The Changing Landscape of ABI
Brian Cameron likes to win. Be it in the courtroom, or playing poker in his downtime, this hardworking lawyer knows how to keep his cards close to his chest, which may be one reason why he's at the top of his profession.

As a personal injury litigator, Brian gets satisfaction from the opportunity to make a difference in the quality of his clients' lives, especially when they may not yet be aware of the hand that they've been dealt.

What makes him a good poker player also helps him win cases. “I see myself as a storyteller. I share my client’s life story with the jury so they can see how drastically the defendant has changed their life … and I have a good poker face when I need one.”

Brian excels at breaking down legal complexities to their simplest form for his clients. He treats them with a level of dignity and compassion that has contributed to his being recognized as a certified litigation specialist. That kind of passion, commitment and dedication means that Brian’s all in when it counts the most.

To learn more about Brian visit www.oatleyvigmond.com/troy
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DECEMBER 2020 | OBIA REVIEW 3
Unfortunately, brain injuries are still going undiagnosed or are misdiagnosed and persons with lived experience are suffering in silence.

By Ruth Wilcock
Executive Director, OBIA

RUTH’S DESK

The Changing Landscape of Brain Injury

Family members, survivors of brain injury and clinicians who have been involved in the brain injury world for more than 35 years can attest to the incredible changes that have transpired over the years.

In the eighties, there was little support for people living with brain injuries and even less support for family members and caregivers. Those who were most severely injured were sent to the United States for care.

It was during this time that head injury associations began to develop in London, Toronto, Fort Erie, Durham and other regions of the province. Ray Rempel, in Niagara, and Beverley Mantell, in Ottawa, were parents of children who had sustained brain injuries and they had the vision to create a provincial association. At that time, health care, housing and service provision issues related to brain injury were largely provincial matters. Thus, what is now the Ontario Brain Injury Association (OBIA) was formed.

How things have changed from the inception of OBIA! People receive care and rehabilitation in our province, community rehabilitation programs are publicly funded and there are now 21 community brain injury associations across Ontario. This is leaps and bounds from where we were.

However, it is simply not enough. On a daily basis, we have family members, survivors of brain injury and professionals calling OBIA expressing their frustration with not being able to find appropriate services and supports. Unfortunately, brain injuries are still going undiagnosed or are misdiagnosed and persons with lived experience are suffering in silence.

I think of Tyler Gibson (see his full story on page 35), who sustained his brain injury more than 20 years ago. It was only four years ago that he was finally diagnosed with a brain injury. He suffered in silence, not knowing why he was experiencing the challenges and difficulties that he was.
To be frank, there are just not enough dollars available, particularly for community supports. There is a limit on the money available for rehabilitation and ongoing care for those injured in motor vehicle collisions. This limit is far below what many survivors require. For those who have no insurance dollars available, their plight is even worse.

Brain injury happens in an instant and lasts a lifetime. We need to have life-long support available for those who require this level of care.

I think of a dear person who recently wrote to me and shared how she can barely make ends meet. The compensation she receives is minimal. This person can hardly pay her bills, let alone have any money to pay for the ongoing rehabilitation she needs.

Although we can be proud of where we have come from in the province, we need to continue to advocate for the ongoing needs of those living with brain injury.

One way that OBIA is striving to make a difference is through our new Brain Injury Impact Study. This study aims to bring awareness to the needs of those living with brain injury and the services they have or have not received. We know that with recent insurance changes and cuts, dollars are stretched on the private sector side, making it harder and harder to get treatment plans approved. In the public sector, the demand for services far outweighs the dollars available to meet these needs.

If you are a family member, survivor of brain injury or have clients that would like to be involved in this study, you can find further information at [http://obia.ca/participate-in-research-survey/](http://obia.ca/participate-in-research-survey/) or call us at 1-800-263-5404.

Our goal is to have 2,000 people involved in this study. We feel that by working together we could make a bigger impact and indeed help further change the landscape of brain injury.

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Scientific research helps to answer some of society’s greatest challenges; however, much of it is conveyed with technical language in journals that many people cannot access. What is more, research is sometimes oversimplified or overgeneralized in the media, giving false hope to the public. Our goal with “Research Spotlight” is to communicate the latest brain injury research in a way that is accurate and easy to digest.

Here, we describe three Acquired Brain Injury (ABI) studies, which we feel have made a big impact on the changing landscape of ABI.

Combined Treatment Strategy Shows Benefit in Traumatic Brain Injury Patients

Cognitive impairments, such as working and episodic memory, attention and focusing, and information processing are among the most commonly affected functional skills following a Traumatic Brain Injury (TBI) (McDonald et al., 2017). These impairments have huge implications on one’s ability to perform tasks, affecting their overall quality of life.

After sustaining a TBI, rehabilitation efforts will greatly focus on improving these cognitive skills. Two common approaches to improving cognitive impairments are cognitive rehabilitation or pharmacological augmentation (McDonald et al., 2017). Cognitive rehabilitation refers to the process of retraining one’s brain to better interpret, and then use, incoming information (Wilson, 2002) whereas pharmacological augmentation is the use of medications to treat an impairment. A study was conducted to determine which approach was more effective in improving cognitive impairments, and whether a combination of the two approaches would yield superior results.

The study focused on two cognitive rehabilitation techniques: Memory and Attention Adaptation Training (MAAT) and Attention Builders Training (ABT). The medication administered was either a placebo or methylphenidate, commonly sold under the brand name Ritalin. Participants in the study were between the ages of 18-65 and had a minimum TBI severity of mild. The TBI had to have happened at least 4 months prior to the start of the study.

MAAT is a cognitive-behavioural therapy with the goal of teaching self-management and coping strategies for cognitive impairments (McDonald et al., 2017). MAAT has four components: (1) educating the participant on distinguishing a ‘normal’ failure from an effect of their TBI, (2) self-awareness training, (3) self-regulation training and (4) cognitive compensatory training (McDonald et al., 2017).

The second cognitive rehabilitation model, ABT, involves ‘mental exercises’ in which the participant repeatedly performs cognitive tasks. The tasks given were not specified in the study; however, it is stated that the tasks were carefully explained and practiced to ensure the participant had a full understanding of how to perform them (McDonald et al., 2017).

Moreover, methylphenidate is a medication commonly used to improve an individual’s attention, memory, verbal fluency, processing speed, motor performance and arousal (McDonald et al., 2017). It works by targeting dopamine pathways in the brain.
brain to ensure that the dopamine is available for longer use (McDonald et al., 2017).

The study's results show that the most effective rehabilitation techniques in improving cognitive impairments after a TBI are a combination of MAAT and methylphenidate. The group given a combination of these treatments demonstrated a stronger performance level on tasks targeting memory, attention, executive functioning and speed processing.

For those who have sustained a traumatic brain injury, they likely experience some level of difficulty when it comes to focusing, recollection, or processing stimuli. These changes in cognition have hugely negative effects on day-to-day life. This study is important in highlighting that a combination of different therapies and treatments may provide better improvements, as opposed to one type of treatment alone.

Identification of a Profound Link Between Football and Chronic Traumatic Encephalopathy

Chronic Traumatic Encephalopathy (CTE) is a brain condition, which is associated with a large number of repeated traumatic brain injuries (TBIs) and is often observed in professional athletes (McKee et al., 2013). Early symptoms of CTE include personality changes, behavioural changes, and problems with thinking and memory. As the disease progresses, patients eventually acquire dementia.

In 2019, researchers at Boston University analyzed the brains of 266 deceased male football players, including 223 who had CTE and 43 who did not. Their goal was to investigate the link between duration of football played and the risk of developing CTE (Mez et al., 2020). The researchers found a very strong dose-response relationship with CTE, with the odds of developing CTE doubling every 2.6 years of playing football. Additionally, football players with CTE were 10x more likely to have played for >14.5 years than players without CTE.

Overall, this study found a profound link between the duration of football played and the risk of developing CTE. One can hypothesize that this link also holds for other sports that are associated with significant head trauma. What is clear is that football players with longer careers are at a higher risk of developing the disease.

