BRAIN INJURY ASSOCIATION OF VERMONT

SAVE THE DATE
Oct 10, 2017
Annual Conference

Inside this issue:

2017 Walk for Thought	1
Water Safety	2
BIAVT Services	3
Coping After Brain Injury	4
Donations	5
Walk for Thought	6
WFT & Save the Date	7
Brain Injury Facts	8
Concussion Corner	9
Support Groups	10
Nutrition	11

Heads Up **is a publication of the Brain Injury Association of Vermont which does not necessarily endorse treatments, individuals, or programs which appear herein.**

The Help Line
(toll-free number)
877.856.1772

www.biavt.org
@BrainInjuryVT
facebook.com/BIAVermont

HEADS UP

Hang Loose Team

Walk for Thought

May 20, 2017
Oakledge Park, Burling-

Thank you to everyone for a highly successful Walk for Thought. We continue to have good luck when it comes to weather. There were 250 Walkers on the day of the event, representing close to 500 donors. There were 17 teams and a good time was had by all.

Suzy Finnefrock led a Nia Warm-up—they are stretching their necks not trying to see something that is sideways!

The balloon arch making team(Greg Leroy, Dave King, Steve Kuhn, Kate Ross and Donna Hayes) worked hard to make the start/finish colorful.

It was time to start the walk. Kirsten Wiley and Hannah Deene Wood were very excited and then cut the ribbon with help from Miss Vermont and Miss Teen Vermont.

WFT Continued page 7

Stay Safe in the Water

There is nothing better on a hot summer day than to dip into a pool, lake or a cool mountain stream. It is important to know the dangers that come along with the joy of swimming. According to the Consumer Product Safety Commission, each year more than 3,000 children drown and over 12,000 are hospitalized from a swimming related incident. In fact, drowning is the leading cause of death in children between the ages of one and four.

You may not realize that even if someone is rescued from a near drowning incident, the lack of oxygen while the individual is underwater could result in a brain injury. Non-fatal drowning injuries can cause severe brain damage that could result in long-term health issues including memory and learning problems.. One of the primary causes of brain injuries in water accidents is the impact sustained when a person dives into water that is too shallow for diving and hits their head on the bottom.

Children should always be watched closely when in the water, whether it is a pool or a lake. Lifeguards can't watch your child every moment—the ultimate responsibility is yours.

Everyone should learn to dive safely:

- Never dive into above ground pools, they are too shallow
- If not diving from a diving board, always go in feet first. When using the diving board, always dive with your hands in front of you, and steer immediately up after hitting the water.

If you have a private pool, be prepared:

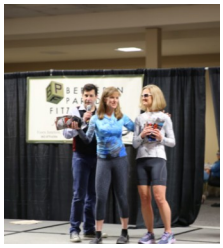
- Take a CPR class
- Keep rescue equipment by the pool.
- Make sure to keep a portable phone programmed with 911 poolside.

Playing in water is one of the most enjoyable activities in the summer, but never sacrifice safety for fun.

Movement Is Medicine

Spring Into Summer Sportswear Fashion Show

to benefit the Brain Injury Association of VT
and the UVM Cancer Center
April 8, 2017, Sheraton, Burlington VT



This event, the brainchild of Kristen Wiley (in the middle above), was really fun and raised funds for 2 worthy causes. Thanks to all the folks who put so much thought and work into this event. There were inspiring presentations, dance and athletic performances, and lots of great active wear was modeled. People went home with great stuff from the silent auction. Plans are being made for the 2018 Movement is Medicine event and it will be better than ever! Stay tuned . You won't want to miss it!

BIAVT Services Offered

People often call the HelpLine and ask just what the BIAVT can do for them. That is usually after it is clarified that BIAVT is a statewide non-profit organization and not part of the State of VT TBI Program.

