

IMPACT



Brain Injury Association of Canada
Association canadienne des lésés cérébraux

P A T H W A Y S A H E A D

“Protect Your Noggin”

By Alison Farough

“Protect Your Noggin” is a campaign that began Christmas Eve 2003. My son Jackson was 4 at the time. He and I started what has become an annual tradition of visiting the hospital to drop off a card that he would make with several of his classmates to help cheer up those that would not be home for Christmas. While in the elevator that first year on our way up to the children’s floor, we spoke to a nurse who informed us that 19 of the kids in hospital that night were there because of head injuries caused by toboggan accidents.

We were astounded! We had no idea so many injuries occurred each and every year. And, like most parents, I had never even thought about kids wearing

helmets while tobogganing...until that moment!

Isn’t it odd that we (and the law) demand they wear a helmet while riding a bike or playing hockey...or skiing and snowboarding, but not while flying down an icy hill on a piece of plastic at high speed!

After relocating to London, Ontario in 2005, research on the topic led me to Richard Kinar in British Columbia. Through several emails and phone conversations, I was impressed by his passion for helmet safety and the encouragement he offered me to do “something” for the cause. So, I (as a stay-at-home mom who loves her child so much and wants to protect his beautiful little head) launched the “Protect your Noggin” campaign. The challenge was to make it seem “cool” to wear a helmet so that when my son was seen wearing one, other kids (and parents) would be convinced (through “reverse peer pressure”) to wear a helmet too.

The campaign is being well-received.

Protect Your Noggin (www.protectyournoggin.com) has grown into a city wide campaign with public service announcements airing on 4 different radio stations (FM96, AM980, FRESH FM and 1039FM-a combined listenership of over 500,000), local TV interviews, print exposure in the London Free Press, posters in retail locations and newsletters sent to all students in the Thames Valley School district.

I was also contacted by Jan Tomlinson from the health unit to attend meetings of the Child Safety Middlesex London group providing an opportunity for me to network with Safety and child care professionals. Because I receive no funding from any sources, Jan’s advice and support has been very helpful to keep the campaign focused. She was also the person who nominated me to receive recognition on the Mayor’s Honors list for 2010.

That’s my story. It’s a simple grassroots campaign that started in the elevator of a hospital several years ago...and has hopefully saved a few “noggins” along the way.



Alison Farough receiving her award from the mayor

For more information visit:
www.protectyournoggin.com

The First Person Project

reachAbility, a charitable organization committed to creating an even playing field for persons with all types of disability, asks **Canadians with disabilities** to share their **experiences with employment** in "The First Person Project," a book being published in 2010.

Whether you live with a physical, cognitive, visual, hearing, mental health or invisible disability, no matter where you are in your career, we want your stories of challenges, successes, stigma, accessibility, disclosure and empowerment, **in your own voice and in your own way**. Please send us your nonfiction contribution of no more than 1500 words; we encourage a variety of formats, **from prose and poetry to art, photography, cartoons and more**.

Our goal is to **break down the real barriers to employment** (stigma, fear and misunderstanding), to spread the "Equal (fair and equitable) Not Special" message, and to **increase awareness** of the advantages and achievability of inclusion, with **strategies and solutions** for the future. We're interested in particular incidents and/or your overall experience. Topics you could focus on, but are not limited to, include:

- How has your disability affected your getting a job? How do you feel about disclosure? If you have disclosed your disability in a job interview, what happened?

- Have you felt accepted or excluded by management and co-workers?
- What sort of barriers have you encountered at work? How have you dealt with them?
- If your disability or issues surrounding it arose while you were employed, did things change at work, and if so, how? Were accommodations made? Did you leave work?
- Has your disability influenced your job choices? Have you changed careers?

The deadline for submissions is March 1, 2010.*

*Please include your name, age, sex, disability and location. Your piece may appear anonymously at your request. Submission is not a guarantee of publication. Submissions are considered donations and are not compensated. We reserve the right to edit.

For more information or to make a submission, please contact:

Karen Janik, First Person Project Editor
editor@reachability.org

Tel/TTY: (902) 429-5878

Toll Free/TTY: 1 (866) 429-5878

**6389 Coburg Road, Suite 200, Halifax, Nova Scotia,
B3H 2A5**



Message from the Editor - Barb Butler



Welcome to our first edition of Impact for the year 2010. This promises to be an exciting year for BIAC as many exciting things are happening. Probably for me the most exciting event will occur in seven short months. For the first time in our history our conference will be held outside of Montreal in my home city of Regina, Saskatchewan. We are already very hard at work planning. With over 200 expected delegates, the conference will be the biggest and best ever. Watch here for more important news and plan to attend. This edition of Impact is packed full of articles of interest, if you have any comments please feel free to email me at barbbutler@biac-aclc.ca.



Brain Injury Association of Canada
Association canadienne des lésés cérébraux

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Co-Editors
Barb Butler
Guy Lemieux

Graphic Designers
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Barb Butler (Chair)
Yvan Teasdale
Jane Warren



Best wishes from the Board of Directors and staff of the Brain Injury Association of Canada for 2010.

We are pleased to be collaborating with other like-minded organizations and agencies in our efforts to educate about acquired brain injury and its prevention as well as participate in research. This collaboration will enable greater progress than could be achieved if each of us worked alone. There is a tremendous amount to be done! (The Executive Director's report will provide more information on these activities.)

In my home province of British Columbia there has been recent press coverage around the shortcomings of available rehabilitation. Unfortunately, this is a common problem in most provinces across the country and one that needs to see improvement. It is too often an issue of comparing costs to potential improvement in deciding what services can be provided. People are not able to achieve their maximum recovery as a result of inability to access appropriate or sufficient rehabilitation services. It is something that requires all of our attention.