Despite the striking link found in this study, there are likely additional unknown risk factors that are associated with the development of CTE. More research is needed to identify these additional risk factors so we can better understand how to treat and prevent the disease.

Use of the JFK Coma Recovery Scale to Rate Level of Consciousness

Following severe brain injury, some patients can enter a vegetative state (VS) or a minimally conscious state (MCS). MCS is distinguished from VS by the level of awareness of oneself and environment. There is increasing evidence that important differences in functional outcome between patients in the VS and the MCS exist; however, it is often difficult to distinguish the states based on the subtle differences in observed behaviour. In fact, without the use of well-established rating scales to diagnose VS and MCS, rates of misdiagnosis are estimated as 37-43% (Childs et al., 1993).

For decades, a Harvard researcher named Dr. Joseph Giacino has been investigating ways to more accurately evaluate level of consciousness. In 1991, Giacino and his team developed the JFK Coma Recovery Scale (CRS), which is a tool used to evaluate level of consciousness based on the presence or absence of specific behavioural responses to sensory stimuli. These behavioural responses are categorized as follows: auditory, visual, motor, oromotor (face movement), communication, and arousal.

In 2004, Giacino and colleagues conducted a study to evaluate the diagnostic utility of the updated and revised version of the CRS called the CRS-R. To do this, the team recruited 80 patients with a diagnosis of either MCS or VS and applied the CRS-R to them. The researchers then looked to see if the CRS-R provided an accurate diagnosis. Additionally, they wanted to determine the degree of agreement among raters who used the CRS-R. This degree of agreement is termed the inter-rater reliability.

Encouragingly, the results showed that inter-rater reliability was high. What is more, the CRS-R was able to distinguish 10 patients in the MCS who were otherwise misclassified as in a VS by using another diagnostic tool.

Overall, the CRS-R was a significant breakthrough in the evaluation of level of consciousness, and it continues to be used and appreciated to this day.

References


My Brain Injury Prepared Me for the COVID-19 Lockdown

By Josephine Guan (submitted by Amee Le on behalf of the Brain Injury Association of York Region)

Life is different under lockdown. We are stuck in our homes much more than we’re used to. We are cut off from family and friends. The spaces and places we used to go every day are closed off to us. Left alone with our thoughts and worries, we are isolated, frustrated, and scared. It's made all the more difficult by the fact that nothing like this has ever happened to us before. But for me and many others, it feels familiar. Somehow, my brain injury has prepared me for this.

I got concussions all throughout my life. My family jokes that it’s because I was born with a big head. I’ve tripped and fallen on my head as a kid, slipped on ice while skating; I was a klutz who enjoyed doing slightly risky hobbies. I usually became dizzy and fatigued after, but things went back to normal after a few days. But in 2017, after a serious bike accident that led me to the ER and a succeeding snowboarding wipeout the year after, my symptoms lasted way beyond usual. I was constantly dizzy, in pain, tired and anxious. I was diagnosed with Post-Concussion Syndrome (PCS), which summed up the whole tangle of symptoms I was experiencing but didn’t know how to manage. I took a leave from my graphic design job because I couldn’t handle screen-time for more than an hour. After a year of devoting my time and money to seeing all kinds of therapists who helped me untangle my symptoms, I was able to return to work full-time. Then the COVID lockdowns hit. Suddenly, everyone was experiencing the confusion, isolation, and hopelessness that seemed all too familiar to me. Although I’m still healing, I knew I was better equipped this time around. Here are some similarities I noticed between my year of brain injury and quarantine:

1. Finding social support

When lockdown started, we were cut off from the places where we’d normally encounter others. Places of gathering, including malls, offices, cafes, and restaurants, were suddenly off-limits. Our social circle shrunk to ‘bubbles’ of 5-10 people. For many folks, having a social bubble just isn’t possible due to physical, mental, or financial barriers. This social isolation increases the risk for anxiety and depression, as well as a laundry list of physical conditions. In order to be resilient and get through tough times, we need encouragement, connection, and support from our social circles, but COVID cut off our main points of access to that.

When I was at my worst after my brain injury, my social circle shrunk drastically as well. Bars, parties, and concerts were places where I usually could see my friends. Because of new sensory issues, large and noisy gatherings were off the table. I became fatigued often and had frequent panic attacks. I got tired of explaining my situation to everyone, so I became super flaky and withdrew. It made me incredibly lonely, and I was hard on myself for it. However, my close friends stayed connected to me virtually; we texted and video chatted often. It made it easier for me to reach out for help when we connected on a regular basis, just sharing what we did in the day. I also found online support for concussion patients. Keeping in touch with people helped me get through moments where my symptoms really got me down. In the end, I realized I didn’t need to be constantly going out and have a huge circle of friends to be happy with my social life. Nowadays, I keep in touch with groups of friends through virtual hangouts like playing Jackbox or watching shows together on Netflix Party.
2. Life balance and shifting of values

I think in the past few months, we’ve all felt a collective slowing down of time. People are diversifying their interests; with more time on their hands, they are able to pursue new hobbies such as baking bread or sewing masks. Since most are working remotely full-time for a bit, people are forced to confront themselves and have started to question the places they currently live, the people they usually see, and the things that fill up their time.

Pre-concussion, I was a workaholic. I would take freelance jobs on top of my full-time work, and remedy my busy schedule with lots of alcohol and caffeine. I set bad boundaries at work that sucked up most of my time, so my health and relationships suffered because of it. My PCS symptoms forced me to spend less time sitting at the computer and doing work, and more time on activities that involved movement and monotony. I started walking a lot, which thankfully was a tolerable activity for me. It became very healing as it allowed me to explore my neighborhood and see other people, and gave me time to think (but not overthink). I was ultimately forced to do less in a day, so I had to prioritize the things that really mattered. I had time to do better in my relationships, confront my mental health, and become more present in my body. Maybe this drastic limitation of what activities we can do lets us ask ourselves what is worth carrying into the future, and what we can let go of.

3. The ‘New Normal’

We talk a lot about what our ‘new normal’ looks like these days. Whether that’s adjusting to wearing masks in public spaces, the uncertainty of business, or future travel plans being thrown out of the window, there’s a lot that is shifting and we are forced to accept. Many are grieving the loss of what was in the past.

This term of ‘new normal’ actually existed pre-COVID; it’s something used a lot in the brain injury community. Patients are often guided by their therapists to confront their ‘new normal’ when dealing with a diagnosis. When the head is shaken up, some neural connections can get destroyed and one may find that they aren’t able to do some tasks in the same way anymore. I found that my capacity for memory and focus were drastically reduced; I was slower and got overwhelmed with information often. This was devastating for me and I grieved the loss of who I used to be. However, humans are extremely adaptable and the brain is capable of creating new neural pathways. Although I may not return to the capacity I was at before, with help I was able to find workarounds and accommodations to achieve the things I wanted. I write everything in lists now, and use my calendar for reminders. I don’t multi-task anymore and try to do things at a slower pace. I still constantly struggle with accepting what my body can’t do, but I have to shift into allowing my current situation and focusing on what can be done. Brain injury isn’t a problem solved and we can see that COVID won’t be for a little while, so we need to learn strategies that will help us adapt and cope.

I think a lot about what we all will learn from the present situation. I’m hopeful that this collective experience allows the public to get a glimpse of what life has been like for so many who were living with brain injury pre-COVID. I was lucky to have the resources I needed to get to good health and reflect on these things, but for so many that is not the reality. I’ve met many survivors who are living in the dark, struggling to seek or afford the treatment they need. I’m seeing that access to brain injury care and COVID care are similar. It’s a deep-rooted problem that depends on your race, age and social status. Noticing this inaccessibility in care led me to pursue a Masters in Inclusive Design at OCAD this fall, and I’m hoping I can continue to explore that.
Lekshmi began her position with support services in August 2020. Since that time, she has been working remotely with brain injury survivors, families, and professionals. She said, “I am so proud and happy to be able to support survivors and their families during this difficult time.”

