

BIRCoFWI Bulletin

A Quarterly Newsletter

Volume 4 Issue 3

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Photograph was taken by: Photography by Karen, Oconto Falls, WI

Our Goal

Our goal briefly explains why our non-profit was founded and what we intend to do with this organization.

Brain Injury Resource Center of Wisconsin, Inc. is a 501(c)3 non-profit organization which was founded by a mother-daughter team (Lois York-Lewis and Bari L. York). They saw first hand the need to help survivors of brain injury in Wisconsin lead a fulfilling life after brain injury.

Tragedy Brings to light a Need in Wisconsin

This need was first realized in 2005 after York sustained a severe traumatic brain injury from a crash involving the car she was a passenger in and a semi-truck. Once York was released from the hospital and tried to re-enter daily life she found it to be very difficult.

Our main goal is to help with this transition back to daily life once a brain injury is sustained. With the help of her family and their unconditional love, they pressed forward.



After York sustained this injury the family began to realize the significant challenges a person with a brain injury faces once they are released from the hospital and try to re-enter daily life. This gave York-Lewis and York the drive to move forward and develop this organization.

Doctors and nurses are there to help a person when they are in the hospital and a lot of times shortly thereafter, but what do they do after

the brain injury survivor has recovered to the point where they can re-enter daily life? This is where the *Brain Injury Resource Center of Wisconsin, Inc.* steps in to help.

There can be a lot of confusion during the "what now" phase of brain injury recovery.

What Now?

Confusion can be included as part of the brain injury experience, and the *Brain Injury Resource Center of Wisconsin, Inc.* wants to help all survivors during this phase and after!

Bringing Brain Injury Survivors Together

Are you a brain injury survivor looking to make a social connection with other Brain Injury Survivors and those who have the compassion to understand brain injury? Gatherings are scheduled to assist the brain injury survivor in building strong, long lasting bridges of trust, respect, understanding, and acceptance.

Be part of our social and skills program today! Download your form from our web store at: <http://www.shop.bircofwi.org/media/Inclusive%20Participation%20Form%20->

Welcome

Dear Friends,

Recovery after brain injury means many things to many people. Regardless of the severity of the injury, a plethora of individuals are affected by the injury and the outcome. Ultimately, this outcome could be thought of as a second life, a second chance, or even a second wind.

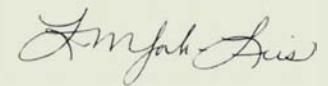
Let's take a moment to think of the outcome and recovery as a second wind. The phrase "second wind" is known as a process where an individual finds a renewed source of energy, inspiration, drive, will power, and ultimately it is the motivator that keeps the individual striving to reach farther and try harder.

When minds and bodies of the survivor have healed enough to start the process of moving forward, then it is the duty of the family and the caregivers to also find their second wind; how this is accomplished is easier said than done. No one wants the survivor to be injured again (physically, mentally, financially, even emotionally) and being over-protective is often the reaction of the family, caregivers, and support persons.

For a family member, caregiver, or a support person to be a positive influence in the life of a survivor, they must also be willing to accept that as the survivor moves from day to day, so will the recovery. What was an issue just a year ago, may have lessened or resolved itself. Challenges may have been overcome, acceptances may have developed, and attitudes about who they are and what their aspirations are may slowly be coming into focus.

The hardest choice to make it to let the survivor have the chance to experience their "second wind."

Kindest Regards,



Executive Director
Mother of a TBI Survivor

Also check out our Calendar of Events at
www.bircowfi.org

for more information!

UPCOMING EVENTS:

Resource Fair and Fashion Show:

September 14, 2014 11:00 - 4:00 p.m.

Event Time Line:

11:00am Resource Fair begins

1:00pm Fashion Show Begins

3:00pm Raffle and Silent Auction is called

4:00pm Event comes to a close

Educational Opportunity:

What: Talking Points

(Watch channels 4,6, 12 and 58 for cancellations
information or call 262-770-4883)

Where: Waukesha Public Library

321 W. Wisconsin Ave. Waukesha, WI 53186

When: Every second Tuesday of the month from 6:30 PM
- 8:30 PM

Description: Join us for a few hours of conversation with
fellow brain injury survivors. These sessions will be lead
by one of our Resource Facilitators, Kathy Richardson.