We are encouraged with the visibility that acquired brain injury now has. Many more members of the general public have an improved understanding of the severity of a brain injury. This is a direct result of increased media coverage in the past year. Unfortunately it took tragedy to get attention. Our website www.biac-aclc.ca is being visited more frequently and people are contacting us regularly for information about brain injury or to find resources in their area.

Our 2010 season of Hawaiian Oyster Odyssey (HOO) events has begun with a recent success in Toronto. Our most sincere appreciation to last year's donors and sponsors for their generosity and to those have returned again this year. Our progress has been due to this support.

We look forward to increased partnerships in the upcoming months to maximize all of our success. Together we are making progress.

Shirley Johnson
President

BIAC National Bursary Program 2010

BIAC is now accepting applications for a **\$2,000 Bursary** to assist students living with an acquired brain injury to pursue educational opportunities in English or French post secondary institution or apprenticeship / trades programs in Canada.

The deadline to submit your application is April 30th, 2010.

For more detailed information please refer to our website: www.biac-aclc.ca by clicking on National Bursary Program 2010.

You can mail your application at:
Brain Injury Association of Canada/
Association canadienne des lésés cérébraux
155 Queen St, Suite 808
Ottawa, Ontario K1P 6L1
www.biac-aclc.ca
Attn : Harry Zarins, Executive Director

From the Executive Director, Harry Zarins

Since our last newsletter BIAC has been involved in two Public Health Agency of Canada workshops. One was titled "Working Together, Working Smarter" An injury Prevention Stakeholder Workshop" whose purpose was to discuss with injury prevention stakeholders high priority issues in unintentional injury and consider how they can be prevented through collaborative strategies. BIAC was represented by Richard Kinar.

At the workshop, the group developed, unintentional injury prevention priorities, discussed strategies to address unintentional injury prevention priorities, discussed areas of overlap where partners can work together to address unintentional injury prevention priorities and finally work on developing recommendations for collaborative action and sustained partnership around unintentional injury prevention.

Quite a bit of information was exchanged some of which can be found on our website. As an organization, this was the first time that BIAC was invited to the table and as such had a voice in shaping Canada's injury prevention strategy.

The other workshop where BIAC was present and represented by myself was "Planning the National Population Study of Neurological Conditions" which was sponsored by the Public Health Agency of Canada in partnership with National Neurological Charities Canada. The Symposium examined incidence, prevalence and comorbidities; the impact of neurological conditions on individuals, families and communities; existing health services, gaps, tools, and promising practices; learning more about risk factors for neurological conditions; and knowledge exchanges. Upon reflection representing the Acquired Brain Injury Community was a big step in ensuring that all levels of government and researchers become aware of the challenges that we face.

From this meeting, BIAC became aware of the CanChild Research Program that operates out of McMaster University <http://canchild.icreate3.esolutionsgroup.ca/en/childrenfamilies/braininjury.asp>. This group does research on children with acquired brain injury and was recently noted in the media for their research on mild TBI <http://biac-aclc.ca/en/2010/01/19/doctors-say-concussion-underplays-severity-of-injury/>

The National Health Charities Group recently presented to the Liberal

Party, a National Strategy on Brain Disease and Conditions. For the broad strokes on the strategy one can read the information on the following link. This strategy was developed prior to BIAC's community and I feel that our awareness on ABI to the group will expand with our participation. <http://www.theglobeandmail.com/news/national/liberals-to-develop-national-strategy-on-brain-disease/article1450246/>

Just recently, BIAC was involved in a working seminar dealing with The Health of Canadians: 2017 hosted by the Liberals on Parliament Hill. I represented BIAC and our presence was duly noted. It was at this meeting where BIAC has informally established the beginnings of a partnership with the National Aboriginal Health Organization (NAHO) and we are working with the Eastern Ontario Health Unit to translate the Wipeout DVD into French. Details of the seminar can be found at <http://www.carolynbennett.ca/issuePosting.cfm?ID=128>

Throughout the last few weeks, I have realized that the importance of how a National Presence is critical to bring awareness to acquired brain injury to my colleagues and politicians.

I would encourage all our provincial partners where possible to become politically active and to bring awareness to your health colleagues. Everyone, I meet always say that they know of someone who has suffered a brain injury and now we have to talk about it.

With all that has taken place over the last few weeks, I would like to remind you that Brain Injury Awareness Month which is June is four months away. Last year, I suggested that groups organize Barbeques as a way to create awareness opportunity. I would like to see this continue and expand to include a walk, run, bike ride as part of your program, it doesn't have to be a marathon, 3 km to 5 km will be sufficient. Finally, groups may also consider conducting information nights on acquired brain injury and on the hot button topic of Concussion Management. There is quite a bit of information and resources on our website to assist you in developing an informative program. BIAC artwork is available through the national office.

As well, the Toronto HOO Committee recently held their event. It was a huge success and on behalf of the Brain Injury Association of Canada, I would like to congratulate Howard Brown



Harry Zarins

and his committee for an excellent job well done. Information and pictures of the event can be found on our website www.biac.aclc.ca HOO committees in Ottawa and Montreal are hard at work in preparing for their events in April.

BIAC was recently contacted by the Canadian Forces Injured Soldier Network and will be working with them as they develop their organization and programs. Finally, I would like to report to the community that over the last year the number of visits to our website has increased from 1,000 visits to over 4,000 visits per month on our English site and on our French site we have gone from 100 visits to 500 visits per month.

Our conference planning is well underway and information will be released within the next few days on our website. We have received some very interesting abstracts and in the next few weeks we expect a few more. All in all, we are looking forward to an interesting and stimulating conference. Mark September 30, October 1-2, 2010 into your datebook Regina, Saskatchewan.

