invisible, visible by unmasking their stories through a public artistic display of masks that represent their personal journeys. To date, more than 1,500 masks have been created in Ontario and are being shown in museums, art galleries and communities across the province. It was an honour to share the project with MPPs from across the province.

We had a tremendous response! The displays of masks made an impact with the many MPPs and staff who attended. With the generous support of Shekter Dychtenberg LPP (Alden Dychtenberg pictured below with Ruth Wilcock), our event sponsors, OBIA hosted a lunch reception. It was a wonderful opportunity for representatives from local associations, including survivors and caregivers, to share their stories and messages.

View all the masks made during our Unmasking Brain Injury project here:

Feedback from the Attendees

“I was lucky enough to attend the launch of Brain Injury Month at Queen’s Park. It was important to me to be able to share my lived experience of struggles and triumphs since suffering a TBI. I had a chance to share my story with one of my local MPPs and the official opposition critic for Mental Health and Disabilities, Joel Harden. Sharing our personal experiences puts a voice and face to a mostly invisible disability.”

- Russ Davies, ABI Survivor
Georgetown, Ontario

“Thank you so much for making the journey to Queen’s Park to share the experiences of those living with a brain injury. As an invisible condition, it’s difficult for many of us to understand what life is like for people living with brain injuries. The masks and their accompanying descriptions were powerful and left a lasting impression on myself and my colleagues. Thank you for your efforts to help us understand.”

- MPP France Gélinas, (N.D.P.)
Critic, Health Care

“Thank you so much for making the opportunity to meet so many people living with an acquired brain injury at the Unmasking Brain Injury event at Queen’s Park, and to hear from them. I really enjoyed seeing all the interesting and moving masks. Each mask and each story carefully reflected the unique experiences of the person who created it. As someone who has had close friends and family with an acquired brain injury, the stories really hit close to home.”

- MPP Robin Martin, (P.C.)
Parliamentary Assistant to Minister of Health

“As a partner working with OBIA for the past 20 years, it was wonderful to see such engagement from the MPPs and staff at Queen’s Park. The event gave OBIA and several of the community associations the chance to get the message of brain injury to the MPPs. You could see that the masks really resonated with them in helping to tell the complicated story of ABI and the effect it can have on a person. It was also a strong message that no two brain injuries are alike.”

- Corinne Kagan
Ontario Neurotrauma Foundation

“When we or someone we love is sick, nothing else matters. Our health is a top priority. That’s why it’s vitally important to educate Ontarians about the serious impacts of concussions and brain injuries. It’s estimated that close to half a million Ontarians are suffering from acquired brain injury; many of whom are unaware or unsure how to treat it. That’s why I was proud to co-sponsor Rowan’s Law, concussion safety legislation meant to protect amateur athletes and make sports safer for everyone. Ontario is leading the way to increase awareness about concussions and protect against brain injury. Thank you to the Ontario Brain Injury Association for your advocacy and commitment to enhancing the quality of life for those with brain injuries.”

- MPP John Fraser (Lib.)
Interim Leader

“The Unmasking Brain Injury event at Queen’s Park was an important event that brought much-needed awareness of the challenges of brain injuries. I appreciated the artistic masks as a creative way to show the unique story behind every person that has been touched by a brain injury.”

- MPP Mike Schreiner
Green Party of Ontario
There is hope for a better tomorrow.

Thomson Rogers is dedicated to getting accident victims the compensation and support they deserve.
“The Unmasking Brain Injury showcase at Queens’s Park was a very proud moment for me as an OBIA Board Member. It was an excellent way to raise awareness, provide education, and garner support from our MPPs. The feedback I received from the MPPs I met was nothing but positive. They commented on how impactful the masks were and how each story was so very touching. I too found these masks to be very moving and reminded me of the wonderful work OBIA does to support survivors and their loved ones. Congrats to the OBIA team and the associations on a wonderful achievement. You can now cross off Queen’s Park from the OBIA bucket list!”

- Sabrina Chagni
OBIA Board member

BIST was thrilled to be a part of the Unmasking Brain Injury event at Queen’s Park on May 30. It was a great way to spread awareness about brain injury, share experiences, provide education and discuss the myriad of barriers that this population experiences. The impact this project has on viewers is profound. The medium of masks draws in participants and personalizes the experiences – really bringing home that brain injuries can happen to anyone at any time.

“BIST was thrilled to be a part of the Unmasking Brain Injury event at Queen’s Park on May 30. It was a great way to spread awareness about brain injury, share experiences, provide education and discuss the myriad of barriers that this population experiences. The impact this project has on viewers is profound. The medium of masks draws in participants and personalizes the experiences – really bringing home that brain injuries can happen to anyone at any time.

This message was taken in by the MPPs, who took the time to speak with our agency's representatives about the individual, familial and societal impact brain injuries have on their constituents. Many of them left the event with a better understanding of brain injury and the survivors who live in the communities they represent.

- Melissa Vigar
Brain Injury Society of Toronto

“The Brain Injury Association Waterloo-Wellington (BIAWW) was pleased to have participated in the Unmasking Brain Injury at Queen’s Park event May 30, 2019. It was exciting to have our own Waterloo MPP Catherine Fife speak at the reception as she was a co-sponsor of Rowan’s Law, which increases awareness of concussions in schools and sports teams. Our attendees (including two survivors) were grateful for the opportunity to meet other survivors, caregivers and MPPs at the event. Thank you to OBIA for making this happen!”

-Lynda Abshoff
Brain Injury Association of Waterloo-Wellington

“The Queen’s Park Unmasking event was my first OBIA activity. I thought it was great! I got to speak to my MPP and all of my questions were answered. I also learned a lot from reading people’s Unmasking stories. Overall it was a great experience.”

- Jocelyn Barrett
ABI Survivor

“Jocelyn Barrett
ABI Survivor”

- Jocelyn Barrett
ABI Survivor

- Jocelyn Barrett
ABI Survivor

- Jocelyn Barrett
ABI Survivor
Hi, my name is Michael Corneau. It is May of 2019, I’m 20 years old, and since October 15, 2016, I have suffered every single day with post concussion syndrome (PCS) due to a traumatic brain injury (TBI) I sustained during a hockey game. I am an avid hockey fan, a supporter, and a former competitive hockey player. In 2017, the Concussion Legacy Foundation featured my story which can be viewed on their website: http://obia.ca/brain-injury-awareness-month/unmasking-brain-injury/. In that article, I wrote about my early experiences with my concussion and about the many ups and downs throughout that period of time. Two and a half years of this rollercoaster ride brings me to write this update. Think of all you have achieved in the past three years, the experiences you have had, the money you have earned and the relationships you have cultivated - old and new. For me, the answer to these questions is simply … none. My life was put on hold in October 2016.

One thing that bothers me more than anything else, that’s come along with this whole ride, is speaking to people who don’t quite understand the severity or impact this truly has on my everyday life. People do not understand the long-term impact PCS has on me and the endless treatments I have tried. I can’t blame them though, it’s an extremely complicated injury that you can’t see from the outside. A broken bone generally has a short, fairly precise recovery timeline with a visible cast or crutches, a cut or a surgical wound has visible stitches and the loss of a loved one is directly related to visible grief. How do I explain what my daily struggles are on a regular basis, and expect people to understand? I can’t, but I try. The loneliness some days is crushing.

On days where my symptoms are worse than my average, I can barely make it through a trip to the grocery store without
feeling the repercussions. Moments like that, where I can’t accomplish a simple task, are very frustrating and depressing. It turns little chores I need to take care of into nearly day-long projects, due to downtime I need to take in between. There’s nothing that can prepare you for the lifestyle change I’ve had to go through. Right when I feel I’ve made forward motion, it seems that shortly after I’m thrown back more steps than I advanced.

My TBI occurred in my graduating year. I started Grade 12 in September 2016, was injured in October, 2016, and have not been able to go back to school since. I am now 20 years old with a Grade 11 education. I have some good friends that have remained in my life and when I get moments to catch up with them and talk about the time apart, I am constantly reminded that I haven’t made progress for my future. I haven’t even graduated high school, but my friends who I was supposed to graduate with are finishing their sophomore year in post-secondary, or are gainfully employed. Unfortunately, with my recurring symptoms it is nearly impossible for me to commit to a proper work or school schedule, even with flexibility and accommodations that we’ve tried to make.

This injury runs my entire life - it dictates how I will feel, what I can do, how I sleep, family time, social life, you name it. It’s a constant weight on my shoulders. Where do I go from here? Will this feeling ever change? I know things could be worse for me, and I’m grateful that I’m still here but sometimes the gravity of all that has happened to me brings me to tears. During those darkest days, my mom comes and sits down on my bed, rubs my forehead and tells me it is all going to be alright. The love in her eyes is always shaded with worry. This is our new norm.

Naturally, human interaction is necessary to live a sane life, whether it’s for light conversation, new perspectives, or placing an order at your favourite restaurant. I can’t help but to acknowledge the seclusion I’m facing, away from my normal life. A feeling of loneliness, creating a darkness surrounding your mind with negative and unclear thoughts are always there. Your own mind becomes your worst enemy, with thoughts that can plague your positivity, suffocating yourself with questions that are fabricated by that negative energy. After having everything taken away, removing the social life I used to have, the sports I used to play, my plans for a future, how do I fill that void? I wish it was as easy as just finding new hobbies, but it just isn’t.

Obviously, here I am, capable of typing these thoughts out for short periods at a time, but still to this day, I am very limited with concurrent stimuli. Whether it’s the weekend and I help my mom with errands, or it’s a holiday and I see some family or friends, I find my symptoms are amplified, rendering me incapable of doing anything exerting for days after. I wanted to touch on this because weekends for most people are spent in your social lives, doing your cleaning and grocery shopping, or just anything you may not have time to do during the week. Mine are spent resting enough to go to the grocery store then coming home or seeing some friends or family, then sleeping for 18 hours.

Think of this as your fight or flight response. For example, you have an important meeting, interview or presentation. Your body has a fight or flight response, sometimes your palms will get a little sweaty, heart beats faster, scrambled thoughts, even tightening muscles. Subconsciously, your body is assessing the situation, figuring out the most efficient way to overcome the obstacle. You will either avoid it and flee, or you will face the upcoming task. When you are in a post-concussive state, dealing with symptoms long after the brain injury, this is how I perceive everyday tasks. My brain is “stuck” in this flight or fight mode - my brain is always scanning for dangers so there is never peace of mind, nor does my body release the stress of the perceived dangers. At home, there is quiet and safety. It is just my mom and me.

