SIXTH ISSUE BRAIN INJURY AWARENESS Come Take a Stroll With Us

FEATURES:

Unmasking Brain Injury

Resource Facilitation Topic: Causes of Hearing Loss After

Brain Injury: Muskego Police Department Interview with Ofc. Sartorius

A Dist

Telling of the Tail: Jamie Konrath

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Message from the Executive Director

As the Brain Injury Resource Center of Wisconsin continues to serve the brain injury community, our focus is always on the issues that arise when living life after brain injury. One that is becoming increasingly asked for is the official Brain Injury Resource Center of Wisconsin, **Brain Injury Identification Wallet Card**. Do you have a **Brain Injury Identification Wallet Card**? If not you may want to think again.

As we near the second half of the year and the weather takes a more slippery turn it is reassuring to know that if you are in a situation that requires contact with First Responders you can show them your official card. Emergency responders are trained to look for a medical ID, and your card alerts medical professionals of your TBI.

The holiday season is nearing, after-school activities are gearing up, and everyday situations are just a part of life. How about that social contact situation that gets misinterpreted? Brain injury symptoms such as confusion, poor coordination, or slurred speech are often mistaken as the influence of alcohol or drugs. Your ID card prevents an error in judgment by others from causing you emotional distress or harm.

I'll ask you one more time. **Do you have a Brain Injury Identification Wallet Card?** If not you may want to think again.

Later in the magazine, you will read more about this important component of our Resource Facilitation Program.

Lois York-Lewis

Lois York-Lewis Executive Director and Co-Founder of the Brain Injury Resource Center of Wisconsin, Inc.

Our Mission:

To offer assistance, provide resources, and create a better future through brain injury prevention, education, and advocacy.

BI-INSIDE Magazine Team:

Bari L. Rieth (TBI Survivor, Daughter, Grand-daughter and Wife to Brain Injury Survivors, Board Secretary, Editor and Writer)

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Linda Scherwinski (Mother to a Brain Injury Survivor, Writer and Board of Director for the BIRCofWI)

Michelle Morris (Photographer)





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Your Donation will go a Long Way! THANK YOU!!

In Honor of...

Castellion, Kyle Dudzik, Mark Erickson, Reneé Franke, Rick Fromader, Tony Koenig, Robert Kraemer, Noelle Lee, Grace Marshall, Katie Rieth, Bari** Rieth, Bari** Scherwinski, Micki Schmitt, Mark* Kathleen McGillis Dryna

In Memory of ...

Eckholdt, Vicki Foster, Donna Franke, Rick *** Gebert, Elliot Kasprzak, Loraine Koehler, Loie (Lois Ann) Lozak, Margaret (Peggy) Malueg, Mark Rieth, Bethany* Robinson, Derek*

In memory of Mom, Vicki Eckoldt, who died of a TBI

In memory of Rick Franke Forever in our hearts, The Franke Family * Indicates additional recognition

Participation in Thrivent Choice® Makes a Difference

As eligible Thrivent Financial members direct Choice Dollars® to Brain Injury Resource Center of Wisconsin, Inc. the momentum continues to build. The funds we receive from Thrivent are used to help support our efforts to assist brain injury survivors and families locate needed resources, obtain information, and to further our education awareness and prevention efforts. Thank you to Thrivent and its members who helped make this possible! Together, we can strengthen communities and changes lives.



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UNMASKING BRAIN INJURY

Myeshia Soto

Name: Myeshia (Mask is in memory)

City: Waukesha (Birth Place) Florence, SC (Living at time of accident)

Brain Injury: (Mother/Family Statement) Myeshia was riding in a cart when a car cut off the golf cart. She was thrown and hit her on the road. She suffered a fractured skull and a brain bleed. 9 later on 6/5/2021 at 3:33 a.m. she went home to be with the Lord surrounded by my love, family and friends.