Referrals & Resources

This is the primary function of the BIAVT. The HelpLine is staffed week-days 9am-4pm to try to help callers find resources that meets their needs. Please leave a message if staff is not available when you call or after hours. Toll free HelpLine 877-856-1772

The Brain Injury Association of Vermont is an affiliate of the Brain Injury Association of America and was founded by Chris Pratt in 1999.

Walk for Thought

This fundraising event for the BIAVT is a chance to socialize in a beautiful outdoor setting with food and prizes.

Support Groups Go to www.biavt.org to find the one closest to you.

Did you know… the first VT Annual Brain Injury Conference was held in 1988 and 25 people attended?!

Annual Brain Injury Conference

Education and networking opportunity for the brain injury community: survivors, families and professionals. 300-400 people attend each year.

Outreach & Education

BIAVT staff work to increase awareness and understanding of brain injury and prevention through schools, business and community presentations. Contact the HelpLine to arrange for a presentation for your organization.

Community Brain Injury Consultant Program

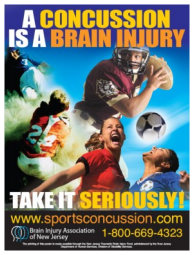
The purpose of the CBIC Program is to increase the independence and quality of life of Vermonters living with brain injuries. CBIC staff assists individuals with an acquired or traumatic brain injury. We work with you and your 'Provider' in setting goals and making informed choices for services and supports that may be helpful in meeting your individual needs. Your 'Provider' may be a VocRehab or VABIR Counselor, a school team AT or nurse, a housing agency, a healthcare provider, etc. What the staff person will provide is consulting with you and your Provider. Any contact after the initial consultation can be done by phone as part of our Helpline service. **Very Important: we do NOT provide (or fund) direct services to individuals with brain injuries.** We work collaboratively with any service providers or case managers who are already providing services to you, as well as family members and other support persons who you wish to be involved.

Legislative Advocacy

BIAVT staff work to improve the quality of life for people living with brain injury while supporting initiatives that help prevent brain injuries.

Concussions

BIAVT staff work with the Concussion Task Force, a committee of the Vermont State TBI Advisory Board, to maintain and update the Concussion Toolkit for schools that is housed on the BIAVT website, www.biavt.org.



Good-by to Kellie

Kellie Martin came to the Brain Injury Association of VT (BIAVT) in 2009 to be the Neuro-Resource Facilitator for Addison, Rutland and Bennington Counties. When that grant came to an end, Kellie became an Options Counselor and worked on a very successful Care Transitions Project at the Southwest Medical Center. During this time Kellie developed expertise in the area of concussion and helped to implement the VT Concussion Legislation. Kellie's vast network of connections in her 'territory' helped countless people get to the resources they needed. Her cheerful demeanor puts all at ease. Kellie, you will be missed!

NH Brain Injury Association's Camp Allen

!

Honor Roll of Donors

Donations

Feb 1, 2017 — June 15, 2017

T.K. Moore
Cynthia & Alan Rubin
Harold W. Sweatt Foundation
on behalf of Aida Reed & Rob Luce
Lorraine Wargo
Michael E. Fanning
Downs, Rachlin & Martin PLLC—grant
IBM Employee Charitable Contribution

Over 500 donors for the WFT!

If we missed you on this list, we apologize.

Please know that your contributions are appreciated.

Thank you all.

The Brain Injury Association of Vermont

Board of Directors

Bob Luce~ President
Marsha Bancroft
Leigh Clark
Pete Daigle
David King
Greg Leroy
Dean Mooney
Kate Ross
Sue Zamecnik, Vice President

Staff

Trevor Squirrell ~ Executive Director

Jess Leal ~ Administrative Assistant
Intake & Referral Specialist

Kellie Martin ~ Community Brain Injury Consultant
Southwestern VT

Barb Winters~ Outreach & Education Coordinator
Community Brain Injury Consultant, I&R Specialist