In all likelihood, if you or someone you know has ever had a concussion, you know most of the common effects. Generally, if it’s your first, then you were likely told to stay away from stimuli to let your brain rest and heal. Within four weeks, the odds are that you have healed and returned to your everyday life. Mine used to be hockey, family, friends, and then probably hockey again, but that was taken away from me in my last injury. A blindside hit to the head put an abrupt stop to everything I normally knew. So now what? I’m mentally and mostly physically incapable of working regular hours, I have a very hard time sitting and reading/writing, and even seeing family and friends consistently. Short highs and very long lows. I’ve spent the vast majority of my recovery time fighting to feel ‘normal’ again.

Eventually, since I’m only human, frustration and irritation sets in. It’s a constant cycle of “hopefully tomorrow is different.” I like to think it’s given me time to practice patience, to have faith in the process, but there are days where it’s not as easy as taking a deep breath. When you feel like you’ve put your all into a recovery that is very hard to control or accelerate, it feels very defeating. It has made me into a dependent adult.

I was prescribed medication in the form of pills at the beginning of this, and nearly every single day, I need to take a handful at dinner. No matter what, it has to be taken. Why? Well because of the pain and chemical imbalance in my brain. Pretty straight forward right? Not exactly. These medications have such a heavy impact that I cannot go a day without them. My body will actually shut down and go into severe withdrawal. Let me clarify. I got injured, needed medication to help cope and recover easier, for which I was then prescribed the bulk of my pills I still take presently. When my symptoms worsen, I get more pills. Well a couple quick “fixes” and here I am. My symptoms are “managed” under a chemical blanket, one that I would have a hard time living without.

I have tried most therapies available to me, with only temporary relief and then a noticeable worsening shortly after. Countless hours of effort, planning, and a little luck on my side have gone into going through these appointments. The little bit of luck because as things worsen, it becomes much harder to make it to these all over the city. To list a few of my symptoms I encounter regularly, severe head/neck pain, anxiety, constant...
Sleep disturbance affects 30–70% of individuals with traumatic brain injury.

A quiet sleep environment promotes mental and emotional well-being. Call bquiet today to find out how our soundproof windows can help you regain your health.

www.bquiet.ca
1.877.475.9111
muscle/brain fatigue, and depression. Unfortunately, all the symptoms fluctuate based on the stimuli and the way my brain is handling it. I have participated in some concussion-based studies to assist in research and to bring awareness to this devastating injury and my hope is that it will help others in the future. My mother and I speak to as many people as we can to try to find new treatments. The latest option is a $4,000, nine-week treatment plan at a Brain and Spine Clinic. This treatment is not covered by insurance and is not scientifically proven to work. So why would I try this? Because there is no one treatment, no one pill, no one doctor who can “cure” me. I have exhausted all paid-for treatment plans and it is now time to delve into the costly unknown. What works for one person does not necessarily work for another. If not for the limited resources of a single parent, I would try anything that could possibly give me my future back.

I’ve never been one to compare myself to others, because that creates an unrealistic, inaccurate version of yourself. I’ve never been one to belittle someone based on their problems, comparing theirs to mine. But sometimes, I need a little help. There are only so many things family members and friends can do to help out and facilitate daily tasks. I’ve tried working, I’m unable to do so consistently, and generally that doesn’t work with an employer that needs you to fill in hours. So where do I get money? I mentioned earlier I have become a dependent adult. Our government assistance programs? No, my mother. She works tirelessly to support me, including working as much overtime as she can without leaving me alone for too many hours at a time. She covers all the costs of things that I need to pay for, because that’s the person she is. You might think, well parents will always want to help their kids. That is true. But if my mother is required to support me 100% as an adult, does that not mean I should qualify for government assistance, or that she should? Again, no. For the past year, we have submitted applications both federally and municipally for disability coverage. Every few months, I receive a letter indicating that my claim was denied and that additional medical information is required to show a “prolonged and recurrent disability.” So, we start the process over again with more doctor visits and updated medical reports. We have done everything asked of us and submitted updated reports as soon as requested, then the next letter comes. Again, more medical evidence is required to substantiate a “prolonged and recurrent disability.” So back to the doctor and new medical reports. Can you see the pattern? I was not deemed “disabled” enough to qualify for any financial assistance. Nothing like a gut-punch, mailed in to me, informing me that what I am going through, every single day for almost three years, is not valid enough of a disability. It’s truly deflating, spending as long as I have feeling this way, knowing that our own government has neglected me.

I wanted to write this out, to project some of my thoughts into words, on a page, for people to have an inside look at this long road of recovery. It’s not too complicated—I’m in discomfort every day. Whether it’s muscular pain, anxiety and/or depression, there is always something to remind me that my life is no longer what it used to be. I’ve heard it a million times, “you just need to find your new normal.” For now, my new normal is this.

At the end of the day, I’m still here, with a support system that has pushed me forward every inch of the way. I hope that if you take away anything from this, it is to just be there for those who need you, in any way you can. Anything makes a difference. I can’t thank the people in my life enough for the help I’ve been offered, because there is a very slim chance that I’d still be me without them. My mom especially, she will do anything for me not to worry about what’s next, and truthfully, I have no idea what’s next.
Proud Supporters for 13 Years

15th Annual Mix and Mingle

The Neinstein Team takes immense pride in its longstanding support for the Mix & Mingle, Ontario Brain Injury Association and Brain Injury Society of Toronto.

Neinstein
Personal Injury Lawyers

Leaders in Personal Injury and Medical Malpractice

416 920 4242 neinstein.com
A Networking Event to Benefit:

BIST
Brain Injury Society of Toronto

OBIA
Ontario Brain Injury Association

Thank you to this year’s generous sponsors, along with all the attendees, for making this event such a success.

Title Sponsor
McKellar
STRUCTURED SETTLEMENTS

Platinum Sponsors

Gold Co-Sponsors:

Food Station Sponsor:

Wine Sponsor:

Music:

Event Photographer:

Silver Sponsors:

- Access Personal Support Ltd.
- AGTA Home Health Care & Nursing
- Aimee Hayes & Associates
- ARCG Inc.
- Balance Physiotherapy
- Bartmaeus Rehabilitation Services Inc.
- Baxter Structures
- Carol Bierbrier & Associates (CBA)
- Centre for Educational Development
- Diamond & Diamond
- Genesis Community Rehabilitation Inc.
- Gluckstein Lawyers
- Howie Sacks & Henry
- Innovative Case Management
- Jeffrey Shinehoft Personal Injury Law
- Kinetic Rehabilitation & Consulting Inc.
- Lad & Associates
- Lerners LLP
- Michelle Cohen & Associates
- Network Reporting & Mediation
- Neurocore Physiotherapy
- Physiotherapy on Wheels
- Propel Physiotherapy
- Rehabilitation Management Inc.
- Shekter Dychtenberg
- Singer Katz LLP
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.
Concussion care is a rapidly evolving field that has received widespread attention in the media, at sporting events, and in social settings. Increased awareness and discussion have drawn attention to concussion across the province, and the gaps in available and accessible care have been a source of frustration for patients, family members and healthcare providers alike. Research evidence is exploding with very few clear answers, which can make it difficult for patients and providers to understand the research findings and marketing claims in order to arrive at evidence-informed decisions. In an effort to harmonize these messages, the Ontario Neurotrauma Foundation (ONF), together with a team of experts in the field, released the third edition of the Guideline for Concussion/ Mild Traumatic Brain Injury and Persistent Symptoms. The goal of this guideline has been to provide an evidence-based best practice resource on concussion care that can be used by patients, families and clinicians.

The ONF Guideline covers a wide range of topics including diagnosis, treatment and management; the breadth of content highlights the complexity of concussion care. It discusses the importance of getting a diagnosis from a medical doctor, nurse practitioner or neuropsychologist because these professionals are trained in the skill of differential diagnosis. This requires them to consider and weigh multiple causes, and to rule out other injuries or conditions that could be causing symptoms that look like concussion. Diagnosis will consider mechanism of injury, medical history, previous history of a concussion, life context and presenting symptoms.

After a concussion diagnosis and a period of brief rest (24-48 hours), care often requires an individualized approach that can include multiple referrals to a range of professionals depending on the patient’s symptoms. Symptoms can be related to physical function, cognition or emotional regulation, with post-concussion headache, difficulty sleeping and anxiety being the main symptoms to be addressed early. Physicians, physiotherapists or chiropractors can help patients with headaches; neuropsychologists have the training and experience to manage problems with multiple cognitive and emotional factors at play. For example, a neuropsychologist can educate a patient on attentional difficulties following concussion, or the complex interplay between heightened stress and cognitive errors at work or school post-injury. With multiple professionals often contributing to one patient's care, it is critical that healthcare providers communicate with each other and collaborate in order to best help the patient. The ONF Guideline can be used as a resource to foster a coordinated, evidence-based approach when making care decisions. Patients and families can refer to the Guideline and the ONF Standards for Post-Concussion Care to help guide them to know what care they should be receiving and how to ask for it. There are also helpful resources available to better understand what is happening during the recovery process following concussion.

The following clinical example illustrates the complexity of concussion care and the need for interdisciplinary collaboration: A high-achieving college student who suffers a concussion may initially take time off school and wait for the period when their light sensitivity, dizziness and headaches abate. While these symptoms improve somewhat over the next few weeks, she becomes more aware of difficulties with studying, compounded by the stress of having missed several classes. With the assistance of her family doctor, she and her family seek out help for the physical symptoms and are referred...
to a physiotherapist for subtle balance and vestibular issues. On the recommendation of the accessibility services at her college, she is referred to a neuropsychologist, who takes a careful history and helps her to understand the relative roles of her anxious responses and subtle problems she is having with notetaking and studying effectively while she is fatigued.

Many other clinical examples exist to remind us there is no distinct one-size-fits all approach to concussion care. They show the importance of the **ONF Standards for Post-Concussion Care** and highlight the need for interactive roles on a concussion care team. In the Standards, ONF has provided information about the types of providers who can treat the different symptoms. Not everyone will need the same healthcare providers working with them, and for some situations there is more than one type of professional who could treat and manage a particular symptom. It is important to note that some of the symptoms can be treated using clinical practice guidelines for the specific symptom and that concussion-specific interventions have not been identified. Individual providers should understand concussion and have experience treating concussion patients; if there are many prolonged symptoms experienced concussion interdisciplinary providers should then be working together.

