

IMPACT



PATHWAYS AHEAD - FEB 2012

Nova Scotia passes first of its kind legislation in the world!

Nova Scotia solidified its international position as a leader in safety and injury prevention on December 15, 2011 when Bill 131, the Snow Sport Helmet Act, received Royal Assent.

This Act, which will go into effect November 1, 2012, was introduced by the Honourable Maureen MacDonald, Minister of Health and Wellness on December 6, 2011. The purpose of the Act is to protect the health of Nova Scotians by requiring people to wear protective helmets while downhill skiing or snowboarding at ski hills where people pay to ski or snowboard.

Lynne Fenerty, RN, Research Manager/ThinkFirst Coordinator of Capital District Health Authority's Division of Neurosurgery, Neuro-Trauma & Injury Prevention Programs and BIANs Board member said during her presentation to the Law Amendments Committee on December 12, "As a critical care and research nurse of 23 years, the most profound tragedies I have witnessed have been preventable brain injuries. The pain and suffering of families, patients and societies sustaining these injuries are insurmountable. Helmets are a well researched and proven method to decrease the severity of a brain injury."

Skiing and snowboarding injuries occur on NS ski hills and the severity of head injury while skiing and snowboarding can be decreased by as much as 88% with the use of helmets. The financial cost of one severe brain injury is \$400,000 the first year, and at least \$8 Million in costs to the health care system and in lost earnings.

Don Sullivan, President of BIANs stated in his letter of support, "If this legislation saves one family from dealing with even a mild traumatic brain injury and the frustration, anxiety, depression and loss of income (not to mention the huge cost to the health care and related systems), then it is worth passing." A sentiment echoed by BIANs' Past President and brain injury survivor, Jane Warren in her remarks as BIANs' representative at the Law Amendments Committee meeting spoke of the human cost. "Everything changes when a person can no longer remember how to tie his or her own shoe laces.

Or remember to get dressed before he or she goes outside. Or can no longer automatically organize the steps in the proper order to make a cup of coffee. Or remember what his or her name is or where he or she lives without thinking about it for a minute or two. Or "merely" suffers from a non-stop headache. Or, has lost his or her sense of smell. Or, can no longer speak clearly, without stuttering, without slurring their words - or even being able to speak coherently at all."

Thank you to those provincial organizations as well as organizations from other provinces and national organizations that sent letters of support urging the passage of this legislation.



Message from the Editor - Barb Butler



Barb Butler - Impact Editor

Welcome to the first edition of Impact for 2012, I hope we find you healthy, happy and hungry for all that this newsletter has to serve up to you. Brain injury has been in the news of late, both tragic deaths and hopeful stories of survival. Brain injury will touch many lives as the year progresses; do your part to be educated and supportive.

By now most if not all of you know that I am a survivor of a TBI that occurred in 1993, so have lived with it for over 18 years; which in many ways seems like an entire lifetime and in others it seems like yesterday. I have learned many lessons on my journey-I no longer expect perfection, it only sets me up for failure. I have kept my sense of humour, I have reclaimed my life, and I have learned to dream again. I have surrounded myself with supportive, accepting people, I spend my days helping others to grow and learn and accept their injuries or those of loved ones. My role as editor of Impact allows me to meet many like minded people who are on similar

journeys. I love my life, I hope you love yours.

The 2012 BIAC annual conference is being held September 26th-28th in Ottawa, Ontario. The call for abstracts will be on our website very soon, followed by registration information. We have some speakers already in place; I hope your busy schedules will allow you to attend. We do our best to keep our conference costs as low as possible or survivors and family members. Travel is always a huge factor so watch for seat sales as the conference date nears.

If you received this newsletter from a friend or colleague why not send me your email address and it will be delivered directly to your inbox 4-5 times a year. I am easily reached at barbbutler@biac-aclc.ca If you have any questions, comments, ideas or suggestions about our newsletter or would like to submit an article for publication please contact us, I would love to hear from you.

Barb Butler - Editor

TBI's Miracle Drug



By Steve Campbell

The long odyssey of cyclosporine is almost over. Since its neuroprotective properties were first discovered in the early 1990s, cyclosporine is now close to gaining approval as an acute care treatment for moderate to severe TBI. Pharmaceutical Formulation & Quality magazine profiles the exciting promise and the small Swedish company that is leading its development.

To read this article please go to:

http://www.nextbook.com/nextbooks/wiley/pfq_20110809/#/16

Look for the hearts!

We have added a scattering of hearts throughout this issue of Impact. Each heart has a fact relating to the many aspects of brain injury.... some that may surprise you.

Good reading.



Message from the President of BIAC

I was asked recently what issues people with acquired brain injury and their families face across Canada. It is hard to say, the needs vary greatly and are affected by various factors such as geography and priorities demonstrated by government policies provincially and nationally.

Clearly, some very good services exist, but there are often unmet or minimally met needs in more remote areas. In many areas of disability, not just ABI, the question is do I stay in familiar surroundings or do I move to a larger centre where I can receive more intensive services. Added to this, there is in many places a great need for accessible, appropriate housing. Employment is always a concern for many as well.

