BIRC OF WI BULLETIN



BRAIN INJURY RESOURCE CENTER of Wisconsin

Introduction

Our headquarters may be in southeastern Wisconsin, but our hearts, hands, and help are statewide.

The Brain Injury Resource Center of Wisconsin is a 501(c)(3) non-profit organization whose mission is to ensure that the highest quality programs and services are available to the brain injury community. We are here to offer assistance and provide education and information to people in Wisconsin who are living with the consequences of brain injury or are touched by brain injury in some way. Our main goal is to provide a "onestop shop" for those recovering from and/or living with a brain injury.

The Brain Injury Resource Center of Wisconsin would like to offer you a voice, to lend support (wherever possible), to provide hope, and most importantly just be there when you need us. No one should ever feel as if they are alone during their recovery and after. It is the Brain Injury Resource Center of Wisconsin's overall goal to make sure that does not happen.

Save the Date!

BIRC of WI Picnic-Dance

September 10, 2011 11:00 a.m. – 4:00 p.m.

Veterans Memorial Park Register by sending an email to <u>admin@bircofwi.org</u> or by calling (262) 770-4882

BIRC of WI Rummage Sale/Fundraiser October 15, 2011

9:00 a.m. – 5:00 p.m. Check our website for location and other information.

www.bircofwi.org

BIRC of WI Grand Opening Check our website (www.bircofwi.org) for more details as they become available.

Our Goal

This 501c3 non-profit organization was founded by a mother daughter team, which is comprised of Lois York-Lewis and Bari York, because they saw first hand the need to help survivors of brain injury. This need

was realized in 2005 after Bari sustained a severe traumatic brain injury. There was a lot of confusion

during the "what-now" phase of brain injury. Confusion can be a part of the aftermath of brain injury, and

the Brain Injury Resource Center of Wisconsin wants to make sure this confusion is non existent. Living, loving, and encouraging a survivor of brain injury for the past several years has not only shown us how hard it is to find answers, but how difficult it can be to get someone to really care about the little issues that occur after the fact. Keeping a silent

voice, ignoring it, denying the condition, or hoping it will all go away some day isn't the answer and unfortunately not always the reality.



Programs and Services: A host of free programs and services for survivors and their loved ones (A Brief Overview)



Tote Bag Program

As a complement to our Resource Facilitation Service every family experiencing a moderate or severe traumatic brain injury (TBI) will be provided a tote bag so that extended families have the necessities and basic information they need.

Peer Mentoring

One-on-one support between an individual new to brain injury (peer) and with another individual (mentor) who has been living with brain injury, is a family member of a person who sustained a brain injury, or is a support person of someone living with a brain injury.

Speakers Bureau

Comprised of brain injury survivors, family members, and individuals who have professional careers and/or experience with brain injury. These speakers provide information about brain injury through personal stories and raising awareness to overcome barriers by enlightening the community, educators and students, health care professionals, civic groups, law enforcement and more.

Friendship Networks

These gatherings are intended for survivors who are looking for and are ready to start new friendships. This is a gathering of survivors "Just Like Me" who no longer feel that a conventional support group fits their individual circumstance. Resource Facilitation is a free monthly telephone service intended to assist the survivor/family to facilitate resources such as information about accessing programs, services, and resources in the community and from the state.



Education and Training

Provides information into the world of brain injury and increases awareness of brain injury for the community, employers, educators, law enforcement, and more.

Volunteers Program

Volunteers are by far one of the greatest assets to any organization and by demonstrating volunteerism this truly touches almost every aspect of our organization. It is the gift of time and talent that allows this nonprofit to not only exists but to flourish.

Support Groups Networks

Support Groups are not only for counseling and support, but also for socializing, information, and sharing.



For more information visit our website at www.bircofwi.org

TBI: Two-Year Myth: A Father's Experience With Brain Injury Editorial Contributor: Brian Johanson

There is no denying that a person who has acquired a Traumatic Brain Injury (TBI) will have a long road to recovery. The recovery won't be measured in days like after a small scrape, or weeks like after a broken bone, not even months like after a major surgery, but years.

It will take many years, perhaps a lifetime, to recover from a TBI. But as ominous as that sounds, that is actually good news.