As for the 2011 Conference, the Brain Injury Association of Canada is looking for partnerships and proposals from Eastern Canada to host the Annual Conference. Any interested partners should contact Harry Zarins at harry.zarins@biac-aclc.ca

Those are our highlights, the next few months will certainly be exciting as we forge ahead in the government relations arena, partnership development, fund development, research and education to just name a few.

Special Thanks to our sponsors and donors for their contributions, the ABI Community can't thank you enough. Thank you to all of our volunteers for their efforts. Thank you to all the caregivers who live day in and day out with their ABI family members and friends for providing hope and a quality of life.



Front row: left to right- Patricia Thompson, Eunice Halen, Shelli Gardiner, Lynn Back
 Back row: left to right- Elden Swab, Brenda Lebersweiler (Cook, Arlington Beach Camp), Les Good, Jim Kautz (Acting Director, Arlington Beach Camp), His Honour Dr. Gordon Barnhart, JoAnne Hodgins (Office Manager, Arlington Beach Camp), Scott Hubick, Sheila Solvason

Saskatchewan Brain Injury Association Recognizes Volunteers at the Legislative Building

On December 1, 2009, the Saskatchewan Brain Injury Association presented thirteen awards to people who have made outstanding contributions to the association and to the cause of brain injury. This was the second in a series of award ceremonies which will culminate in lifetime achievement awards to be presented in September, 2010. At that time, SBIA will be celebrating its 25th anniversary.

The ceremony began with greetings from His Honour, Dr. Gordon, L. Barnhart, Lieutenant Governor of Saskatchewan and SBIA's Patron. Volunteer awards went to Trish Thompson, Angel Blair, Ted Mitchell, Gordon MacFadden, Terry Foulds and Eunice Halen who was given particular recognition as a "Pioneer" having been active in the organization since the beginning. A family award went to Cynthia Block, a Saskatoon broadcaster who

sits on the SBIA Board and has a sister with an acquired brain injury. As well, Sheila Solvason and Lynn Back received awards as family members. A Saskatoon ABI survivor is Sheila's daughter and Lynn's sister. Sheila and Lynn are active in the Saskatoon chapter of SBIA and Lynn is on the SBIA Board.

A group award went to Arlington Beach Camp and Conference Centre which is the annual site of SBIA's annual Survivor and Family Camp.

Three survivors were also recognized for tireless work. Les Good of Moose Jaw is a SBIA Board member and has organized a local chapter as well as spending countless hours as a volunteer. Scott Hubick also is an active volunteer at Wascana Rehabilitation Centre in Regina. Shelli Gardiner of Prince Albert was recognized for outstanding work as a fund-raiser, having raised more

than \$8,000 through SBIA's annual Positive STEPS Walk.

The ceremony was hosted by SBIA President Elden Swab and BIAC-SBIA Liaison Larry Carlson. Ten members of the Legislative Assembly including Minister of Health, the Honourable Don McMorris, and Speaker of the House, the Honourable Don Toth, attended.



BIAC would like to welcome Glenda James, the new Executive Director of the Saskatchewan BIA

Nfld. & Labrador News

We've been very busy here on the great rocky Island of Newfoundland and Labrador. We held our Annual Stephen Lush Golf Classic Tournament at The Wilds on Salmonier Line which is about an hour drive from St. John's. A great day was had by all and the weather was lovely. Several of our survivors attended the events and enjoyed a delightful barbeque steak dinner. Every fall our survivor group holds a fundraiser and this year our adult group held a 50/50 draw. We raised \$1408.00 and the lucky ticket was drawn by Clarie Mitchel and won by Pearl Benmore who took home \$704.00 just in time for Christmas. Needless to say Pearl was beside herself. Congratulations again Pearl. The last of November our Adult Recreation Survivor Group A.B.L.E. held its Christmas Party at the Battery Hotel and Conference Centre. We had a pot luck supper with all the

trimmings and we were entertained by a local magician. The kids just loved his tricks and yes Lynn, Mary Brown does have the best legs in town. December came and with it our Annual Dinner Theatre held at the old Masonic Temple. Two nights were sold out and we had the pleasure of welcoming Harry Zarins, our National Executive Director, who enjoyed a night filled with some unexpected surprises!! Our Adult Group meets weekly on Wednesdays for a day of entertainment and some knee slapping' fun, from a serious game of Bowling to Bingo and Cards... you never met such a competitive group. We are now into the New Year and on behalf of our Adult Recreation Group A.B.L.E. and The Newfoundland and Labrador Brain Injury Association we would like to wish everyone across the great nation of ours a healthy and prosperous year. See you all soon.



*Right to left-
Marina White, Pearl Benmore,
Clarie Mitchel.*



*Left to right-
Carla White, Ruby Turner,
Pearl Benmore.*

Nova Scotia plans for the future

As mentioned in the last newsletter, the ability of BIANs to use the 2007 Needs Assessment provided to our organization opportunities to follow-up and continue a dialogue with government officials and elected provincial politicians. Our message has been clear. The province needs to begin to meet the unmet needs of Nova Scotia's ABI population which can only be accomplished through a provincial ABI strategy that includes not only government but other stakeholders.

We have spent the last few years on this concentrated advocacy focus. This activity made us realize our need to rejuvenate and refocus our organization through the development and implementation of a strategic plan for our future. As part of this process this past fall, BIANs

undertook four strategic planning sessions entitled "Plotting a Strategic Road Map for the Future". Led by volunteer John Delaney, Manager of Strategic Priorities, COS Branch MARLANT, Department of National Defence, the members of the BIANs' Provincial Board of Directors and the Advisory Committee reviewed, brainstormed, discussed and debated the future of BIANs. From these sessions, a new vision, a new mission statement and goals and objectives are being developed to focus and guide BIANs in the next three years. Once completed, the 2010-2013 Strategic Plan will be voted on by the membership at the 2010 BIANs AGM in May.