Explanation of Mask: The sunset and ocean is symbolic. The darkness of the ocean shows our deep hurting and emptiness our family feels without her. The bright colors show our anger and pain that this has happened to our sweet girl at only 33 years old.

The butterfly is how she shows herself to us. Harley symbol represents what she loved, her passion. Her motto "Live Free" is how we will live every day to keep her spirit and name alive. Puerto Rican flag because she loved the culture and we plan to spread her ashes there on her birthday.

On Saturday August 28th we took part in a fundraiser in memory of Myeshia. Unfortunately the weather did not cooperate with us and due to the extreme heat and rain we were unable to display this mask at the event.

After the big downpour it turned out to be a lovely day, which we think was Myeshia's spirit, because it sounds like from everything that has been shared with us that she was a wonderful person and even though the start of the fundraiser was rainy, we are glad that the rain eventually cleared.



Memorial Rider Starting at The Blue Ribborn 788 Med 94 And Medical Ends at The Destination 2008 Medical And Andrews

In Memory of: Myeshia Soto August 28, 2021 | 10230 mm.

www.bireofwi.org

\$20.00 if paid before 8/22/2021 Not attending the ride, pay \$15.00 at The Distingtion or \$20.00 the day of.





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Lois M. York-Lewis

Many unknown conditions can occur after a brain injury. Each is a shocking reality for many survivors and families.

Talking to clients seeking our Resource Facilitation service has brought our current topic to the forefront.

We are under the impression that hearing loss is caused by damage to the ear and/or the ear structure. However, further research has provided a glimpse into this unforeseen and devastating consequence.

There are two primary ways (Mechanical and Neurological) that hearing problems can arise after a head injury or concussion as written in an article by Flintrehab.com. Mechanical damage (the ear) Any injury that affects the mechanical process of hearing means that the ear will not transmit sound to the brain.

The ear has three main sections: the outer, middle, and inner ear. Each section serves a distinct purpose in hearing.

National Center for Biotechnology Information (nih.gov) indicates another little heard of cause known as **Neurogenic heterotopic ossification (NHO)**. NHO is a disorder of aberrant bone formation affecting one in five individuals sustaining a spinal cord injury or **traumatic brain injury**.

For reasons researchers still don't fully understand, **brain injury can trigger abnormal bone growth throughout the body, including in**

Resource Facilitation Spotlight Topic

When the Brain can't hear: Causes of Hearing Loss After Brain Injury

the ear. This affects the auditory ossicles.

The purpose of the auditory ossicles (also called the ossicular chain) is to transmit sound via a chain reaction of vibrations that connects the eardrum to the inner ear and cochlea. Once the vibrations reach the cochlea, a hollow, snail-like chamber filled with fluid, they are translated into nerve impulses which the brain interprets as sound.

Neurological damage

(the brain and brain stem) When parts of the brain that process hearing become damaged or disrupted, the brain can no longer process sound.

Even if the ear itself functions properly, an individua can still experience hearing problems or loss.

Let's examine the brain stem further to truly understand what part it plays in hearing and hearing loss and lumenlearning.com provides the following example:

pons: Contains nuclei that relay signals from the forebrain to the cerebellum, along with nuclei that deal primarily with sleep, respiration, swallowing, bladder control, *hearing*, equilibrium, taste, eye movement, facial expressions, facial sensation, and posture.

midbrain: Associated with vision, *hearing*, motor control, sleep and wake cycles, alertness, and temperature regulation.

medulla: The lower half of the brainstem that contains the cardiac, respiratory, vomiting, and vasomotor centers and regulates autonomic, involuntary functions such as breathing, heart rate, and blood pressure.

Central Hearing Loss can develop after damage has occurred to the hearing pathways that reside in



the *brain stem*, because the brain stem is responsible for receiving and transferring signals, including sound, to the rest of the brain. *Damage to the brain stem can disrupt this process and thus lead to hearing loss*.

With all this information the next question is, "What can be done?" Below are common treatment options for hearing loss available to brain injury patients.