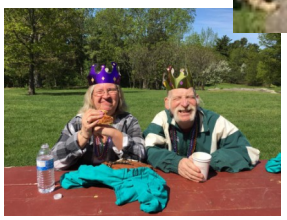
Here are a few ways you can help support BIAVT

- **Become A Member:** membership applications can be downloaded from www.biavt.org or call for one.
- **Honor Someone:** Honor a special person in your life with a donation to BIAVT, or donate in memory of someone special you lost.
- **Leave a Bequest**: Talk with your tax advisor or attorney about how you can support BIAVT in your will.
- **Designate:** If your employer allows you to donate through employee contributions designate BIAVT as your pledge.
- **Donate:** Send BIAVT a check for any amount.
  Or you can donate with a credit card at www.biavt.org.

Your gifts, no matter what the amount, *truly* make an impact.

Deb Tucker-Boyce is back with her **Speedy Sneakers** team.

You can see why they won the prize for best costume!

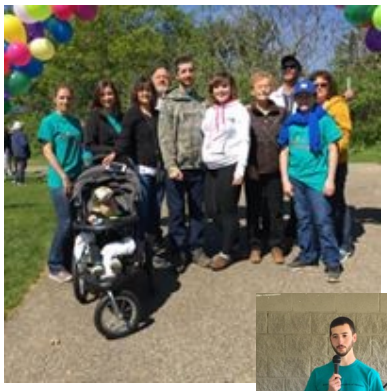


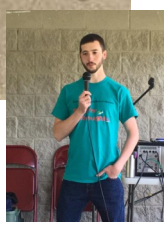
Lori & Mike Hollander

Morways Than 1 team

Stride with PRIDE team

Cioffi Strong team





Zach's Second Chance Team

Zack's grand-mother,
Most experienced

Zack Vincent spoke eloquently to us about how he is getting better every year. "The WFT is a yearly check-in on my progress."

Team Bones was the largest team, by far.

The youngest participant was Nash Crowe-Patenaude, held by his mother Sonja Crowe. They were part of the **Green Mountain Services & Supports** team.

Thanks to all!

Our delicious breakfast and lunch was made possible by:

City Market

Costco

Dunkin Donuts

Feldman's Bagels

Green Mountain Coffee Roasters

Hannafords—Williston

Olive Garden

Papa Franks

Pauline's Café

Price Chopper

Red Hen Bakery

Sodexo-UVM

Trader Joe's

Prizes were donated by:

Cheese & Wine Traders

Green Mountain Coffee Roasters

Montshire Museum of Science

My Little Cupcake

Panera Bread

Stowe Mountain Resort

University Mall- Kohl's

Victory Gardens

Thanks to all the volunteers!

Gold Sponsors

DRM Downs Rachlin Martin PLLC

PRIDE Supports and Services, Inc.

GMSS Green Mountain Support Services

Silver Sponsor

CHOICE Support Services www.choicetbisupportservices.com

Bronze Sponsors

Hyperbaric Vermont HyperbaricVermont.org

Kinney Drugs Foundation

Community Hyperbaric Oxygen Therapy

Supporting Sponsors

Vermont Adaptive Ski & Sports

Robin Hill Farm

Rutland Regional Medical Center An Affiliate of Rutland Regional Health Services

National Life Group

Media Sponsor

The point Independent Radio

Who got the prizes?

Sue DeLong was the high-est individual fundraiser and her mother, Nancy White was 2nd. Sue's team Synapse Storm, was the team who raise the most.

Tammy Leno, Team Bones—Largest Team

Deb Tucker Boyce, Speedy Sneakers—Best Costurme

Sandie Benoit, Hang Loose—2nd highest team fundraising

Thank you to all the individual and team donations and for those who attended the WFT.