Also, I'm wondering how ABI will interact with aging. An article I recently read identified the following possibilities:

- Loss of skills gained in rehabilitation.
- Increased risk for injuries from falls and other impact injuries.
- Increased risk for social isolation.
- General decrease in endurance, strength and range of motion.
- Decrease in independent living skills.

CARLSON'S CORNER



As a TBI survivor who is aging (Aren't we all?), I am particularly concerned. I've been fortunate to be able to continue to be employed after my injury. Reducing my hours to an 80 % work week was an important factor.

Now, though, I'm beginning to slow down and wonder what next steps await me. Whatever they may be, I will need continued, maybe increasing, support and loving care from my family and the support offered through my provincial association and through BIAC.

Brain Injury Awareness & Prevention Poster Message Campaign

In August 2010 BRAININJURYFORUM.com launched a monthly Brain Injury Awareness & Prevention Poster Message Campaign to support the advancement of greater awareness and understanding around brain injury and prevention.

Each monthly poster conveys a picture and/or word message about the invisible injury or about life after and the prevention of a brain injury. If you are interested in learning more about how you can partner with us and how you or your organization can share any of the posters and their messages, please contact our Media Relations Administrator at admin@braininjuryforum.com. "A Brain Injury just doesn't happen to those people as one person said, it can happen to anyone and in that moment when it does, life as you once knew it, will change forever". Help spread Awareness and make brain injuries a thing of the past.

Visit: <http://www.flickr.com/photos/braininjuryforum/> to preview our "Brain Injury Poster Message Campaign" and help Advancing Brain Injury Awareness &

Prevention in your community.

On behalf of Imants G. Leitis, Founder of *BRAININJURYFORUM.com*, thank you for your ongoing interest and support.





From the Executive Director, Harry Zarins

January has been an active month on the research side. Presently there are 17 studies going on with regards to Neurological Conditions of which

14 have a brain injury component. This is an opportunity for our community of survivors and caregivers to take part in a study or studies. The more that people respond the more awareness is created about the challenges faced for those living with brain injury.

One such study is the Living with Neurological Conditions Study (LINC). To date, the brain injury community of survivors and caregivers have responded well but there is room for many more to participate. At a recent meeting, where projects were reviewed, I asked the lead researcher, the question as to whether or not people with concussions could participate. The answer was yes!! So if there are any people out there who are suffering from post concussive syndrome please contact the LINC. Go to this link and follow along <http://www.mybrainmatters.ca/en/events/join-linc-study> or read the poster later on in the newsletter.

Another study that BIAC will be playing a role in is a study that looks at all of the NHCC priority neurological conditions, national in scope and examines formal and informal service delivery.

BIAC is also a major partner in a project proposed and lead by Dr. Angela Colantonio on Knowledge Exchange for Acquired Brain Injury. We expect an answer to this proposal by the middle of June.

The Brain Injury Association of Canada in April will be participating in Canadian Institute of Health Research (CIHR's) Institute of Neurosciences, Mental Health and Addiction. In partnership with the Ontario Neurotrauma Foundation, the Hotchkiss Brain Institute, the FRQ-S, the Department of National Defence, and Veterans Affairs Canada all participating this invitational workshop will be entitled "New Opportunities in Traumatic Brain Injury Research: Advancing the National Research Agenda".

With a new session of Parliament, BIAC with our host Dr. Kellie Leitch, MP will be hosting a MP / Senators Mix and Mingle Brain Injury Awareness event on March 5th. BIAC have partnered with CropLife Canada and Rx&D. The event will be held in a building close to the Hill where many of the MP's have their offices. I am looking forward to this first ever event of this nature.

On April 24th, 2012, BIAC will be hosting its Annual Ottawa Fundraiser, The Hawaiian Odyssey Spring Fling. The Chair of this event is Lucie Courtemanche, a mother of a young survivor. Lucie brings enthusiasm and tenacity to the cause. One of our special guests will be Doug Smith, an Ottawa native, former NHLer, businessman and author.

By the time you receive this e-mail, Howard Brown's Toronto HOO has come and gone. As I write this message, I know that this event will have come and gone and will have Howard's stamp of success on it. Thank you to all those who attended and have supported and contributed to the association.

Plans are starting to take shape with our 2012 Conference in Ottawa. Mark September 26-28th, 2012 on your calendar.

The office continues to receive phone calls and e-mails from survivors and caregivers from across Canada looking for support, referrals and hope. As brain injury news bites increase so do the requests coming in.

Over the last few weeks, the Association has partnered with a number of support groups that can also assist up in creating awareness. Some of the groups are

Headache Network Canada --

www.headachenetwork.ca

Canadian Obesity Network -- www.obesitynetwork.ca

The Sandbox Project -- www.sandboxproject.ca

Lastly, I would like to recognize the generous donations of \$10,000 from Daniel C. Andreae and an anonymous donation of \$25,000 to BIAC. The support from these individuals is greatly appreciated as are the many individual donations ranging from \$25 to \$1,200. Without this support the Association could not continue to provide the services to families from across Canada and our work with researchers. As research in the field of brain injury grows, politicians will have the evidence required to make decisions about health care for survivors we continually providing up to date information and articles about brain injury through our website, twitter and facebook sites.