Based on feedback from patients, families, and healthcare providers, ONF and an advisory panel of healthcare providers have produced guidelines, standards and resources that can help reduce knowledge gaps and identify the appropriate care that should be provided at the appropriate time on the recovery pathway. ONF is working to provide information that addresses common misconceptions related to concussion care. For example, while an initial period of rest in the first 24-48 hours following a concussion may be beneficial, the Guideline then outlines the importance of a gradual return to activity over the next few weeks. Returning to activity after a concussion is similar to returning to activity after physical injuries in that patients might initially not feel completely back to normal. Patients are advised to “test” themselves but not push too far so that symptoms worsen or don’t resolve quickly upon stopping the activity. Waiting until fully symptom-free to return to activities (daily home, school, work and sport activities) is not recommended. It is important the complete rest period not last too long as research has shown that light physical activity can help with recovery. Providing information to patients about recovery and creating easier access to professionals who can appropriately diagnose and manage a concussion, can help the recovery process and hopefully prevent the development of prolonged symptoms.

ONF is working to bridge these knowledge gaps and improve concussion care by supporting implementation projects for the guideline recommendations. Specifically, ONF is working on knowledge mobilization activities that build healthcare provider capacity, which can lead to implementation efforts. We have partnered with Health Quality Ontario to produce a Concussion Quality Standard that will be released in the summer of 2020 and with the Centre for Effective Practice to develop tools family physicians and family health teams can use with their concussion patients. Together with a small group of emergency physicians and nurses we are developing tools that can be used in every emergency department to help ensure that all concussion patients get the same information and care in the acute stage of injury.

Concussion clinics and providers across the province have been asked to reflect on how their practice is doing with
implementation of the ONF Guideline recommendations. Following these discussions, providers expressed difficulty in being able to fully implement the recommendations surrounding screening and referral for patients with several diagnoses or conditions, risk factors, or mental health issues. Many providers find it challenging to know who to refer to while navigating access to services, wait lists and ability to pay. Many clinics found wait times for neuropsychologists as a main obstacle limiting patients from getting specialized assessments when cognitive symptoms are not resolving. These are difficult system issues to resolve.

Despite these challenges, many providers have already identified and developed innovative ways to try and bring the guideline recommendations into clinical practice. ONF is also working to establish networks of providers who will work together in the treatment of concussion. If healthcare providers are better educated about risk factors for prolonged symptoms and making appropriate referrals, we are hopeful some of the problems with waitlists can be alleviated. Because of the geographical barriers that can be present for some patients, models are being developed that will allow e-consults. ONF is excited to support a number of these innovative projects and is hoping this work will lead to harmonized information and resources that can be used broadly across the province.

ONF’s Concussion Guideline, community and stakeholder engagement, and implementation work across the province are part of a larger effort in concussion care to provide the right care at the right time by the right provider. Smart diagnoses, education, and early advice are key to promoting recovery. The subgroup of patients with prolonged symptoms need access to experienced and properly trained interdisciplinary care and we are working with our collaborators to help ensure that this happens. ONF hopes both patients and healthcare providers can turn to the guideline and its associated tools as a trusted resource when making care decisions.
The following is from the OBIA Concussion in Adults brochure, June 2019 edition. If you want to order copies of this free brochure (also available for Children and Youth), please contact Terry Bartol at the OBIA office: tbartol@obia.on.ca.

What is a Concussion

Concussion is a brain injury that can be caused by a sudden acceleration of the head and neck resulting from a blow or contact to the body. You do not need to lose consciousness to have sustained a concussion. Concussions can occur from many different activities including falls, assault, motor vehicle collisions, sports or being struck by an object. Symptoms can appear immediately or, in some cases, days following the initial injury.

Concussions occur with sudden linear (Coup Contrecoup) and/or rotational acceleration of the head, which causes the brain to move within the skull. It is this movement of the brain that stretches and even tears neural tissue of the brain and produces the symptoms of concussions.

Symptoms of Concussion

The following are some of the most common symptoms a person can experience with a concussion. NO two concussions are the same and you may experience some or all of these symptoms.
What Should I Do Following a Concussion?
If you think you have sustained a concussion, you should:

Immediately stop/remove yourself from the activity you were doing when the concussion happened.

Seek medical advice/attention immediately.

You should not drive for at least 24 hours.

Generally, concussions cannot be seen on CT scans or MRIs. CT scans and MRIs are useful to identify any structural damage. (ie. skull fracture, bleeding)

Cognitive and physical rest is important for the first 24 - 48 hours after sustaining a concussion. Full bed rest should not exceed three days and a gradual return to activities should begin as soon as tolerated.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Emotional / Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dizziness or Balance Problems</td>
<td>Poor Concentration</td>
<td>Sad / Depressed</td>
</tr>
<tr>
<td>Headache</td>
<td>Memory Problems</td>
<td>Anxious</td>
</tr>
<tr>
<td>Nausea or Vomiting</td>
<td>Confusion</td>
<td>Irritable</td>
</tr>
<tr>
<td>Fatigue / Sleep Disturbances</td>
<td>Feeling like you are “in a fog”</td>
<td></td>
</tr>
<tr>
<td>Blurry Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to Light or Sound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of Consciousness (not always)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tinnitus (ringing in ears)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Symptoms can/may worsen over the next few days. A person should see their doctor before returning to their current level of activity (e.g. work, school, etc.). It is highly recommended that you are followed by a doctor who is knowledgable in dealing with concussion/mTBI.

How Long Will it Take to Feel Better Following Concussion?
The majority of people who sustain a concussion begin to feel better and symptoms are alleviated within a few days to weeks. There is a small percentage of the population whose symptoms can persist for months or longer. This is called Post-Concussion Syndrome (PCS).

If symptoms persist, it is important to see your doctor for follow-up and monitoring.

No two concussions are alike. Many factors can contribute to the time it will take for full recovery. These factors can include:

- Severity of concussion
- Health prior to concussion
- Age
- History of prior concussion(s)

When Can I Go Back to Work/Activity Following Concussion?
Physical and cognitive rest are important during recovery from a concussion. In order to achieve cognitive rest, time off from work or school is recommended, especially during the first 24 – 48 hours after sustaining a concussion.

After sustaining a concussion, people should be encouraged to gradually return to activity based upon their tolerance of the activity. When planning on returning to an activity, your tolerance or threshold for the activity should strongly be considered. If you have returned to work/school and you are experiencing a mild elevation of your symptoms, that increase should not incapacitate you or lead to a decrease in functioning the next day.

Work together with your employer/school and doctor to create a slow return-to-work/activity plan. A strong collaborative team can aid in a smoother transition with an increased chance of success.

Any return to activity should be made with the advice of a doctor.
What About Legal Issues?
If the concussion was sustained in a motor vehicle collision, contact your insurance provider within seven days and be sure to contact a personal injury lawyer who has experience with Traumatic Brain Injuries (TBI) immediately.

If you need further support in finding this type of legal assistance in your area, please contact the Ontario Brain Injury Association (OBIA) at 1-800-263-5404.

What is Second Impact Syndrome Following Concussion?
Second impact syndrome is a rare condition in which a second concussion occurs before the first concussion has properly healed. When a second impact is sustained, it may lead to severe swelling of the brain.

Although it is an extremely rare condition, it is often fatal. It has occurred primarily in younger athletes injured during play.

This is one of the reasons why it is so important to remove yourself from activity and seek medical attention.

Where Can I Get Help?
The OBIA Online Concussion Support Group welcomes you to a safe place where you can share your frustrations and struggles and connect with others who have had similar experiences.

A registered social worker facilitates the group and provides support, in addition to resources to help with your emotional recovery. The groups run for 60 minutes per week over eight weeks. The groups are limited to a small number to allow for greater discussion and interaction. The facilitator ensures that every member is respected and heard.

OBIA Online Concussion Support Groups, (funded by the Ontario Trillium Foundation), are completely free but require registration. Registration is necessary as groups fill up quickly. Due to our funding restrictions, the Online Concussion Support Groups are for NEW PARTICIPANTS ONLY.

For more information or to register for an upcoming group contact 1-800-263-5404, visit: http://obia.ca/online-concussion-support-group/ or email: support@obia.on.ca
Person-centered care recognises that a patient or a client is first and foremost a person. The specific disease, injury or service provided is one part of a much bigger picture. While illness or injury may affect us, they do not and should not define us.

Without understanding and interacting with the whole person in meaningful communication, care planning and rehabilitation, we cannot adequately address a person's needs and preferences or help reinforce their desire for meaning and social and emotional wellbeing. Person-centeredness is complex as part of the process is collecting the wider set of information required to properly define care personalised or sensitive to a person's preferences and needs. Another part of the process is the relationship that develops to allow information to be passed and much needed cooperation to develop.

What further complicates person-centeredness is that it invariably extends beyond the obvious healthcare setting to a person's home, social habitat, environment and community. This wider setting has impact on care delivery, health and social and emotional well-being. Person-centeredness is complex as part of the process is collecting the wider set of information required to properly define care personalised or sensitive to a person's preferences and needs. Another part of the process is the relationship that develops to allow information to be passed and much needed cooperation to develop.

What further complicates person-centeredness is that it invariably extends beyond the obvious healthcare setting to a person's home, social habitat, environment and community. This wider setting has impact on care delivery, health and social and emotional well-being. Person-centeredness is complex as part of the process is collecting the wider set of information required to properly define care personalised or sensitive to a person's preferences and needs. Another part of the process is the relationship that develops to allow information to be passed and much needed cooperation to develop.

Person-centeredness implicitly recognises our identities both as individuals and members of groups, the importance of social interaction, culture, spirituality, meaning-making, challenge and personal growth. It also must recognise the complexity of social environments with respect to their impact on our physical as well as social and emotional wellbeing. At a universal level, since many with complex health issues are at risk of social isolation, it also addresses social issues of inclusiveness associated with empathic processes and education.