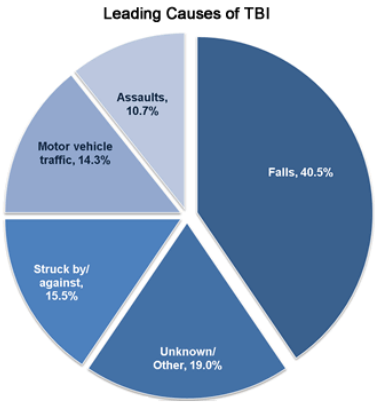
Save the Date: 29th Annual Brain Injury Conference—Tues Oct 10

Due to popular demand, the Conference is returning to the Sheraton Conference Center . Changes have also been made to the conference schedule.
There will be a Survivor/Family track with shorter sessions and more breaks . The other 3 tracks will be 45 minutes to 1 hour each session.
We have some wonderful speak-ers lined up. Guido Mase, Laura Basili, Amy Pruzenski, Luanne Sberna and Gina England are back by popular demand. There will be an Alternatives Therapy Panel discussion.

So, put it on your schedules and watch for the brochure to come in the mail or call to ask

The keynote speaker will be Carole Starr, a survivor from Maine

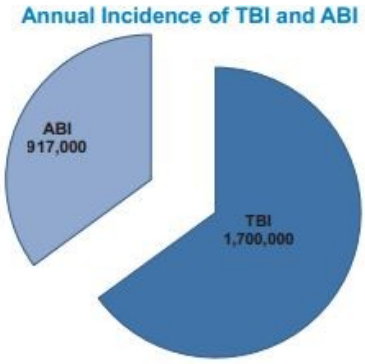
What are the facts?



What are the leading causes of TBI?

- In 2013,[1] falls were the leading cause of TBI. Falls accounted for 47% of all TBI-related ED visits, hospitalizations, and deaths in the United States. Falls disproportionately affect the youngest and oldest age groups:
  - More than half (54%) of TBI-related ED visits hospitalizations, and deaths among children 0 to 14 years were caused by falls.
  - Nearly 4 in 5 (79%) TBI-related ED visits, hospitalizations, and deaths in adults aged 65 and older were caused by falls.
- Being struck by or against an object was the second leading cause of TBI, accounting for about 15% of TBI-related ED visits, hospitalizations, and deaths in the United States in 2013.
  - o Over 1 in 5 (22%) TBI-related ED visits, hospitalizations, and deaths in children less than 15 years of age were caused by being struck by or against an object.
- Among all age groups, motor vehicle crashes were the third overall leading cause of TBI-related ED visits, hospitalizations, and deaths (14%). When looking at just TBI-related deaths, motor vehicle crashes were the third leading cause (19%) in 2013.
- Intentional self-harm was the second leading cause of TBI-related deaths (33%) in 2013.

- Centers for Disease Control and Prevention (CDC)



Note: all data from the CDC is from emergency room and hospitalizations, of brain injury that was caused by an external insult to the brain—TBI. Other brain injuries, such as a stroke, infection or encephalitis, brain cancer, etc. are Acquired Brain Injures (ABI). The CDC data also does not include those who receive care at a federal facility, such as those in the U.S. military or seeking care at a V.A. hospital.

According to the Harborview Injury Prevention & Research Center in Seattle, Washington, there is a crisis of increasing deaths in motor vehicle accidents for the ***first time since 2007.***

The **preventable** causes are:

- driving more miles
- more distracted drivers
- The deaths outside of the vehicle (bikes & pedestrians) has increased
- Children and others are not using seat belts
- Driving while impaired (drugs or alcohol)
- Vehicle speeds inappropriate to conditions

Concussion Corner

The 5th international conference on concussion in Sport was held in Berlin, Germany Oct 2016. The 2017 Concussion in Sport Group (CISG) consensus statement that resulted from that conference built upon principles of previous consensus statements. The experts from around the world who developed the consensus statement acknowledge that the science of sport-related concussion (SRC) is evolving and therefore individual management and return-to-play decisions remain in the realm of clinical judgment. Following are excerpts from the 11 page statement.