Maintaining Connections: a case for cortical and cultural health



By Jared Cooze BSc (Hons), MPhil

Although Newfoundland and Labrador is the most recent territory to join the Canadian federation, it also stands as the oldest European colony in North America. Viking settlements on the province's north coast date back a thousand years, while Portuguese, English and French populations began seasonal migration to the island over five hundred years ago. All have left their indelible mark on the province's historical identity; however no influence on the provinces culture has been as great as that made by the Irish.

Irish roots took hold in Newfoundland and Labrador at about the same time as those of the Portuguese, English and French, and for the same reason too: fish. Despite the many founding cultures in the province, most of what makes Newfoundland observably different from the rest of Canada is its unmistakable Irish charm. Traditional folk music in Newfoundland is clearly informed by many Gaelic and Celtic roots, Irish stone architecture can be found in some of the province's most beloved buildings, while the provincial accent is undeniably shaped by an Irish dialect.

While it is true that much of Ireland's relationship to Newfoundland is most apparent through a cultural lens, significant scientific links are beginning to take shape between both

territories, specifically in traumatic brain injury research. A team of neuroscientists from Memorial University of Newfoundland (MUN) and the Royal College of Surgeons in Ireland (RCSI) has begun collaborating with NewLab Life Sciences Research in St. John's on a project that aims to determine how seemingly healthy neurons adjacent to the site of cortical injury die following brain trauma. Because cortical neurons surrounding the site of injury die over the course of several hours, a significant, but brief, therapeutic window exists

where viable cells may be saved from otherwise impending death. Dr. John Weber and Jared Cooze of MUN and Dr. Nikolaus Plesnila of the RCSI have begun to better understand this process of delayed neural death in an animal model such that therapeutic interventions can be developed.

More specifically, when the cortex, the outermost layer of the brain, is physically traumatized, cells die in two different but related ways. First, tissue can be lost through physical damage caused by the initial impact. This is generally referred to as the core of damage, and tissue here is more or less irretrievably lost following the physical insult. Conversely, cells neighboring the initial core of damage can also begin to perish in a time dependent manner, gradually spreading out from the initial site of impact over the surface of the brain. Slowing and stopping the spread of neural death following cortical injury is then a meaningful way in which to maximize the likelihood of recovery for the person faced by impairment. In other words, the more neurons that can be saved following injury, the more likely it is that patients will enjoy a greater sense of overall wellbeing. For this reason, the team of researchers has begun to understand how a specific set of proteins interact in the traumatized cortical tissue such that secondary cell death can be minimized if not stopped

all together.

At the heart of this secondary, undesirable cell death is a normal and necessary physiological process called apoptosis. Apoptosis is the manner by which cells in all parts of the body die in order to keep a healthy balance between cell growth and cell death. If cells do not die at the right time, cancers evolve. The problem with neural apoptosis, however, is that neural cells die prematurely and in response to physical trauma and not normal physiological processes.

In order to stop cells from dying after trauma, the researchers first need to understand what processes within neurons work to destroy them, and then develop a strategy to stop these processes from taking place. Of particular interest is the pro-apoptotic protein Puma. Because Puma is found in high concentrations within cells following traumatic brain injury, it makes good sense to understand how it initiates cell death, under what physical conditions, and to what extent it contributes to cell death following injury. Therefore the team plans to study Puma and other associated proteins at the cellular level in order to decipher their role in programmed cell suicide, while the ultimate hope is that their work will lead to valid and specific therapeutic targets for the treatment of traumatically injured patients

In the end, their project reminds us that traumatic brain injury is a global concern. Through teams of impassioned researchers from all over the world, helpful treatments are likely to take shape and made available to those who suffer from cortical trauma. No doubt, Newfoundland and Ireland share much history with respect to music, art and language, though perhaps it won't be long before scientific discovery is added to the list of significant links that connect both islands as they move into the future of traumatic brain injury together.

Hyperbaric Oxygen (HBOT): The Final Frontier?

By Madeleine Welton

Hyperbaric Oxygen Therapy (HBOT) is more frequently being used to treat brain injuries. Hyperbaric Oxygen therapy is being studied and used to treat a variety of neurological issues at low atmospheric pressure.

We all know that oxygen is needed for life. Oxygen is transported in your blood to your cells. Many individuals with TBI's are not allowing enough oxygen to seep into all the cells in their brains. Hyperbaric Oxygen therapy provides excess oxygen to saturate cells that have been closed off to usage since the trauma.

HBOT is done by placing the patient in a sealed environment where 100% pure oxygen is pumped in. It is made even more effective in saturation by ascending to different atmospheric pressures. This has the effect of allowing greater penetration of oxygen to more of the cells.

Prior to engaging in HBOT, I asked the physician who owned the chambers what could go wrong, if anything. He said nothing, other than oxygenation, which can be stopped by ascending to a lesser atmosphere.

The small chambers consist of roll-in cots that you lie down on, surrounded by plexi-glass tubes. The tube is sealed and the patient receives different doses of atmospheric pressure of 100% pure oxygen. Therefore you must wear all cotton, and no jewelry or make up is allowed because at 100% oxygen, things could burst into flames!

There is not a lot of current research available on HBOT. HBOT was studied a lot in the 1960's and 1970's at high atmospheric pressures to assist the U.S. military with their navy divers. They did not find any effectiveness with neurological diseases at these high ATA's however; we now have medical professionals exploring low level doses of HBO with great success. The book "The Oxygen Revolution", by Dr. Paul Harsch" is my current bible on the subject.