Wishing All a Safe Winter Season.



Child Abuse and Brain Injury - The Invisible Disability

On December 9, 2011, I was diagnosed with Traumatic Brain Injury. The diagnosis comes after a ten year period of heavy research and systemic hurdles. Sadly, I have learned this is often too common for many people with brain injury.

Brain injury has become a huge topic since the news of well known Athletes like the NHL star Sidney Crosby's diagnosis. Likewise, we have heard the news of brain injury among our armed forces and emergency personnel. What we have heard little of is brain injury among child abuse survivors. Many child abuse victims/survivors are misdiagnosed and are falling through the cracks of the system.

There is an important distinction between child abuse victims and the groups referenced here already. It is the distinction between 'acute' and 'historical' head trauma. If an injury happens during the adult years, we may at least have some ability to draw comparisons between being whole and being broken. However, if brain injury occurs during childhood, this eliminates our ability to discern between whole and broken.

During childhood years our bodies are developing on every level from biological, organic and cognitive functions to mental maturity. It is precisely this that is cause for deeper concern. A child is simply not developed enough to understand the complexities of injuries to their body. There is no comparison for them to draw upon, their language and communication skills are not anywhere near enough to communicate what hurts and why. This is perhaps, the most heart wrenching aspect of brain injury in childhood. No one can help you if you do not have the ability to communicate your pain or understand that what you are feeling is not in the normal parameters of a healthy functioning body.

Consider this; the injury is the result of assaults to your body by your caregivers. How do you process the psychological torment of violation? If you are a child, you cannot. Your mind and body are simply not developed enough to comprehend what is

happening.

In brain injury, many victims struggle with inappropriate behaviors. Brain injured victims often do not fit into the norm of socially acceptable behaviors. And only those closest to us see something is wrong. There is another important distinction here for child abuse survivors and brain injury. Brain injury is an 'organic' injury where depressive and anxiety based disorders are 'psychiatric' injuries.

Child abuse survivors who suffer head trauma are often misdiagnosed. There is a systemic discrimination and ignorance in our medical and mental health fields. From the moment a family physician hears the term 'child abuse' everything is assumed to be psychiatric and not organic. There are currently no national statistics on child abuse and brain injury. There are not even any research projects on the subject of child abuse and brain injury. This deficit begs the question: How many child abuse survivors who have suffered head trauma are aimlessly drifting through life? Our health care system, hospitals and emergency services have no collaborative relationships. The standards by which we assess abused children entering the auspices of child welfare are minimal at best, thereby leaving an already vulnerable group at further risk

We need to raise the bar on these standards and begin addressing the deficits in child welfare and our health care system. Early intervention is paramount to diagnosing and treating child abuse survivors who suffer from brain injury. The costs of child abuse and brain injury are long term.

These costs can be measured in; policing, courts, prisons, broken homes, health, welfare, and lost opportunities.

Public education and sensitization are imperative to ensuring change happens. For too many, brain injury has become an invisible disability. Indifference and ignorance can prove to be the most destructive forces for the marginalized in society.

That's why I founded an NGO entitled "Restoring Dignity" in October, 2002. We work on behalf

of institutional child abuse survivors. Through the important work of our NGO, we have come to understand the plight of medical and psychiatric injuries. We have met others who are also struggling to make a difference.

If you are a victim of child abuse and have suffered head injury, we encourage you to get in touch with your local brain injury association. These agencies can put you in touch with the appropriate experts and support services for diagnosis and treatment.

Roch Longueépée is the founder and CEO for Restoring Dignity. He is an international advocate in support of survivors of institutional child abuse. He is an outspoken advocate on human rights for marginalized individuals and groups. Longueépée is one of the few pioneers in the movement against institutional child abuse. The cause is comparable to the civil rights movement in that it is motivated by a desire to assist those who have been left behind by the churches and in many ways, by society.

WEBSITE: <http://restoringdignity.org/>

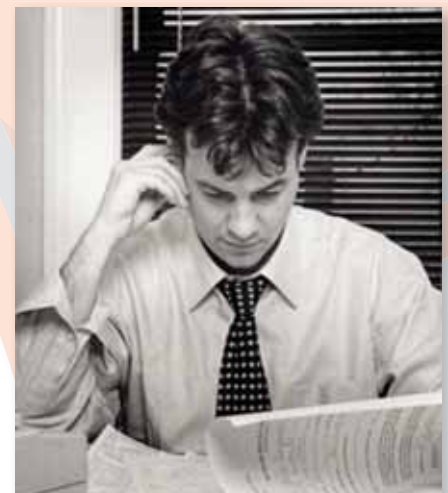
FACEBOOK: <http://www.facebook.com/group.php?gid=8503341651>

TWITTER: [twitter@therochfiles](https://twitter.com/therochfiles)

ABOUT ME: <http://about.me/therochfiles>

YOUTUBE: <http://www.youtube.com/user/Longueepée?feature=mhsn>

SKYPE: *rochnation*



Roch Longueépée is the founder and CEO for Restoring Dignity.