Lekshmi graduated from the University of Waterloo with a Bachelor of Social Work (Hons) Degree. Before starting at OBIA, she worked as a support worker in a mental health service agency. In that role, her responsibilities included providing supportive counselling to improve an individual’s sense of empowerment, de-escalating crises and providing emotional support. Before that, she completed her student placements in mental health and housing, a women shelter, and developmental disabilities services.

She is a person who is continuously seeking to gain more skills and broaden her knowledge. Being the primary person answering the OBIA helpline allows her to learn all the time about brain injury, the services available, and the latest research. Whether by providing emotional support or information, her goal is to offer an environment of compassion and empathy to help individuals move forward in their life. Lekshmi enjoys being a part of the change in their life, even if it’s a small one.

Her career would be nowhere without the support of her family. Outside work, she loves spending time with her family, cooking their favourite dishes, spending time outdoors and reading books.

By Lekshmi Jayakrishnan, OBIA Support Services

Support Services: There is hope, there is help!

OBIA’s Support Services:

- Provides listening and emotional support to discuss the difficulties and frustrations associated with brain injuries
- Empowers the caller to cope with specific aspects of their life
- Supports families, friends, co-workers as well as professionals who may be supporting survivors and seeking information
- Is responsive to the needs of persons from diverse backgrounds and experiences
- Makes the appropriate community referrals

Call our toll free Support Line
1.800.263.5404

Email: support@obia.on.ca
There is hope for a better tomorrow.

Thomson Rogers is dedicated to getting accident victims the compensation and support they deserve.
An essential part of the Ontario Brain Injury Association’s mission is to educate the community about brain injury. As part of this mandate, the Ontario Brain Injury Association (OBIA) has offered training programs to provide front-line healthcare workers, family members and people living with a brain injury with the tools and knowledge necessary to support individuals with brain injury throughout their rehabilitation. To keep the training programs up to date and provide the best possible learning experience, OBIA has updated two of our most popular programs, the Brain Basics eLearning Course (see article on page 37) and the Neurorehabilitation: Assisting Recovery and Function in Everyday Life Following Brain Injury (Level 1).

OBIA, in collaboration with Brock University, offers seven Brock University Certificate Training Programs. Each program features guest faculty from around the world who specialize in acquired brain injury rehabilitation. Neurorehabilitation: Assisting Recovery and Function in Everyday Life Following Brain Injury (Level 1) has been attended by more than 650 people in the last five years and is the most popular training program. This program provides personnel working in community and home-based rehabilitation programs with information, strategies, and interventions to better equip them to support individuals with acquired brain injury.

In September 2020, OBIA received a Catalyst Grant from the Ontario Neurotrauma Foundation to redevelop the Neurorehabilitation: Assisting Recovery and Function in Everyday Life Following Brain Injury (Level 1) training program. The revision will incorporate the Ontario Neurotrauma Foundation Clinical Practice Guidelines for the Rehabilitation of Adults with Moderate to Severe Traumatic Brain Injury into the curriculum. This will increase the reach of the Institut national d’excellence en santé et en services sociaux and Ontario Neurotrauma Foundation Standards and Clinical Practice Guidelines (INESSS-ONF Standards and CPG) throughout Ontario and increase the use of evidence-based practices in the community. Participants will learn how to implement the INESSS-ONF Standards and CPG into their daily work with clients facilitating the goal of improving the quality of care received by those recovering from acquired brain injury.

We are excited to announce the revised program will be offered virtually in February 2021 with instructors Dawn Good, PhD, C.Psych., Sherrie Bieman-Copland, PhD, C.Psych, and Deidre Sperry MSc, S-LP(C). Watch your inbox for more information about this exciting new course!

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**HELPLINE**

1-800-263-5404

Calls answered Mon-Fri, 9am - 5pm EST
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.
Background

Since 2015, the Ontario Neurotrauma Foundation (ONF) led the development of a clinical practice guideline and standards for Traumatic Brain Injury (TBI) that can impact individuals, organizations and systems of care\(^1\). The clinical practice guideline and standards are available in a lay person/patient version at [www.braininjuryguidelines.org](http://www.braininjuryguidelines.org) and [www.onf.org](http://www.onf.org). The ONF has also been supporting the implementation of these evidence-informed practices. In doing this work, the ONF identified the need for a knowledge translation tool to guide regional and/or provincial health teams, administrators, and policymakers in planning, implementing, and evaluating TBI care.

Recognizing that Ontario Stroke System’s annual provincial and Local Health Integration Network (LHIN) stroke care report cards have been necessary to drive improvements in best practice stroke care across the care continuum and patient outcomes\(^2\), the ONF initiated a collaborative effort with several key stakeholders to develop a TBI Report Card. The purpose was to identify indicators to increase awareness of TBI, variation in TBI care, drive improvements in care and identify gaps in data collection across Ontario. By measuring and reporting on the quality of TBI care, the goal of the TBI provincial and regional Report Cards was to inform priorities and strategies to address the variability and gaps in TBI care and outcomes across the province. In addition, it also helps to identify areas where data are needed to comprehensively evaluate TBI care in Ontario. The data presented in this TBI Report Card are useful for supporting policy makers and healthcare administrators in making evidence-based decisions in response to the highlighted gaps and trends shown in the Report.

Why TBI not ABI?

The reader will have noticed that so far, we have been referencing Traumatic Brain Injury (TBI) and not Acquired Brain Injury (ABI). This has been done for practical reasons; it is very difficult given the way medical and rehabilitation providers code and collect data to find ABI patients/clients consistently and confidently in the healthcare databases. It is much easier to define and find the subgroup of persons with TBI. We know that there are fewer people who have a TBI every year compared to those who have an ABI. We also know that we are not seeing the full picture by only looking at healthcare provided to persons with TBI. However, it has been shown that the care needs of those with TBI are similar to those with ABI so it is reasonable to use the healthcare experience of those with TBI to represent the larger group of persons with ABI.

What was our process?

The first TBI Report Card, which was published in June 2020, describes the publicly funded healthcare received by persons with moderate to severe TBI treatment and rehabilitation over five years (2013/14 to 2017/18) with a provincial and regional
view. The TBI Report Card presented eleven evidence-based indicators that characterize TBI healthcare across prevention, acute management, rehabilitation, and reintegration, with the intention of highlighting areas for further investigation and capacity building with a view towards improved outcomes for patients with TBI.

A panel of provincial health system and clinical experts collaborated in the development of this report including the ONF’s Acquired Brain Injury Committee and Data Advisory Committee. The ABI Navigators and the Provincial Acquired Brain Injury Network (PABIN) membership were also consulted. The eleven performance indicators included in this Report were adapted from the fundamental and priority recommendations identified in the Clinical Practice Guideline for the Rehabilitation of Adults with Moderate to Severe Traumatic Brain [1] as well as the type of indicators from the Stroke Report Card [2,4].

**Where does the data come from?**

The data presented in the TBI Report Card was collected through the ICES Data Repository. ICES, formerly known as the Institute for Clinical Evaluative Sciences, is a not-for-profit research institute that brings together research, data, and clinical experts and provides secure access to publicly-funded administrative health services data for Ontarians eligible for health coverage. The data available through the ICES Data Repository includes but is not limited to physician billing to the Ontario Health Insurance Plan (OHIP), medical drug payments made through the Ontario Drug Benefit Program, information from hospital stays and emergency department visits, claims for home care services and long-term care, special registries, major surveys, and many more. The data collected by ICES are cleared of personally identifying information and coded to keep the identity of the individuals within the dataset confidential.

It should be noted that the data within these datasets are focused on medically based healthcare usage, meaning acute care, inpatient rehabilitation and OHIP-funded healthcare usage in the community. This means that we are not able to report on the outpatient and non-OHIP-funded services provided in the community. Because of this we know that we have not been able to include a lot of care that is provided in the community. This is a weakness of the current data that in future versions of the Report Card we will work to eliminate.