- Surgical procedures to remove bone growth and repair your eardrum
- Hearing aids to boost your hearing. For people with profound hearing loss, high power

Resource Facilitation Spotlight Topic

When the Brain can't hear: Causes of Hearing Loss After Brain Injury (Continued)

hearing aids or bone-anchored hearing devices.

- Cochlear implants that bypass damaged parts of your inner ear and directly stimulate the auditory nerve.
- An *auditory brainstem implant* provides hearing to people with hearing loss who can't benefit from a hearing aid or cochlear implant (mayoclinic.org). The auditory brainstem implant directly

stimulates the hearing pathways in the brain stem, by passing the inner ear and hearing nerve. For those with neurological hearing problems, some training programs such as **auditorv** discrimination training and *interhemispheric* transfer training can activate your brain's neuroplasticity and teach you how to process sounds again. Valuable information about this topic is found by searching the information from the American Speech-Language-Hearing Association (ASHA) whose goal is to make

effective communication, a human right, accessible and achievable for all.

There is no one answer that works for all solutions to this condition. Once the cause has been determined and diagnosed it is wise to talk to your audiologist for more information on treatments for hearing loss.

2021 Brain Injury Resource Center of WI Annual Summer Picnic Recap

July 10, 2021 marked the date for the Annual Summer Picnic. The day turned out to be a beautiful summer day full of Sunshine, laughter, games and great food!

The picnic was held at Blue Lotus Farm & Retreat near West Bend, WI. This is a lovely country setting with plenty of room to move around and enjoy all that nature has to offer!

There are beautiful flowers through-out the grounds, the lawns are well kept and there is a great variety of activities to please everyone. There was plenty of bird watching and lots of butterflies, if you just want to sit and enjoy your surroundings. The Unmasking Brain Injury masks were on display for all to see. If you have not checked out this display, please do so at the next opportunity you have.

Also, if you are a TBI survivor and have not yet decorated a mask, please check with Lois from the BIRC office to get your kit.

This is a great opportunity to express your brain injury in art.

The afternoon started out with some time to catch up and visit with brain injury survivors and caretakers of whom we have not seen in a long time. Even though we did hold our picnic in 2020there were many who were not comfortable being out in a public



Linda Scherwinski

setting due to the Covid-19 pandemic.

It is always great to see everyone and equally as great to meet some new friends.

We had a wonderful meal that, once again was donated from Texas Roadhouse of West Bend. They are generous with their donations and only ask that we spread the word of their generosity and stop and enjoy a meal at their establishments.

2021 Brain Injury Resource Center of WI Annual Summer Picnic Recap (continued)

After lunch, there was a team scavenger hunt planned. It was a great opportunity for everyone participating to get outside and enjoy the great weather and see the grounds.

It always brings out the competitive side of our participants! After the Scavenger hunt most of us gathered back inside to participate in a lively Bingo game.

There were many great prizes to choose from and no one left empty handed!

We would like to thank Angie and Katie Marshal for all of the wonderful prizes that they provided and gathered for our picnic. Some prizes were donated by venders, but most were donated by Angie and Katie.

This generosity adds a special touch to the day. Thank You!

We had a few participants who were able to enjoy the beautiful in-ground swimming pool that is offered by Blue Lotus. The weather was a cooler than average July day, but not too cool to keep the swimmers away!

Blue Lotus also offered us use of a few different types of boats and kayaks by the pond. Usually, we have a few brave souls out paddling or kayaking in the pond.

They also offered us use of the fishing poles. I don't think we had anyone fishing this year, but there is always next year! years picnic. We will try to get a date and place set up as soon as possible so you can mark your calendar early!!

I think our only complaint of the day was the parking issue. Blue Lotus has limited parking near the pavilion, where our lunch was served.

They do not want cars parked that close to where people are walking around.

With this being said, I would like to hear from those of you who may have been impacted or inconvenienced by the parking situation. We would like to continue to use this facility but if it is going to be a problem, we can look for alternatives.