The psychological impacts of being in brain injury rehabilitation

by Tyrone Bell

Having a brain injury can understandably be a very profound experience. This setback has the potential to affect a survivor psychologically, emotionally, physically, occupationally, intellectually, financially and in a variety of other ways. Assuming that the survivor is able to think, (the setback could deny a person the ability to think clearly) one may be filled with thoughts of uncertainty for the future. However, my own thought is that by far, (probably) the greatest psychological impact is experienced during the time of rehab. This is because during that time, a survivor is able to see for himself or herself, many different forms of brain injury, the many causes, varied results and the many ways in which it can absolutely devastate individuals and entire families.

During my rehab, I had the chance to see many persons admitted to the Brain Injury Unit. They came with brain injuries in its various forms. I was able to see the ravages of brain injury, caused by automobile crashes and other mishaps, cancer,

boating and skiing accidents, carbon monoxide and other (noxious) gas poisonings, falls from raised surfaces, falls that are the results of slips and trips at ground level, strokes, aneurysm, diabetes and its various complications, alcohol poisoning, snow mobile accidents, near-drownings, infections, errors in surgery and unknown causes.

One of the things that I often did was to engage in comparisons. I compared my own overall situation, and the effects that my brain injury had on me, with the experiences of other survivors. I also compared other survivors with one another without my being in the picture. Everybody's brain injury is different and the comparisons were to determine who was more severely affected. Whenever I did comparisons and I was one of the subjects being compared, I felt extremely lucky. I felt as if my situation is not as dire as that of some other survivors... I was never a heavy drinker, consuming about 12 beers a year. That was before brain injury.

Later, I had none, after knowing the potential effects of alcohol on recovery and its potential to worsen my situation. This was a turnaround brought on by a psychological insight.

My thought often turned to the matter of parenting with a brain injury. While I was in brain injury rehab, there was a fellow patient who had two children. He had not seen them in three years. He had a common story, where his partner had taken their children and left because of his brain injury. It is no less challenging when one is involved in active parenting with a brain injury, particularly when there is a cognitive setback.

Most traumatic brain injuries are from auto crashes, many involving alcohol. With this always in the back of my mind, I am always wary of extreme speeds. After rehab, upon venturing into anyone's car, I would always give the caution, "please drive slowly". My thinking is that when things go wrong, there can be frightening devastation, and expressing regrets may be too late.

Skiers and snowboarders who wear helmets reduce their risk for head injuries by 60 per cent!

Each severe brain injury costs our medical system over \$400,000 at the time of injury.



Richard... Writes

Richard Kerr lives in Montreal with his wife and son. He is a survivor of traumatic brain injury suffered in a hit and run August 17, 2006.

Phineas Gage



I was not the first railway worker to suffer a major brain injury.

In Cavendish, Vermont on September 13 1848 Phineas Gage suffered his, without the science and medical infrastructure which is now available to rescue readers of this article.

His accident predated the creation of neuroscience by about ninety years, and yet is so well documented it probably influenced the emerging disciplines of neurology and psychology. Phineas' amazing survival carries status as a creation story for the more recent disciplines of neuro-anatomy, neuro-psychology and neuro-philosophy.

No magnetic resonance image existed or was needed to visualize the damage done as a fourteen pound, three foot eight inches iron tamping bar had pierced his skull below the left eye passing through his frontal lobes, leaving a three and a half inch hole in the top of his skull as it continued an arc landing 100 feet behind him. Amazingly he survived. Both his skull and the bar are on permanent exhibition at the Warren Anatomical Museum of the Harvard University School of Medicine.

At the time of the accident, the most sophisticated scientific formulations conceived of the brain as an organ with specialized regions. Illustrative relics of this era are plaster heads with human personality traits and functions described as faculties etched around the circumference. This early science of Phrenology is credited to neuro-anatomist and physiologist Franz Joseph Gall which had in turn evolved from Cranioscopy. Although this Cartesian concept is echoed in current practice of mapping brain lobes, these early versions included facial features which were later determined to be not part of, and have nothing to do with the brain. Recent research on hockey violence has revisited opinion of the Cro-Magnon look to be an indicator of heightened testosterone and a quicker predilection to violence. Here we see a theory of brain chemistry as the driver of behaviour rather than architecture or mapping. It is quite likely the unfortunate Phineas had changes to his endocrine or brain hormones along with the major trauma of his brain hemispheres.

Clearly no concept of worker insurance existed as this

bright and likeable young man was back at work within three days and considered cured in a month. He had become obstinate and short tempered. It was noted that he had some loss of language, was fitful and grossly profane. Women and children were now directed away to shelter them from his language and fits of temper. He was no longer able to resume his job as a foreman due to diminished organizational and memory abilities.