**What did we learn from the June 2020 TBI Report Card?**

Overall, data from the first TBI Report Card show that incidence of hospital admission for TBI and mortality associated with TBI are increasing in Ontario. Additional important findings include that once admitted to acute care, 25-30% of days are spent at an alternate level of care, meaning individuals are occupying beds which are above their care needs and may represent an inappropriate use of resources. Rural and northern regions show significant delays to care access and patient follow-up following discharge, with some experiencing homecare wait times as high as 29 days; this is three times higher than the provincial average of nine days.

**What have we done since it was released?**

In September 2020, the ONF successfully conducted a survey and series of fourteen consultation meetings with ABI stakeholders across the former LHIN regions in Ontario with the dual purpose of: 1) understanding the regional differences in health system organization to shed light on LHIN performance reported in the June 2020 TBI Report Card (data up to 2017/18) and 2) consulting on what improvements to make for the next TBI Report Card to be released Spring 2021 (data from 2018/19 and 2019/20). Over 100 stakeholders participated in the survey completion and meetings, including but not limited to: front-line clinicians, managers and administrators, case coordinators, ABI system navigators, directors, and researchers.

Participants agreed that all eleven TBI indicators were relevant and that the TBI Report Card is an important health system and policy tool to assess the TBI/ABI healthcare both provincially and regionally. However, members in all stakeholder groups were surprised to learn the number of TBI indicators we were unable to include in the Report Card because of limited data available through ICES. Several indicators could not be included because there is not a process for collecting the relevant data, inconsistent submission of data, and incomplete data collection and coding. As a result, there is a strong willingness of stakeholders to work with the Ministry of Health and Long term Care (MOHLTC) and Ontario Health to develop a provincial data collection strategy that would allow for inclusion of indicators representing outpatient and community-based care in future TBI Report Cards. Additionally, there is strong interest in including indicators that identify care provision over time to reflect the chronic nature of TBI/ABI. All LHINs reported valuing the opportunity to be consulted, provide insight, and evaluate their performance in comparison to other similar LHINs and to the province in general. Ultimately, each LHIN has indicated interest in discussing its performance annually with the release of each new TBI Report Card and has provided contact information for additional relevant stakeholders.

**The Provincial TBI Report Card Stakeholder Summit**

On October 15, 2020, the ONF hosted a virtual TBI Report Card Stakeholder Summit Meeting, which brought together 70 provincial stakeholders to develop a prioritized action plan for the future TBI Report Cards. During this meeting, the participants discussed new and revised TBI Report Card indicators, identified data gaps and explored the feasibility of improved data collection, and planned for meaningful stakeholder engagement. One key outcome from the Summit Meeting was the formation of a TBI Report Card Working Group. The Working Group is comprised of individuals representing all phases of the care continuum. This group will work closely with the ONF to finalize the TBI Report Card indicators and submit the data request to ICES (November 2020), interpret the findings (January 2021), develop recommendations (March 2021), and release the next Report Card (April 2021).
Another important outcome of the Summit Meeting was the opportunity for increased consultation with survivors of TBI and their caregivers. There is strong interest in connecting the data within the current TBI Report Card to other data collected by community-based brain injury providers and the ONF such as Brain Injury Speaks (survivor experiences) and the TBI Community Care COVID-19 Impact Survey. In the previous version of the TBI Report Card, persons with lived experience were represented through the ONF’s Advisory Committees and OBIA. Going forward, we to engage persons with lived experience in a more direct way in the development of the TBI Report Card by engaging members of the Brain Injury Speaks Stakeholder Engagement Network through surveys, focus groups, and feedback processes. The goal of Brain Injury Speaks is to empower those who are living with brain injury to share their experiences, engage in dialogue, and advise on the future direction of brain injury care in Ontario [7].

Additionally, the ONF is seeking one or two persons with lived experience to join the TBI Report Card Working Group. If you are interested in learning more about this opportunity or the TBI Report Card in general, please contact Kristen Reilly at kristen.reilly@onf.org.

References
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Have you recently sustained a concussion or suffer from post concussive syndrome? Are you struggling with headaches, fatigue, depression, anxiety, memory issues, or you “just don’t feel right?”

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Starting January, 2021

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The Ontario Brain Injury Association’s Online Caregiver Support Groups are supported by the Government of Canada’s Emergency Community Support Fund and the Community Foundation of Canada.
One year ago, COVID-19 emerged in Wuhan, China raising global attention and concern. As the virus rapidly spread worldwide, many countries scrambled to adjust public health policies and implement restrictions to keep their citizens safe. Researchers quickly began investigating the virus, its symptoms, how it spreads, testing methods, potential vaccines and treatments.

Today, we have a better understanding of the virus's biology and its transmission. Also, testing methods have been developed to identify who has the virus and health professionals use contact tracing to know who else may be at risk. It has been a very long road for many, and as we wait for a vaccine or treatment, researchers continue to learn more about the impact COVID-19 has on a person’s health.

COVID-19 primarily impacts the respiratory system causing a cough, fever and tiredness. In some individuals, this progresses to pneumonia and may require breathing support in the hospital. The virus’s respiratory nature is one of the key reasons public health recommends wearing a mask in public settings. When an individual breathes out, coughs, sneezes, talks, or sings, virus particles are released into the air. Large droplets can settle on surfaces that others touch. Small particles, called aerosols, may remain in the air for others to inhale. Aerosols do not appear to be a primary route of transmission. However, it can occur in some settings, particularly indoors or poorly ventilated areas1.

Although respiratory symptoms are the most common indicators of a COVID-19 infection, scientists and doctors are currently investigating neurological signs.

COVID-19 is connected with several neurological disorders, occurring from both direct infection and indirect complications of the illness2. COVID-19 has been found in some patients’ cerebrospinal fluid, indicating that direct infection of the nervous system by the virus can occur. However, indirect effects appear to be a more common cause of neurological complications4.

The body’s immune system appears to be one of the main causes of neurological complications. In reaction to the virus, the immune system may trigger an overreaction called a cytokine storm. Cytokines are small proteins that help the body fight infection and are an essential part of the immune system. Several different illnesses generate a cytokine storm, including COVID-19. The cytokine storm causes widespread inflammation throughout the body rather than only at the site of infection. When this inflammation occurs in the brain, it can damage the brain cells4.

Hypoxia is another way COVID-19 may be leading to neurological complications. Hypoxia occurs when there is a lack of oxygen reaching the brain. It is a common cause of brain injury in near-drowning, overdose, and heart attack. The impact of COVID-19 on the respiratory system and lung damage may lead to hypoxia and result in brain injury and neurological complications5.

Patients with COVID-19 who are in critical care appear to be at a higher risk of experiencing an ischemic stroke due to the production of blood clots. The risk is associated with the cytokine storm mentioned above. When the immune system releases cytokines, the liver releases more clotting factors, making the blood stickier and more likely to clot6.

There are many other potential causes of neurological complications among individuals with COVID-19. At this time, many reports of neurological complications are anecdotal, and more research is needed to better understand these challenges. With more information, physicians worldwide will better understand how to prevent ongoing challenges and manage any brain injuries that have happened from COVID-19.

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

The last meeting of the OAC was held online on Tuesday, November 4, 2020.

The following reports are from some of the local community associations on their status during the COVID-19 pandemic. For other community association, please check their websites for updates.

BIS Toronto

The Brain Injury Society of Toronto (BIST) has been involved with a number of activities over the last few months. BIST has partnered with The Law Foundation of Ontario to create the ABI Justice project, which is accessible via platform: www.abijustice.org. The ABI Justice Initiative is an Ontario-based resource that aims to decrease common barriers that become present for persons with brain injury when faced with legal matters. The ABI Justice Project acts as a portal, which provides legal information, brief education of the legal system, and resources that serve ABI persons involved in the criminal justice system. Currently, there are multiple free online trainings on this resource, “Navigating the Justice System with a Brain Injury - A Toolkit Introduction.” If you are interested in booking a training, contact BIST Executive Director, Melissa Vigar at mvigar@bist.ca.