If this is going to be an issue that would prevent your participation-

what would you like to see as an alternative?

- Have a volunteer shuttle participants to and from the parking area
- Have someone who can shuttle vehicles back & forth

l don't want to see anyone be inconvenienced- lets come up with a solution!!

Please email me with your suggestions or concerns.

Linda Scherwinski

BIRC Board Member/ Picnic Planner

schergang@gmail.com

(262) 388-9979 cell phone



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Watch for updates on next

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Bari L. Rieth

For a police officer, working with the general public can be a challenge at times. Throw a brain injury into the mix and you're now facing an entirely new set of challenges.

Brain injury survivors are like everyday people and most of us present as if nothing is wrong.

I, Bari L. Rieth, am a severe traumatic brain injury survivor of 16 years and to an average person you would not think I had a brain injury; let alone a severe one at that. I walk, talk, and act like an average person, but it's not until you look at an MRI that you will see the damage my brain sustained.

Not all injuries are visible. An MRI can show damage, but you don't see the cognitive consequences the survivor deals with. I recently had the opportunity to speak with Community Resource Officer, Jeff Sartorius, of the Muskego Police Department.

He provided me with some insight into the world of being a police officer, the

Brain Injury: Muskego Police Department Interview with Officer Jeff Sartorius

training they receive (sometimes the lack thereof), and even shared with me some rather interesting information.

Officer Sartorius admitted that while he has received training in regards to dealing with subjects suffering from mental illness, he has not received any training specifically pertaining to people who have suffered or who he suspects may have suffered a traumatic brain injury. During the interview he stated, "Within the past year, I was able to attend a week-long training sponsored by NAMI, the National Alliance on Mental Illness...while excellent training, this did not include learning how to specifically work with individuals who have suffered from a brain injury."

NAMI training is great to have when dealing with subjects who suffer from a mental illness, but brain injury and mental illness are completely different diagnosis and this indicates a lack of information for police officers and a bridge that needs to be gaped.

According to an article published by the Wisconsin Department of Justice titled *Law Enforcement Training Academy Expands* (November 30th, 2015), "Community Resources has been folded into Crisis Management and information on Traumatic Brain Injury, and Post Traumatic Stress Disorder has been added to the Crisis Management course."

Brain injuries are not uncommon and not unknown to Officer Sartorius, as his "father suffered a traumatic brain injury my senior year of high school," which he disclosed during the interview. His father was lucky in the way that he made a remarkable recovery, however still suffers from some short-term memory loss.

While not uncommon, most officers have not dealt with individuals who have suffered from brain injuries, or at least not to their knowledge. Therefore, the Brain Injury Resource Center of Wisconsin, Inc. feels there needs to be an introduction to and then recurrent training on brain injury for all police officers regardless of their job experience levels, preferably beginning in the academies.

One initiative that we are promoting is the brain injury identification card, which when provided to officers, will allow them to immediately identify a person who has suffered a brain injury. As we issue these cards, we are telling every brain injury survivor who obtains one to present this identification card to the law enforcement official they come in contact with.

Brain Injury: Muskego Police Department

Interview with Officer Jeff Sartorius (continued)

BRAIN INJURY IDENTIFICATION CARD

Apply for a Brain Injury Wallet Card – You will be required to complete a resource facilitation form as part of the application process.

All information you provide will be used to help Brain Injury Resource Center of Wisconsin build a better picture of brain injury in Wisconsin. Data will be stored securely and confidentially in accordance with data protection laws. Each card is personalized, helping the card holder to explain the effects of their brain injury and request any support they may need.