In 1994 Hannah Damasio used neuro-imaging techniques to perform modern forensic analysis of Phineas' brain trauma. Accessing today's Computer technology revealed that although he seems to have lost consciousness for a very short time or not at all and had been transported to his hotel where he had only the briefest recuperation and medieval medical treatment, the tamping rod bar had passed right through his skull. A present day analysis would theorize that it severed connection between the Limbic system and the Frontal Cortex. The damage was the equivalent of a frontal lobotomy.

History will remind us that in 1935 creating brain lesions in this way through neuro-surgery had become a medical procedure in attempts to cure severe anxiety and non-compliance in psychiatric patients. Although it did seem to affect unwanted behaviours the generalized dulling of the personality was irreversible and had worse consequences than the original personality disorders.

Gage now had trouble forming and executing plans. He was unable to make plans for the future, in fact unable to make up his mind. He had lost his executive skills. He much preferred the company of animals over humans after his injury. He performed farm work and drove horses on a stage coach. At one point he made a living as an exhibit of P.T. Barnum's Circus as part of the Living Freak Show. After his wounds healed, he was no longer of interest to medicine, which apart from Academia was the only science around. Eleven years after his accident he was suffering epileptic convulsions probably as a result of his injury. He died penniless and pitifully. This was a sad end to a person who, a subject for much academic study of his personal misadventure was instrumental in advancing theory of the inner workings of the brain.



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Learn from experts
about the revolution in
childhood development.

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Today's
Parent

Brain Power Conference · May 3-4, 2012 · Toronto, Ontario Join the Revolution in Childhood Development

The first annual Brain Power Conference takes place in May 2012 at the Royal Conservatory in Toronto. This landmark event will help parents, teachers and others understand how a child's brain works and how we can have a positive impact on its development.

The Brain Power Initiative brings together some of the world's leading neuroscientists, researchers, teachers and industry luminaries to explain how the findings of science are having a long-lasting impact on how children grow and prepare for lifelong learning.

What You'll Learn

The Brain Power Conference will provide attendees with:

- An understanding of how a child's brain works and what the latest science tells us about how it develops and grows;

- Inspiring talks by leading scientists and visionaries on how science will inform a new era in childhood development and education;
- Practical hands-on information that a parent can use to help their child grow and develop;
- Workshops for parents and teachers on how the lessons of science are helping to transform the classroom.

Tickets Now Available

Early bird conference tickets are now on sale through The Royal Conservatory's Weston Family Box Office and are also available through conference sponsorship packages.

About Brain Power

The Brain Power Initiative is a global, multidisciplinary group that brings together leading researchers and institutions such as The Royal

Conservatory, TFS-Canada's International School, the Rotman Institute, Baycrest Hospital, University of Toronto, George Brown and Centennial College. Based in Toronto, the Brain Power Initiative will help to establish Ontario as a centre of excellence for children's learning and education through advances in neuroscience.

www.brainpowerinitiative.com

Toronto, ON.

416-413-7910

Info@brainpowerinitiative.com



ENCEPHALITIS AN ATTACK ON THE BRAIN

Encephalitis is an inflammation of the inner area of the brain. The inflammation subsides in 14-21 days, leaving permanent brain damage and destruction in its wake.

In the USA alone, the CDC reports 10,789 cases of mosquito-borne neuroinvasive disease since the year 2000, representing only four types of encephalitis: West Nile, Saint Louis, Eastern Equine and California Encephalitis.

Wendy Station lives in Vancouver, BC. She was hospitalized in early 1999 for four weeks with Herpes Simplex Encephalitis. During that time her family searched the library and the Internet in vain, to learn more about encephalitis.

Months (and years!) after the inflammation subsided, Wendy and her family played a waiting game, while neighbouring areas of her brain struggled to relearn the skills and abilities which have been lost.

Wendy created Encephalitis Global in late 1999, sharing support and information among encephalitis survivors, caregivers and loved ones. Encephalitis Global, Inc. now has over 1,200 members worldwide and exchanges more than 300 messages posted weekly, making it the most active encephalitis forum in the world.

As an invited guest Wendy testified to Congress in Washington DC on the topic of the impact of mosquito-borne encephalitis. Encephalitis Global is included with telephone, mail and web contacts for encephalitis information in the *National Organization for Rare Disorders* rare disease database in the USA.

Wendy attended *Advances in Diagnosis and Management of Encephalitis* at The Johns Hopkins Encephalitis Center in Baltimore, Maryland in March 2011.

While at Johns Hopkins Wendy was invited to attend a study group focusing on "Where do we go from here?" She received positive encouragement when she pledged to have the topic of encephalitis included in Brain Injury Association websites across North America.

If this acquired brain injury could be recognized and included by Brain Injury Associations, encephalitis survivors would understand that they are welcome to share the wonderful information and resources Brain Injury Associations have to offer.

Encephalitis Global members comment...

"I can't bear to think how I would cope with my situation without the support of the Encephalitis Global community, where I find support, encouragement, links to information, and perhaps most importantly, a place where I can connect with people who understand the far-reaching impacts of encephalitis/encephalopathy, and who stand ready to reach out with a helping hand to those who struggle with these diseases, whether patients or caregivers."

