

HEADLINES

FALL 2007

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UPCOMING EVENTS:

Wednesday Workshops
November 28, 2007
January 23, 2008
February 27, 2008

Brain Injury Basics I
January 15, 2008
March 18, 2008

Brain Injury Basics II
November 20, 2007
February 19, 2008

Brain Injury Basics III
December 5, 2007

Check page 6 for more details on these events

Brain Injury Association of Minnesota helpline:
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800-669-6442

www.braininjurymn.org

RECYCLE NOW!

Do you have a friend, loved one or colleague who could benefit from this newsletter?

If so, pass it on or call the Brain Injury Association of Minnesota and have one mailed to them.



Walk for Thought A Huge Success!

By Phil Gonzales

On October 6, 1,230 people gathered together at one of three cities across Minnesota in St. Paul, Duluth, and Winona, for the Brain Injury Association of Minnesota's 6th Annual Walk for Thought. Together they helped break our record and meet our goal by raising over \$100,000; a 22 percent increase over last year that was only made possible by the spirit and dedication of everyone

involved. In all, participation was up by 12 percent from 2006 with average revenue per person up by 14 percent.

Depending on the location, enthusiastic participants braved the heat, cold, or rain, but they all joined together for our annual celebration of life, hope and healing for the 100,000 Minnesotans who live with the affects of a brain injury.

Duluth's atmospheric view of Lake Superior, a first-time location for the Walk, proved popular with



the 300 participants in attendance. Jeff Nachbar, Public Policy Director at the Association, cheered people on as they walked the three-mile stretch up and down the lake at Canal Park. Before and after the Walk, the group stayed toasty with



complimentary beverages and snacks at the Hampton Inn.

Winona's bright fall leaves and shining sun proved inspirational for all participants and their loved ones who took delight in the beautiful weather during the Walk.

Como Park, the Walk's home base, was a flurry of activity with an action packed Kid's Corner that included appearances by 2006 Miss Minnesota International

Walk for Thought continues on page 16

Bethesda Hospital and HCMC: Two Partners in Treating Brain Injury

By Phil Gonzales

Bethesda Hospital in St. Paul and Hennepin County Medical Center (HCMC) in Minneapolis have both, in the last few years, begun traumatic brain injury (TBI) specific outpatient programs and are working towards similar goals to bring help, hope and a voice to all Minnesotans living with brain injury.

substantially increasing the damage to your brain."

At the clinic, a patient will receive diagnosis, information about recovery, and help returning to daily life. The Clinic will also consult with an individual's family doctor and help arrange community services while providing a bridge between the individual and those in the individual's life, from school

staff to employers.

One of the issues hospitals face when treating concussions is "the public's unwillingness to take concussion seriously," says Mary Griffith, Clinical Director of the Outpatient Area. "I'll ask someone if they were diagnosed with a brain injury and they'll say, 'No, it was just a concussion and then they'll say, 'I was only unconscious for about fifteen

Treating Brain Injury continues on page 11

Bethesda Concussion Clinic

Bethesda Hospital's Concussion Clinic opened in February of 2007 as an extension of their regular outpatient services, including the Moderate to Severe Brain Injury Clinic. Patients would receive treatment for their immediate injuries, but there was no outpatient program established to help them as they returned to daily life activities.

"People were receiving concussions and never getting them diagnosed," says Dean Wennerberg, Athletic Trainer and Marketing Associate at the Clinic. "If you have a concussion and then you immediately return to play, you stand a chance of



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JOIN us today to CHANGE tomorrow!

Every 23 seconds, one person in the United States sustains a traumatic brain injury. The Brain Injury Association of Minnesota is the only statewide nonprofit dedicated to helping people navigate life after brain injury.

Please join us to raise awareness and provide help, hope and a voice to the thousands of Minnesotans affected by brain injury.

Any commitment you can make – from volunteering to becoming a Citizen Advocate to sharing your story through the media – can help enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

Simply fill out the section to the below and mail it to:

Brain Injury Association of Minnesota
34 13th Avenue NE, Suite B001
Minneapolis, Minnesota 55413

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

- Subscribe me to the bi-weekly *Headlines Online* e-newsletter, which is filled with up-to-date information of interest to the brain injury community (e-mail address required above)

Please send me information about:

- Membership
- Resource Facilitation service
- Case Management service
- Educational opportunities
- Public Policy opportunities
- Multicultural Support service
- Volunteering opportunities
- Peer/Mentor Support Connection service
- Public Awareness opportunities
- Donating, Planned Giving or Contributing
- Internships



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Mission

The mission of the Brain Injury Association of Minnesota is to enhance the quality of life and bring the promise of a better tomorrow for all people affected by brain injury.

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Headlines is published quarterly by the Brain Injury Association of Minnesota. The editor reserves the right to edit submitted materials for style and space. The Brain Injury Association of Minnesota does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.

Letters to the Editor Policy

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author. The Brain Injury Association of Minnesota reserves the right to refuse letters for publication, and submission of material does not guarantee publication. Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Brain Injury Association of Minnesota.



PERSPECTIVE



The Seriousness of Concussion

For the past six years it has been my privilege to be a member of the "Stampeding Turtles" team at the Brain Injury Association of Minnesota's Walk for Thought. Over those six years, the strength of our voices, the level of commitment, caring and compassion on display, and the turnout of participants have steadily increased. This year I was amazed to witness over 1,200 people unite to reinforce the importance of

enhancing the quality of life of people affected by brain injury.

Thank you, everyone, for honoring the 100,000 Minnesotans living with the effects of brain injury and for recognizing the service needs of these individuals. Your support helps fund these needs, and the time you give to walk demonstrates your support in building a foundation of systems across Minnesota that will bring the promise of a better tomorrow for all people affected by brain injury.

As our annual Walk marks the beginning of autumn, we at the Association are turning our attention to concussion and its relation to sports injuries as our youth return to school and falls, as our senior population contend with the hazards of indoor living and icy pathways. We live in a society where hitting your head is still considered a minor annoyance or even a badge of pride when acquired on the playing field. I can't tell you how many times I cringed when one of my sons said

to me after a football game, "I really got my bell rung out there!" and laughed it off as though it were a scraped knee or a sprained ankle.

We also tend to disregard the possibility of brain injury in our senior population. Falls are a great concern to us, but usually in respect to broken bones and bruised faces. Too often I hear, "Mom just isn't the same since her fall." When seniors do start displaying signs of a possible brain injury, we immediately view them as signs of dementia, a serious issue to be sure but one that can often cause us to overlook a possible brain injury.

Young people and seniors are both at risk for mild to moderate brain injuries with brain injury being the number one cause of injury and death in people below the age of 45 and over the age of 70. Young people are susceptible because of the level of activity they engage in and their perceived invulnerability to injury. Seniors are susceptible because with age comes a decline in coordination and balance, a danger in everyday

life but more of a concern when sidewalks and streets get covered in ice. All of these factors can lead to incidents that could result in a concussion.

So, I am asking you to be alert. Watch for the warning signs of concussion. Do your kids ever come back from a sporting event talking about how they got their "bell rung" or "saw stars"? Do they have headaches or neck pains that do not go away? Has their speech or reaction time decreased? Do they get easily confused, angry or have they had a change in personality? Do they have dizzy spells, blurred vision or a loss of smell or taste? Any of these can be signs of brain injury. A concussion is a mild traumatic brain injury.

Let's keep walking toward a better tomorrow by standing vigilant in prevention of future brain injuries and advocate to support those who live daily with the residual effects of brain injury. Remember, the only cure for brain injury today is prevention!