In Dr. Paul Harsch's study, Hyperbaric Oxygen Therapy was found to be effective on 80% of TBI Clients. HBOT only heals the secondary and peripheral damage that has occurred, which still accounts for a lot of the impact resulting from the brain injury. Unfortunately, the main site of the brain injury cannot be improved upon, so therapies would still be required. Of particular note is the emotional component of the TBI. While HBOT can remove

cognitive and physical difficulties, the emotional sequelae appear to remain.

HBOT is FDA approved for soft tissue injuries, diving accidents, and thirteen different medical conditions in Canada, but not for neurological conditions. IN Canada, it is not covered by medical insurance, although some independent operators are perusing this matter. The Ontario Neuro Trauma Foundation was involved in obtaining funding for a study on HBOT and TBI, but nothing has ever been produced with this grant. Fortunately, this is being followed up as we speak!

The cost savings to the insurance industry could be enormous. 80 sessions at \$300/session = \$24,000. That is \$24,000 to treat one person with TBI, instead of \$1M+.

Many could work again and support themselves. This has the capacity to save the Insurance Industry hundreds of millions of dollars!

Dr. Paul Harsch has been studying HBO and its treatment of many "insults". Dr. Harsch uses the word "insult" to refer to any injury, disease or issue demanding HBO treatment. The FDA approved list includes: Diabetes, Autism, Cerebral Palsy, AIDS, Lyme disease, Parkinson's, vision loss, Multiple Sclerosis, learning disabilities, dementia, TBI, PTSD, and many more...

"When oxygen is under pressure, it acts like a drug and has drug like effects on the DNA and other components of each cell .bringing about permanent changes in the cell and the surrounding cells". (Dr. P. Harsch)

Much to my own personal delight I found that as Harsch says: "HBOT may be useful long after the injury has occurred or the disease has developed."

I waited 14 years before I first tried it. There were no guidelines available that I could obtain. So I proceeded by trail and error. Every session I found improvement, often short lived, in the clarity of my speech and smoothness of my gait.

The duration was always 90 minutes.

The frequency and depth were unknown. So I did thirty seven treatments sporadically timed, due to personal commitment and the availability of the

chamber. Also, the HBOT chambers I was using were very busy with injured Olympic athletes getting healed for the Beijing Olympics.

Dr. Harsch produced a study with answers to these questions.

He determined the depth, the frequency and the duration for maximum results.

I did another forty treatments, 4-5 per week, at an optimal depth of 1.5 ATM I tried going deeper several times in my trial and error phase, but eventual I got oxygenation, which is oxygen poisoning. This can be stopped by not going so deep.

Yet Dr. Harsch found that the ideal number of treatments for HBO is 40 sessions in order to retain the improvements made. Less than 30 sessions of HBOT is unlikely to achieve a permanent result.

"I have experienced a variety of changes in my state of "being", in addition to some physical improvements such as gait, speech and incredible adeptness in the fitness arena. I learn new skills and small movements in the gym every day! My emotional stability has improved and I am 100 % certain that I am smarter! This usually gets me lots of chuckles but I know my mind is working much faster!

That is exciting!"

From the Mississauga based "Under Pressure Hyperbaric Oxygen Center, I obtained a lot of information on the Canadian armed forces and TBI, and PTSD. They realize that in the years to come, mild and moderate brain injuries will surface as a leading cause of disability.

HBOT is starting to gain impetus. However, it needs more research and advocates in Canada to get it thorough medical coverage.



Ministers, Doctors, Nurse and Survivor headline Toronto Odyssey - over \$120,000 already donated for BIAC for 2010

2010 Hawaiian Oyster Odysseys are off to a great start.

On January 26, 2010 Torontonians cranked up the heat at the 6th Annual Hawaiian Oyster Odyssey in support of the Brain Injury Association of Canada and the Brain Injury Society of Toronto.

The beach-themed event, which has now been held in every province in Canada as BIAC's signature fundraiser, attracted over 125 participants including brain injury survivors such as guest speaker Gary Otsu, a veteran of BIAC national conferences and a long-time volunteer.

This year's Toronto HOO was held at the Miller Tavern, the site of the first in Canada. Owner Rick Montgomery was honoured for his role in starting the HOOs and even picked the name.

The evening was hosted by Beverly Thomson, co-host of CTV's Canada AM and had various special guests, including:

- Shirley Johnson, BIAC president
- Hon. Deb Matthews, Ontario's Minister of Health and Long-Term Care
- Hon. Kathleen Wynne, Ontario's Minister of Transportation
- Dr. Charles Tator, Founder of Think First and Neurosurgeon, Toronto Western Hospital
- Mark Rochon, President and CEO, Toronto Rehabilitation Institute and Past Chair, Ontario Hospital Association
- Dr. Barry A. McLellan, President & CEO, Sunnybrook Health Sciences Centre
- Piroska Bata, a neurotrauma nurse at Humber River Hospital who is also a caregiver for her father, who recently suffered a severe brain injury
- Harry Zarins, Executive Director, Brain Injury Association of Canada

The annual Hawaiian Oyster Odyssey events increase awareness and promote the prevention of brain injuries and raise funds to advocate for survivors such as Gary Otsu, who share their inspirational stories at each of the Odysseys.

This year's HOOs have already raised over \$120,000, which includes \$75,000 in National sponsorships from the Insurance Bureau of Canada for \$50,000, \$15,000 from TD Bank Financial Group and \$10,000 from We Care Home Health Services. A total of over \$600,000 has been raised since the first HOO in 2005.