For years, the medical community has told families of TBI survivors that whatever recovery they achieved within the first two years is all they will ever see. Don't believe it because it isn't true.

We heard that a lot in the hospital after our daughter Kaitlyn suffered a TBI in 2007, but we didn't accept it. While it may be true that the most dramatic and obvious improvements happen during the first two years, that doesn't mean that improvements will end.

First of all, it makes no sense. You will continue to learn new things from the day you are born until the day you die.

Your cognitive map will continue to grow as long as you learn new skills and try new things. Why should a TBI stop that?

Your brain has an amazing adaptability called neuroplasticity. According to medcinenet.com: "Neuroplasticity is the brain's ability to reorganize itself by forming new neural connections throughout life.

Neuroplasticity allows neurons (nerve cells) in the brain to compensate for injury and disease and to adjust their activities in response to new situations or to changes in their environment. The brain compensates for damage in effect by reorganizing and forming new connections between intact neurons.

In order to reconnect, the neurons need to be stimulated through activity." The last part of this definition is key that the brain needs to be stimulated through activity.

Relearning old skills, learning new skills, in addition to mental and physical exercise may be the key to brain rehab. Since our daughter's TBI, we have met many other survivors of TBI and their families.

Many if not all of whom busted this myth. Recent research seems to agree. An article published in February 2011 Journal of Neurotrauma: *A Survey of Very Long Term Outcomes after Traumatic Brain Injury* states that "recovery after TBI is a dynamic process, and that outcomes continue to improve for the majority of individuals the longer they survive." Perhaps the medical community is beginning to come around and the two-year myth will begin to fade away. I hope it does because I fear that if the "two-year is all you're going to get" myth is perpetuated (and people continue to believe it) that it may become self-fulfilling.

If someone with a TBI leaves rehab in a wheelchair and they are told that they will never talk again—and they believe it—they may not even try. The message to survivors and families of a TBI is that if someone tells you about the two-year window, just ignore them. If no one out there is giving you hope for continuous recovery past the first two years, then create your own hope.

You don't need someone else's permission to have hope. Then go out and use the rest of your life to improve, grow, and reach your goals. For more information on Neuroplasticity read *The Brain That Changes Itself* by Norman Diodge M.D.



Brian Johanson is a father of a brain injury survivor and a Board Member for the BIRC of WI.

Diagnostic Testing: What you need to know Editorial Contributors: Jeffrey M. Barczynski Jr. and Bari L. York

The four most common diagnostic tests that are associated with brain injury are CT scan (Computerized Tomography, CAT scan and CT), PET Scan (Positron Emission Tomography), MRI (Magnetic Resonance Image), and X-ray. In order to receive the most accurate information and correct diagnosis two or even all of these imaging techniques should be employed. The following information gives you a look into each one of these different diagnostic tests.

- CT scan is best for viewing hard structures, such as bones and the skeletal structure, in 3D.
- MRI is best for viewing soft tissues, such as organs, veins, and tendons.
- PET Scan is best for viewing chemical activity and functions of the organs. A PET Scan is only done if the damage is not clearly present.
- X-Ray is best for viewing hard structures, such as bones and the skeletal structure, not in 3D, not recommended for taking images of the brain, but can be used to look at the skull and identify fractures or anything that could have penetrated the brain etc...

Definitions:

CT Scan: multiple x-rays taken from different angles to produce cross-sectional images of bones and soft tissues inside your body. This scan is well suited to quickly examine those who may have internal injuries from car accidents or other types of trauma. With the help of contrasted material, a CT scan can visualize the brain.

PET Scan: a diagnostic test used to show how your tissues and organs are functioning. PET scans have been proven useful when evaluating neurological problems and more. Images from recent CT scan and MRI's can be compared or combined with PET scan images. Certain hospitals have the capability to take a CT and a PET scan at the same time.

MRI: has the ability to "look through" bone and to delineate fluid-filled soft tissue in great detail and produce images of organs and vessels in motion. The MRI produces a magnetic field that temporarily aligns the water molecules in a person's body. Radio waves are responsible for this reaction.

X-Ray: Single image used to see if the organ being looked at is moving and functioning correctly.

Negatives:

- A common trait of the CT Scan, PET Scan and X-Ray is they all expose a person to radiation.
- All four of these tests are not recommended to have done while a female is pregnant.
- An MRI exposes a person to a very strong magnetic field therefore metal objects cannot be in the MRI.