Brain Injury and Marriage

Relationships and marriage can be difficult for anybody, which means with brain injury they can be exceptionally tough. I was engaged to be married at the time of my accident in January of 1989. After I came out of my coma we had to decide whether or not to continue with our June wedding as planned and risk forfeiting our deposits, or to put it off for another year.

Against the advice of many, we decided to go for it. All my wife had to do was work full time, pay the bills, and plan a wedding for two hundred, as well as take care of me. I had to learn how to walk so I could make it down the aisle. In the end I did my part and my wife did hers.

That was the easy part. Most relationships don't make it past

a brain injury. Brain injury can fundamentally alter who you are. A common lament in many troubled marriages is that one's spouse is no longer the person one fell in love with. Brain injury pretty much assures that fact. After eighteen years of marriage I can give you some hints as to what you can expect.

If you marry a person with a brain injury you may feel like you have to do everything. You have to support the household because your spouse may not be able to earn a significant income. Fatigue is a major component of brain injury so you may have to do a lot of the work around the house and yard. Your spouse may no longer be able to do mechanical repairs or cook, and if they try do some of the things they could do before, it can have disastrous results. There are no clear boundaries, which means, you are perpetually walking on a mine field.

At first, and for the foreseeable future, you are going to feel like you gained a child, not a spouse. No adult wants to be treated like a child, and no adult wants to admit they need to be treated like a child. Nevertheless, with brain injury that is a fact of life. A person with a brain injury needs to admit they need help and their spouse needs

to admit that an adult is not going to enjoy being taken care of like a child. The lines of tension are set very taut and very ambiguous.

On the off hand chance your marriage lasts long enough, there is yet another hurdle. Supposing a person with a brain injury gains the ability to function more or less like a competent adult, a process which can take years, the marriage must once again adjust to shifting roles. This doesn't happen all at once either. Just like that troubled part of life we call adolescence, returning to the role of co-equal partner is an awkward process of fits and starts. All the boundaries can change and there is no set or certain rhythm along the way. One hopes that after everything else, the marriage can make this adjustment.

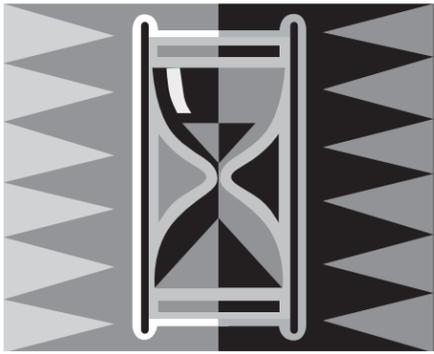
At this point in my essay you are probably asking "is it worth it?" I will tell you in all honesty, probably not. I say this because I don't want to fill anyone's head with all sorts of unrealistic hopes. I don't believe that soul mates are found, I believe they are made after years of effort. I believe one of the reasons so many marriages fail today is that we listen to all these love songs that place unrealistic expectations on a relationship in which things like fellowship and respect and good communication

are just supposed to happen. The love song that I do believe in is one by RUSH called "Ghost of a Chance" and it starts out like this:

*I don't believe in destiny or the
guiding hand of fate
I don't believe in forever or in
love as a mystical state
I don't believe in the stars
or the planets or angels
watching from above
But I believe there's a ghost of
a chance that we can find
some one to love
And make it last*

I have a wonderful marriage; my wife and I are very much in love, but it hasn't been easy and I certainly don't want to say, "Hey, we did it, you can too!" For us it has been worth it, but it has meant a lot of pain and regret as well as happiness. It is possible; it's just not easy; which can be said of marriage in general, only with brain injury it is more so.

Lyrics are from the RUSH song Ghost of a Chance. Words by Neil Pert, music by Geddy Lee and Alex Lifeson. Copyright © 1991, Anthem Records (Canada) and Atlantic Records. All Rights Reserved.



NEWS BRIEFS

What's new at the Brain Injury Association of Minnesota and in the brain injury community

Out & About

Getting the Brain Injury Association of Minnesota's message out to the public is a big part of our mission. Here's where you may have heard or seen us in the past months.

In the Media

Both the Brain Injury Association of Minnesota and our Walk for Thought were in the news throughout September and October. In September, interviews with Ardis Sandstrom and Pat Marciniak were conducted on television: **KARE 11** Saturday Morning Show (reached 100,000 viewers); **KSTP** shown on four separate newscasts (944,120); **WLTE/JACK104** Northern Lights Public Affairs Show (reached 8,900 listeners); **93X/KQRS** Curtis Beckman Sunday News and **KTLK** Talk Radio (10,000). In October, Sandstrom was

interviewed on **WCCO** Radio on the Mondale/Jones Show (500,000) and Marciniak took our message to **KOOL 108** (100,000) and **KFAN Sports Radio** (15,500) for an interview with Mark Rosen.

The Association would like to thank volunteer Justin Greenwood and his mother Glenda for their passion in getting the word out about brain injury, in addition to our medical experts, Dr. Erwin Concepcion and Dr. Andrew Kiragu and board member Mike Strand for participating in various media interviews. Your expertise and personal knowledge about brain injury is invaluable to us in telling our story.

During the last week of home games, the Minnesota Twins ran a scoreboard message about the Association and our Walk which was seen by 134,332 fans. Ads for the Walk were printed in the

City Pages Fall Arts Preview (reached 115,000 readers), **Access Press** (11,000) and **Minnesota Healthcare News** (75,000). Over a four week period, **KOOL 108** ran 40 - 30 second spots in addition to live promotion reaching 170,000 listeners. In addition, the Walk was promoted on the Coffee with **KARE** Sunrise Morning Show twice within an hour (70,000 viewers).

At Events

In July, the Association was featured, along with Bethesda Hospital, at several Lynx games as part of a co-sponsorship with Bethesda. The Association was highlighted during the kid's game with a public service announcement for helmet safety. At another game, Prowl made an appearance at our booth wearing his helmet with our name on one side and Bethesda's on the other, taking photos with kids who dropped by the booth.

Staff and volunteers exhibited at many events in Minnesota over the past few months. Our Education Services had an exhibit booth at the Minnesota Association of Athletic Trainers and EMT conference. Education presented at ABE and Odyssey conferences, CAP Headstart inservice and presented several Brain Injury Basics classes throughout the state.

Multicultural Outreach attended the Latino Family Resource Fair commonly known as "La Feria" in July as well as the Kappa Alpha Psi Fraternity Health Fair at the Government Center, He is Risen Community Health Fair, Hmong Elder Connections, Senior Health and Wellness Fair, One Stop Family Support Center, Summer Blitz and the Red Lake Reservation Health Fair. From August through early October, Multicultural Outreach attended International Day in Eden Prairie, Fond du Lac Tribal Women's Expo, Lower Sioux Health Fair, Mari Cruz Safety and Community Wellness, Multicultural Community Health Fair and presented at Heritage Middle School in St. Paul.

Save the Date: 2008 Conference for Professionals

The 23rd Annual Conference for Professionals in Brain Injury will be held on April 17 and 18,

2008 at the St. Cloud Civic Center. This year's theme is "Asking the Right Questions, Sharing New Answers." Keynote speakers for the 2008 conference are Dr. George Prigatano and Dr. Tim Feeney, and featuring a special appearance by Trisha Meili, the "Central Park Jogger," on Thursday, April 17, 2008. The planning committee is taking applications for speakers and hopes to make this year's conference the most memorable yet. For more information and for a submission form, visit our Web site at www.braininjurymn.org.