BIST continued to host their annual fundraisers, whether through virtual means or held outside as a socially distanced event. BIST hosted their annual “Birdies for Brain Injury Golf Tournament,” this past September safely outdoors.

The BIST/OBIA “Nix the Mix” fundraiser had a great turnout, and it was a fun and exciting charity event. The interactive virtual evening featured celebrity guests, Chef Nuit Regular, Musician, Author and Inspirational Speaker, Carl Dixon, and a Guided Mixology Session led by Mark Lapowich. It was so much fun, we decided to do it again! The holiday edition of “Nix the Mix” was held on November 25.

BIST was grateful to all those who helped us move our annual “Heroes Walk, Run, or Roll” fundraiser to a virtual event this year. Despite the challenges of not being able to all gather physically together, we could still feel the energy and spirit of all the participants. We had almost 250 people registered and we spread awareness throughout the GTA and beyond!
Upcoming winter activities at BIST include an exciting virtual holiday party. For programs and services, Laura Bellon, BIST Transitional Support Worker will start her Ontario Trillium Foundation 3-year grant, Homeless Prevention Program in January 2021. Isabelle Rivaletto, BIST ABI Community Connection Coordinator will continue providing Case Management Services in tandem with providing technology support and education.

**BIA Windsor Essex County**

The Brain Injury Association of Windsor and Essex County (BIAWE) is pleased to announce they received a grant of $38,500 from the Government of Canada and United Way/Centraide Windsor-Essex County for its “Brain Connect” program. This supports those with an acquired brain injury through this COVID-19 pandemic and beyond and is part of the federal government’s Emergency Community Support Fund.

This program invests in technology, training and remote support to allow clients to access services which are currently held via Zoom. Staff will focus on the safe use of social media tools. Practical strategies will increase functionality, improve long term health outcomes and reduce the need for face-to-face service during this pandemic.

We will be starting a monthly, facilitated Pediatric Caregiver Support Group soon in the New Year. This program fills the gap in the community for parents and caregivers who currently have no supports. BIAWE hosted a Pediatric Caregiver Education Workshop last February, presented by OBIA and this is the outcome of that workshop.

BIAWE now offers support programs across the age spectrum, recognizing that the needs vary for each group; children, young adults and adults.

**BIA Waterloo-Wellington**

Like many other associations, BIAWW has been pivoting our programming to virtual in the wake of Covid-19.

We now offer an array of virtual drop-in chats, presentations of survivor stories, healthy living (mindfulness, yoga, exercise), and activities just for fun to promote engagement.

**Fundraising events** – We are so pleased that our first ever online auction was a great success! Thanks to all who donated items and especially those who participated. Our previously office-based greeting card activity is now entirely home-based. Participants are provided resource “kits” that are delivered/picked up through contactless means. We have proudly made more than 5,000 greeting cards this year to be sold to our members and the general public in efforts to raise funds for our association, as well as enrich our survivor experience. Survivors and volunteers from BIAWW also contributed to the creation and distribution of more than 600 cloth masks to individuals in need throughout our communities.

**BrainConnect project** - We have initiated our “BrainConnect” project, an individualized program for over 30 individuals living with ABI in the Waterloo region. This program will support the adaptation of assistive technology to help them meet their rehabilitation and lifestyle goals in the wake of COVID-19. This is supported by a grant from KWCF.

**Lidz on Kidz program** – Thanks to our lead sponsor McLeish Orlando, the City of Waterloo, KW Optimist club, Guelph Community Foundation, Fixed Gear Brewery and Desjardin Insurance, we distributed more than 270 bike helmets to children in need in KW, Guelph and Mount Forest through a contact-less delivery method this summer. We are adapting and digitizing our in-class public school education program so that teachers and parents may still be
able to access the curriculum-based information related to brain health and injury prevention.

**New Beginnings (Sarnia)**

Another Day … Another “New Beginning”

New Beginnings ABI & Stroke Recovery Association is steadily adapting to ensure the safety of our members and the community. Both Clubs have reconfigured our layouts to allow for physical distancing. We now check temperatures and ask screening questions before entry into the Clubs. We’ve had to change from a Drop-In-Center to scheduled appointments for members.

Quote from member Gloria: “I miss being able to come in anytime I want but I do appreciate the one on one time and smaller exercise classes!”

We will be hosting a modified Christmas Luncheon for members on December 9. Typically, we host a 90-100 person luncheon featuring a roast beef dinner with all the fixings as well as entertainment. We are not going to let our members miss out on this tradition, but due to size restrictions during COVID-19, we will be modifying our usual gathering. We will be offering a small morning sitting, a small afternoon sitting, as well as take-out at the back door! It was such a success at Thanksgiving, we will be doing it again for Christmas!

**BIA Ottawa Valley**

Over the course of the last few months, the Brain Injury Association of the Ottawa Valley and Step-Up Work Centre have been closed due to COVID-19. In June, we started “Virtually Step Up”. This program is a video call that takes place once a week and gives our members the opportunity to socialize with each other. So far, these calls have been going very well, although we are looking at setting up some socially distanced individual/small group meetings for members who aren’t able to participate in the call. We also have some of our members working on our monthly newsletter. The newsletter includes new information about the Step-Up Work Centre, poems written by one of our members, recipes for meals/desserts, cognitive puzzles, word searches/sudokus, and a calendar that includes events, important dates, birthdays, etc. Overall, we are working very hard to keep our members engaged and socialized with us and with each other.

COVID-19 has provided the Brain Injury Association of the Ottawa Valley and the Step-Up Work Centre a great opportunity. We are moving! Before everything shut down, we already had the idea of moving to a location that would be more beneficial for us and our members. Due to this change and currently not having a space to run activities, we will keep running our virtual program, and will continue to work on having in person meet-ups with our members until restrictions lighten and we are able to run normal programming.
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2020... All was not calm, but all is still bright. As we all continue to work together to keep each other safe, here’s to enjoying a restful holiday season, and a New Year filled with hope, health, and happiness.

Pathways to Independence provides assisted community living services and supports to adults with an acquired brain injury (ABI) based on their unique goals, abilities, and choices.

The service plan supports a person’s rehabilitation and reintegration to the community following a brain injury. In addition to assisting with activities of daily living, we actively work with the person to access social networks and community supports based on what is important and meaningful to them.

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- Other non-fiction works

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www.pathwaysind.com
Wow! With all of the turmoil going on in the world, Camp Dawn provides a safe, comfortable and much-needed retreat for our campers. We made the decision at the end of May that we would not be able to host Camp Dawn in person. But what could we do? Could we come up with an amazing virtual program? Would campers want to attend? Could we get volunteers to run it? Well, yes, yes we can.

Virtual Camp Dawn (our slogan was Virtually the Best Camp Ever!), was hosted September 17 -20 and we had an AMAZING time. From the beginning, of helping campers and leaders cope with the disappointment of not hosting camp in person, everyone came on board to make it incredible.

We used our social media platforms and website to share info on our virtual program. Campers and leaders were able to sign up for their preferred activities using google forms on our website. Once we had everyone sign up (50 campers), we spent hours assembling individual camper and leader kits with all of the supplies they would need for each activity. Our ninja board members delivered and mailed the kits all across southwestern Ontario.

All of our activities were hosted on Zoom, which we did training sessions for before camp with all campers who needed the support. We became Zoom experts!

At our opening ceremony, some of our board members attended Camp in person to do a live screen share of camp for campers and leaders to be able to see. From there, leaders facilitated each activity! We did rock painting, yoga/meditation, a planking contest, trivia, bingo, karaoke and had a few amazing surprises (a real campfire singalong and a dance - where the Sheridan band had recorded a show for us which we streamed from YouTube and did screen sharing). We also streamed many of our activities to Instagram!

At our closing ceremony, all campers and leaders got to share what Camp Dawn meant to them, and the resounding theme was that even though we weren’t together in person, being together online, sharing and connecting with each other, made it an incredible weekend. We can’t wait to be together in person next year. Until then, we remain; far apart but together at heart.