People with both visible and invisible “disabilities” are exposed to greater risk of social exclusion and negative assessment of personal worth and meaning. Person-centeredness we believe is part of a wider movement to change the way we see and interact with people and hence has relevance to all professional and personal interactions.

We are becoming increasingly aware, as the research base evolves, that our social and emotional needs have profound impact on our being and need to be taken seriously. Research into loneliness, for example, positions loneliness as an evolved evolutionary trait designed to push ourselves back into social contact. Feeling lonely is a positive emotional response that can have negative consequences if not addressed. Likewise, research into stigma and empathy confirm that complex evolutionary processes are supportive of incorporating person-centeredness and meaningful communication into our societies.
Get Connected with Peer Support

MENTOR

“I want to give back and help others who are trying to cope with their brain injury.”

PARTNER

“This program has made me understand I am not alone.”

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
Stigma, from an evolutionary perspective, is considered an efficient cognitive process and has developed over time to help humans detect threats to social groups. Understanding that stigma is a first-level response and that we need to investigate further through communication and connection is an important lesson in person-centeredness. Stigma is a threat to health and community care interaction and mitigates attempts to deliver person-centeredness.

Critically, at the heart of person-centered interaction lies empathy, or empathic processing. Empathy is our ability to understand another person’s position and perspective from our own experiences, neurological processes, and the information we are able to gain from communicating with that other person. It is much more important than just perspective and knowledge and is governed by a range of complex processes. Research shows that empathy is important in developing cooperation and trust as well as acceptance and understanding of identity. Since trust and cooperation lie at the heart of social capital it should be clear that empathy is an immensely important social asset.

The ability to be empathic and to overcome stigma requires that we as a society are better educated about the importance of social interaction, of human rights and how those with injury and illness can engage meaningfully with others. This need for greater empathic accuracy and attention requires greater focus on effective listening and communicating with others. Empathy is a skill set that can be developed. To fully benefit from empathy’s positive effects we also need to successfully communicate our understanding to the other person.

There is increased and positive research interest in this area with respect to brain injury. Failure to address social and emotional health and well-being within health care is noted in the academic literature, especially with respect to dementia, Parkinson’s, end-of-life and home and institutional care in general.

But person-centered care and person-centeredness does not stop at the person with the illness or injury. It includes the very important care partners and family caregivers. Their social networks and environments and their own health and social and emotional needs are related and impacted, and therefore have relevance and importance. Addressing the social and emotional needs of the wider supportive network is part of the wider fabric of person-centeredness. Determining to what extent this wider network is accommodated and involved in care is similarly important. Likewise, healthcare providers are also “persons” and attention to their personhood impacts their ability to provide the same.

Person-centeredness applies along the chain of care. This chain of care extends beyond the health care setting to the home and the community. Each point along this chain of care has an opportunity to interact with the wider person in different ways. However, it is within the home (whether this is a care home or a primary residence) and the community that wider engagement with the social and emotional side is both necessary and possible.

As a provider of home care in the community we have developed our own model of person-centered care focused on the social and emotional needs of the person. At its core we have a meaningful conversation framework for our frontline workers that helps provide a non-clinical lens of engagement. This framework, inter alia, supports empathic communication and creativity and is supportive of identity, personal growth and meaning. This is an ongoing and developing process.

Beyond this process we look especially for opportunities for community interaction and connection. Family and friends and social networks are also encouraged to learn about meaningful communication, engaging in the community and with the “person.”

We believe that the complete model of person-centered care requires an emergent wider supporting community architecture and higher levels of cooperation between community organisations, individuals, for-profit and public health. Person centered care cannot be the preserve of the physician or healthcare providers. For one, our public health systems lack the funding to be able to deliver the complete model. Fully supporting the wider abilities of persons with complex care and rehabilitation needs requires the wider buy-in of society and a willingness to see people for who they really are.

There is increased interest and a growing consilience of evidence supporting the importance of person-centeredness. Whether this be with respect to clinical relationships, meaningful communication, empathy, social prescribing, social networks, personal growth, loneliness and relationships with environment and the wider community, to name but a few.

In the end, person-centered care can mean many things to many people. We feel that at its core lies the person and, behind the person, the impact of complex evolutionary processes that define us as social species with highly important social, emotional and spiritual needs. ☢☢☢

For confidential support

CALL THE OBIA HELPLINE

1-800-263-5404
Are You Receiving A Personal Injury Claim?

CONSIDER A STRUCTURED SETTLEMENT

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

For a no-obligation consultation, we invite you to contact our office today.

HENDERSON®
STRUCTURED SETTLEMENTS LP

1.800.263.8537 | www.henderson.ca

PROUD SPONSOR OF SPINAL CORD INJURY ONTARIO AND THE ONTARIO BRAIN INJURY ASSOCIATION
Provincial ABI Conference
2019

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

Forging New Pathways • Navigating Challenges • Exploring Breakthroughs

DELEGATE REGISTRATION

www.ontarioabiconference.ca
#2019ABIConference

2019 Provincial ABI Conference - Lead Sponsors

PLATINUM CO-SPONSORS

GOLD

DIAMOND

SILVER

BRONZE

GLUCKSTEIN LAWYERS
HENDERSON® STRUCTURED SETTLEMENTS LP

MCLEISH ORLANDO LAWYERS

THOMSON ROGERS PERSONAL INJURY LAWYERS

NEINSTEIN PERSONAL INJURY LAWYERS

WRIGHT REHAB

OATLEY VIGMOND

Survivor and Family Members Subsidized Delegate Registration Sponsor

DANIEL & PARTNERS LLP LAWYERS

LERNERS LAWYERS

PACE LAW
## 2019 PROVINCIAL ABI CONFERENCE SCHEDULE:

### WEDNESDAY, NOVEMBER 6, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00pm - 9:00pm</td>
<td>Registration</td>
</tr>
<tr>
<td>7:00pm - 9:00pm</td>
<td>Welcoming Reception - <em>Hosted by McLeish Orlando and Oatley, Vigmond LLP</em></td>
</tr>
</tbody>
</table>

### THURSDAY, NOVEMBER 7, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30am - 7:30am</td>
<td>Yoga by the Falls - <em>Hosted by PIA Law</em></td>
</tr>
<tr>
<td>7:00am - 8:15am</td>
<td>Registration and Breakfast - <em>Hosted by Lerners LLP</em></td>
</tr>
<tr>
<td>8:30am - 9:00am</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>9:00am - 10:00am</td>
<td>Keynote Presentation: Dawn Neumann, PhD, FAPCRM “Know Thy Emotions: A New Treatment Approach for Emotion Regulation”</td>
</tr>
<tr>
<td>10:00am - 10:30am</td>
<td>Refreshment Break - Exhibits and Networking - <em>Hosted by Daniel &amp; Partners LLP</em></td>
</tr>
<tr>
<td>10:30am - 11:30am</td>
<td>Concurrent Session A&lt;br&gt;A1 - Negative Attribution Bias: A New Perspective On Anger and Aggression after Brain Injury and Implications for Treatment. Dawn Neumann, PhD, FAPCRM</td>
</tr>
<tr>
<td>11:30am – 1:00 pm</td>
<td>Lunch, Draws and Exhibits - <em>Hosted by Neinstein Personal Injury Lawyers</em></td>
</tr>
<tr>
<td>1:00pm - 2:00pm</td>
<td>Keynote Presentation: Meg Soper “Bring It On... Strategies for Balance and Resilience” - <em>Co-hosted by Gluckstein Lawyers</em></td>
</tr>
<tr>
<td>2:15pm - 3:15pm</td>
<td>Concurrent Session B&lt;br&gt;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.</td>
</tr>
<tr>
<td>3:15pm - 3:45pm</td>
<td>Refreshment Break - Exhibits and Networking - <em>Hosted by Daniel &amp; Partners LLP</em></td>
</tr>
<tr>
<td>3:45pm – 4:45pm</td>
<td>Concurrent Session C&lt;br&gt;C1 - New Pathways, Ongoing Challenges and Continued Breakthroughs: Revisiting Principles and Practices Supporting People with Complex Needs to Live Life to the Fullest Post-ABI. Joanna Hamilton, PhD, C.Psych., Stephen Land, Survivor, Chanth Seyone, MD, FRCPC, Barbara Claiman, MA, RRP, CVRP(F), Josh Andreas, Nicole McLeod and Teryl Hoefel.</td>
</tr>
<tr>
<td>5:00pm - 6:00pm</td>
<td>Cocktail Reception - <em>Hosted by McLeish Orlando and Oatley, Vigmond LLP</em></td>
</tr>
<tr>
<td>6:00pm - 7:30pm</td>
<td>Conference Dinner and Draws - <em>Co-hosted by Gluckstein Lawyers and Henderson Structured Settlements LP</em></td>
</tr>
</tbody>
</table>

### FRIDAY, NOVEMBER 8, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am - 8:00am</td>
<td>Breakfast - Exhibits and Networking - <em>Hosted by Pace Law</em></td>
</tr>
<tr>
<td>8:00am - 8:15am</td>
<td>Greetings and Introductions</td>
</tr>
<tr>
<td>8:15am - 9:15am</td>
<td>Keynote Presentation: Robert van Reekum, MD, FRCPC and Emma van Reekum “Understanding and Coping With the Dua</td>
</tr>
<tr>
<td>9:30am - 10:30am</td>
<td>Concurrent Session D&lt;br&gt;D1 - Building Pathways to Integrated Care: A Model of Intensive Community Case Management for Clients with Co-occurring ABI, Mental Health, and/or Addictions. Carolyn Lemsky, PhD, C.Psych., and Natalie Reitmeier, SSW.</td>
</tr>
<tr>
<td>10:30am - 11:00am</td>
<td>Refreshment Break - Exhibits and Networking - <em>Hosted by Daniel &amp; Partners LLP</em></td>
</tr>
<tr>
<td>11:00am - 12:00pm</td>
<td>Keynote Presentation: Tom Dow “I Survived a Brain Injury: So Now What?” - <em>Co-hosted by Gluckstein Lawyers and Henderson Structured Settlements LP</em></td>
</tr>
<tr>
<td>12:00pm - 1:30pm</td>
<td>Lunch, Closing Remarks, Sponsor and Exhibit Draws - <em>Hosted by Wright Rehab</em></td>
</tr>
</tbody>
</table>

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. Presenter TBA

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, Alicja 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.