TBI Corrections Grant Work Progress

At the end of July, the Traumatic Brain Injury (TBI) Expert Advisory Panel met to review our progress to date and offer advice on future efforts. Discussion focused on the results from adult male offenders, how to optimize training efforts and how to optimize programming for offenders with a TBI.

Throughout August, Beth Hopkins completed TBI screening of 100 adult female offenders at the Minnesota Correctional Facility in Shakopee. Preliminary data indicates ninety-six percent of adult females reported having a TBI. Fifty juvenile males were screened at the Red Wing facility with 98 percent reporting a TBI. The data gathered was sent to the Minnesota Department of Health for analysis.

In September, Steve Allen, Department of Corrections (DOC) Director of Behavioral Health, and Jean Langlois (CDC) presented "TBI in Jails and Prisons: Ethics and Implications of Screening" at the National Association of State Head Injury Administrators annual conference in St. Louis, MO. Association staff participated in the Lower Sioux Native Community Event and Janis Carey Wack from the Association and Beth Hopkins held a presentation on TBI at the Annual Minnesota Jail Administrator's Conference in Deerwood, MN. Association staff met with the Richfield Police Multicultural Advisory Committee.

In October, Beth Hopkins gave a progress report on the TBI project to the DHS TBI Advisory Committee. Three PowerPoint

News Briefs continues on page 5

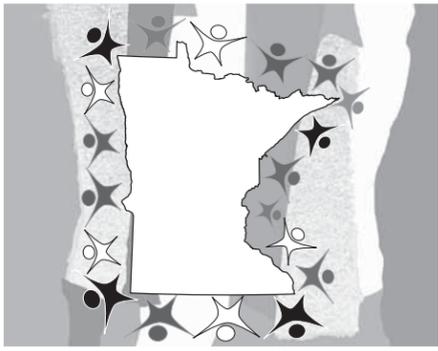
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Multicultural Corner

Multicultural Advisory Committee



By Raye Black

Building bridges to underrepresented communities is a big part of the Multicultural

Outreach Program. However, it takes a lot of knowledge and cultural understanding to make those bridges strong. Fortunately, the Brain Injury Association of Minnesota's Multicultural Outreach Advisory Committee is there to help lay the foundation for all of our bridge building efforts.

In 2000, the Association received funding from Medtronic to work in communities of color towards establishing better connections with underserved populations. The problem was, they weren't sure how to do this. At this time the program began as Latino Outreach and so they formed the Latino Outreach Advisory Committee. When I came on board, the program and Committee was expanded and renamed to bridge all communities.

But, what was the idea behind the Committee? We needed key people that represented communities of color (family

members, professionals, community leaders) to come to the table and advise the Association on how best to build community bridges. We needed to identify key issues, establish ties and continued to develop an outreach model.

Patty White and Erwin Concepcion, Ph. D., LP, were involved early on. I think of them as the "Elders" of the Committee because they have such a history with it and are storehouses of knowledge and insight. They were here to help mentor the new members; showing them how they worked with the community and teaching them the lessons they learned from their mistakes.

"We discovered early on that face to face communication was the best way to make a human connection," says Patty.

Patty received the Distinguished Volunteer Service Award at our last Annual Conference for her dedication and initiative.

Today the Committee consists of representatives from the Hmong, Somali, Latino, African American and Native American communities. We meet every other month throughout the school year to discuss the needs of each

community, offer advice and solutions to each other and help identify hidden issues that may not be obvious to the casual observer.

During the summer, the Committee takes a three month vacation, however the Committee remains active. In the summer months, members offer their support at community events throughout the state and help the Association by providing input on specific projects. This allows our members time to gather their resources and make new connections while remaining in direct contact with the communities they specialize in. Each member is then ready when the next year comes around.

When it is time to get everyone back together, we have an Annual

Fall Retreat to kick off the school year. Here, all the members gather to share their experiences from the past summer, report on any new developments they may have noticed out in the community and come together to define and identify what our focus will be in the upcoming year.

The Multicultural Outreach Advisory Committee has gone through a lot of growth since it started seven years ago. We would like to thank every contributing member, past and present, for their hard work and dedication.



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News Brief, continued from page 4

presentations are in the process of being developed. The three presentations are:

- Brain Injury 101, Corrections
- On the Inside: How to Work with Offenders with Brain Injury
- On the Outside: Community Re-Entry

These presentations are expected to be available to all Department of Corrections employees for online training by February 2008. In mid-October,

the Association had a booth at the annual conference of the Minnesota Corrections Association in St. Cloud. The booth was staffed by Janis Carey Wack and Beth Hopkins.

For information about brain injury trainings available for correctional staff, please contact Janis Carey Wack at 800-669-6442. For more information on the grant activities, please contact Ken Carlson at 651-361-7286 or Ardis Sandstrom at 800-669-6442.

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Education Corner



By Janis Carey Wack

Education Services works to build awareness and promote empowerment

for people living with brain injury. It endeavors to impact services by educating professionals to employ approaches that are tailored to the needs of people who sustain a traumatic brain injury (TBI) or their caregivers.

This quarter, we unveiled the new Brain Injury Basics III: Caregiving class and enjoyed significant road time as presentations were made at professional conferences and in-services were presented to various providers. Regional Brain Injury Basics classes were offered in out state Minnesota and Wednesday Workshops offered sessions on important topics such as Ethics, Social Security, and Medications. Full day conference opportunities for consumers and their families were planned by local committees and offered in three regions of the state. Also, planning for the 2008 Annual Conference for Professionals in Brain Injury commenced with the initial Planning Committee meeting and "Call for Proposals".

Department of Corrections (DOC) staff and other corrections professionals have benefited from presentations about brain injury as the grant work continues. Professionals across the state have participated in these sessions including Sheriffs, Jail Administrators, Probation Agents, Case Managers, jail staff, psychology staff and others. Work has continued on writing the online curriculum that will eventually be available through the DOC Web site. The Brain Injury Association of Minnesota looks forward to supporting the staff as well as the offenders as they learn more about brain injury and its impact.

The 2008 Annual Conference planning is well underway. Please put April 17 and 18, 2008 on your calendar NOW! The conference will again be in St. Cloud at the St. Cloud Civic Center. This year's theme is "Asking the Right Questions: Sharing New Answers!" This theme highlights the desire of professionals to continue to learn about pertinent,

cutting edge and creative approaches, strategies, service delivery methods, interventions and research to support their efforts at providing excellent care to persons living with and affected by brain injury. Keynote speakers for the 2008 conference are Dr. George Prigatano and Dr. Tim Feeney, and featuring a special appearance by Trisha Meili, the "Central Park Jogger," on Thursday, April 17, 2008.

Please check out the Association Web site to learn more and to download the "Call for Proposals" form. Topics of interest for presentations include, but are not limited to; lifespan issues, veteran issues, co-morbid conditions and treatment, severe brain injury and long term outcomes, hands-on interventions, new service models, employment and education, holistic and alternative service approaches, caregiver support, family and sibling issues, prevention interventions, technology updates and homelessness. Professionals – it's all about you! Please consider sharing your expertise with colleagues throughout the state of Minnesota.

The Consumer and Family Conferences had mixed results. The Mankato (South Region) Conference was held on June 8 and while the number of attendees was low, the conference evaluations were very positive. The Brainerd (North Region) and the Albertville/Buffalo (Central/Metro Region) conferences were both cancelled due to low registration. The Planning Committees for all three conferences worked diligently to provide a stellar experience. One thing is for sure, the Association is committed to providing educational programming for consumers and families and will go back to the drawing board to determine the 2008 offerings.