The expert panel recognized the fact that there is confusion regarding definition and terminology. "The term concussion, while useful, is imprecise, and ...comparison between studies is problematic." The Berlin panel modified the previous CISG definition: *Sport related concussion is a traumatic brain injury induced by biomechanical forces.* They go on to list the common features that may be utilized in clinically defining the nature of concussive head injury.

The issue of helmet-based measurement devices was also addressed. "*The use of helmet-based or other sensor systems to clinically diagnose or assess SRC cannot be supported at this time*."

Although the statement focus is on return to play, it did make recommendations about return to learn.

Table 2 Graduated return-to-school strategy

Stage	Aim	Activity	Goal of each step
1	Daily activities at home that do not give the child symptoms	Typical activities of the child during the day as long as they do not increase symptoms (eg, reading, texting, screen time). Start with 5–15 min at a time and gradually build up	Gradual return to typical activities
2	School activities	Homework, reading or other cognitive activities outside of the classroom	Increase tolerance to cognitive work
3	Return to school part-time	Gradual introduction of schoolwork. May need to start with a partial school day or with increased breaks during the day	Increase academic activities
4	Return to school full time	Gradually progress school activities until a full day can be tolerated	Return to full academic activities and catch up on missed work

Prescribed rest is one of the most widely used interventions in this population. The basis for recommending physical and cognitive rest is that rest may ease discomfort during the acute recovery period by mitigating post-concussion symptoms and/or that rest may promote recovery by minimizing brain energy demands following concussion.

There is currently insufficient evidence that prescribing complete rest achieves these objectives. After a brief period of rest during the acute phase (24–48 hours) after injury, patients can be encouraged to become gradually and progressively more active while staying below their cognitive and physical symptom-exacerbation thresholds (ie, activity level should not bring on or worsen their symptoms). It is reasonable for athletes to avoid vigorous exertion while they are recovering. The exact amount and duration of rest is not yet well defined in the literature and requires further study.

Owing to differences in modalities, time course, study design and outcomes, it is not possible to define a single 'physiological time window' for SRC recovery. Multiple studies suggest that physiological dysfunction may outlast current clinical measures of recovery, supporting a 'buffer zone' of gradually increasing activity before full contact risk.

There is so much more to read in this Consensus Statement—this is just a sampling of the information. To review/download the full article go to http://bjsm.bmj.com/content/51/11/838

BIAVT Support Groups

Questions about the groups? Call the BIAVT Help Line at **877.856.1772**

Location	When	Where	Facilitators
Burlington Area Evening	**First Wednesday of every month 5:30—7:30 PM**	**Fanny Allen Campus/Hospital Board Room-follow the signs 790 College Parkway (Rte**	**Diane Wheaton Barb Winters**
Burlington Area Daytime	**Last Friday of the month Noon—1**	**Dept of Labor, Conference Room A 63 Pearl St, Burlington**	**Courtney Blasius Jodie Casarico**
Middlebury Area Evening No meetings during summer months	**First Monday of every month 5:00—6:30 PM No meetings May—Sept.**	**Isley Library 75 Main St , Middlebury Conference Room Entrance in back**	**Lisa Bernardin Debbie Tracht**
Montpelier Area Daytime	**Third Thursday of the month 1:30—2:30 PM**	**Unitarian Church Ramp Entrance 130 Main St, Montpelier**	**Kathy Grange Marsha Bancroft**
St Johnsbury Area Daytime VCIL/BIAVT group	**Third Wednesday of every month 1:00—2:30 PM**	**Grace Methodist Church 36 Central St St Johnsbury**	**Tom Younkman**
Rutland Area Daytime Lenny Burke Farm	**First Saturday of the month 2:00—4:00 PM**	**Emmie's Place 212 Main St, Wallingford**	**Emmie Burke**
Waterbury Evening	**Second Wednesday of every month 6:15—7:30 PM**	**Waterbury Library 28 North Main St**	**Maggie Allen**