Positives:

- According to Stanford Medicine¹ "the combined PET/CT machine allows physicians to rapidly perform both scans in one session without having to move the patient."
- CT Scan: diagnoses intracranial lesions and abnormalities, to monitor surgery, radiation therapy or chemotherapy.
- PET Scan: examines chemical activity.
- MRI: helps to diagnose intracranial lesions, spinal lesions and soft tissue abnormalities.
- X-Ray: to see if the organ being looked at is moving and functioning correctly.

SEPTEMBER 1, 2011

Results:

- CT Scan:
 - Normal:
 - Ventricular and subarachnoid cerebrospinal fluid that appears black
 - Bone that appears white
 - Brain matter appearing in shades of gray
 - Abnormal:
 - Areas that appear lighter or darker may suggest hydrocephalus, intracranial tumors, subdural and epidural hematomas, acute hemorrhages, arteriovenous malformation, or cerebral atrophy, infarction or edema
- PET Scan²:
 - Normal:
 - No problems in the brain concerning size, shape or function.
 - There are no regions in which the radiotracer has collected any abnormalities
 - Abnormal:
 - Abnormalities can stem from any of the following conditions:
 - Alzheimer's Disease
 - Dementia
 - Brain tumor
 - Epilepsy
 - Movement Disorders (Parkinson's disease)



Jeffrey Michael Barczynski Jr. is a Public Relations Assistant and Board of Directors Member to the BIRC of WI. • MRI:

— Normal:

- Normal anatomic details of the central nervous systems
- Distinct and sharply defined brain and spinal cord structures
- Varying tissue color and shading, depending on the radio frequency energy magnetic strength and degree of computer enhancement
- Abnormal:
 - Cloudy, gray or dark areas indicating cerebral edema
 - Changes in normal anatomy, indicating pontine and cerebellar tumors.
 - Demyelination areas that indicated multiple sclerosis and appear as curdlike, gray or graywhite areas.
- X- Ray³:
 - Normal:
 - X-Rays can reveal fractures, and broken bones and it can be used in conjunction with a dye to reveal problems located in the body.
 - Abnormal:
 - X-Rays are not done to detect abnormal readings, they are simply a tool doctors can use to reveal problems located in the body.



Bari L. York is the Director of Public Relations and Marketing and Board of Directors Member to the BIRC OF WI.

¹Stanford Medicine. (2011). PET/CT Scan. Retrieved July 1, 2011 from http://cancer.stanford.edu/patient _care/services/radiationTherapy/positronEmissionAndComputedTom.html ²Medline Plus. (2011, June 22). Brain PET Scan. Retrieved July 1, 2011, from http://nlm.nih.gov/medlineplus/ency/article/007341.htm ³Mayo Clinic Staff. (2009, December, 19). Why it's done. Retrieved July 1, 2011 from http://www.mayoclinic.com/health/xray/MY00307/DSECTION=why%2Dits

VOL. 1 ISSUE 1

SEPTEMBER 1, 2011

This CT image shows damage to the corpus collosum. The image on the left is a brain without an injury and the right image shows how the brain was thinned out due to the brain injury.





This MRI image details a temporal stem comparison. The images on top are of a brain that does not have an injury to it. The images below these two are of a brain that has a severe traumatic brain injury and the arrows indicated where this damage is. This PET image shows decreased neural activity in the frontal area of a patient's brain due to a sustained closed head injury. As listed on the *Brain Imaging Center at University of California at Irvine*, Figure 1A shows this damage and Figure 1B is a "normal" brain in the same area (1998).





This X-Ray image details fractures in the skull, which can be caused from a numerous amount of incidents including, but are not limited to: concussions, car accidents, someone falling on their head and more.

Sharing Stories in the Cozy Corner Staff Writer: Bill Schrack Jr.

I sustained a severe traumatic brain injury on July 1st, 2007. As a result I was placed in a coma in the Intensive Care Unit at the UW Hospital in Madison, WI for two weeks.

After a lot of rehabilitation over the following two months, I was discharged and got to go home. When I left the hospital, the doctor said that the recovery would only continue for the next two years, and then I would be in that state for the rest of my life.

It has been four years now, and I have found that his statement could not be farther from the truth.