Classes for 2008 will include the three Brain Injury Basics options (Introduction, Adjustment to Disability and Caregiving), new Wednesday Workshop topics (chemical dependency, mild brain injury, communication disorders, nutrition issues, early dementia—to name a few), as well as offering Tuesday Trainings and Long Term Care training to greater Minnesota.

Please check out the education calendar on this page for the specific classes, topics and dates.

Education Calendar

Save the Date – Upcoming Education Opportunities!

Registration is required for all education opportunities.

Call 612-378-2742 or 800-669-6442, or visit our Web site at www.braininjurymn.org to register or for more information.

Wednesday Workshops

November 28 – *Special Needs Financial Planning Demystified*, presented by Veronica Anderson and Rick Thomas of Merrill Lynch Investments. This workshop will discuss the five major components of a good plan, which will prepare you to address the subject of preserving assets for the lifetime of a person without jeopardizing their government benefits.

January 23, 2008 – *So the Person With a Brain Injury That You Serve Is Also Chemically Dependent. Now What?*, presented by Annette Pearson from Vinland Center.

This workshop will look at how chemicals affect the brain, how to get a chemical health assessment, red flags to look for and the top ten reasons people with brain injury use. Attendees will learn how to assess chemical dependency treatment programs, jargon used in treatment, stumbling blocks in treatment and much more.

February 27, 2008 – *Mild Brain Injury*, presented by David Lund, LP, from Sister Kenney Institute. Mild brain injury presents a unique array of challenges for the individual and the clinician. Learn about issues and variables that impact successful outcomes with recommendations for service delivery.

March 26, 2008 – *Nutrition and the Unique Needs of Persons Living with Brain Injury*, presented by Karen Koppy, MPH, RD, LP from Hennepin County Medical Center. This workshop will present information regarding the complex nutritional needs in both acute and long term settings of individuals who have sustained brain injury.

Brain Injury Basics

Admission for Brain Injury Basics classes is free for persons with brain injury and their family members. The fee for professionals is \$20.

Brain Injury Basics I: An Introduction — An introductory class that defines what a brain injury is and what side effects are related to brain injury. The class provides various skills such as how to relate to persons with brain injury and compensation strategies. This class will be offered on January 15 and May 20, 2008 at the Association's office in Minneapolis from 6–8:30 p.m. This class is also offered on March 18, 2008 from 5:30 – 7:30 p.m. at the Bethesda Rehabilitation Hospital, 550 Capitol Blvd, St. Paul in the 7th floor conference room.

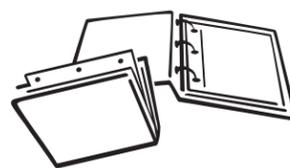
Brain Injury Basics II: Adjustment to Disability — This class addresses the various adjustments and life changes that individuals face after a brain injury. Approaches to adjustment along with the emotional aspects of change and the difficulties that go along with those will be discussed. Classes will be held on November 20, 2007 and February 19, 2008 at the Association's office in Minneapolis from 6–8:30 p.m.

Brain Injury Basics III: Caregiving

This new class is focused on how brain injury impacts the caregiver and their efforts at caregiving. These individuals play an important role in enhancing quality of life and promoting adjustment to life after a loved one's brain injury through their caregiving. This class will be held on December 5 at the Association's office in Minneapolis from 6–8:30 p.m.

Long-Term Care and Participants with Brain Injury

This class offers training of professionals who work with persons with a brain injury. Participants will learn to enhance relationships with caregivers and residents, create quality home environments and methods to manage interruptive behaviors. This class is offered November 29, 2007 and on February 28, 2008 from 8:30 a.m. to 4:30 p.m. at the Brain Injury Association of Minnesota's office in Minneapolis. Call the Education Manager at 800-669-6442 or 612-378-2742 for more information.



Fall Prevention for the Elderly

Information from the Center for Disease Control

Each year, thousands of older Americans fall at home. Many of them are seriously injured, and some are disabled. In 2002, more than 12,800 people over age 65 died and 1.6 million were treated in emergency departments because of falls. Falls are often due to hazards that are easy to overlook but easy to fix. Use the following checklist to look for hazards in your home. At the end of the checklist, you'll find other tips for preventing falls.

FLOORS: Look at the floor in each room.

- When you walk through a room, do you have to walk around furniture? Ask someone to move the furniture so your path is clear.
- Do you have throw rugs on the floor? Remove the rugs or use double sided tape or a non-slip backing so the rugs won't slip.
- Are there papers, books, towels, shoes, magazines, boxes, blankets, or other objects on the floor? Pick up things that are on the floor. Always keep objects off the floor.
- Do you have to walk over or around wires or cords (like lamp, telephone, or extension cords)? Coil or tape cords and wires next to the wall so you can't trip over them. If needed,

have an electrician put in another outlet.

STAIRS AND STEPS: Look at the stairs you use both inside and outside your home.

- Are there papers, shoes, books, or other objects on the stairs? Pick up things on the stairs. Always keep objects off stairs.
- Are some steps broken or uneven? Fix loose or uneven steps.
- Are you missing a light over the stairway? Have an electrician put in an overhead light at the top and bottom of the stairs.
- Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)? Have an electrician put in a light switch at the top and bottom of the stairs. You can get light switches that glow.
- Has the stairway light bulb burned out? Have a friend or family member change the light bulb.
- Is the carpet on the steps loose or torn? Make sure the carpet is firmly attached to every step, or remove the carpet and attach non-slip rubber treads to the stairs.
- Are the handrails loose or broken? Is there a handrail on only one side of the stairs? Fix loose handrails or put in new ones. Make sure handrails are on both sides of the stairs and are as long as the stairs.

KITCHEN: Look at your kitchen and eating area.

- Are the things you use often on high shelves? Move items in your cabinets. Keep things you use often on the lower shelves (about waist level).
- Is your step stool unsteady? If you must use a step stool, get one with a bar to hold on to. Never use a chair as a step stool.

BATHROOMS: Look at all your bathrooms.

- Is the tub or shower floor slippery? Put a non-slip rubber mat or self-stick strips on the floor of the tub or shower.
- Do you need some support when you get in and out of the tub or up from the toilet? Have a carpenter put grab bars inside the tub and next to the toilet.

BEDROOMS: Look at all your bedrooms.

- Is the light near the bed hard to reach? Place a lamp close to the bed where it's easy to reach.
- Is the path from your bed to the bathroom dark? Put in a night-light so you can see where you're walking. Some night-lights go on by themselves after dark.

Other Things You Can Do to Prevent Falls

- Exercise regularly. Exercise makes you stronger and improves your balance and

coordination.

- Have your doctor or pharmacist look at all the medicines you take, even over-the-counter medicines. Some medicines can make you sleepy or dizzy.
- Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
- Get up slowly after you sit or lie down.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
- Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
- It's safest to have uniform lighting in a room. Add lighting to dark areas.
- Hang lightweight curtains or shades to reduce glare.
- Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use light color paint on dark wood.

Other Safety Tips

- Keep emergency numbers in large print near each phone.
- Put a phone near the floor in case you fall and can't get up.
- Think about wearing an alarm device that will bring help in case you fall and can't get up.