Left: The night's MC was Beverly Thomson, co-host of CTV's Canada AM, who is well-respected across the country for her long-time charity work with organizations like ThinkFirst and the Canadian Breast Cancer Foundation.

Below: Rick Montgomery, co-founder of the Hawaiian Oyster Odyssey and Howard Stevenson, past Treasurer of BIAC. Rick was honoured for his support for BIAC.



Brain injury is the number one disabling and cause of death for Canadians under 45, despite being a preventable condition. Each year, 50,000 Canadians are affected with a brain injury and incidence rates are continuing to rise.

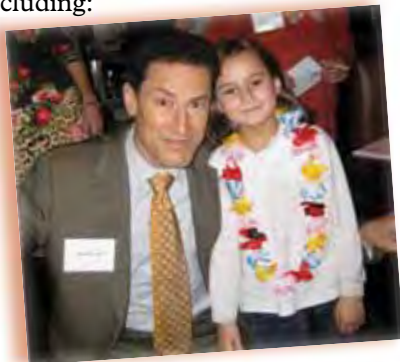
Supporting sponsors who donated over \$32,000 included five \$5,000 donors (the Ontario Neurotrauma Foundation, Bombardier, CIBC, Prism Medical and Scotiabank) as well as Brave Consulting, the Posluns Family Foundation, Air Canada, Alpha Laboratories and Goodmans Law Firm.

Always a great success, HOO events are now being kicked off by passionate volunteers in every province across Canada.

The next HOOs are being held in Ottawa on April 14th and Montreal on April 29th.

By Leanna Karremans

Leanna Karremans is a two-year veteran of the Toronto Hawaiian Oyster Odyssey committee. This year, she was responsible for the marketing materials including the invitation and the program.



Above: TV Ontario television host Steve Paikin and his 6-year-old daughter, Guilina. Steve is a long-time supporter and BIAC and the HOOs. Steve was also the moderator of the national leader debates in the 2006 and 2008 Canadian elections. He hosts the hour-long daily news program, the Agenda with Steve Paikin, which is shown across Ontario and is available on the internet at www.tvo.org/theagenda.

Right: Presenting sponsor Ralph Palumbo, Ontario Vice-President of the Insurance Bureau of Canada presents this year's donation of \$50,000 to BIAC President Shirley Johnson.



Above: Ontario Ministers of Transportation and Health Kathleen Wynne MPP and Deb Matthews MPP with BIAC Fundraising Chair Howard Brown. Both are long-time supporters of the work BIAC is doing.

Edmonton Hoo

It was chilly outside but awareness was heating up inside at Edmonton's Hawaiian Oyster Odyssey. It was a hula into Halloween as BIAA (Brain Injury Association of Alberta) hosted their Prairie Party on October 29th 2009. The final tally is still to be counted but President Meloni Lyon and Executive Director Arlana Tanner are pleased with the event.

With the Bank Ultra Lounge donating the Venue, Tropical Victuals and Libations this was truly a success. The Guests Included The Hon. Doug Elniski (MLA for Edmonton Calder) Harry Zarins of BIAC, Jim Riviat Vice President of

the Alberta and North Insurance Bureau of Canada, Laura Webb a 19 year survivor and champion arm wrestler and Ian Young, Survivor/ Advocate and newest Committee member for the City of Edmonton Persons with Disabilities Advisory Council.

Throughout the evening the bidding for Hotel packages, Safety Helmets, Books written by Survivors, Artwork, Ski Packages even a Tae Kwan Do membership were busy being auctioned off while Slack Guitarist Gary Myers provided Hawaiian Tunes. Of course in tradition one lucky attendee is entered in the National Grand Prize to Hula in

Hawaii!

It was very a full house and the Hawaiian attire was blinding! The persistent dedicated hard work of the HOO Committee made this a success! Many Thanks to dedicated, hardworking fundraisers and Committee members Mary Kay Day, Lacey Hoyland, Karen Kermath, and to all the exceptional family and volunteers who came out to decorate, support and hula on the day of the event!

We are calling this "Tropically Terrific" and are busy working on our next one! From the prairies of Alberta "ALOHA!!"



Above Left: George Kapetakanis Head of Networks Activity Centre a group supporting adults with Brain Injury in Social, Recreational Programs

Above Right: Ian Young and Roxanne Ulaniki Founder of I Dance, Disability advocate, wheelchair athlete



Right to Left: Ian Young, Yvette Lavolette, Kim Koch, Steven Koch, Tiffany Bailey (attendees)

Community to Assists in a the making of a Documentary television Production

A researcher with a documentary television production company based in Montreal was working on a **series about people who suffer from memory loss**. The show was tentatively called **Life Interrupted** and was for **Canwest Global**.

They wanted to find people who were willing to share their story of memory loss: how it happened and how they coped/cope; focusing on their journey and experiences.

It was very interesting to find a variety of people who suffered from different types of memory loss resulting from different types of problems, but they did not limit their search too much at that point by setting up such parameters. They just hoped that through the

Brain Injury Association of Canada, they would be able to reach out to people who liked to shed some light on their unique circumstances.

The project is now finished - thank you for all your support and interest.

Concussion' underplays severity of injury

Parents and doctors often underestimate the severity of concussions among children, Canadian researchers contend, and they think the best solution is to scrap the word and replace it with "mild traumatic brain injury."

Carol DeMatteo, an occupational therapist and associate clinical professor in the School of Rehabilitation Science at McMaster University in Hamilton, Ont., says children diagnosed with concussions are treated differently from kids with other mild brain injuries.

In a study to be published in the February issue of the journal *Pediatrics*, she found that kids with concussions spend fewer days in hospital, and return to school sooner than kids with head injuries not diagnosed as concussion.