Everyday I still discover ways to improve myself and overstep my proposed boundaries in my rehabilitation, and my recovery has become something that I actually accept as a motivating challenge. One of the resource I have found helps me the most is talking with other people who has the same experience I had and discussing how they've adapted to it.

When I went to the *Brain Injury Resource Center* of Wisconsin's (BIRC of WI) Friendship Network event called "Just Like Me," I was not only able to meet other people who had suffered a traumatic brain injury (TBI), but they were about my age.

It felt like a godsend!

Once we got to know each other well enough to feel comfortable to tell our similar stories to one another, we each shared our experience and the story behind it. We personally understood some of the difficulties and the struggles we had each been through, and we felt comfortable talking about it with one another.

When it ended, we reluctantly parted ways and were surprised with how much time had passed since the event had started! We really didn't want it to end!

Although that isn't all the BIRC of WI can help with, it is a great resource that I found in "Just Like Me."

I wish it could happen more often, and more of us brain injury survivors could be there to share what we've gone through. We understand one another in ways that others just can't!

Bill Schrack Jr. is a public speaker and is a volunteer for the BIRC of WI.



Friendship Network "Just Like Me"

The Friendship Network "Just Like Me" was such a huge success, and as you just read, there is demand for another event like this one. While the current "Just Like Me" meetings are for ages 18-30 only, by contacting the *Brain Injury Resource Center of Wisconsin* at <u>admin@bircofwi.org</u> you can make a request for a Friendship Network gathering in your area! If you are interested is send an e-mail to the address above or call (262) 770-4882, get a couple of people that you know would be interested in attending, and that is all you need to do. These Friendship Networks are intended for survivors of brain injury only, but if you are a parent, spouse, sibling,or a friend please contact us to set up a support group. If brain injury touches your life, we want to touch yours too! We are there for anyone, and as our tag line goes, *Our headquarters may be in southeastern Wisconsin, but our hearts, hands and help are statewide.*

Attention and Concentration After TBI Editorial Contributors: Jeffrey M. Barczynski Jr. and Bari L. York

According to the *National Center for Biotechnology Information*, Methylphenidate also known as Ritalin is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder (ADHD) (2011). This medication is also used to treat narcolepsy, but nowhere does it state that it can be used as part of a treatment program for traumatic brain injury (TBI).

This is where Dr. Jeffrey Cameron, physical medicine and rehabilitation doctor of Sacred Heart Rehabilitation institute, comes in. According to Dr. Cameron, in 1979, he was the first doctor to use this medication in a treatment program to help survivors of brain injury with attention and concentration.

At that time, he found no other doctors who were prescribing this medication for brain injury in the United States. A former TBI patient of his was put on Dilantin to prevent seizures, but this patient developed an allergy to this medication.

He switched her to another seizure medication, which resulted in very aggressive behavior. This side effect was very noticeable, which made him think that this behavior was caused by the sedation of this medication.

In order to counter-act this effect, he would need to add a stimulant to the treatment program. Ritalin seemed to be the perfect fit. It works by blocking the re-uptake of certain neurotransmitters (catecholamines) into the cell after they have been released. This allows the neurotransmitter to hang around longer and do its thing, such as stimulating the next nerve to fire.

Dr. Cameron read an article found on the Internet about doctors in Israel who used Ritalin as part of their treatment program to help soldiers combat the side effects of brain injury. This article gave him the idea to use this medication for his patient. When the patient began this new treatment program, "it was like night and day," according to Dr. Cameron. "Before this patient started using Ritalin, I found out that they were drinking 9 cups of coffee a day" said Dr. Cameron.

Next, he stated that the patient hated coffee and was only drinking it for the caffeine. Dr. Cameron recognized that both coffee and Ritalin are stimulants, however, coffee is not as strong.

After seeing the positive effects this medication had when using it with brain injury, he started prescribing it to other patients. Ritalin is not effective for all patients, but the medication can have excellent results for others.

If Ritalin is supposed to work very well for patients, then why are insurance companies denying it? Sheryl Dolan, secretary to Dr. Cameron, communicated in an interview that most insurance companies deny this medication.

There is one insurance company, however, that approves of this medication being used for TBI and this is Medicaid. Dolan explained that because they have a specific diagnosis code "that Dr. Cameron helped implement," they are able to use Ritalin for patients with brain injury.