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Concussions

Prevention, early recognition of symptoms best counter to this type of brain injury

By Dean Wennerberg, M.S., ATR, CSCS

Media coverage of sports-related concussions and post-concussion syndrome has increased significantly in the last two years. High-profile cases involving former National Football League player Andre Waters and Major League Baseball player Corey Koskie have made this topic front-page news in sports sections. Waters committed suicide in November 2006.

A neuropathologist who examined his brain tissue concluded that brain damage from numerous concussions during Waters' career led to his depression and suicide. Koskie was unable to start the season for the Milwaukee Brewers because of post-concussion syndrome (PCS) symptoms related to a fall during a game in July 2006. While acknowledging that there is no universally accepted definition for PCS, Dr. Eric Legome of New York University Hospital says "most of the literature defines the syndrome as the continuation (beyond three weeks) of at least three of the following symptoms: headache, dizziness, fatigue, irritability, impaired memory and concentration, insomnia, and lowered tolerance for noise and light." Leigh Steinberg, a prominent sports agent, recently made news by declaring concussions to be "a health epidemic, the consequences of which are a ticking time bomb that may not be seen in their totality for 10, 15, or 20 years."

It may be difficult to determine if the number of concussions has actually increased, because of athletes' tendency to under-report symptoms during competition. It is apparent, though, that the heightened awareness of long-term symptoms is causing the public and the medical community to recognize this as an important issue. At the same time, it is also important to realize that athletics does not account for the majority of concussions or brain injuries. Only about 20 percent of all brain injuries are from sports and recreation, according to Snell and Surgenor in the *New Zealand Medical Journal* in 2006. Nonetheless, the world of athletics is a good place to gather information because it is a visible and easily observable venue for collection of data.

Concussion: a form of traumatic brain injury

Webster defines concussion as "a stunning, damaging, or shattering effect from a hard blow," which actually describes the cause rather than the effect. It is the most commonly used term for a mild traumatic brain injury (mTBI).

According to the Brain Injury Association of America, "Traumatic brain injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. A rapid acceleration or deceleration of the head, which can force the brain to move back and forth inside the skull, can also cause TBI. The stress from these rapid movements pulls apart nerve fibers and causes damage to the brain tissue."

TBI encompasses all severities of brain injuries from mild to severe. According to the Centers for Disease Control, more than 1.4 million people suffer from this type of injury annually in the United States. Most sports concussions and some others are not included in these numbers because they go unreported. According to research presented at the First International Conference on Concussion in Sport in 2001, there are more than 300,000 sports-related brain injuries per year, including 250,000 in football alone. This is considered a conservative estimate.

Recognizing brain injuries

Parents and coaches are in a position to be on the "front line" of recognition and initial treatment for these mild brain injuries. Concussions can occur from trauma directly to any part of the skull or from incidents that cause the head to move in one direction violently, causing the brain to strike the opposite side of the skull. It is easy to be fooled into missing a brain injury because it is not visible on the outside and injuries at the location of the trauma (jaw, nose, ear) appear to be the primary problem. In such situations, a coach or parent would be wise to suspect brain injury.

Look for confusion, memory loss, and uncoordinated movement. The individual may report a headache, nausea, feeling of sluggishness, and sensitivity to light. (See sidebar.) Any of these symptoms should exclude the individual from further activity until medically cleared for participation. Exertion after a brain trauma can increase the severity of the injury and delay recovery time dramatically. Increased blood flow to an area rich with blood vessels and already bleeding will increase intracranial pressure and make clotting more difficult.

An ounce of prevention

The more that is learned about these types of mild brain injuries, the more we see the importance of prevention. Helmets have become more common in sports such as snowboarding, skiing, biking, and skateboarding, but because of an increase in the number of participants, the number of injuries is not decreasing. A U.S. Consumer

Products Safety Commission study, quoted in the *Aspen Times*, showed that snowboarding injuries nearly tripled and the number of snowboarding head injuries increased fivefold from 1993 to 1997. An increase in the use of helmets may help bring the number of injuries down. As the younger participants use helmets from the beginning stages of learning, overall compliance should increase.

Use of head protection in sports such as basketball and soccer may be difficult to introduce. Athletes in these sports tend to think of any type of head protection (soft or hard) as too bulky or restrictive during competition.

Head protection is mandated in collision sports such as hockey and football, with specific rules for helmet design. While football helmet manufacturers will never create a "concussionproof" design, recent research has shown that some of the newer helmets do have an effect in limiting the number of concussions. Interestingly, the severity of concussions was not seen to decrease (*Journal of Neurosurgery*, February 2006, Michael Collins et al.).

An effective prevention and treatment tool that is gaining acceptance is baseline pre-season testing, which is a simplified test of an athlete's ability to perform memory and reaction-time skills in an uninjured condition. Data saved from the computerized test can be used to compare the athlete's post-concussion performance on the same test. The doctor also takes into consideration whether concussion symptoms are present before returning an athlete to play.

More work to be done

The incidence of mild traumatic brain injury – of which concussion is the least severe type – does not appear to be improving in our athletic and general culture. Awareness of the conditions that can lead to these types of injuries, the use of preventive strategies, and the ability to recognize mild brain injury on the field or in other settings are very important. Look for much more research (and publicity) about post-concussion syndrome and traumatic brain injury over the next several years. There is reason to hope for advances in treatment. In the meantime, protective equipment and education in recognition of concussion symptoms are the best methods to minimize risk and worsening of brain injuries that do occur.

Dean Wennerberg, M.S., ATR, CSCS, is an athletic trainer and marketing associate at Bethesda Concussion Clinic in St. Paul.

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Who is affected?

Each year, more than 1.4 million cases of traumatic brain injury (TBI), of which concussion is a mild form, are reported in the U.S. Of those, more than 300,000 (about 20 percent) are sports and recreation-related, most of them concussions. People over 75 have the highest overall rate of TBI. The most common cause is falls. People 15 to 24 years old have the next highest rate; transportation is the most common cause. Among all age groups, the top three causes of TBI are motor vehicle crashes, falls, and violence.

Source: *Centers for Disease Control*

Signs and Symptoms of TBI

Indicators of a traumatic brain injury (TBI) can be subtle. Symptoms may not appear until days or weeks following the injury or may even be missed, as people may look fine. The following are some common signs and symptoms of a TBI:

- Headaches or neck pains that do not go away
- Difficulty remembering, concentrating, or making decisions
- Slowness in thinking, speaking, acting, or reading
- Getting lost or easily confused;
- Feeling tired all of the time, having no energy or motivation
- Mood changes (feeling sad or angry for no reason)
- Changes in sleep patterns (sleeping a lot more or having a hard time sleeping)
- Light-headedness, dizziness, or loss of balance
- Urge to vomit (nausea)
- Increased sensitivity to lights, sounds, or distractions
- Blurred vision or eyes that tire easily
- Loss of sense of smell or taste
- Ringing in the ears.

Children with a brain injury can have the same symptoms as adults, but it is often harder for them to let others know how they feel. Call your child's doctor if she or he has had a blow to the head and you notice any of these symptoms:

- Tiredness or listlessness
- Irritability or crankiness (will not stop crying or cannot be consoled)
- Changes in eating (will not eat or nurse)
- Changes in sleep patterns
- Changes in the way the child plays
- Changes in performance at school
- Lack of interest in favorite toys or activities
- Loss of new skills, such as toilet training
- Loss of balance or unsteady walking
- Vomiting

Augsburg College Holds Fundraiser for Mentor Program

On September 16, the Augsburg College Music Therapy department held a concert fundraiser for their new Mentor Program designed to benefit students recovering from the effects of brain injury. The money raised would be used as a scholarship for a student to act as a mentor for an undergraduate living with the effects of brain injury.