**PROVINCIAL CONFERENCE INSERT**

**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 have 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)*

<table>
<thead>
<tr>
<th>Session</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>A4</th>
<th>A5</th>
<th>A6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session</td>
<td>B1</td>
<td>B2</td>
<td>B3</td>
<td>B4</td>
<td>B5</td>
<td>B6</td>
</tr>
<tr>
<td>Session</td>
<td>C1</td>
<td>C2</td>
<td>C3</td>
<td>C4</td>
<td>C5</td>
<td>C6</td>
</tr>
<tr>
<td>Session</td>
<td>D1</td>
<td>D2</td>
<td>D3</td>
<td>D4</td>
<td>D5</td>
<td>D6</td>
</tr>
</tbody>
</table>

---

**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
Blood Donations: One Way To Give Back

By Steve Gregory

Will you be the next blood donor? Many people in society don't; this does not mean they cannot, just that they may choose not to. As a brain injury survivor you may have a couple of additional things going against you in your drive to give blood. You may be taking medication that prevents you from giving blood, have some history of illness, or travel history. You can check the Canadian Blood Services website (www.blood.ca) to find out eligibility requirements.

If you have been in a coma there is additional paperwork that must be completed by your physician to give you medical clearance to donate. Your physician can also provide advice on if and when you can start the donation process. It may be that you are unable to donate.

There are many stories of blood being required because of an accident. Providing they meet the eligibility requirements and have approval from their physician, survivors can be part of the solution by giving back something that has been restored to them.

My own initial donation was about 30 years ago. It happened about 10 years before I was in a coma and about 10 years after my serious concussion. It was done at the encouragement of a fellow student at the University of Toronto. I donated that first time with him at a special clinic set up there at the University.

My donations over the next 10 years were done randomly with little thought given to pre-planned giving. This was to change though. About three years after my coma, I was thinking about life goals and decided to make blood donation one of them. After going a couple of times I actually enjoyed the donation process so I made it a regular trip to one of the permanent blood donor clinics that exist in Toronto. The staff there and the attention to my needs kept giving me the desire to return.

If you're able, make donations a special event. It's one way to give back.
OBIA Advisory Council (OAC) Report

The last meeting of the OAC was held on Saturday, June 15, 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 by Nancy LaJoie, OBIA’s Caregiver Education Specialist, on the Caregiver Educational Workshops being held throughout the province. These workshops are free; however, they require registration online as space is limited. The afternoon portion was devoted to the OBIA Annual General Meeting.

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 Sarnia Lambton**

The Brain Injury Association of Sarnia Lambton proudly displayed their masks at Sarnia City Hall during the month of June. Mayor Mike Bradley kindly included the masks in his tours of City Hall when visitors came to our community. Mayor Bradley noted that the masks, coupled with the personal stories “spark much interest and awareness.”

In recognition of Brain Injury Awareness month, our organization hosted a community screening of the movie, “Every 21 Seconds.” Following the movie, we were thrilled to have a question and answer period, via Skype, with Brian Sweeney, the creator, author and director of the movie. Based on a true story, Mr. Sweeney is a survivor and advocate of brain injury awareness after a violent assault. He left our audience feeling inspired and empowered about recovery and life after a TBI.

The summer months were filled with the opportunity to meet and welcome many new members. Together, we all celebrated the warm sunny days with regular coffee socials, photography lessons to capture the summer memories and our annual beachside barbeque at Canatara Park.

As we return to business in September, our “Unmasking Brain Injury” masks will continue their tour to various concussion management clinics and hospital settings to promote awareness.

Our Facebook page will feature a different mask and personal story each day in September to profile the impact of concussions. We are thankful for an opportunity to set up an information booth at our local Food Basics store on Wednesday, September 25, known as Rowan’s Law Day, to promote concussion safety. If you’re in the area, stop in for a treat and a chance to win a bike helmet or the book “Concussion.”

**BIA Waterloo-Wellington**

**NEW LOGO!** Thanks to a Kitchener student in a Grade 12 design class, we have a new logo - Advocate, Educate, Connect, Empower!

**Art Therapy Programs**
Thanks to the Kitchener Waterloo Community Foundation (KWCF), 38 members participated in glass fusing and ceramic art projects this spring.

**Education Programs** – Our staff and volunteers were in 39 classrooms and presented brain and helmet safety information to more than 870 students from grades one to six. Helmets were given out to more than 60 children and adults in our region. Stay safe out there!

**Community Events** – We are spreading the word about brain injury in our communities. Volunteers have been participating in neighbourhood bike rodeos, police community events, farmers markets and other events.

**Fundraising events** – We’re looking forward to our 2nd Annual Oktoberfest Warm-up event on October 3 in Kitchener. Join us for this fun event! Tickets on sale now. Contact us at: info@biaww.com for more information.

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

To kick off Brain Awareness Month the Centre held its first Trivia Pizza Night at Full Beard Brewery with great local craft beer and oven-baked pizza by Merv Russell. All 17 tables were sold out in advance raising $1,400 for the Centre.

June 13 was our 31st Annual AGM with guest speakers Lynda and Sean Forsyth. They presented Sean’s journey with an acquired brain injury caused by a cancerous brain tumour starting as a teenager well into his adulthood.

On Saturday, June 15 our Annual Colour It Up! Walk/run returned. Although it was a cold and wet day more than 275 participants came out to support us. We were able to raise more than $7,300 for our various programs.
The following week we began our annual Bike Rodeos in partnership with the Timmins Police Services and the Porcupine Health Unit. More than 500 children from the local schools participate in this annual event.

The following week we began our annual Bike Rodeos in partnership with the Timmins Police Services and the Porcupine Health Unit. More than 500 children from the local schools participate in this annual event.

Brain Injury Society of Toronto

It was a very busy and exciting Brain Injury Awareness Month at BIST. We kicked it off early with our 3rd Annual Expressive Art Show from May 21 – 25. Creating art is a very therapeutic and a great way for brain injury survivors/thrivers to share their experiences with brain injury and recovery, and we had so many amazing and talented artists showcase their work. We would like to give a BIG thank you to Artscape Youngplace, our artists, and everyone who came out for making the art show a huge success!

On May 30, we were pleased to join forces with OBIA and other brain injury associations at Queen’s Park. The display of masks from across the province was very impactful, and the MPPs who viewed them were clearly moved by their artistry and stories.

BIST was very excited to announce our first ever Music on the Brain Acoustic Concert on June 9 at The Rockpile. Our headliners, Carl Dixon of Coney Hatch and his daughter Lauren, shared their experiences with brain injury, and we also had amazing local singers Angela Saini, Melanie Peterson, Sarah Jordan & Matt Von, and Melanie Frade. It was an awesome concert to spread awareness of brain injury, and BIST would like to thank the musicians and everyone else involved. We are hoping to make this an annual event.

Did you happen to look at the Toronto Skyline on June 12? As guests were enjoying the BIST/OBIA Mix and Mingle the CN Tower was lit up on blue and green – the colours of brain injury awareness! As always, the Mix and Mingle was a fabulous event, and we are grateful to all the sponsors and guests who came out to enjoy the evening.

In June we also had our 5th Annual BIST Birdies for Brain Injury Golf Tournament. It was a beautiful day at Lionhead Golf Club, with lunch and our silent auction. Attendees also had the opportunity to get their photo taken wearing a John Tory Raptors Jacket! Thanks to our amazing sponsors, Lionhead Golf Club, and everyone who came out!

BIST has been busy with booths set up around the city spreading awareness about brain injury as well as BIST programs and services. You may have seen us at Variety Village, Holland Bloorview Children’s Hospital, Sunnybrook Health Sciences Centre, and Toronto Western Hospital. We also had a great time at the PRIDE booth, spreading awareness and handing out brain shaped gummies courtesy of Squish Candy.

No rest for us at BIST as we are getting ready for our annual 5K Heroes Run, Walk or Roll on September 29 – we hope to see you there!

BIA Sudbury and District

On May 8, 2019, BIASD once again was invited back to Northeastern Elementary School to be part of their Community Awareness and Education Day.

BIASD director, Catherine MacLean, and past director and volunteer, Julie Wilson, provided both staff and students concussion education using a child-friendly, engaging, fun and functional presentation.

Students had the opportunity to actively participate in a simulated helmet egg drop, demonstrating the importance of proper helmet use.
“McKellar provided peace of mind for the rest of my life.”

LEANDRE CASSELMAN
Development Coordinator

Now you’re sure.
The McKellar Structured Settlement™

Financial security. Guaranteed payments. 100% tax free.
Some decisions are easy.
On June 11, 2019 at the 20th Annual Ability and Beyond Dinner, held at the Fairmont Royal York Hotel, The Brain Injury Association of Sudbury and District was presented with the March of Dimes Canada 2018 Community Partnership Award.

BIASD was recognized for its devotion to serving people with brain injury and their families. The association was also awarded for outstanding collaboration with March of Dimes Canada in support of people with physical disabilities. Some of the events consist of a Holiday Gala, Fish and Chips/Fishing expedition, Porcketta Bingo and Halloween Party.

A special thank-you goes out Bobbie-Lee Brushett, Day Centre Coordinator, March of Dimes Canada, in preparing and nominating the BIASD for this very special award.

The evening consisted of award presentations, live and silent auctions, a fantastic meal, and keynote speakers. Funds raised from this event were to benefit March of Dimes Canada After Stroke Program.

**BIA Windsor-Essex**

The Brain Injury Association of Windsor and Essex County has been busy. It all started with the unveiling of a new name on our Butterfly Monument at a ceremony on the Detroit River waterfront.

We held a press conference at the city’s largest mall - Devonshire Mall, with a chance for the media to try exercises designed to give them an idea of what it is like to lose one of your senses – something that happens after some brain injuries. The story of how a brain injury can affect a person was reported on the radio, on television and in the newspaper. For two days we hosted a display at the mall and many people had an opportunity to speak with members of our board, our volunteers and those who had a brain injury, about BIAWE and its programs and services.

Later in the month we held our annual ABI Conference at Hôtel Dieu Grace Healthcare for healthcare professionals and others interested in learning more about Cannabis, Mental Health, and Addictions. The Unmasking Brain Injury masks were prominently displayed. They were left for all to view at HDGH, which is the home of the local ABI Clinic.