"Even children with quite serious injuries can be labelled as having a concussion," DeMatteo said in a news release.

"Concussion seems to be less alarming than 'mild brain injury' so it may be used to convey an injury that should have a good outcome, does not have structural brain damage and symptoms that will pass."

Despite the perception that concussions are benign, they are actually an injury to the brain that can leave patients with a severe headache, amnesia and sometimes a loss of consciousness. While most

patients recover, concussions can have lasting effects. Some patients develop "post-concussion syndrome," a poorly understood complication that causes symptoms to last for weeks and sometimes months.

There also is evidence that people who've had multiple concussions, such as boxers and football players, can experience cumulative neurological damage. Some have even suggested that repeated concussion increases the risk of Alzheimer's disease and other dementias. And yet, many patients, their parents, and even their doctors think of concussions as benign, found DeMatteo, an associate member of the CanChild Centre for Childhood Disability Research at McMaster. - see link on the BIAC website for more information on CanChild Centre. She decided to launch her research after hearing a parent say: "My child doesn't have a brain injury; he only has a concussion." The remark so struck her, she used the phrase to title her study.

For the research, DeMatteo and a team analyzed medical records for 341 children admitted over two years to McMaster Children's Hospital with traumatic brain injuries. Among the group, 300 children had a severity score recorded and, of that group, 32 per cent received a concussion diagnosis.

The researchers found that despite the severity of the injury, children with the concussion label were

discharged earlier from hospital. They were also more than twice as likely to return to school sooner following hospital discharge.

"Our study suggests that if a child is given a diagnosis of a concussion, the family is less likely to consider it an actual injury to the brain," DeMatteo said.

"These children may be sent back to school or allowed to return to activity sooner, and maybe before they should. This puts them at greater risk for a second injury, poor school performance and wondering what is wrong with them."

DeMatteo points out that the other problem with the term "concussion" is that it can be vague. Concussions are usually diagnosed through symptoms since they are an "invisible injury"; a CT scan of the brain will typically find no abnormalities. DeMatteo believes that using the term "mild traumatic brain injury" instead of "concussion" would help people understand that a concussion is an injury to the brain, not just the head. She also thinks "concussion" should be scrapped for more specific descriptors of the injury, so that patients can better understand their injuries and doctors could accurately describe them.

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Impact BIAC News is here to serve the readers and is published four times a year (Editors - Barb Butler, Guy Lemieux). We invite submissions: professional articles on rehabilitation, acquired brain injury, and injury prevention, personal interest, provincial and local association news, and profiles of courage.

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Harry Zarins, Executive Director

Phone: 613-762-1222

www.biac-aclc.ca



Quebec News

By Guy Lemieux RAPTCCQ

Quebec likes to do things a little differently ... but not always for the best! On safety for example, Quebec is always a few years behind the majority of the other provinces.

Did you know that there is no legislation obliging children under 12 years old to wear a bicycle helmet? Did you know that it is the same for young skiers - they are not forced to wear a helmet either?

According to health care specialists, wearing a helmet could avoid 60% to 80% of head injuries. Fortunately, things are starting to change little by little. A massive public awareness campaign is taking place this winter in Quebec's ski stations asking skiers to wear helmets.

In addition, a Bill will be presented this spring in order to oblige kids 12 years and under to wear helmets while riding on a bicycle. The measure should be in force by 2011. The Bill also will prohibit driving to anyone with a driver's license 21 years or younger with alcohol in their system.

It will result in an immediate 24-hour suspension of the driver's license for drivers having a blood alcohol content between 50 and 80 Mg/alcohol per 100 ml of blood as long as they are not subject to a total alcohol ban.

Other News

Cranial trauma: unknown side-effects

According to a study carried out by a research team at Laval University, even after recovering a normal, functional speed, victims of cranial traumas did not recover all their motor functions.

Professor Bradford McFadyen's team compared the mobility of 11 people with moderate or severe Cranial-cerebral traumas (CCT) with that of 7 subjects of comparable age, physical condition and free from neurological problems. The motor functions of the "CCT" group subjects were apparently restored and some had started their normal activities when they took part in the study.

In a specially equipped laboratory was created for this purpose, the subjects of the two groups were to walk a course installed with various obstacles and visual or audio interference made by the researchers.

New Website

The RAPTCCQ inaugurated its new Website a few weeks ago. Our expectations are that this site is a useful reference and informational tool for the people living with CCT, their families and the professionals concerned.

Please do not hesitate to communicate with us to refer any relevant Websites or send us information on the newest research on CCT. Please note that the English section is under development at this time. To visit: [HYPERLINK "http://www.raptccq.com/"](http://www.raptccq.com/) www.raptccq.com

Ball Hockey Tournament

The ball hockey tournament for people suffering from CCTs has become a tradition. In fact, every year athletes from around Quebec meet for the Défi sportif des athlètes handicapés (this year from April 27th to May 2nd) and take part in this tournament.

In addition to delivering a great competition, bonds are woven and lifelong friendships are forged between the players. Ball hockey is the only provincial activity which brings together people with CCTs.

For more information: [HYPERLINK "http://www.defisportif.com/"](http://www.defisportif.com/) www.defisportif.com

Such measures will certainly reduce the number of accidents and Cranial-cerebral traumas (CCT).

One thing is sure, the Regroupement des associations de personnes traumatisées craniocérébrales du Québec (RAPTCCQ) will closely follow these files. Remember that approximately 5,000 Quebecers undergo Cranial-cerebral traumas every year.