The following items are required prior to issuance of the Brain Injury Wallet Card:

1) A passport style photo of yourself, ready to upload to the form. Please ensure:

- **D** The photo is in color
- **D** The photo is clear and in focus
- **D** The photo is without any creases or tears
- **D** You are facing forward and looking straight at the camera
- **D** Sunglasses are not worn (prescription glasses are permitted)
- **D** You do not have a head covering (unless it's for religious or medical reasons)
- **D** No other persons may be shown in the photograph
- **D** A plain background or an unidentifiable location in the background is required
- **D** No animals may be in the picture
- D Smiles are preferred, but not required

2) Verification of your brain injury – our Resource Facilitation Specialists will assist you with this verification

Example of Card



Please visit https://www.bircofwi.org/brain-injury-identification-card/ for more information.

TBI Locked Up How is life for a survivor when they are in jail

When individuals with brain injury are sentence to serve time in jail or prison, this can result in serious challenges for both the individual and the institutions in which they are placed.

Due to the great diversity of problems that brain injury survivors can face, each situation has to be addressed individually. However, the history including brain injury. If correction system is generally not sensitive to individual needs unless there is an advocate working on the individual's behalf.

For example attorneys and family members can make courts aware of an individual's special needs, due to language, cognitive, emotional or behavioral problems. Brain injury survivors are at risk to be targeted by other inmates in corrections systems due to their recognizable physical deficits, language problems, and unusual behavior.

They may need special placement, although some may be able to reside safely in the general population.

In Wisconsin, there are provisions made to process inmates into the state prison system, or Department of Corrections (DOC). After being sentenced, individuals typically go to Dodge Correctional Institution (DCI) first, and then are staffed to a different institution in accordance with their security level.

The mechanisms in place for

helping the Wisconsin Department of Corrections evaluate the needs of individual inmates is as follows.

All male inmates are screened by medical and mental health staff upon arrival at DCI. Female inmates go through intake at Taycheedah Correctional Institute (TCI). They are asked about medical and mental health substantial history is reported, the inmate is often asked to sign a release of information allowing DOC staff to obtain past medical and/or mental health records.

·Specialized medical and mental health units exist within different prisons across the state. For example:

- The Transitional Treatment Center (TTC) Program at Oshkosh Correctional Institute assists inmates with diagnosed disabilities in transitioning from specialized institutions to general population.

- The Behavioral Health Unit (BHU) at Waupun Correctional Institute provides a safe and secure housing location to inmates with a clinical diagnosis. Having a special housing unit increases the efficiency of providing treatment and monitoring to these individuals.

- Individuals requiring 24-hour or sub-acute nursing care are placed within the Infirmary Unit at DCI. If the injury is sustained while in custody at another prison, inmates will generally be seen at a community hospital and



Dr. Nathan Glassman

then transferred to DCI Infirmary if necessary.

·Security, medical, and mental health staff can identify concerns about an inmates functioning at any time and recommend a medical and/or mental health evaluation to assess the need for specialized placement within Wisconsin DOC.

This article was written by Dr. Nathan Glassman with substantial assistance from Nicole Mathy, Psy.D., Postdoctoral Resident at **Glassman Neuropsychology** Associates LLC.



Child development covers the

Cognition – the ability to learn

masters over their life span including

full scope of skills that a child

and problem solve.

Social interaction and

emotional regulation -

mastering self-control.

Speech and Language -

language, reading and

communicating.

understanding and using

interacting with others and

development in:

Child Development and Brain Injury

> Physical skills – fine motor (finger) skills and gross motor (whole body) skills Sensory awareness – the registration of sensory information for use.

One of the most well-known researchers in Child Development is Piaget. Piaget focused on Cognitive development and the stages children typically go through as they learn new skills. Other researchers have turned their focus to the impact of social interaction and impact of the environment on Piaget's cognitive stages.

Overall researchers agree that children grow and learn in the areas of cognition, social interactions, speech, language, and physically using their senses, experiences, interactions and previous skills.These stages of growth have a relatively normal range of development.