If anyone is interested in facilitating a support group in your area and can identify a co-facilitator, please contact Barb Winters at the BIAVT office-braininfo1@biavt.org

Note: There are support groups in Lebanon & Littleton NH that Vermonters can and do attend. More details on www.bianh.org (the Brain Injury Association of NH)

"It is so helpful to be in a space with others who understand what it feels like to have a brain injury. Knowing that 'what is said in the group-stays in the group' is important to feel comfortable. I often learn from others in the group." - survivor

Feed Your Body, Feed Your Brain

A healthy diet during the recovery from a brain injury is highly beneficial. Scientists know that deficiencies in certain nutrients and chemicals can cause disruptions in brain functioning and the ability to think clearly. The brain uses calories to function. When someone sustains a brain injury, it is necessary to eat enough nutritional calories to help the brain function efficiently.

Nutritional Tips for Head Injuries

- Eat small meals every three to four hours.
- Keep small baggies of healthy snacks with you during the day to boost your energy, such as nuts, trail mix, apples, cheese, hard-boiled eggs, and energy bars. Ask a member of your family or support group to make these for you and put them in a small cooler to take with you when away from home.
- Balance small meals with a combination of protein, healthy fats and oils, and carbohydrates. Proteins include fish, lean meats, nuts, and eggs. Healthy fats and oils can be found in avocados, seeds, and nuts. Carbohydrates are found in vegetables, fresh fruits, and grains. Avoid eating carbohydrates by themselves if you have blood sugar concerns. Many individuals report that sugar and chocolate increase headaches, so eat sweets sparingly.
- Eat moderately. Do not overeat as it can cause you to feel sleepy.
- Eat by the clock. If your brain/body signals are not working well, set a timer, watch alarm or a mobile phone to alert you that it's time to eat.
- Since weight gain is common following brain injury, this is another reason to stick to a healthy diet.
- Try to eat around the same time every day. The body does best when it is on a routine schedule.

It is very important to eat healthy foods to help the brain function efficiently.

Grocery Shopping and Menu Ideas

Shopping and preparing meals take a lot of energy. The grocery store is a very difficult environment when you have a head injury because of the lights, visual stimulation, and sounds.

- A magnetized notepad posted on the refrigerator is a time saver for writing down the food items to get during your next shopping trip. Photocopy a shopping list that you use regularly and circle the items you need to purchase during your next shopping trip. If you go to the same store each week, plan your list to follow the order of the aisles. For example, fresh foods usually line the walls or periphery of the grocery store, with packaged, canned, and frozen foods in the center aisles. This will help you conserve energy so that you won't have to make trips back and forth across the store.
- If you must go to the grocery store, try to choose a time when it is less crowded and less noisy. In the beginning, enlist the help of neighbors or friends to pick up the items on your shopping list when they are making a trip to the grocery store.
- If you are sensitive to noise and light, wear earplugs or filters and/or tinted glasses when shopping.
- Shop when you are well fed. You will make smarter food choices when you are not starving and your focus and attention will be sharper.
- Develop a list of your favorite fast, easy meal ideas. Keep this posted on your refrigerator or inside a cupboard door for easy access.
- Keep menus simple
- When preparing meals, always make extra to store in the refrigerator for the next day or two, or to put in the freezer. Put portions of foods into plastic or glass containers, and cover them with lids or plastic wrap.
- Throw protein foods out after three days in the refrigerator. **Always practice safe food handling.** Visit www.foodsafety.gov for further information.
- After a brain injury some people lose their sense of smell, and it is very important to be alert to the expiration dates on food.

- www.brainline.org-

BRAIN INJURY ASSOCIATION OF VERMONT

PO Box 482

Waterbury VT 05676

NON PROFIT ORG.
U.S. POSAGE
PAID

Change Service Requested

BRAIN INJURY ASSOCIATION OF VERMONT

Please contact us if you do not wish to receive future newsletters.