Helmet-fitting clinics for our “Helmets for Kids” program were held throughout the month for groups of low-income children who otherwise could not afford a helmet. Not only was each child fitted with a helmet, they were taught how to wear it properly to protect their brain.

In June we hosted a pasta night where volunteers and supporters brought in baked goods and prizes for a raffle draw. Live musical entertainment was provided by two of BIAWE’s members.

The “Drive” magazine featured a large article in their June edition about BIAWE, some of its members, and promoting Brain Injury Awareness Month. There were other articles in the magazine about concussions and empowering someone with a brain injury. This can be viewed online and on our Facebook page.

In addition to all these events, there were speaking engagements at local Rotary Clubs to enlighten them about the programs and services of BIAWE.

June has indeed been busy for BIAWE and more people than ever are aware of our programs and services so that we can help more people who are affected by brain injury.

**BIA Niagara**

BIAN is pleased to share with the community evidenced-based management guidelines for concussion. This Concussion Seminar will be presented by Sean Robb, PhD Candidate (Neuropsychology), at the BIAN Clubhouse, on the third Wednesday of each month, commencing September 18, 2019. The format is based on a one-hour education session on concussion,
followed by a one-hour question and answer period. The target audience for the seminars is anyone who has recently sustained a concussion, and/or family members/caregivers. The seminar is free of charge thanks to funding gratefully received from the Ontario Trillium Foundation. For more details please see our concussion seminar flyer at www.bianigiara.org.

On Tuesday, June 25, 2019 Vance Badawey (Member of Parliament) accepted an invitation extended to him by a member of the Brain Injury Association of Niagara to visit our space and view the 23 masks created by members that are on display as part of the Unmasking Brain Injury Project. Vance was friendly beyond words. He enjoyed a home-cooked meal put on by our members and enjoyed shared stories and laughs as he got to know each person at the table. Vance displayed his big heart to all members and staff as he extended an opportunity to have the Niagara masks on display at Parliament in Ottawa. We hope to take on this opportunity in the near future as we feel humbled and grateful to Vance for his generosity.

**BIA Durham & Region**

Officers from Central East Division partnered with Durham Region Housing to throw the fourth annual Summer Kick-Off party for a community in Oshawa. More than 100 kids and their families gathered at the Lakeview Harbourside complex for fun, food and prizes. The kids were treated to crafts, balloon animals, temporary tattoos, food and a video booth while they learned about staying safe this summer.

The Brain Injury Association of Durham Region was on hand giving out 75 helmets. Donated by Jane Conte from Conte Lawyers and Lindsay Charles from McLeish Orlando, in partnership with Canadian Tire – Oshawa South. Representatives were teaching kids about the importance of protecting their heads when riding bikes and scooters-complete with a broken egg test to simulate how helmets shield us from injuries.

Roughly 30 volunteers were on hand to connect with community members and discuss their services from the following various community organizations. The Brain Injury Association of Durham Region would like to thank their partners and all community agencies that attended and for their continued support with this fun event. Thank you to our sponsors from Conte Lawyers and McLeish Orlando for partnering with us for this amazing event.

---

**NRS Driver Assessment and Training Program: Team work matters**

Terry Ginzburg, Occupational Therapist, and her team of experienced driver instructors, believe that driver assessment and training is most effective when it is integrated into the overall rehab program.

NRS offers:

- Early Consultation/Pre-Driving Skills Training
- Driver Assessments (focusing on the physical, cognitive and psychological abilities of driving)
- Driver Training (with specific driver strategies for special populations, including driver anxiety)
- Vehicle Modifications

For more information, please contact: 416-66-REHAB or intake@neurorehab.ca

---

**30 Years Serving Southern Ontario**

Celebrating 30 Years of Helping 30,000 Lives

NEURO-REHAB SERVICES INC.
Comprehensive, Clinic and Community Based Rehabilitation and Life Care Planning for Adults and Children
www.neurorehab.ca
On the Road Again: Driving After Traumatic Brain Injury

By Terry Ginzburg, Occupational Therapist, Neuro-Rehab Services Inc.

Driving can be critically important to a person’s independence and quality of life, but it is also one of the most dangerous things we do in our everyday lives. Although 40-60% of people with moderate to severe brain injury return to driving post injury, research studies indicate that most TBI survivors’ driving skills are not thoroughly evaluated before they return to the wheel.

I am an occupational therapist with 34 years of experience working with individuals with complex injuries and 14 years of experience in driver rehabilitation. I am happy to have this opportunity to share some insights into how a specialized driver assessment and training program, introduced early on and as part of a comprehensive rehab program, can help many brain injury survivors safely return to driving.

How can a TBI affect driving competency?

A brain injury can affect the skills we need to drive safely, including physical skills (such as upper and lower extremity weakness, visual disturbance, eye-hand coordination and reaction time), cognitive skills (such as insight, the ability to maintain concentration over long periods of time, remembering routes and using good judgement) and psychological skills (such as the ability to cope with stressful and unpredictable situations).

Some warning signs that a person may be unsafe to drive include driving too fast or slow, not judging distances when stopping or turning, not observing signs and signals, becoming frustrated or confused, drifting lanes and/or getting lost.

Why does teamwork matter?

As an occupational therapist, I believe that when an individual suffers a complex injury such as a brain injury, driving should be an early and integral part of the total rehab program, not a stand-alone assessment and training program.

Driver assessment and training programs can be a multi-step process that involves ongoing communication and collaboration between the driver rehab team and the survivor’s regular treating team:

Pre-Assessment Consultation: The first step involves consultation between the driver rehab occupational therapist and the treating team (typically the case manager and/or treating occupational therapist) in order to determine if the individual is ready to participate in a driving assessment. If not deemed ready, the driver rehab occupational therapist will provide recommendations of what pre-driving skills the individual can work on with their treating team to improve his or her readiness to drive.

Driving Evaluation: When deemed ready to participate in the assessment, the individual participates in an assessment of his/her pre-driving skills by the driver rehab occupational therapist. This includes an assessment of such things as vision and visual perception, hearing, coordination and reaction time, attention, memory, organizing and planning, judgment, processing speed, sequencing, knowledge of road rules, and driver/passenger/pedestrian anxiety.

Following the clinical assessment, the person then participates in an on-road assessment with the driver rehab occupational
therapist and a driving instructor. This assessment takes place in the individual’s community and progresses from residential roads, to multilane roads and the highway (as per tolerance). While the individual is encouraged to drive at the outset and throughout the assessment, he/she may choose to act as a passenger due to anxiety.

Following the on-road assessment, recommendations are discussed with the individual and the treating team, and may include:

- Continued work on pre-driving skills training with their treating team.
- Vehicle modifications or adaptive equipment.
- Driver training.

**Driver Training:** On-road driver training with a specialized driver instructor may be recommended. The individual is taught defensive driving skills, proper car transfers and positioning, and use of adaptive equipment and strategies to manage anxiety behind the wheel. In some instances, cognitive behavioral therapy sessions with the driver rehab occupational therapist may be recommended to prepare the individual for the on-road sessions or to support the individual during the on-road sessions.

### Case Study

Ms. Brown is a 46-year-old female who was involved in a motor vehicle collision in August 2016. She sustained a closed head injury, fractures and strains of the ribs and sternum and a lumbar spine herniation. As a result, she suffered from sleep disturbance, headaches, pain, dizziness, post-traumatic stress, depression, anxiety, and mild cognitive impairment.

One year later, in August 2017, after consulting with the treating team via discussions and sharing of reports, the driver rehab occupational therapist learned that Ms. Brown lacked the functional sitting tolerance for driving and was extremely fearful in and around cars. It was recommended that Ms. Brown postpone the driving assessment until she had participated in the following:

- Further physical and occupational therapy, with the goal of being able to sit for 30 minutes.
- Specific cognitive behavioral therapy/counseling, with the goal of reducing her anxiety in and around cars.
- Community outings, with the support of an occupational therapist and/or rehab coach, to gradually expose her to pedestrian and passenger activities, progressing from low to higher traffic areas.

By January 2018, Ms. Brown was deemed ready to participate in the driver evaluation. As per the clinical and on-road testing, it was determined that ongoing pain and restricted range of motion made transferring to and from the car and checking her blind spots difficult. As well, although she could sit for 30 minutes, she had pain when in a car for any longer. In terms of her anxiety, she was observed to be fairly comfortable as a passenger, but reported she was too anxious to get behind the wheel. She was also found to have difficulty remembering the rules of the road, especially when she was anxious.

Following the assessment, the following recommendations were discussed with the client and the treating team: in addition to continuing her physiotherapy, counseling and community outing sessions with her rehab coach, she would work on strategies with her occupational therapist and rehab coach to remember the rules of the road. She would also start a series of on-road driver training sessions, once the prescribed handibar (to assist with transfers) and a wide-angle rearview mirror (to reduce the need to turn her neck to check her blind spots) were installed.

By March 2018, upon completion of the driver training, a progress evaluation was conducted by the driver rehab occupational therapist and driving instructor. While Ms. Brown demonstrated increased skills and confidence behind the wheel, was able to transfer in and out of the car and check her blind spots, her driving was still limited to her local neighborhood. As a result, recommendations were made for additional on road sessions to deal with driving in traffic, at night, and for longer distances. As well, the following additional vehicle modifications were recommended: a backup camera and blind spot detection system (to minimize neck movements), heated seats, lumbar supports and power adjustable seats (to reduce pain and improve sitting tolerance), a navigation system (to compensate for memory challenges) and consideration of a higher vehicle to minimize bending when transferring to and from the vehicle.

As of June 2018, thanks to a driving evaluation and training program that was introduced early and was an integral part of her rehab, Ms. Brown has returned to the road as an independent and safe driver. It was an honour to have played a role in helping her achieve success.

---

Some key points to remember if you are considering returning to driving:

- You must have a valid Ontario driver’s license (G1, G2 or G) and have medical clearance to drive to participate in a driver evaluation and training program.
- If your license has been suspended, you need Ontario Ministry of Transportation (MTO) approval to proceed with an assessment at a designated MTO assessment center.
- If you have a brain injury, your driving assessment should be done by an occupational therapist and a driver instructor who are not only experienced in driver rehabilitation, but also in working with brain injury survivors.
An Interview with Dr. David Corey: His Work with Functional MRIs (fMRI)

BY: Amanda Forestieri

Individuals who suffer from mild to moderate brain injuries often have long-lasting debilitating symptoms, despite the brain appearing ‘normal’ on structural MRI or CT scans.