The CDC has child development milestones from birth to age 5 years old in each of the above areas of learning. Each milestone page also includes areas of concern to share with your doctor.

https://www.cdc.gov/ncbddd/ actearly/milestones/index.html

	1 mo	2 me	4 me	6 mo	9 ma	1 year	2 years	3 years	4 years	5 years	6-12 years	22+years
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The Children's Health Orange County (CHOC) has a wonderful collection of "age & stages" information for children from birth to 18 years old. This can give parents good information on development, skills to work on and areas of concern to talk to their doctor/therapists about.

https://www.choc.org/primarycare/ages-stages/

A child with brain injury might develop some skills late or lose some skills previously learned. Using these milestone and age/stage informational tools can help parents with understanding progress, expectations and facilitate conversations with doctors and therapists.

On the page above you will find a chart that shows developmental skills across ages 0-12 years.

TBI and new brain research

A wonderful resource for traumatic brain injury comes from msktc.org. The section on traumatic brain injury has many articles and resources.

https://msktc.org/tbi/factsheets/ Understanding-TBI/What Happens-During-Injury-And-In-Early-Stages-Of-Recovery

They explain neuroplasticity on their factsheet this way. "The brain is a dynamic organ that has a natural ability to adapt and change with time. Even after it has been injured, the brain changes by setting up new connections between neurons that carry the messages within our brains. We now know the brain can create new neurons in

Child Development and Brain Injury

(continued)

some parts of the brain, although the extent and purpose of this is still uncertain. Plasticity of the brain occurs at every stage of development throughout the life cycle. Plasticity is more likely to occur when there is stimulation of the neural system, meaning that the brain must be active to adapt. Changes do not occur without exposure to a stimulating environment that prompts the brain to work. These changes do **not occur quickly.** That is one of the reasons that recovery goes on for months and sometimes years

Every child is born with a staggering 100 billion neurons in their brain. That is a galaxy worth of nerve cells ready to start exchanging electrical impulses and volume of damage. Future creating neural pathways.

following TBI."

In the case of brain injury, the more specific the skill is that a person practices, the more likely they are to recover. To maximize the brain's ability to adapt or rewire itself, research shows that getting access to intervention as early as possible will give a child the best chance of learning, regardless of the condition or diagnosis.

Here is a good resource about child brain development from Harvard University - Center for Child Development. It has a short explanation and a video.https://developingchild. harvard.edu/resources/inbriefscience-of-ecd/

In the book titled: Translational Research in Traumatic Brain Injury, the conclusion for Chapter 8 on neuroplasticity states must be very specific to induce "The recovery process after traumatic brain injury is long, but

with emerging evidence for neuroplasticity, the prospects for recovery are no longer so grim. The exact mechanism remains unknown, however, many hypotheses are currently being investigated.

Many potential therapeutic opportunities are being explored to target known changes with neuroplasticity, from differential gene expression and cellular proliferation to the upregulation of synaptic proteins and junctions for new network connections, to the modulation of inflammatory reactions and the recruitment of immune cells to limit the size and therapies may find benefit in targeting multiple mechanisms of recovery and as such, stem cell therapies or a combination of different pharmacologic therapies are of utmost interest and currently under heavy investigation."

Researchers Kleim and Jones have outlined ten principles that are proven to facilitate neuroplasticity in the therapy environment:

1.Use it or lose it: Children who do not regularly use and practice a skill can lose these skills and the brain function dedicated to these skills.

2.Use it and improve it: Training or specific practice will enhance a function.

3.Specificity: Practice of each skill plasticity. For example: to learn to walk, the child must specifically

Childhood Development and Brain Injury

(continued)

practice walking, not just general movement skills.

4.Repetition matters: Sufficient repetition is required to induce plasticity, refinement of the skill and memory for how to perform the skill.

5.Intensity matters: Practicing skills must occur regularly to induce plasticity. The frequency of the skill practiced is very important for infants, who tire easily.

6.Time matters: Different forms of plasticity occur during different stages of the learning. For example, learning new knowledge about a task, refining execution and making the skill automatic so you can execute without even thinking about it

7.Motivation matters: If the tasks are motivating for the child more plasticity occurs.