◊◊◊
Something has been bothering me. I can't shake it. So I'll write about it.

The other day I was describing an event in my concussed life to several people. The event happened before Covid. I lost my car keys and then I ended up in a house that I didn't recognize and was almost accosted for stealing a woman's purse.

The response to my story was... Hey, I lost my car keys and I'm not concussed.

Unfortunately, that's become a normal response because people tend not to believe what they can't see.

Nuts! Busted! I got caught! Acting normal.

There I was, and ....

I didn't walk around looking like I was brain injured I didn't talk like I was brain injured
I wasn't drooling
I wasn't staring into space for periods of time
I gave little indication that anything was wrong with me. I once more portrayed something I'm not.

I failed
I failed to portray or show a brain injury, 'cause anyone can lose their car keys.

I'm sure I'm not the first concussed person to go around appearing normal.

The nerve of us. Appearing normal. ... 'cause if you can't see it, I must be normal.

So what's the story here.

(To the tune of The Ballad of Jed Clampet)
Let me tell you a story that happened to me
And it all started with a head injurrree

First some background:
I recently wrote about walking along a beach.
   My eyes seeing the water as level
   My feet feeling the shore as sloping
As I was walking, my brain could not put the two together
   My brain was confused
I couldn't maintain my balance
   I started to have a panic attack

Back to this story:
I usually go with my spouse to her hairdresser's appointment.
   When we get there, she goes in
   and I move over to the driver's seat
   and like any good Canadian,
   I head on over to Tim Hortons
   Where I pick up a snack
Come back to the hairdresser's
   And sit in the car and either read or listen to a book
While I enjoy the moment.

Another slip into the background:
The hairdresser used to work for me in another field.
   We know each other
It may be hard to believe, but we get along.

Continuing on:
Nowadays, my spouse and I are both invited on appointment day,
   to just walk into her place and down to her salon.
So this one fine day,
   just before the first snowfall of the year,
   And after having left Sharon at the hairdressers,
I find myself
   At the Tim Hortons, snack in hand
   Sitting in a car that will not start.
I mean I can start it with the remote start
But when I try and put it in gear, it stops.
Turns out that the Fob had fallen off my key ring. I was able to drive to Tims because the car was running when I got behind the wheel. The car had been started on Sharons Fob, which was still in her purse.

Arriving at Tims, I shut the car off. Are you seeing my problem here?

So there I am
Can't start the vehicle.
Well, I'll just call ......???
I'll call the hairdresser .......????
I'll call ......????
I could not remember her name.
The hairdresser..... The person who worked for me.... What is her name.....?
Carrie ?? No!
Sally ?? No!
I searched through contacts on my phone
And did not recognize anyone.
What is her name???

Well It's only a mile or two, so I'll walk.
Cold winter day, but I'll walk.
I like walking
So I did, cutting through a new housing survey and only getting lost once.
Not bad for me.
I found her house and walked in

The moment I took two steps into the house....
I had no idea where I was.
Nothing was familiar
And there was some racket going on

What is that sound? That Noise?

Barking....a dog Barking, and Barking, and Barking
What dog? Where is it? Barking....Just Barking.
That Barking is not helping my brain.
I am spinning around trying to get my bearings. I don't know
if I'm spinning
If the house is spinning around me
If it's just my head is spinning
But there is spinning and.....
Lights doors walls colours ....Barking
A real mixture
Spinning....blending....foggy mist
And this blasted Barking. Barking!
My head is really confused
Trying to make sense of it

I shout out ....HELLO.... ANYONE HOMEE

I decide to pull a Goldilocks
As I turn to dash out of the house...
Balance is not a top priority to the brain at the moment

I open the door
Through my foggy glasses I see my wife's purse.
I stumble over to it
I pick it up and try to open it
I'm having trouble opening it
Zippers won't work
I CAN'T WORK THE ZIPPERS ON THE PURSE

I keep trying
I can hear myself trying to explain what I'm doing
But even I can't understand what I'm saying.
I'm just mumbling, spewing out words...

Now look at the scene from the hairdresser's view.
She is working with a client when
Someone unexpectedly opens the door and stumbles in.
She does not recognize the person because I'm wearing
-a winter coat
-Sunglasses
-A hat pulled low on my head
And she sees that person
Grab a purse belonging to her client
And he's trying to open it
Hands fumbling over and around it
Shaking it
All the while stumbling and mumbling

In the back of my mind
I know I'm not making a good impression. But I'm >> focused....
Stupid dog, stupid Barking, stupid purse
STUPID KEYS!!!
I know they are in there.... Somewhere
Must... open... purse....

I'll give Kelly credit though
Instead of just standing there screaming
She heads over to me scissor in hand

Fortunately, that is when Sharon
In a calm voice asks me to stop and
then instructs me how to open the purse.
Like I said, she calmly does this.
She is used to doing this
Talking me down
Walking me through decisions and situations
After a few years of living with a concussed person
(that would be me)
she is used to this
She knows how to handle my panic attacks
My periods of deep focus
My attempts to make decisions

She knows when I'm ready to crash
When I need rest
Talking me down is now second nature to her

She gets me to stop
Talks me down

So the question I ask here is....
How would you - a normal person, react in this situation. How would you expect the normal person to react?
- Forget about the keys, the Fob....
- They are only the catalyst to this situation
You are now in this house
Would you recognize it?
What about that Barking?
Would you see the dog at your feet instead of just hearing it
Would you note that the Salon Door is closed
Would you stagger down the stairs?
When you entered the salon would you be stumbling
And muttering speaking nonsense

Would you grab a women's purse and try to open it or
Would you enter and say 'Hi' to everyone in the room
And explain the situation.

I would like to think that normally I would have said Hi
And explained the situation.
I was taught to do that

So why didn't I?
Well,
it wasn't because
I was intoxicated
It wasn't because
I took drugs
It could be
that I have an unseeable head injury
It could be
that I am concussed

I guess the bottom line is
when talking with people
I should work more
on appearing to be concussed
Instead of trying to explain it

I'm just not sure how to do that.....

Maybe if I wrap a large bandage around my head...

Or perhaps have some business cards made up...
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"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). This program is available to survivors, family members and/or unpaid caregivers.

For more information contact:

Ontario Brain Injury Association
1-800-263-5404 peersupport@obia.on.ca

Funding for the Provincial Peer Support Program is provided by:

Development Sponsors:
OBIA’s Peer Support Program: It’s Been a Great Journey

By: Rhonda Latendresse, Retired Executive Director, Seizure & Brain Injury Centre (Timmins)

Peer Support. Two very simple words but can bring such great empowerment to those who take part. I have had the pleasure to witness the power of the Peer Support Program during the last fourteen years.

I have had the honour to be a part of the Ontario Brain Injury Association’s (OBIA) Peer Support Program since its inception. I remember attending a meeting in Toronto when they were just starting to introduce the program and what they were hoping it would accomplish. All of us attending were excited about the idea, but probably a little scared how we would be able to do this. It was also a new concept that had never been done in Canada. Matching people from all over the province and having them connect by telephone. They would not know each other but, by the end of their year, many became good friends and continued to be in contact with one another. OBIA definitely gave us the tools and training to make the program work. During the last fourteen years there has been many changes and great improvements to this amazing program such as allowing email contact. Always, OBIA listened to our needs and concerns. In reflection of the past few months with the COVID-19 pandemic, the Peer Support Program has been the only social connection for many of the participants. I believe that many other groups may decide to implement similar programming. But the Ontario Brain Injury Association can stand proud of being progressive in bringing this program to fruition.

As the former Executive Director of the Seizure & Brain Injury Centre, being part of the Peer Support Program is one of my greatest accomplishments. I took on the role of the Program Coordinator with our agency and have enjoyed every minute. Matching individuals with the right Mentor or Partner can be difficult, but as part of the process, getting to know these individuals made matching so much easier. The program started off slow for our agency but as time progressed we included Peer Support with our client intake. We have had during the last 14 years more than a hundred plus participants, not only individuals with an acquired brain injury, but also, spouses, family members and friends. All of them have benefitted from having someone to listen and share their experiences with. The positive feedback always made me feel warm and fuzzy knowing that the program is being of assistance to them. Especially rewarding were those few individuals who were skeptical at first.