BIST social work placement student Amanda Forestieri sat with neuroscientist Dr. David Corey, to discuss his work with functional Magnetic Resonance Imaging (fMRI).

Dr. Corey has worked with and treated individuals with chronic pain, PTSD, and mild to moderate traumatic brain injury for 40 years. He has worked in interdisciplinary teams, and with many patients who have struggled to prove they are experiencing TBI symptoms. Dr. Corey says this is likely due to metabolic changes in the brain, or changes which are too microscopic for a structural MRI or CT scan to pick up.

Functional MRIs versus MRI

A fMRI focuses on oxygen atoms, to give a rough measure of the metabolic activity of the cells in the brain. The fMRI looks primarily at how the brain is functioning, whereas the standard MRI assesses structure only (e.g. tumors).

How the fMRI Works

The fMRI detects the blood flow in a particular area of the brain when the patient is asked to perform a task. Doctors are able to see if it functions in the same way as in a brain without an injury. Individuals with a brain injury are tested in an activation paradigm, meaning that the individual is asked to perform a task in the scanner as opposed to a resting state. The task is called the Tower Task, and individuals are asked to sort coloured balls in different containers on a screen.

Dr. Corey has noticed different activation in the brain of someone with a brain injury. The brain injury population loses synchronicity between the two hemispheres, and there is more activation in certain parts of the brain compared to a non-injured brain when performing a task. A statistical test is then done to determine whether the patient’s brain function falls into the “normal” or “abnormal” range. This image displays a control group’s scan vs. someone with Post Concussion Syndrome (PCS).

The following photo shows widespread activation in the brain of a patient with PCS. More research is being done as to why this is the case.
The fMRI can be used as a tool to show evidence of brain injury and clarify diagnosis. It is another tool to show verification that brain function is “abnormal” in a person who experienced a mild to moderate brain injury.

In order for individuals to prepare for an fMRI, one needs to be medically cleared for a standard MRI and be able to lie still for at least 10 minutes at a time. Claustrophobia is something else to keep in mind, as the fMRI is in a closed environment. To conduct an fMRI, patients can’t take medication, such as tranquilizers, before the scan, but many people can learn some calming techniques to manage anxiety.

What is fMRI currently being used for?

The fMRI equipment is expensive, and its analysis is highly complex. Currently, few doctors are trained to understand the data. It is not funded by OHIP at present, nor is it used widely for clinical purposes.

Having said that, Dr. Corey believes that in the future the fMRI may be brought forward as a clinical tool.

“When you produce an objective measure of something, people pay attention to it, especially in the medical profession,” Dr. Corey said. As of right now, fMRIs are mostly being used in a medical-legal context. However, it is exciting to think about the technology that one might see in the future for those with a mild to severe brain injury, allowing those individuals to receive better diagnosis and treatment.

More information is available on Dr. Corey’s work and his contact information on www.brainscandiagnostics.com.
The International Headache Society has classified more than 200 types of headaches. Headache is one of the most common symptoms after a traumatic brain injury (often called “post-traumatic headache”). Headaches are caused by the activation of brain areas that process pain signals from the head and the neck.

### Typical types of headaches after a brain injury

**Migraine headaches** occur due to hypersensitivity in one area of the brain that spreads to other areas. Typical features of a migraine type headache include:

- Sensitivity to light and sound
- Nausea
- Throbbing pain usually on one side of the head
- Visual signs such as bright lights or spots known as an aura, indicating onset of a migraine attack

**Tension-type headaches** can occur due to muscle injuries, muscle tension or muscle spasms and stress with features such as:

- Tight, squeezing sensation, often around the entire head or on both sides
- Occur later in the day

**Cervicogenic headaches** are caused due to injury to the cervical spine, the muscles and soft tissues in the neck and the back of the head. Typical features for this type of headache include:

- Headache starts in the neck, shoulders and back of the head, and sometimes travel over the top of the head
- Gets worse in certain positions or with moving the neck

**Rebound headaches** are caused due to overuse of medication that is used to treat headaches. Taking over-the-counter pain medications at a frequency greater than 10 days in a month can cause rebound headaches. Sudden decrease in the amount of caffeine intake may also cause a headache.

### What is Post-Traumatic Headache?

The International Headache Society defines Post-Traumatic Headache as “a headache developing within seven days of the injury or after regaining consciousness.” The most common types of Post-Traumatic Headaches resemble tension-type and migraine headaches.

### Assessment of Post-Traumatic Headaches

There may be more than one factor contributing to the headache. So it is important to have a comprehensive assessment that may include the following:

- Maintaining a headache diary can provide a detailed headache history. Keeping track of the type, frequency, intensity, and triggers for a period of time can help your doctor determine the appropriate treatment plan. A sample headache diary can be obtained at [https://migrainecanada.org/diaries/](https://migrainecanada.org/diaries/)
- Headaches caused due to a neck injury can be diagnosed by an examination of the neck. It can be
completed by a physiatrist (physical medicine and rehabilitation),
spine medicine doctor, and a
physiotherapist.
• Headaches with migraine features
can be diagnosed through a
neurological examination by a
Neurologist
• An examination of the vestibular
system can be provided by an ENT
(ear, nose, and throat) specialist or
a vestibular physiotherapist.
• A neuro-ophthalmologist can
provide an eye exam to determine
if visual strain is contributing to the
headache.

Treatment of Post-Traumatic
Headaches

There are pharmacological and non-
pharmacological methods to treat post-
traumatic headaches. These include:

Education around the importance of
maintaining a sleep schedule, regular
exercise, and balanced nutrition.

Psychological Support such as counselling
or practicing mindfulness.

Environmental & Behavioural Modifications
can include techniques for deep
breathing, exposure to fresh air, and
cognitive behavioural therapy.

Therapies such as physiotherapy and
massage therapy

Medication such as anti-inflammatories
and antidepressants may also be
considered as part of a comprehensive
treatment plan.

Medical Disclaimer

This general information is not intended
to diagnose any medical condition or to
replace your healthcare professional.
Consult with your physician to determine
the treatment plan that is right for you.

References:

Headaches after Traumatic Brain Injury©
2010 Model Systems Knowledge
Translation Center (MSKTC). http://
uwmsktc.washington.edu/sites/uwmsktc/
files/files/TBI-headaches.pdf
Migraine Canada. https://
migrainedcanada.org/

“Concussion: prevention, detection and
management.” Massive Open Online
Course (MOOC). ©University of Calgary,
©Université Laval 2019

Concussion and Post-Traumatic Headache.
org/resource-library/concussion-post-traumatic-headache/

Schneider, K. J. (2019). Concussion
part II: Rehabilitation – The need for a
multifaceted approach. Musculoskeletal
Science and Practice, 42, 151-161.
doi:10.1016/j.msksp.2019.01.006

BRAIN IMAGING STUDY

HAVE YOU SUFFERED FROM A
TRAUMATIC BRAIN INJURY?

If so, you may be eligible to participate in a study at the CAMH
Research Imaging Centre investigating brain inflammation in people
with traumatic brain injury and depression

Eligibility

• Brain injury/concussion within past 5 years
• Age 18 to 60
• Women: not currently pregnant
• Not currently taking any street drugs
• Otherwise healthy

Results and Compensation Provided

To learn more, please call (416) 535-8501 ext. 36450
or email TBI.study@camh.ca

Calls typically returned in 1 week and messages will be left if permission
indicated

© Centre for Addiction and Mental Health
© University of Toronto

42 OBIA REVIEW I SEPTEMBER 2019
Menstrual Cycle Influences Concussion Outcomes

Study May Reconcile Recovery Differences in Male, Female Gender

Reprinted with permission: University of Rochester Medical Center (URMC)

How well a woman recovers from a concussion may depend on that time of the month.

Researchers found that women injured during the two weeks leading up to their period (the premenstrual phase) had a slower recovery and poorer health one month after injury compared to women injured during the two weeks directly after their period or women taking birth control pills.

The University of Rochester study was published in the Journal of Head Trauma Rehabilitation. If confirmed in subsequent research, the findings could alter the treatment and prognosis of women who suffer head injuries from sports, falls, car accidents or combat.

Several recent studies have confirmed what women and their physicians anecdotally have known for years: Women experience greater cognitive decline, poorer reaction times, more headaches, extended periods of depression, longer hospital stays and delayed return-to-work compared to men following head injury. Such results are particularly pronounced in women of childbearing age; girls who have not started their period and post-menopausal women have outcomes similar to men.

Few studies have explored why such differences occur, but senior author Jeffrey J. Bazarian, MD, MPH says it stands to reason that sex hormones such as estrogen and progesterone, which are highest in women of childbearing age, may play a role.

“I don’t think doctors consider menstrual history when evaluating a patient after a concussion, but maybe we should,” noted Bazarian, associate professor of Emergency Medicine at the URMC School of Medicine and Dentistry, who treats patients and conducts research on traumatic brain injury and long-term outcomes among athletes. “By taking into account the stage of their cycle at the time of injury we could better identify patients who might need more aggressive monitoring or treatment. It would also allow us to counsel women that they’re more – or less – likely to feel poorly because of their menstrual phase.”

Although media coverage tends to focus on concussions in male professional athletes, studies suggest that women have a higher incidence of head injuries than men playing sports with similar rules, such as ice hockey, soccer and basketball. Bazarian estimates that 70 per cent of the patients he treats in the URMC Sport Concussion Clinic are young women. He believes the number is so high because they often need more follow-up care. In his experience, soccer is the most common sport leading to head injuries in women, but lacrosse, field hockey, cheerleading, volleyball and basketball can lead to injuries as well.

Sex hormone levels often change after a head injury, as women who have suffered a concussion and subsequently missed one or more periods can attest. According to Kathleen M. Hoeger, MD, MPH, study co-author and professor of obstetrics and gynecology at the URMC School of Medicine and Dentistry, any stressful event, like a hit to the head, can shut down the pituitary gland in the brain, which is the body’s hormone generator. If the pituitary doesn’t work, the level of estrogen and progesterone would drop quickly.
According to Bazarian, progesterone is known to have a calming effect on the brain and on mood. Knowing this, his team came up with the “withdrawal hypothesis”: If a woman suffers a concussion in the premenstrual phase when progesterone levels are naturally high, an abrupt drop in progesterone after injury produces a kind of withdrawal which either contributes to or worsens post-concussive symptoms like headache, nausea, dizziness and trouble concentrating. This may be why women recover differently than men, who have low pre-injury levels of the hormone.