The Brain Injury Association of Minnesota sent representatives to the event in order to learn more about the department's program and build connections with the college. In attendance were Resource Facilitator Janice Webster, Volunteer Coordinator Lee George, volunteer Patrick McGuigan and Public Awareness Associate Phil Gonzales.

Roberta Kagin, Director of Music Therapy at Augsburg, helped develop the program for students with brain injury. "We found that helping them visualize the information, putting it to music, doing some art to help them remember it, and also including movement with it, all were helpful in restoring the short-term memory," says Kagin.

Speaking at the event was Bill Bowen whose son, Major, experienced a brain injury several years ago as a result of a brain tumor. After many setbacks, Bowen found Roberta Kagin and her program paid off. "Major began studying to the music of Bach and Beethoven, memorizing with music and movement, until such time as the relevant learning became solidly entrenched in his memory," notes Bill Bowen.

The concert managed to raise enough funds to support one mentor. They hope to expand the program as more student-aged people are returning with brain injuries having served overseas.

Holly Tipani, the Augsburg student who helped organize the event, says, "I believe that our efforts at Augsburg College will influence other colleges and universities to support students with brain injuries. With an increase of people with brain injuries, especially seen in returning young veterans from the current war, Augsburg College is embracing students who have the right to be successful after brain injury."

Walk for Thought Event Spreads to Schools

HERITAGE MIDDLE SCHOOL WALK FOR THOUGHT

The Brain Injury Association of Minnesota was inspired when Erin Hagen, an eighth grade teacher at Heritage Middle School in St. Paul, informed us that she was going to hold her own Walk for Thought at the Middle School in order to raise funds to support our programs and services. Ms. Hagen had been moved by the statistics relating to brain injury and children that she had read on the Association's Web site and decided to take action.

The Heritage Middle School Walk for Thought occurred on a crisp and beautiful Friday, October 12. Over one hundred students gathered at the local track to complete 12 circuits or three miles, roughly equal to the larger "official" Walks held earlier in the month. Groups were formed, iPods were listened to, and funds were raised. At the end of the day, over \$700.00 was brought in thanks to the students' efforts.

"We wanted the students to see the power in working together toward a common goal," said Erin Hagen. "We are hoping that what they learned from their experiences

with the Walk will help them to stay safe and encourage them to spread the word about brain injury prevention, but we also hope it will help them to become life-long givers."

We hope so too.

BLACKDUCK HIGH SCHOOL WALK FOR THOUGHT

Blackduck High School in Blackduck, Minnesota held its own Walk for Thought this year. Sixty participants walked around Blackduck High School's track in a spirit of help, hope and healing. All together, \$1,100 was raised by the participants.

For the past several years, Blackduck has participated in the Walk for Thought. Thank you, Blackduck, for your support and enthusiasm.



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*National Institute on Disability and Rehabilitation Research





Volunteer Corner

Volunteer Spotlight: Justin Greenwood

As a University of Eau Claire junior, Justin Greenwood came back from summer football training in Florida as a force to be reckoned with. He was at the top of his game until September 23, 2003. Matched up against the University of Wisconsin River Falls Justin was using all of his summer training until the second quarter right before halftime. On a routine hit to his helmet by an opposing player Justin started to see stars. He got up and went to line up in his usual spot as the outside linebacker. As his teammates started to yell "Justin you are lining up on the wrong side," he stumbled to the sidelines and into a coma for the next month.

As his face started to turn blue and the blood vessel in his brain began to rupture, his outlook was grim. Fortunately, he was a five minute helicopter ride from Regions Hospital. It was here that they performed the surgery that saved his life. Unfortunately, after having surgery to replace part of his skull he had a tonic-clonic seizure. He stayed at Regions for three months as he began his long road to recovery. "I just wandered up to people with a blank stare on my face," Justin said. His family and friends were unaccustomed to seeing such stoic emotions coming from such a young vibrant man.

Happily, Justin's mother, Glenda, supplied a much needed affirmative attitude. "When everyone was in the waiting room looking grim, it was my mom who was cracking jokes and lifting peoples' spirits. She has so much inner strength." Justin believes his mom helped him and others work through this very tragic chapter of their life.

For Justin, rehabilitation is a slow, ongoing process. There has never been a single major breakthrough where suddenly everything seemed possible. Justin remembers how ecstatic people were when he was finally able to move a ball from one hand to the next as symbolic of his rehabilitation. It is continuing to focus on small tasks like this that has allowed Justin to walk, communicate his thoughts, play golf, and volunteer at the Brain Injury Association of Minnesota.

"Volunteering has definitely helped with my rehabilitation," Justin says and that work helps emphasize his new purpose in life; telling his story. Justin sees the importance of communicating what happened to him to people he meets every day. He is constantly looking for an outlet to tell people about what he had to go through in order to try and prevent it from happening to someone else and has used his recent appearances in local media to meet that goal. Justin's message is not only prevention; he wants people to know that if you have a setback in life, no matter what the disability, it is not the end.

Justin says "you attract what you think." Justin keeps a positive attitude in order to inspire others but also to inspire himself. He has a message for everyone and that is: "You are no different, don't give up. Don't let your differences hold you back, always work hard, and be the best." Justin doesn't blame football for his injury, it could have happened to him during any other part of his life. His advice for young people and athletes is "don't be tough. If you are hurt, tell your coach. It could make a huge difference in your life."



Justin Greenwood

Where the Volunteer Program Has Been and Where it is Going

Volunteers have put in over 5,700 hours in the first three quarters on 2007 which equates to over \$107,000. This shows just how much work all the volunteers do and how vital their time, efforts, and skills are to the success of our organization.

Among their many accomplishments:

- The Walk for Thought subcommittee volunteers helped put together a very successful Walk
- Speakers Bureau presenters related their personal experience with brain injury and helped establish ties with the community
- Volunteers aided with the Community Health Charities annual campaign raising funds and awareness for the 2.1 million Minnesotans who live with a chronic illness
- Summer interns helped take on special projects with the Volunteer Program and the Development Program
- Office volunteers continued their great support in all areas of the Association

Looking ahead to the fourth quarter, it looks like things will not be slowing down.

- **Speakers Bureau training on Saturday, December 1 at 9 a.m. at the Association;** contact Lee if you are interested in participating in this training
- Volunteer Program extended to encompass more Community Service Learning students to assist Resource Facilitation, create visual aids to use at information fairs, and help out with large projects
- Two instructors have been trained for the Brain Injury Basics classes who will teach throughout the upcoming year.

We are always looking for individuals to help with events which come up throughout the year such as resource fairs and information fairs that happen at various times and locations, which means we need a large base of volunteers.

Again, thank you to all the volunteers who have helped so far this year. You are all incredible people and we look forward to working with each and every one of you again and again!

Volunteers Enjoy the Saint Paul Saints

On July 31, volunteers met at Midway stadium in St. Paul to be recognized and honored for their dedication to serving the 100,000 Minnesotans that live with a disability due to brain injury. Despite the intense heat, the volunteers, and their friends and family who came out to support them, had a wonderful time listening to music by Big P and the Flying Squirrels, eating subs from Subway, drinking cold water and eating popsicles.

We are looking forward to another wonderful year of volunteering. There are many ways to get involved in helping the Brain Injury Association of Minnesota work toward their mission of enhancing the quality of life and bringing the promise of a better tomorrow for all people affected by brain injury. If you want more information e-mail Lee George at leeg@braininjurymn.org or call 612-238-3234 or 800-669-6442.