It has also been so rewarding when a partner moves forward with their lives and decides that they would like to give back to the program as a Mentor.

The program allowed me to grow as an individual and to meet some very amazing people, whether it was the participants or other Peer Coordinators. I will miss being a part of the program and the great fellowship. Although you never know, I could be back!
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Acquired Brain Injury and Mental Health

By: Lekshmi Jayakrishnan, OBIA Support Services

Brain injury can result in a wide range of psychiatric and behavioural issues, including depression, anxiety, mood swings, aggressive behaviour, and Post-Traumatic Stress Disorder (PTSD). Many people who have experienced a brain injury are unaware that brain injury is the underlying cause of various psychological problems they subsequently experience in their life. A study reveals that approximately 1 in 5 individuals may experience mental health symptoms up to six months after mild Traumatic Brain Injury (mTBI).

Although mental illness such as depression and PTSD are prevalent after TBI, the exact reason and connection between TBI and mental illness are little known. These issues can develop because of the damage to the areas of the brain that are responsible for managing emotions, changes in neurotransmitters (chemicals) in the brain and the psychological trauma of brain injury. Researchers also observed that having an antecedent mental health problem before acquired brain injury is also a vital risk factor for having mental health issues post-injury.

Treating Brain Injury and Mental Health

Health professionals suggest that changes in psychological conditions, behaviour and emotion are typical following acquired brain injury. This situation often improves in the first few months after injury. If you are having problems controlling your emotions and behaviour following a brain injury, it is essential to speak to a physician or psychologist to find out the cause and get appropriate help.

If survivors have a mental health condition after their brain injury, it is called a ‘dual diagnosis’. A dual diagnosis can sometimes result in one condition having an impact on the other. If there is a case of dual diagnosis, one may require support from both mental health and brain injury services.

Below are some of the common forms of treatment offered for mental health and brain injury dual diagnoses.

- **Medication** - There are medications available to manage the symptoms of various mental health conditions, and prescriptions will depend on what is most suitable for the person.

- **Therapies** - Trained professionals offer various forms of therapy. Cognitive Behavioural Therapy (CBT) is one of the most widely used approaches for the treatment of subsequent mental health disturbances.

- **Support Groups** - Support groups are affordable and easily available compared to individual therapies. They are moderated by professional group counsellor, group therapist or group psychologist and generally focus on a specific issue. Ontario Brain Injury Association’s Online Concussion Support Groups, which are a great space to help with survivors’ emotional recoveries.

- **Self-help** - Regular exercise, practicing some relaxation techniques such as mindfulness exercise, meditation etc. are some self-help measures that can be practiced. Several self-help websites offer information and guidance on managing various mental health issues after brain injury.
Professionals involved in mental health and brain injury

Professionals trained in this field are clinical psychologists, neuropsychologists, and neuropsychiatrists. They will be able to help to decide whether the behaviours that a survivor exhibits are the consequence of brain injury.

- Clinical psychologists are professionals trained in a broad range of mental health issues. They will likely have some understanding of brain injury.

- Neuropsychologists are psychologists specialized in understanding the relationship between the physical brain and behaviour, assessment of cognitive and behavioural functioning and the design of effective treatment. ABI survivors may require neuropsychologists’ support to deal with both mental and emotional challenges.

- Neuropsychiatrists are psychiatrists specialized in the diagnosis and treatment of disorders affecting the brain, which cause behavioural, psychological, and psychiatric symptoms. They will have expertise in dealing with brain injury and mental health dual diagnoses.

Endnotes


On September 16, I started a thru-hike of the Bruce Trail, Canada’s oldest and longest marked footpath. I hiked more than 1,000km from Niagara until I reached the end of the trail in Tobermory, on October 31. I did this to raise funds and awareness for Acquired Brain Injury (ABI) with all proceeds going to the Ontario Brain Injury Association (OBIA).

I have been living with the effects of my brain injury for much of my life but, after more than a decade of seeking medical help, I was only diagnosed with a Traumatic Brain Injury (TBI) four years ago due to my extensive history of concussions. This invisible disability has had a considerable impact on my life including work, relationships, mental health and maintaining any sort of routine.

Since my diagnosis, I have been fortunate to have received help and guidance from many community organizations, my wellness team, support group and especially my family. I have tried to use many of the tools that I have learned to help manage my symptoms (i.e. cognitive impairment, memory issues, brain fatigue, migraines, struggles with attention, interpreting/relaying information, depression, and anxiety).

Hiking has a very positive influence on me, as being in nature I don’t have to overthink, instead I instinctively know how to react. I find this has a great effect on reducing my brain fatigue, while also improving my physical and mental health.

I’m trying to use thru-hiking (walking a trail from end-to-end in a continuous line) as a way to help my brain build new pathways and routines. I’m doing it by thinking ultralight in both what I carry physically and mentally, so I only take with me what I require to get to my next water source, camp or re-supply. I hope to be able to keep building these pathways and routines in my regular life to help get me from one task to another, and from one day to the next, all the while managing my symptoms as best as I can with the resources available to me. I know this will not be an easy task, I will make mistakes, I will experience failure, but I know I will have to get back up and keep moving forward one step at a time.

Some of the techniques that I have found which work for me if I sensed my internal warning signals rising or to take in nature’s beauty are:

**Mindfulness Exercises**

Focus on my breathing, deep breaths until my heart rate stabilizes, then take in the sounds, scents and views surrounding me until that is all my mind hears.

**Check my Resources**

Confirm that I have just what I need to get to my next goal. My water, shelter, food and next destination or water source. If it does not help me move forward, it is only holding me back, and can be left behind, both physically and mentally.

**Positive Affirmation.**

Remind myself why and who I am doing this for. If my hike creates enough awareness for one person who has been living mis-diagnosed or un-diagnosed with an ABI to find support, knowing they are not alone, then it is more than worth it.
Start Hiking Again.

Go with a clear mind, a full heart, purpose and a goal. In doing this I find a clarity that I rarely experience off the trail. This clarity allowed me to explore this incredible trail system in my own way, while planning my hike in a way that focused on the management of my brain injury at any given time.

I have been asked many times what was the hardest part of your hike? Was it the swollen feet? Aching muscles? Filth? Being alone in the wilderness? To be honest, the hardest part of my hike was the same as the hardest part of my everyday life—living with ABI and the brain fatigue, migraines and mental health that comes with it. For people living with ABI, the struggle is harder than it is on the trail because many of us don’t know what direction to follow, where our futures lead, only that our hike will never end.

One of my goals for this hike was to raise awareness, not just for ABI but, also awareness of myself. I needed to learn to pace myself, read the signs when to slow down or stop, or when I could push myself a little further. All the other physical pain and discomfort was only temporary; it was the constant pain, confusion and mental health that I needed to learn to understand, so I could use it as a tool in managing my symptoms and hopefully improve my quality of life in the future.

I believe it is also very hard for people suffering un-diagnosed brain injuries from concussion sustained in sporting activities, as it had been for me, because these people may be competitive by nature and might have difficulty acknowledging the need and then asking for help.

I used to be more exhausted, and in more pain after a day laying on the couch blankly staring at the TV trying to force my brain to get up, make that call, reply to that message, send that resumé, eat better, exercise more. I put more energy into that then I do in a 30km day of hiking. The reason was because I did not have the proper understanding, tools or support to manage it alone.

When I saw my case manager, and then went to my first peer group at West Park Health, and later the Brain Injury Society of Toronto and Brain Injury Services Simcoe, it was a major turning point for me. I finally met others who were living with this invisible disability; they finished the sentences I could not complete, were understanding, supportive and filled with great advice and wisdom on ways to manage my symptoms. I only wish I could have known about these groups long ago (you can recognize them by the sound of laughter coming from inside the meeting rooms). After all the years of waiting for the next doctor’s appointment, the next specialist, and not knowing the future, finally having a goal with a clear path and destination gives me a purpose again.