Hoeger and Bazarian tested their theory by recruiting 144 women ages 18 to 60 who arrived within four hours of a head hit at five emergency departments in upstate New York and one in Pennsylvania. Participants gave blood within six hours of injury and progesterone level determined the menstrual cycle phase at the time of injury. Based on the results, participants fell into three groups: 37 in the premenstrual/high progesterone group; 72 in the low progesterone group (progesterone is low in the two weeks directly after a period); and 35 in the birth control group based on self-reported use.

One month later, women in the premenstrual/high progesterone group were twice as likely to score in a worse percentile on standardized tests that measure concussion recovery and quality of life – as defined by mobility, self-care, usual activity, pain and emotional health – compared to women in the low progesterone group. Women in the premenstrual/high progesterone group also scored the lowest (average 65) on a health rating scale that went from 0, being the worst health imaginable, to 100, being the best. Women in the birth control group had the highest scores (average 77).

“If you get hit when progesterone is high and you experience a steep drop in the hormone, this is what makes you feel lousy and causes symptoms to linger,” said Bazarian. “But, if you are injured when progesterone is already low, a hit to the head can’t lower it any further, so there is less change in the way you feel.”

The team suspected that women taking birth control pills, which contain synthetic hormones that mimic the action of progesterone, would have similar outcomes to women injured in the low progesterone phase of their cycle. As expected, there was no clear difference between these groups, as women taking birth control pills have a constant stream of sex hormones and don’t experience a drop following a head hit, so long as they continue to take the pill.

“Women who are very athletic get several benefits from the pill; it protects their bones and keeps their periods predictable,” noted Hoeger. “If larger studies confirm our data, this could be one more way in which the pill is helpful in athletic women, especially women who participate in sports like soccer that present lots of opportunities for head injuries.”

In addition to determining menstrual cycle phase at the time of injury, Bazarian plans to scrutinize a woman’s cycles after injury to make sure they are not disrupted. If they are, the woman should make an appointment with her gynecologist to discuss the change.

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.

- Traumatic Brain Injury
- Sleep Disorders
- Anxiety & Depression
- Headaches
- Chronic Pain
- Gastro Problems

Order the book today at: http://rethinkredorewired.com

The study was funded by the New York State Department of Health, the Academic Health Center Consortium and the Emergency Research Network of the Empire State (ERNIES). ERNIES is supported by the Pilot Research Collaborative Program of the Foundation for Healthy Living, the University of Rochester’s Clinical and Translational Science Award, the Upstate New York Translational Research Network (UNYTRN) and the Upstate New York Consortium for Healthcare Research and Quality (UNYCHRQ). University of Rochester medical student and lead author Kathryn Wunderle and doctoral candidate Erin Wasserman contributed to the research.
Events Calendar

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

**September 18, 2019**
Brain Injury Association of Niagara presents:
*So you’ve had a concussion...now what?* (Seminars are held the third Wednesday of each month, commencing Sept 18 2019)
Location: BIAN Clubhouse, St. Catharines, ON
Contact: Pat Dracup
Phone: 905-646-2426
Email: pat@bianiagara.org
Website: www.bianiagara.org
Website: www.bist.ca

**September 29, 2019**
*BIST - Hero 5K Run, Walk or Roll*
Location: Wilket Creek Park, Leslie Street, North York, ON
Contact: Melissa Vigar
Email: mvigar@bist.ca
Website: www.bist.ca

**October 18-19, 2019**
OBIA Training Program
*Children and Youth With Acquired Brain Injury (Level One) - see info pg 52*
Location: Brock University, St. Catharines, ON
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.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 info on Pages 27-30)

**November 28-29, 2019**
OBIA and BIA Quinte District presents:
*Brain Basics*
Location: Belleville, ON
Contact: Diane Dakiv
Email: training@obia.on.ca
Website: www.obia.ca/brain-basics/

**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 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 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
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-cks1.com
Website: www.newbeginnings-cks1.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
Phone: 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

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 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: biancnb@icloud.com
Website: www.biancnb.org

Brain Injury Association of P.E.I.
Phone: 902-314-4228 or 902-367-3216
Email: info@biapei.com
Website: www.biapei.com
If you’ve had a serious injury who will stand up for you?

WALLBRIDGE WALLBRIDGE

Trial Lawyers

NEUROTRAUMA • CATASTROPHIC INJURIES
WRONGFUL DEATH • MOTOR VEHICLE ACCIDENTS
DISABILITY INSURANCE • MEDICAL MALPRACTICE

Bilingual Service  Free Consultation  Contingency Fees

1-866-856-6197

wallbriddgelaw.com

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

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

NORTH BAY
133 Main St. W.
(705) 472-7300

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

OTTAWA
Chateau Laurier (by Appt)
(613) 234-1866
Community Solutions offers a comprehensive, community integrated approach in rehabilitation and support services for individuals with acquired brain injuries, neurological challenges and complex multiple diagnoses.

Our holistic approach is based on best practices for ABI rehabilitation and support services.

Community Solutions Services:
- build cognitive, behavioral & emotional capacity
- improve capacity for managing daily life
- provide dynamic & adaptable program support
- support stability & sustainability of a community based life care plan
- assist in transitioning to long term living environments

To see if the ABI Community Solutions’ Team is what you’ve been looking for, call

Barbara Caiman, M.A., R.R.P., MCCP.
(905) 349-2020, info@commosiltd.com

Providing exceptional ABI Support Services since 1994
www.communitysolutionsltd.com

Bartimaeus Rehabilitation Services Inc.

Providing direct therapy, transitional support and community integration to children, youth, adults and seniors recovering from an acquired brain injury and/or serious trauma.

www.bartimaeusrehab.com
1-877-542-9990

Setting the standard of excellence in Rehabilitation Support Workers since 1988
Providing Quality Rehabilitation Support Services

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

REHABILITATION SUPPORT WORKERS INCLUDE:

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

Reach out to us to find out more about Pathways ABI Services:
289 Pinnacle St., Belleville, ON K8N 3B3  T 613.962.2341  F 613.962.6357
356 D Woodroffe Ave, Unit 202, Ottawa, ON K2A 3V6  T 613.233.3322

www.pathwaysind.com
FROM MEDICAL REHAB TO RECOVERY

MEDICAL REHAB IS JUST THE BEGINNING

Suffering from a Traumatic Brain Injury (TBI) can lead to cascading events with disastrous impacts on the patients and their families, including ongoing physical, emotional, financial, social and professional effects (during and after their rehabilitation).

THE RIGHT HELP TO BRIDGE THE MEDICAL-LEGAL GAP

HIMPRO has helped over 1150 serious injury victims get access to the best medical, financial and logistical resources available to maximize their recovery.

How do we achieve such a track record?
"HIMPRO has built an exceptional team of vetted medical and rehab professionals with a deep understanding of how to secure the best support for each individual client suffering from TBI."
David B. Himelfarb - Managing Partner

FREE INITIAL CONSULTATION

Visit Himpro.ca/ABI to learn how we help brain injury victims

1-855-446-7765
BUILDING WINNING CASES THROUGHOUT ONTARIO
Featured Training Program

Children and Youth with Acquired Brain Injury (Level 1)

Approved by VRA Canada for 11.75 Continuing Education Hours

October 18-19, 2019

This Children and Youth Certificate Training Program will focus on providing information about behaviours after ABI with children and youth that relate to learning and community participation. This course will:

- Address behaviours in the home, school and community that may indicate issues with learning and behaving
- Describe the cognitive-communicative problems that affect classroom learning, behaviour and community participation.
- Provide treatment strategies
- Describe family resilience and means for support
- Illustrate how to use social communication to aid learning and behaving
- Plan for context-specific functional placements and outcomes.

DETAILS

Location: Holiday Inn & Suites
327 Ontario Street
St. Catharines, ON  L2R 5L3

Date & Time: October 18-19, 2019

Hotel: Holiday Inn 1-877-688-2324

Professors: Roberta DePompe, PhD and Catherine Wiseman-Hakes, PhD

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 a seamless transition from hospital to community

- Hospital Discharge Planning
- Attendant Care and Nursing
- Life Care Plans
- Physiotherapy
- Occupational Therapy
- Speech and Language Pathology
- Rehabilitation Assistants
- Psychology
- NRIO Residential Rehabilitation
- Coma Stimulation
- Pediatric and Adult Programs

Everything you need from one team of experts.

Contact us today!

1.844.203.4534
rehab@bayshore.ca

www.bayshore.ca

Bayshore HealthCare has been enhancing the quality of life, dignity and independence of Canadians in their homes since 1966. Offering a wide range of personal and community health care services through more than 60 home care offices and 30 community care clinics across Canada, we strive to make a difference in our clients' lives – every visit, every time.
We want to hear from you.

Survivors and Caregivers are invited to participate in OBIA’s Annual Research Questionnaire.

Your participation will enhance our ability to provide a greater unified voice on behalf of people living with the effects of brain injury in Ontario.

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.

Contact OBIA’s support services to request a copy.

1.800.263.5404
www.obia.ca
WHAT WILL HIS FUTURE LOOK LIKE?

WE’RE COMMITTED TO HELP MAKE THE FUTURE A BRIGHTER ONE FOR YOUR LOVED ONES.

Our full-circle care promise means you won’t be handling these challenges alone and he’ll have the support needed when you’re not around.

Tel 416.408.4252 | Toll Free 1.866.308.7722 | www.gluckstein.com
Roger Oatley is much more than the founding partner of Oatley Vigmond. This proud father of 5 daughters and grandfather of three also has a special insight and deep understanding into the complexities behind brain injury and jury law in Canada.

The nurturing of his law firm, and the sharing of his incredible knowledge is part of his DNA. Roger’s outstanding track record in brain injury and jury litigation has led him to become a successful published author, highly awarded leader, speaker, teacher, and philanthropist.

As head of the firm, Roger shares the wisdom of long experience. He believes that by working together as a team, everyone grows and achieves success. That’s why Oatley Vigmond is a thriving family of personal injury litigators.

To learn more about Roger visit www.oatleyvigmond.com/roger