Treating Brain Injury, continued from page 1 minutes,' and I'm thinking, 'That's a brain injury!'"

"People are more willing to say, 'I have a concussion,' than, 'I have a mild TBI,'" adds Wennerberg.

The Concussion Clinic has as one of its goals baseline testing for all athletes over the age of 13. To this end, Bethesda has teamed with ImPACT Concussion Management, to make their ImPACT Concussion Management System available to all schools.

"What the test does is provide a baseline or level of normalcy for a child," says Wennerberg, "then, when they have an accident on the field they take the test again and their test results can be compared against the baseline test."

Bethesda hopes to access funding to make the test available to all public schools and small colleges.

"One thing we try to teach educators is that sitting out a game may not be enough," says Griffith. "We try to stress the need to 'rest your brain.' Students may need to opt out of classes. Even reading a book or

watching TV can put unneeded stress on a brain post-injury."

"For us," adds Wennerberg, "it's really about education and being pro-active. Making sure athletic trainers know what to look for in their players' health."

HCMC Traumatic Brain Injury Center

At Hennepin County Medical Center, the Traumatic Brain Injury Center was established in August of 2006 to care for the average 850 patients with a brain injury admitted each year.

Carol Ann Smith, the TBI Center's Program Coordinator, has been on board from the beginning.

"The goal is a comprehensive, multidisciplinary center to care for people who have sustained a traumatic brain injury and their families," says Smith. "We want all the things we do to coordinate their care to happen behind the scenes."

Smith emphasized that HCMC has always treated patients with a brain injury but with the recent advancement in diagnoses and a better understanding of the need for outpatient treatment, HCMC saw the need to develop an

umbrella program to house and co-ordinate all of its various TBI related programs.

The Center is staffed by experts in the field of traumatic brain injury. The director, Dr. Galen Rockswold is a leading researcher in critical brain injury, while Dr. Sarah Rockswold excels in the fields of mild brain injury and hyperbaric oxygen study. Neurosurgeons stay on the state-of-the-art site 24 hours a day to monitor a patient's health. The Pediatric Brain Injury Program and Miland E. Knapp Rehabilitation Center provide specialized care to children and those needing rehabilitation services. The Mild to Moderate Brain Injury Clinic provides outpatient services for the mild to moderate patients with brain injury who make up 75 to 80 percent of all individuals with brain injury.

An individual will receive a complete assessment by a physician who knows traumatic brain injury, imaging if needed and treatment in an appropriate area be it a vestibular, neuropsychological, speech/language pathology, occupational therapy, or psychiatry.

The Brain Injury Center also does outreach in communities by taking their expertise to small-town hospitals and rural practices. Due to this outreach, and advances in diagnoses and education, the Traumatic Brain Injury Center is seeing around 850 patients a year.

"When we go out and talk [to professionals], the ER physicians have these people coming in and they don't know what to do because they're not trained specifically in TBI," says Dr. Sarah Rockswold. They quickly learn that "HCMC is a place they can send [people with TBI]."

When asked about the recent media interest in brain injury, Drs. Rockswold and Smith suggested that advances in medical diagnoses as well as a number of high-profile sports and entertainment related injuries have brought brain injury to the forefront of the public's mind.



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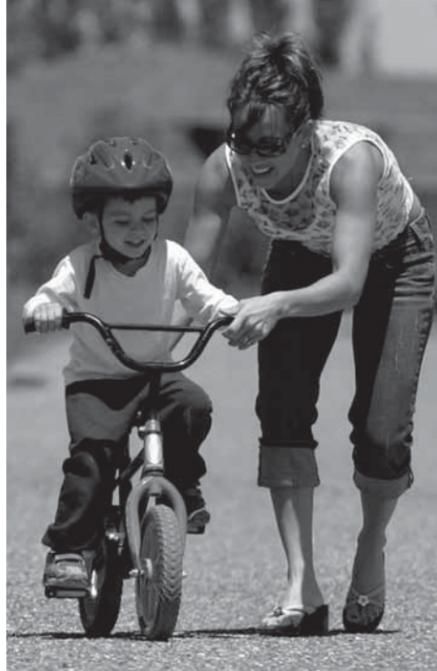
Getting a kid to do anything for safety's sake is like . . . getting a kid to do anything. We asked the staff of the Brain Injury Association of Minnesota for some tips for people struggling to get children to wear helmets. Here are some of their responses.

- Start them young: Establish a pattern early in life. When they get that first tricycle give them a helmet to go with it. Children should be uncomfortable with not wearing a helmet.
- Let them pick the helmet: Children like a sense of ownership and a voice in the decision making process. Sure, they might want the pricier helmet with their favorite cartoon character on it, but dropping an extra five bucks for a helmet is worth the peace of mind.
- Communicate with friends' parents: Getting people on your side might help too.



Children are far more likely to do something if their friends are doing it than if their parents tell them to.

- Set an example: Not surprisingly, the "do as I say, not as I do" tactic doesn't always work. If you're not wearing a helmet when you bike, skate or play hockey, expect your children to follow suit.
- Show them footage of professionals engaging in the same activity: Nothing impresses a children like people who aren't their parents. If a child idolizes an athlete, offer to get the kind of helmet the athlete uses.
- Offer incentives: Some call it bribery, but parents throughout history have depended on incentives for everything from improving grades to attending weddings. There's nothing wrong with rewarding a child for doing right and a few bucks might be worth a safe brain.



In an instant, life can change forever



Brain injury can happen to anyone regardless of age, gender or race.

Common causes of brain injury include automobile crashes, falls, sports concussions and strokes. If your head has even been hit hard enough to see stars, lose consciousness, or experience a concussion, we can help!

Call for more information:
800-669-6442
612-378-2742
www.braininjurymn.org



Brain Injury Association of Minnesota

Bringing help, hope and a voice to Minnesotans with brain injury for over 20 years.

A concussion can leave you feeling out of

focus.

At Bethesda Hospital's Concussion Clinic we can help.

A blow or jolt to the head can cause a type of mild brain injury called a concussion. Concussions can occur from a sports injury, car accident, fall, collision or any blow to the head.

If you are experiencing irritability, headaches, depression, insomnia, poor concentration, getting lost or becoming easily confused, or a loss of sense of taste or smell you could be suffering from effects of a concussion.

At the Bethesda Concussion Clinic you'll be seen by our specialized physicians, neuropsychologists and therapists who will create an individual treatment plan for you. If you want help putting your life back in focus call us at **651-326-4323** or visit www.bethesdahospital.org/concussion.

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Legislative Corner

Keeping up to date with public policy

Looking Towards the 2008 Legislative Session

By Jeff Nachbar



Board to Set 2008 Legislative Priorities

With the Minnesota Legislature set

to resume on February 12, 2008, the Brain Injury Association of Minnesota Board is taking a look at our policy priorities and preparing the agenda that will guide our advocacy efforts in 2008. While nothing in politics is absolutely certain or predictable it seems safe to assume that transportation issues will play a central role at the Capitol next year. Many issues important to people affected by brain injury could wind up in the transportation debate and we need to be ready to take action when these opportunities arise. It doesn't matter if you're a republican or democrat, it matters that you care about brain injury and that you want to see improvements!