"Wendy works tirelessly, as she has for 10+ years, to help those impacted by encephalitis. She has helped create and maintain a community of understanding, support and encouragement for those who are fortunate enough to survive... helping the ignorant find answers and the faint-hearted find hope and hold their heads high. Through her work, many have been brought out of isolation into a virtual community of others who understand encephalitis and its aftermath."

FIGHTING FEAR TOGETHER

ENCEPHALITIS GLOBAL, INC.

www.encephalitis.ca

www.encephalitisglobal.org



FIGHTING ENCEPHALITIS

In early 1999 I was hospitalized for four weeks with herpes simplex encephalitis. During that time my family searched the library and the Internet in vain, to learn more about encephalitis.

I created Encephalitis Global in late 1999, sharing information and support between encephalitis survivors, caregivers and loved ones. Encephalitis Global, Inc. now has over 1,500 members worldwide and exchanges more than 300 messages posted weekly, making it the most active encephalitis forum in the world. I have created an information poster which I will present at the Pacific Coast Brain Injury Conference held in Vancouver February 15th through 17th, 2012.

Rare Disease Day 2012 is an international event held on February 29th 2012.

Wendy Station, President • Encephalitis Global, Inc.

www.encephalitisglobal.org • www.encephalitis.ca





Are you or someone you know **L**iving with a **N**eurological **C**ondition?

We would like to hear from you!

The LINC Study is a national study to learn about people living with a neurological condition and its impact on their everyday lives.

The LINC Study has 3 parts:

1. A snapshot in time: an in-depth survey of 3500 people living in Canada
2. A year in the life of 350 Canadians: a series of monthly conversations
3. Individual stories: a study of 18 people, their families and supporters

If you live in Canada and:

- Are 17 or older and live with a neurological condition OR
- Are a parent of a child (5-16 years) with a neurological condition

Visit our website, call or email us to see if you're eligible to complete the survey.

dal.ca/thelincstudy

902-494-1699 or 1-855-462-6828 (toll-free)

thelincstudy@dal.ca



Funded by the Public Health Agency of Canada



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Yes, I would like to become a member of the BIAC Monthly Giving Plan. Please begin deducting \$ _____ on the 15th day of _____ (month), _____ (year) from my credit card (info above).



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Address _____

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Date _____

I wish to have my name included as a donor in print and electronic materials, including the BIAC website.

I wish to remain anonymous in donor recognition listings.

Mail or fax this form to the address below, or donate online at www.canadahelps.org

Call our number for a secure fax line.

Brain Injury Association Of Canada, 440 Laurier Ave. West, Suite 200, Ottawa, Ontario, K1R 7X6 Tel: 1-866-977-2492 www.biac-aclc.ca

All gifts to BIAC qualify for income tax deduction. Registered Charity Number: 862771540RR0001

"The Voice of Brain Injury in British Columbia"



**BC BRAIN INJURY
ASSOCIATION**

*West Coast
Celebration of Spring*

Cocktail

Gala

Annual Fundraiser 2012

Guest of Honour: John Simpson – BC Pioneer & Founder of BI Resources

Emcee: Michel McDermott – Traffic Host, Breakfast Television

Guest Speaker: Dr. Art Hister – Health Minute, Global TV

Live Music: Woolysock – BC's jazz band of renown

Where: Flycroft Mansion


1489 McRae Avenue, Vancouver, BC

When: Friday, March 2 - Main floor

Time: 6:00 pm - 9:00 pm

Advance Purchase Recommended

\$100 ea. \$75 ea. 4 or more

Tickets: 604-788-7221 Deborah 

Box #143-11948 207 Street Maple Ridge BC V2X 1X7

Visa, MasterCard or Cheque Accepted



Invisible Injuries of the Brain

By **Debbie Wilson** (survivor from Murphysboro, Illinois)

Friends and family all say I look the same I must be fine,
I feel like an invisible injury is akin to committing some
crime.

I cannot see how your brain works but I know it is still
intact,
Mine just is not anymore and that reality should be our
known fact.

I know you cannot see me manually process, while your
brain whizzes away,
It's one of the reasons no matter what you ask me, I will
smile and say I am OK.

This secret that I try and live with has taken quite a great
toll on me,
I would not wish a brain injury on anyone; it is one of
life's harshest fees.

I wish I could ask you to just give me a small, tiny break,
Those are the wishes I think about while you're all
sleeping soundly and I still lay awake.

The meaning of invisible, according to Webster's is
"hidden from others view",

I assure you the change in me is much more than I would
ever want for you.

If you care anything at all about me, please educate
yourself on invisible injuries,
Without your education, isolation has at times been my
preferential way to be.

Do not ever think you would not notice even a few IQ
points drop,
You would notice because it would somehow alter almost
everything you knew and thought.

When it comes to any brain injury there is never anything
easy about it,
I just wish my friends and family would educate
themselves so I could again feel like I fit.

**"A brain injury
doesn't just change the life
of the individual;
it changes the lives of
everyone around them."**

by I.G.L.

March 15 - 21, 2012 is Global Brain Awareness Week

Brain Awareness Week (BAW) is the global campaign to increase public awareness
of the progress and benefits of brain research.