I hope to continue creating awareness, hiking and learning new tools to help me manage the difficulties placed before me while living the best life that I can.

I don’t look at my journey as a recovery, to do things the same way as I once did, but rather a discovery. A discovery of finding new ways to do the things I once took for granted or enjoyed, to challenge myself to try new things and explore new experiences, because I might never know what hidden talents or new found joys I might discover.

You can see the photos, videos, interviews and posts from my journey on Facebook (Tyler’s fundraising hike for Ontario Brain Injury Association) and Instagram (@tylergibson987).
Elements Support Services is so pleased to announce that we are the Exclusive Sponsor of OBIA’s eLearning Brain Basics Program. Through the years, we have been a proud supporter of OBIA and this opportunity is a perfect fit for us. OBIA’s vision is to be a leader in Community Based Education and our vision is to be the premier provider and leader in community support services.

At Elements, we strongly believe in providing relevant and quality training to those who are working with those living with brain injury.

The Brain Basics eLearning Course provides participants with an introduction to the world of brain injury. This program helps individuals with brain injury, family members, caregivers, and front-line healthcare workers understand the complexity of brain injury and teaches participants practical strategies to help manage the complex challenges that often occur when someone sustains a brain injury.

It is important to note that the course has been given a fresh new look. It is more interactive than before, offering an excellent learning experience for all who take the program. The new website will be launched in December, 2020.

We are also delighted to announce the Elements Support Services Brain Basics Scholarship Fund. Each year we will provide 20 scholarships to family members or survivors, which will enable them to take the Online Brain Basics course at no cost.

For more information about the new program and Elements Support Services Scholarship Fund, please visit: www.obiaelearning.ca or contact 905-641-8877.
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
Facebook: www.facebook.com/OntarioBIA
Twitter: www.twitter.com/OntarioBIA
Instagram: www.instagram.com/OntarioBIA
LinkedIn: 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: 905-646-2426
Email: pat@bianiagara.org
Website: www.bianiagara.org

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

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

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

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

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

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

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

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

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

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

Waterloo-Wellington  
BIA of Waterloo-Wellington  
Phone: 519-576-3535  
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  
BIA 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

Alberta - Association for the Rehabilitation of the Brain Injured (ARBI)  
Phone: 403-242-7116  
Email: ana@arbi.ca  
Website: www.arbi.ca

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 & Labrador Brain Injury Association  
Phone: 709-579-3070  
Email: nlbia2011@gmail.com  
Website: www.nlbia.ca

Association québécoise des traumatisés crâniens (AQTC)  
Phone: 514-274-7447  
Email: aqtc@aqtc.ca  
Website: www.aqtc.ca

Brain Injury Association of Nova Scotia  
Phone: 902-422-5000 or toll-free 833-452-7246  
Email: info@braininjuryns.com  
Website: www.braininjuryns.com

Brain Injury Association of New Brunswick  
Phone: 506-721-8003  
Email: biacnb@icloud.com

Brain Injury Association of P.E.I.  
Phone: 902-314-4228  
Email: info@biapei.info  
Website: www.biapei.info
Events Calendar

February 16-17 & 25-26, 2021
OBIA and Brock University presents
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury (Level 1)
Location: online via ZOOM
Contact: Diane Dakiv
Phone: 905-641-8877 ext. 231
Email: training@obia.on.ca
Website: www.obia.ca

February 26, 2021
Canadian Concussion Centre presents
8th Annual Concussion Research Symposium: Biomarkers, prevention and Treatment of Concussion
Location: Virtual
Contact: Conference Services
Phone: 416-597-3422 ext. 3448
Email: conferences@uhn.ca

March 23-26, 2021
International Brain Injury Association presents
14th Biennial World Congress on Brain Injury
Location: Dublin, Ireland
Contact: Conference Congress
Phone: 703-960-6900
Website: http://www.internationalbrain.org/

June 2-4, 2021
Brain Injury Canada presents
Brain Injury Canada National Conference
Location: Ottawa Conference & Event Centre, Ottawa, ON
Contact: Conference Coordinator
Phone: 613-762-1222
Email: info@braininjurycanada.ca
Website: www.braininjurycanada.ca

June 9, 2021
BIST/OBIA presents
The 17th Annual BIST/OBIA Mix and Mingle
Location: Steamwhistle Brewery, Toronto, ON
Contact: Terry Bartol
Phone: 905-641-8877 ext. 234
Email: tbartol@obia.on.ca
Website: www.obia.ca

Coming soon!
OBIA and Participating Community Associations present:
2021 Provincial ABI Conference
Watch your mailbox for details!

For more listings, check: www.obia.ca/calendar
Study Title:
Turning Points: Resiliency processes in the lives of individuals with Traumatic Brain Injury and their caregivers.

Are you an adult who has experienced a Traumatic Brain Injury?

Are you interested in talking about your experiences of RESILIENCY and what RESILIENCY AFTER BRAIN INJURY means to you?

What do I have to do?
Participate in one or more arts-based sessions via videoconferencing or in person with a researcher, where you will use both words and drawing/painting to talk about your experiences following TBI.
We will ask about different important events ("turning points") in your journey and try to understand your experiences of resiliency.

Who can participate?
Participants must:
(a) be at least 18 years old;
(b) have experienced a TBI more than 3 years ago;
(c) feel that you demonstrate resiliency (meaning that you have shown positive growth and adaptation since the accident; you have been able to recognize and access resources and supports; and/or you have demonstrated success in any way you define it);
(d) be able to provide informed consent to participate in the study;
(e) be able to understand questions and provide answers in English (verbally, through an aide, or through augmentative or alternative communication methods/devices);
(f) be able to engage in or direct the creation of a visual body map;
(g) have adequate vision to engaged in or direct the creation of a visual body map (you can see the map); and
(h) Have access to a computer/tablet with internet connection or live in/within driving distance of the Greater Toronto Area.

Participants will receive a small token of appreciation to thank them for their time and reimbursement for travel/parking costs.
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).

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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
Featured Training Program

Live Online OBIA/Brock University Certificate Course
Neurorehabilitation: Assisting Recovery & Function in Everyday Life Following Brain Injury
(Level 1) No prerequisite required

Join our Live Online Classroom!
February 16-17 AND
February 25-26, 2021
(4 days total)

During COVID-19, OBIA continues to be committed to providing training for professionals working with people with brain injuries. This certificate course is accessible through a live online classroom and will be interactive with breakout rooms and small group discussions.

New! This course has been revised to incorporate the Ontario Neurotrauma Foundation Clinical Practice Guidelines for the Rehabilitation of Adults with Moderate to Severe TBI into the curriculum. Participants will now learn how to implement these guidelines in their daily work with clients!

About the Course:
• This four day Certificate Training Program will provide you with information, techniques, strategies and interventions that will equip you to better support people with ABI. Some topics include:
• Introduction to Neurorehabilitation: Where brain and function meet
• Foundations of Neurorehabilitation
• Facilitating cognitive function in everyday life
• Behavioural challenges and facilitating participation in life roles
• Relationship building: Supporting engagement in social roles and developing adaptive social networks
• Risk management: Seeking a balance between protection and risk

DETAILS
Dates:
February 16, 2021, 8:15 am - 4:00 pm
February 17, 2021, 8:15 am - 4:30 pm
February 25, 2021, 8:15 am - 4:30 pm
February 26, 2021, 8:15 am - 2:00 pm

Professors:
Dawn Good, PhD, C.Psych.,
Sherrie Bieman-Copland, PhD, C.Psych.,
and Deidre Sperry, MSc, S-LP(C)

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

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rehab@bayshore.ca
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- 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

Support Services for Brain Injury

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

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- Rehabilitation Assistants
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- School Support Staff
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- Vocational Planning, Programming and Coaching
WE’RE COMMITTED TO HELP MAKE THE FUTURE A BRIGHTER ONE FOR YOUR LOVED ONES.

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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.