8.Age matters: Plasticity occurs more readily in younger brains, as the younger brain is more open to possibilities.

9.Transference: Practicing skills should occur in multiple environments, so that the child can learn to execute the task without you being present or with competing demands.

10.Interference: Plasticity can be for good or bad. For example: if you have a bad habit it is hard to unlearn. It takes time and dedication to learn a new alternative habit.

Kleim, J. A., Jones, T. A. (2008). Principles of Experience-Dependent Neural Plasticity: Implications for Rehabilitation After Brain Damage. Journal of Speech, Language, and Hearing Research, Vol. 51, S225–S239, February 2008

How parents can maximize their child's neuroplasticity

Parents are the most important influence on a child's development. Relationships are the foundation of a child's development, along with nutrition, health, community, physical activity, stimulation and play. Here are some actions you can take today to advocate on your child's behalf:

1.Speak to your therapist about implementing the principles of neuroplasticity into your child's therapy program.

2.Consider ways to increase how often your child practices skills through everyday activities.

3.Focus on your child's

strengths and motivations.

Research shows that motivation is critical to practicing and learning a task.

4.Get involved and partner with your therapy team so you can problem solve together and actively participate in your child's intervention.

Development happens. Development occurs across many domains: cognition, social interaction and emotional regulation, speech and language, physical fine motor and gross motor skills as well as sensory awareness. Anyone with a traumatic brain injury may have strengths and weakness in any or all of these areas.New research continues to find that neuropathways in the brain can make new connections and skills can be developed.As an adoptive parent, foster parent, or natural born parent, you are the most important influence on the child in your care.Everyone has strengths and weaknesses. The child with TBI does too.Focus on the strengths, find strategies for the weaknesses and practice skills so the brain can make new connections: Be creative! Be encouraging!

This content was taken from a newsflash sent by Sit and Be Fit ®

Written by: Mary Ann Wilson, RN

Get lt Out

Begin by finding music that relaxes, energizes, or lifts your spirits. If you have headphones or ear pods, use them.



Turn your phone ringer off to avoid interruptions.

Begin seated with good upright posture. Plant your feet firmly on the floor. Spend approximately one minute on each exercise.

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Breathe it out...

If you have COPD or asthma, modify step 2 of this exercise by exhaling softly through pursed-lips and lengthening the out-breath. Avoid exhaling in short forceful bursts as described in Step 2.

1. Place your hands on your abdomen.

2. Inhale deeply through the nose and into the abdomen. The hands should feel the abdomen expanding like an imaginary balloon.

Pat it out...

1. Close your eyes.

2. Cross your wrists at the center of your chest so your palms are resting on your chest just inside the shoulder joints (as if you are giving yourself a hug).

3. Begin quickly patting the chest with your palms.

4. Continue patting as you inhale through the nose and exhale (either through the nose or mouth) while making a humming sound deep in your throat.
5. Continue patting as you repeat the inhaling and exhaling instructions several times.

Tap it out...

1. Using the fingertips of both hands in unison, begin by quickly tapping your forehead for several seconds. Tap firmly but not so firmly that it causes discomfort. 2. Move toward the cheeks and continue tapping in the same way. 3. Progress to the chin and then to the areas around the mouth and ears.

4. Finish by tapping on the sides of the head, back of the head, crown of the head, and down the back of the neck.

Shake it out...

 This exercise is just like the part of the hokey pokey dance where you, "shake it all about"
 GENTLY shake your hands.
 Don't force the movement. Keep the joints loose and relax the muscles.

3. Then GENTLY shake your arms and shoulders.

4. Finish by GENTLY shaking your whole body.

Nod it out...

1 Quickly nod your head up and down as if you are saying "yes". Keep the range of motion small by paying attention to the nose. It should move no more than one-inch between the up and down movement. *Hint: Relax the neck muscles and try to find a natural rhythm. Don't force the movements.