The reason why Dr. Cameron was able to implement this was because "patients with brain injury have the same problems as attention deficit (disorder) with attention and concentration." This is the only insurance company that she knows of that will cover this medication 100%. Which made us think if this company sees the benefits of this medication, then why don't the other insurance companies see this same benefit too?

Read the next issue of the BIRC of WI Bulletin and find out the answer to this question.







To attorneys who are representing an individual who has suffered a brain injury, I have one basic piece of advice: Be prepared to serve as a resource to your client on the various life changes caused by the brain injury. Most clients who have sustained an injury to other parts of their body are capable of seeking needed treatment. Their family and friends generally rally around them and are there to render support and understanding along their road to recovery.

Individuals who have suffered a brain injury are in a unique position because oftentimes, the losses that this injury causes are not understood by others in their lives – including friends, teachers, employers and even their primary care doctors. Brain injury changes one's life. Our brain defines who we are. Once the brain is injured, the person is forever changed.

There are cognitive, emotional, vocation and personality changes that typically result from the injury. These changes can include a loss in one's ability to think and organize his/her life, loss of friendships, loss of job, and loss of family relationships.

There is no such thing as a typical brain injury. Injuries to the brain can affect different parts of the brain. Brain injuries vary in severity and result in different symptoms to each person. As an example, an injury to the frontal lobe can result in a loss of the ability to engage in executive functioning, such as the ability to organize and plan. Having represented brain injured people at various stages in their lives – infants, school-age children and adults – one need has been noted: they need lawyers who not only are prepared to litigate issues of fault, but who are also willing to spend the time, resources and effort to understand the uniqueness of the brain injury to the client and who are willing to help the client through the various life-changing chapters of their post-injury life.

In the case of brain-injured infants, a lawyer needs to assist the parents with topics such as medical insurance, home care, respite care, home accommodations, and government services for extra therapy.

School-aged children who sustain a brain injury have a unique set of needs. These children may suffer cognitive difficulties, which prohibit these students from participating in school as they did before. Since the law mandates that schools provide special services for brain-injured students, the lawyer needs to be familiar with and ready to assist with (and perhaps participate in) the Individual Education Plan (IEP) process which defines the assistance needed in school.

Oftentimes, these school-aged children loose the network of friends they spent their life acquiring. These clients (and their families) have a need for counseling around friendship issues and various emotional changes that are occurring.

The lawyer needs to be familiar with the services available in the community to be certain that these needs are met.

If the individual with a brain injury is an adult (with a family of his or her own), this presents a unique set of needs. These clients may not be able to return to the same job or profession and may need to be channeled into a vocational program.

Because of the fact that personality changes often accompany brain injury, the family life of the brain injured individual is oftentimes shattered. The lawyer must be ready to help and steer these individuals to needed counseling.

Lawyers who handle these cases are adapt at procuring and hiring needed expert witnesses to review hospital/medical records, test and evaluate the client and opinion on the unique injury and needs of the client. But, hopefully, the experts that are procured will be willing to further assist these clients. The lawyer should

be prepared to call on these professionals to offer assistance to these clients and their families where When representing brain-injured clients, it is not enough to simply request the records, hire the experts, and try to settle the case. The brain injured clients and their families have a plethora of unique needs (often unmet by other professionals). The lawyer should be ready and able to respond to the ever-changing needs of these clients and serve as a resource.



About the author: Ms. Dentice represents adults and children who have sustained brain injuries as a result of the negligence of others. In 2010, she received the Trial Lawyer of the Year Award from the Wisconsin Associate of Justice. Before attending law school, she taught handicapped children.

10

VOL. 1 ISSUE 1



Want More Information?

If you would like a copy of this bulletin or more information about any of the articles within, please contact the Brain Injury Resource Center of Wisconsin at <u>admin@bircofwi.org</u>, or visit our website at <u>www.bircofwi.org</u>

Thank you for reading and make sure to look for the next bulletin!

We are here to help!



Look for our next issue coming out January 2012

Brain Injury Resource Center of Wisconsin

P.O. Box 808 Muskego, WI 53150

Our headquarters may be in southeastern Wisconsin, but our hearts, hands and help are statewide.