The Brain Injury Association of Canada - WWW.BIAC-ACLIC.CA

WWW.BRAININJURYFORUM.COM

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**Most
crashes aren't accidents,
but predictable, preventable
events. Change the way you
speak about these events
to change social
perception**



Richard... Recommends



is my way of highlighting video documentaries and lectures to do with brain injury, training, and theory of the brain .

Visiting learning web sites such as wimp.com opens a door to learning about many subjects that are inaccessible to us because of geography, time, and circumstance. "Richard Recommends" is my way of highlighting video documentaries and lectures to do with brain injury, training, and theory of the brain I have encountered on

the internet. Discussion and sharing these lectures, greatly increases our engagement with the narrative. I encourage you to share lectures you find interesting with your social network. We at the Brain Injury Association of Canada are particularly interested in you ideas on subjects you find appropriate or interesting.

1. 23&1/2 hours

What is the one thing we can do for our health in 30 minutes a day which will give us the biggest return on better health for our effort?

<http://www.wimp.com/bestthing/>

2. A humorous and educational white board presentation of a Cartesian (Mapping) view of brain theory

<http://www.wimp.com/dividedbrain/>

3. Brain chemistry / trust morality and oxytocin

<http://www.wimp.com/trustmorality/>

4. Our feeling of Déjà Vu explained, the unconventional presentation in this video documentary adds greatly to the effectiveness of the lecture by surprising and engaging the viewer.

<http://www.wimp.com/dejavu/>

5. Six thought experiments explained quickly

<http://www.wimp.com/thoughtexperiments/>

6. Primates face a common flaw in perception in risk aversion. In case you have forgotten humans are primates as well. We often create theories about human behaviour through study of other primates,

<http://www.wimp.com/monkeysmirror/>

7. This clearly illustrates the psychology of graphics. I wonder if other animals could be fooled this way

<http://www.wimp.com/perspectiveexperiment>

8. These Mini Psychology lectures presented through collaboration between McGill University and the Douglas Hospital in Montreal are representative of the most current advances and brilliant thought.

Presented both in French or English they are worth watching in your second language. If you remain engaged in the narrative you will benefit from the brain protective factor of learning a second language.

<http://www.canal.qc.ca/emission.php?id=10133>

9. This technology allows a person to create sound through whatever body movement they have.

Not only is this brilliant research, the technology used will soon be accessible to anyone interested at the cost of a child's interactive video game.

This activity involves music, movement, memory and attention, social activity and hits all the benchmarks for an activity which promotes positive brain development

<http://www.novita.org.au/Project/Detail.aspx?p=572&id=26>

10. As non-intuitive as the Subject title seems this is a brilliant breakthrough

<http://www.wimp.com/ultrasoundsurgery/>

11. Being able to control a listening device while jogging with only a thought may not seem world changing, but this same technology if adapted as an assistive device for someone with mobility problems would greatly enhance everyday life.

<http://www.wimp.com/musclecomputer/>



Global Picnic (Brain Injury Survivors and Caregivers)

You may by now have heard of the Global Picnic that some brain injury survivors and caregivers are trying to organise. Our aim is to try and unite all the brain injury associations and organisations across the world for one day in June. I could have listed everyone that we have been in touch with, but feel that fewer is better at this stage to just get some general feedback.

On June 30th we would like to see thousands of people across the world organise a picnic in their own locality to raise awareness about the main issues surrounding brain injury. We feel that this has been 'the silent epidemic' and the 'hidden disability' for too long - as we know all of you do...

We are all singing from the same

hymn book and feel that if we get an opportunity to educate as many people as possible about the affects and consequences of brain injury then we could possibly start to see some real changes.

The idea of organising a global event is to gain the maximum media interest and therefore the maximum coverage.

I know that you all have a full understanding about the issues that I am referring to. We know how hard you all work to try and address the issues and make a difference. One thing that seems to be very close to everyone's hearts is the lack of knowledge our medical professionals still seem to have. People with brain injury seem to know more about the various

conditions than do the medical staff who we should be able to trust to give us the best care and advice possible.

For those of you who haven't see what we are up to :-

<http://www.mylatentself.co.uk/2012/01/the-brain-injury-global-picnic/>

I would love to hear what you all think and would be very grateful if you could come back to me as soon as possible - we have a long way to go!!!

My kindest regards

Annie
anneericketts@aol.co.uk
Anne E Ricketts
Isle of Wight
PO36 9EL

Brain Injury Awareness

Global Picnic

Saturday 30th June 2012

Every nation, region, organisation, community and individual is invited to unite, to arrange picnics to bring everyone associated with brain injury together for the purpose of creating awareness of the biggest cause of death and disability:

"The Silent Epidemic" - Brain Injury

Where: Your local park, school /sports grounds, back yard, gymnasium, village / community / church hall - anywhere!

Who: Invite everyone - involve your local support groups, local businesses, providers, friends, families, caregivers, advocates and people in your community, social groups, representatives from all public services, schools, and churches,...

What: Let's get into the Guinness Book of Records for the largest gathering of people ever brought together for a single cause, in a single day, in history.