2. Using the same principles, shake your head side to side as if saying "no". Remember to keep the movement small with the nose moving no more than

*Continued

one-inch from side to side.

Bounce it out...

1. If you're comfortable standing, rest your hands lightly on a surface for balance. If you are doing the exercise from a seated position, come to the front edge of your chair with your feet flat on the floor and hands resting on your thighs. From either position, start by getting yourself into good postural alignment.

2. Gently bounce on your heels in a quick rhythmic pattern. The movement should be small with the heels barely lifting off the floor. Try to feel the vibrations created by the heels bouncing. If you are standing, see if you can feel that vibration move up the body all the way through the top of the head.

3. Keep bouncing for a full minute or as long as tolerated.

This 6-minute routine is a nice way to start the day. It also makes for a perfect mid-day energy boost!

For more information please visit: www.sitandbefit.org



Telling of the Tale: Jamie Konrath Written By: Bari L. Rieth

It was January of 2005 and there were no adverse driving conditions and nothing appeared to be wrong to make her swerve and drive off the road. This maneuver proves to be fatal for some, but not all.

Jamie Konrath finished coaching a girls volley ball team and was on her way back to campus at Wisconsin Whitewater. What happened next will remain a mystery as no one has reported seeing the events that took place.

All we know is that Jamie's car swerved off the side of the road. This would lead to being unconscious for eight days, which would ultimately lead to a five-month hospital stay. During this five-month hospital stay Jamie's family would learn one of the consequences of this accident would be sustaining a traumatic brain injury.Another consequence that they would learn about is that she developed ataxia.

According to the Mayo Clinic, ataxia is the lack of muscle control or coordination of voluntary movements, such as walking or picking up objects. (2021) In addition to this Jamie's body was unresponsive and not communicating.

Her medical team made the decision to put her in an ice bath to hopefully elicit a response, but they received none. Going from this unresponsive state to being able to communicate and participate in life has been a struggle for Jamie. Despite her struggles; Jamie is doing well, but another consequence is not having a good short-term memory.

She has compensated for this by writing down important thing she needs to remember.

Besides for being in a wheel chair, she is still able to go out and get around. Jamie takes pride in knowing that she has gotten the "younger generation" to better understand that people in wheel chairs are not, in her own words, "stupid and do not stare at them."

Life may not be how it once was, but Jamie knows how to turn lemons into lemonade and make the most of each situation.



Jamie holds Roseali Rieth for a photo. Before Jamie's accident she wanted to be a physicians assistance for a pediatrician.



Jamie's unmasking brain injury mask.

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Watch your mail/email for more information on upcoming events! If you are not on our mailing list, complete the information below to get started!

Contacts First Name:	Contacts Last Nar	Contacts Last Name:			
Mailing Address:					
City:	State:	Zip Code:			
Cell # (including area code):					
Home # (including area code):					
(Choose One) Call me on this phone i	in case of cancellation:		НОМЕ		
Email:					



2021 Studio Session

MAIL-IN REGISTRATION FORM

Only One Person Per Form

Contacts First Name:	Contacts Last Nan	Contacts Last Name:			
Mailing Address:	I				
City:	State:	Zip Code:			
Cell # (including area code):	Email:				

Class Session(s) Selected (Class is limited to 8 participants per session - register early!)

September 8 (1:00 p.m. - 4:00 p.m.) - Electrical Tape Collage

October 13 (1:00 p.m. - 4:00 p.m.) - Olive Bottle Project

_____November 17 (1:00 p.m. - 4:00 p.m.) - Christmas Gnome Door Stop

\$10.00 per session to cover the cost of materials (Checks Payable to BIRCofWI)

Total Number of Sessions Attending:_____

Total Payment Enclosed \$_____

Mail completed forms and payment to Brain Injury Resource Center of Wisconsin, Inc. (BIRCofWI)

Attn: Craft Session Coordinator 511 N. Grand Ave. Waukesha, WI 53186-4916