"We wanted to reproduce the real-life situations of a person moving as their brain becomes occupied with multiple simultaneous tasks", explains Bradford McFadyen, also a researcher at the interdisciplinary Centre for Interdisciplinary Research in Rehabilitation and Social Integration (CIRRSIS).

The tests carried out by the researchers showed that, in a simple situation where there are no obstacles or sensory interference, the motor capacities of the subjects of the two groups are equal.

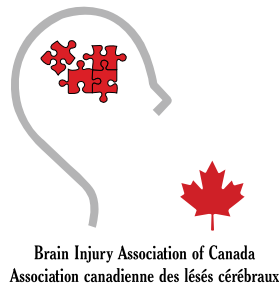
On the other hand, in the CCT group, speed decreases and response time increases during tests with obstacles or sensory interference. Moreover, the distance between the foot and the obstacle to be avoided was less in the "CCT" group subjects.

"Our results suggest that even if the victims of moderate or severe cranial traumas seem to have recovered their general motor skills, after-effects can remain", summarizes professor McFadyen. "This can have serious consequences if the affected people move in a complex physical environment - a factory, for example - or devote themselves to demanding activities on the motor level, like sports", he adds.

Bradford McFadyen and his colleagues now wish to develop simple, applicable motor tests for private clinics, which would allow health workers to better evaluate the capacity of a victim of a cranial trauma to restart their normal activities.

In addition to Bradford McFadyen, the signatories of the study are: Philippe Fait, Laval University; Jean-François Cantin, Guylaine Duchesneau and Denyse Dumas, Institut de réadaptation en déficience physique de Québec; Bonnie Swaine and Julien Doyon, University of Montreal.

The study appeared in the Archives of Physical Medicine and Rehabilitation scientific magazine.



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Where appropriate, professional advice should be sought.

Both sides of the Story...

A Mother's perspective:

Feb. 20TH, 2007, is a night I'll never forget. I received a phone call around 8 P.M., from the local ski hill. The caller identified himself, but I can't recall his name, as he went on to say my son had an accident. All he needed was stitches. I responded by saying I would be there in about 10 min. The caller then informed me that an ambulance was already called and for me to meet them at the hospital. I waited for my son to get to the Emergency Dept. All kinds of thoughts were running through my head, as a Mom and a Nurse. He finally arrived at the Emergency Dept, he was sitting up on the stretcher with his head bandaged. It was not difficult to see the large amount of blood on the pillow behind him. He was talking appropriately, which was a good thing. He could not move his right hand from the wrist down. My thoughts were. How bad was the injury? How serious was the it? Was his wrist broken or was it the result of the brain injury? After a through exam by the ER Doctor, my son went to have a CAT scan. O.K., now my training was telling me, this is very serious. Ryan was sent to Moncton Hospital by ambulance at 12 midnight. I had the ambulance pass me as I was on my way home to get ready to go to Moncton. It was the worst feeling to have an ambulance pass you with the sirens and lights on, when you know it's

your son in the back of the ambulance. I met with the Neuro-Surgeon, who described Ryan's injury as when one cracks an egg. His head had small bits and pieces of bone everywhere, where the skull fracture happened.

The surgery lasted about 4 hours. Ryan got to his room, he had IV'S, Wires and Tubing everywhere. He was awake and speaking appropriately, which was a great relief for me. He was put on a drug called Dilantin for potential seizures. Still the outcome was not too clear. Was he going to recover 100% or was there going to be some deficit? Time would only tell me the answers. I would exercise his hand 3-4 times a day, now that I knew it wasn't broken, but from the brain injury.

5 days post Neuro-Surgery, I was very proud and pleased to have my son walk out of the hospital beside me. That was the day I took him home. Once home I was on duty. I was checking for infection, bleeding and seizures. I am glad to report he never had a seizure. After months of Physio, Ryan's hand has recovered 95%.

I hope no other family has to go through this experience. I would like to see a CSA approved helmet for skiers and snowboarders. Since Ryan's injury he has graduated from grade 12 and is doing very well. It could have turned out much worse..

Ryan's perspective:



On Feb. 20Th, 2007, I was at Brookvale Provincial Park, snowboarding with a few of my friends. I don't remember alot about that evening(from 4 hours before the accident, until about 15 min after). My friends tell me I was going down the hill when I was

cut of by a a smaller kid and I fell, so as not to hit the smaller kid. One of my buddies behind me tried to stop, but he couldn't, his snowboard went into the left side of my skull. I was laying on the hill, when they told me a ski-doo was coming to get me. I responded like I normally would. I sat up and said "I'm not going on a stretcher".

The first thing I remember, I was on the stretcher in the ski- lodge. They told me I had to go to the hospital. I got up and walked to the ambulance where they bandaged me up. I got to the hospital and I went for a CAT scan. They then told me I had to go to Moncton. I looked at my Mom and

Dad and asked "Why do I have to go to Moncton for stitches". It all became clear then that I needed a bit more than stitches.

When I got there, the Neuro- surgeon layed it all out to me. He said I had to go for brain surgery, because I had pieces of bone lodged in my brain. I went for a 4 hour surgery. Don't remember much of that day. 5 days after , I was able to leave the hospital and start on the road to recovery. Physio was really hard to do. I had alot of pressure on me to do things I once could do without even thinking about it. I worked hard though and now have 95% usage of my right hand.

The days were really long just sitting home, not being able to do anything without my Mom being right by my side. When I got back to school, it was difficult to concentrate on the subjects as I had lost almost 8 weeks of classes. I was still able to pass grade 11 and graduated on time.

I am strongly for helmets now because I don't want anyone of their families, friends to go through what me and my family, friends went through.

As a result of my brain injury I'm not allowed to play any contact sports. Including Rugby, which I loved to play..

Sincerely,
Karen and Ryan Condon