Use this opportunity to raise money for your local organisation to support People Living with Brain Injury.

Why: 1 Billion People are currently living with some form of brain disability & they need your help!

The huge majority of these are living alone, without help or assistance; many are homeless or are in our penal systems.

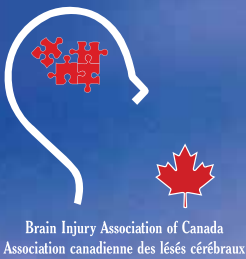
Families are left to cope with life changing events without receiving any information or support.

Unless we do something - millions more will join them...

Please contact me on Facebook or by E-mail to confirm if you or your organisation will be participating in this event

anneericketts@aol.com (Annie Ricketts)

www.mylatentself.co.uk



ANNUAL CONFERENCE OF
THE BRAIN INJURY ASSOCIATION OF CANADA
September 26-28, 2012
National Arts Centre, Ottawa, Ontario, Canada

Call for Abstracts

- Date: **September 26-28, 2012**
- Location: **Ottawa, Ontario, Canada**
- Venue: **National Arts Centre**
- Opening Date for Abstracts: **February 15, 2012**
- Closing Date for Abstracts: **March 30, 2012**

CONFERENCE STREAMS

Review and programming for the conference will be done according to the following streams and brain injury at home – work – play – sport:

1) SURVIVORS AND CAREGIVERS Survivor Successes - Paediatric and Adults:

Successful strategies to facilitate a resumption of normal activities by increasing self-reliance in daily living over time (short term and long term), for people (paediatric through adult) living with an acquired brain injury.

Reintegration Programs:

Examination of long term and short term programs and methods for caregivers and stakeholders who provide services to people living with an acquired brain injury.

Support and Advocacy:

Resumption of activity and social reintegration including support networks with family, friends, caregivers, health professionals, for people living with an acquired brain injury.

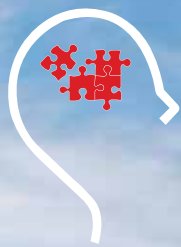
2) PREVENTION Children, Adolescents, Adults and Seniors:

We will examine current topics of interest such as concussion management; innovative prevention strategies, best practices, and educational programming that promote and facilitate the prevention of acquired brain injuries from paediatric through adult.

3) SCIENTIFIC AND PROFESSIONAL RESEARCH Paediatric and Adults:

Reports from researchers, physicians, scientists and healthcare professionals actively working in the area of brain injury (paediatric through adult). Submissions in this stream should be evidence-based, evaluation or treatment models with outcomes.

We are welcoming poster presentations.



Brain Injury Association of Canada
Association canadienne des lésés cérébraux



ANNUAL CONFERENCE OF
THE BRAIN INJURY ASSOCIATION
OF CANADA

September 26-28, 2012
Ottawa, Ontario, Canada

HOW TO SUBMIT ABSTRACTS

Abstracts must be received by BIAC via either email or fax before the closing date. Abstracts may be submitted, and presentations made, in either French or English. **Presentations will be limited to 45 minutes with 15 minutes for questions and answers.**

PREPARATION OF ABSTRACTS

The abstract must indicate the conference stream you wish to present in:

- Overall objective of the presentation and audience it is targeting;
- Description of the content including the scope, magnitude & importance of the presentation;
- Results, conclusions and / or any recommendations;
- Multimedia portions of presentation;
- Clear indication whether a question and answer discussion will follow.

Language Presentation will be presented in either French or English. An abstract is not a formal publication and therefore should not include literature references or grant acknowledgments.

PRESENTATION OF ABSTRACTS

Abstracts are to be submitted to:
E-mail: barbbutler@biac-aclc.ca
Barb Butler; Conference Committee Chair
Fax: 306-584-9419
If you have any questions please call Barb Butler @ 306-530-8703

The National Conference and Program Committee reserves the right to decide the format of presentation on the basis of time and space available. Abstracts will be reviewed by the Committee and you will be notified of abstract acceptance along with details on the form of presentation on or by March 30, 2012.

Presenting authors must also include their bio and a picture in a format that we can use for the conference brochure, with their submission. (No exceptions).

FOR SPONSORSHIP OR EXHIBIT OPPORTUNITIES PLEASE CONTACT:

Harry Zarins, Executive Director
440 Laurier Ave. West, Suite 200,
Ottawa, Ontario, K1R 7X6
Phone: 613-762-1222
Email: info@biac-aclc.ca
Fax: 613-782-2228
Web: www.biac-aclc.ca



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Brain Blitz Gala

Featuring keynote speaker NHL Hockey great, **Ken Dryden**
Also, *Ellen Kolenick... with Straight From the Fridge*

Saturday April 28, 2012 - TCU Place Grand Salon
6pm Cocktails - 7pm Dinner
Silent Auction
Dress - Cocktail

Tickets: \$150/person \$1200/table
www.sbia.ca or
sbia.office@sasktel.net 1-888-373-1555



Saskatchewan Brain Injury Association



Brain Injury Association of Canada
Association canadienne des lésés cérébraux

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