Pending Board approval, it looks like we will be asking for your help on the following issues in 2008:

- *Strengthening Minnesota's Seatbelt Law*

We've been working on this issue for a long time and 2008 may finally be the year we see Minnesota adopt a "primary" seatbelt law that includes everybody in every seat at every time. Most people know the law requires seatbelt use; but how many of you know that law enforcement can't pull you over for this violation? This needs to change! We know seatbelts can prevent and reduce the seriousness of brain injury and that seatbelts save health care costs to individuals as well as all Minnesota taxpayers. The time is now to pass this critical law change.

- *Protecting the Traumatic Brain Injury/Spinal Cord Injury Account*

We must stay vigilant to ensure that the TBI fund at the Minnesota Department of Health stays healthy. Funded through the DWI

reinstatement fee, this fund provides information, referrals and support to people with brain injury through Resource Facilitation. It also allows the Health Department to keep track of brain injury data to ensure that we can keep up with the challenging needs of Minnesotans who suffer a brain injury. We'll keep you posted on any threats to these funds and ask for your help when needed to make sure legislators understand the importance of the vital services this fund provides.

- *Improving Transportation Services for people with Brain Injury*

It's too bad that it took a bridge falling into the Mississippi River to get people to understand the importance of taking care of our transportation infrastructure. But the issues at stake are really much bigger than just our bridges. We'll be partnering with other organizations to look for opportunities to improve transportation services for all people with disabilities in Minnesota.

Please join us in supporting our public policy agenda in 2008. Contact Jeff Nachbar or Michelle Traxler to find out how you can get involved.

MAP to Become...MAP

When it comes to teaching people how to become more effective advocates, the Minnesota Advocacy Project has been there for more than 40 people with brain injury and their families over the past three years. Funded in part by the Mayo Clinic Model TBI System through a grant from the National Institute on Disability and Rehabilitation Research (NIDRR), this promising program teaches advocacy skills to people affected by brain injury in order to improve their quality of life and the care they receive.

NIDRR recently announced that they will fund the Mayo Clinic Model TBI System for another five years with a focus on community level advocacy. Mayo

and the Brain Injury Association of Minnesota will continue to partner on advocacy training by growing and expanding the MAP Project and by conducting a rigorous evaluation of the project to find out if and how it really works.

The Minnesota Advocacy Project will now become the Midwest Advocacy Project and include Iowa, Wisconsin and Minnesota. Stay tuned for more information on this exciting project.

Michelle Traxler Joins Public Policy Staff



Hello, my name is Michelle Traxler. My work started with the Brain Injury Association of Minnesota staff

this past August. Since starting here I have been assisting with the efforts of the Public Policy department by working with Citizen Advocates and supporting the Association's priorities at the State Capitol. The upcoming Legislative session will be an interesting and eye opening experience for me.

I obtained a Bachelors degree in Economics from the University of St. Thomas and a Respiratory Therapy degree from The College of St. Catherine. I have an interesting and varied career

history including working in hospital pulmonary critical care for 10 years and then 15 years in compliance and quality assurance in respiratory home care.

In March 2006 life took a dramatic turn for me. I received a call from HCMC telling me that my nine-year old son Max was in a car crash. The vehicle he was in was hit by the light rail train. He had a brain injury. The months that followed the accident were filled with tremendous ups and downs. I read and learned as much as I could to support Max and my family through the difficult times. I was contacted by the Brain Injury Association of Minnesota and one day while reading the Winter newsletter I saw a picture of and an article written by an old friend. We met and I told him my story. I was interested in a way I could be involved in the Association. I needed a way to make life better and since there was not much I could do to change what happened to Max, there had to be something I could do help bring about a positive outcome in the years to come. (Plus... I think Jeff needed some help too.)

I believe it is through individual and group efforts of people who have a passion for what they believe in that can positively impact the outcomes for many!

So, here I am. Give us a call and get involved with the Brain Injury Association of Minnesota.

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Donor Spotlight

Amy McVary

By Phil Gonzales

The Brain Injury Association of Minnesota is pleased to recognize Amy McVary and her Walk team in our donor spotlight. This year her team raised over \$4,500 with Amy personally raising \$ 2,739.

Amy became involved with the Walk because of her personal experience with brain injury. In 1998, Amy was involved in a car accident. As a result, she was in a coma for two weeks and spent three months in the hospital. She then spent two months as a day-hospital patient.

After she was released from the hospital, Amy moved in with her sister. Amy says that although her family is very supportive, she wanted to meet people who could better understand what she had gone through. Her sister contacted the Brain Injury Association to ask

for suggestions. The Association provided Amy with information about a support group that meets near her home. It was at a group meeting that Amy learned about the Walk for Thought.

Amy says that she first formed a Walk team because it was her way of giving back to the community. She recruited family and friends to be part of her team and set out to raise funds for the Walk. Amy soon found that she could “get her heart into fundraising” and that fundraising came naturally to her. Amy humbly admits that she thinks people support her because they identify with her story or because they know someone with a brain injury and want to help. “It’s also my smile too.”

She says that not only will individuals donate to the Walk, but that businesses will as well. For the past two years, Amy has gone



Amy McVary leads her Walk for Thought team
Photo by Jennifer Taylor

door to door to local businesses to obtain prizes and gift certificates for our drawings held in St. Paul on the day of this Walk. This year she personally brought over 20 prizes including a local sandwich shop, Pepicino’s, who sponsored Amy and set out a goldfish bowl so that customers could donate to the Walk. The shop owner also walked with Amy on October 6.

Hard work and dedication have contributed to Amy’s successful fundraising. She also gives credit to her friends and family who are a part of her Walk team every year. The Brain Injury Association of Minnesota would like to thank Amy and her team for their help in making the Walk for Thought a success! We look forward to seeing them again next year.



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board member of the Brain Injury Association of Minnesota, will make sure your medical bills and wage losses are paid, handle all insurance details, go to trial if necessary and fight to make sure you receive full compensation for your losses.

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Walk for Thought, continued from page 1
 Rebecca Ringen, University of Minnesota student athlete, the Old Country Buffet Bee and helmet safety and prevention with Brainy Bear. KOOL 108's Dan Riggs was onboard to spin some tunes for a crowd of over 840 who came out to walk or ride.

"Minnesotans have worked so

hard for six years to meet this goal," said Ardis Sandstrom, Executive Director of the Brain Injury Association of Minnesota, "and it's so wonderful to see it accomplished with so much enthusiasm."

The Walk raised funds for the Association's programs and services and also awareness about the prevalence and effects of brain

injury, which is the leading cause of death and disability in children and young adults in the United States.

Below is a sampling of photos from the 2007 Walk for Thought. Be sure to visit www.braininjurymn.org/walk.html for more event photographs, including team photographs, and information about the 6th Annual Walk for Thought!

Congratulations to the Top 2007 Fundraising Teams!

Over \$4,500

Amy's Team
 Team Nichole

Over \$3,500

Dragonfly Clan
 Team TBI Residential

Over \$2,500

Stampeding Turtles
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Amazing Allie
 Ethan Sandberg

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Dain Bramage
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Over \$1,000

Amy Herbst
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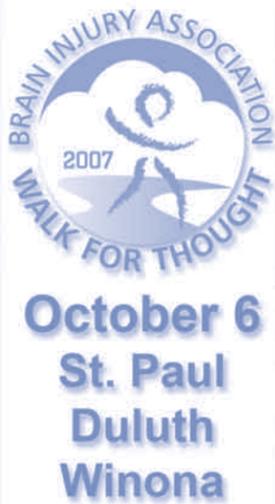
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Thank You to the Six-Year Team Captains!

Amy McVary
 Barb Fulton
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Thank You to all those who contributed to the 6th Annual Walk for Thought!!!



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