Find out how to become a member of our Social and Skills program by
calling us (262) 770-4882 or by emailing admin@bircowfi.org

BIRC of WI Bulletin Editorial Staff:

Lois M. York-Lewis Executive Director, Resource Facilitator
& Mother of a TBI Survivor (Editor and Writer)

Bari L. York Director of PR and Mktg & TBI Survivor (Editor and Writer)

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M. Angela Dentice Pitman, Kyle, Sicula, and Dentice S.C. (Writer)

Kathy Richardson Resource Facilitator & TBI Survivor (Writer)

Katie Marshall Volunteer & TBI Survivor (Writer and Editor)

Abby Maslin Wife and Daughter of TBI Survivor (Blogger and Writer)

National Institute of Neurological Disorders and Stroke (Writer)

Georgia Corner, DPT, University of Wisconsin Madison, Research Assistant (Writer)

Brain Injury Resource Center of Wisconsin, Inc. Presents:
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From the Web: <http://www.shop.bircofwi.org>



Date: Sunday September 14, 2014

Time: 11:00 a.m. - 4:00 p.m.

Location: Steinhafels Community Room/Education Center

(W231 N1013 County F. Waukesha, WI 53186-1502)

(Individual): **\$10.00**

(Children 4-10): **\$5.00**

(Infant 0-3): **Free**

Registered Social Program (aka Friendship Network members): **No Charge**

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(Beaded Creations)



Bari L. York
(Dir. of P.R. & Marketing
Outer Wear Accessories Crafter)



Andy Czajka
(Social Director)



Larry Strait
(Painter & Photographer)



Be Prepared to Participate in our:

50/50

**General Raffle*

** Come admire
and purchase items
made by our brain injury
survivors as featured in our
Market Place!*

** Silent Auction*

Goodwill
Community Opportunities Club West



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UNIVERSITY OF WISCONSIN-MADISON

UAB SPAIN REHAB
A member of the UAB Health System

There will be a good will donation buffet and beverage area

Recovery and Rehabilitation for Persons Suffering from Traumatic Brain Injury

By Attorney M. Angela Dentice / Pitman, Kyle, Sicula, and Dentice S.C.

Recovery

The recovery process for traumatic brain injury is complex and requires a comprehensive assessment of numerous factors. The factors affecting the rate and success of recovery from traumatic brain injury include the type of injury suffered, the severity of the injury, the individual's pre-injury functioning, the extent of secondary problems caused by the injury, and the injured individual's age.

Generally, the fastest improvements in an individual with TBI occur in the first six months after the injury. The individual may continue to make steady improvements after the first six months up two years after the injury, but after two years, the rate of improvement substantially slows.

When an individual suffers a severe traumatic brain injury, the brain swells and blood flow to the brain decreases, causing the injured person to fall into a coma or minimally conscious state. When the swelling decreases and blood flow to the brain increases, functioning generally improves and the recovery process can begin.

Multiple processes occur at the microscopic level during the recovery process: cells in the brain produce new branches to connect with other cells; previous connections between cells are strengthened or altered to change how information is processed; and synaptic connections between cells are re-established. Some authorities believe there is a limit to the amount of recovery that can come from microscopic changes to cell structures.

First, recovery only involves cells that were not damaged by the brain injury, and second, with few exceptions, only the undamaged cells within the area of injury can aid in recovery.

Because every injury is different, it is difficult to predict the success of recovery. However, there appear to be three consistent variables in the recovery calculus that, when considered as a whole, may be helpful in predicting the rate and success of recovery.

First, the physical aspects of the injury including the type, severity, and extent influence the success of recovery. Second, the individual's pre-injury functioning influences the success of recovery.

An individual with a normal healthy brain before an injury typically recovers more fully than an individual with a pre-injury developmental disability. And third, the support network and availability of resources influences the success of recovery.

Accurately predicting the success of recovery shortly after a traumatic brain injury is difficult, but it becomes easier with time.

Rehabilitation

As the initial recovery process begins, it is imperative the injured individual begins the process of rehabilitation. Rehabilitation involves two essential components: regaining and restoring functioning and learning ways to compensate for functioning lost or altered by the injury.

Comprehensive evaluation and specialized rehabilitation are the foundation for optimizing the outcome after a traumatic brain injury. The complex functioning affected by traumatic brain injury requires the development of a unique rehabilitation program for the injured individual.

The rehabilitation program should be person-centered, reflecting the unique needs, challenges, and priorities of the individual in care. The needs of the individual suffering from traumatic brain injury and their position on the rehab continuum influence the combination of setting

and type of rehab services prescribed.

The continuum of rehabilitation for persons with severe traumatic brain injury is broadly broken up into three stages following the initial acute medical intervention: inpatient, community integration, and lifetime care.

The first stage, inpatient care, occurs after an individual's medical condition is stabilized. During this period, a rehabilitation team consisting of many medical and therapeutic specialists assesses the individual's condition and designs and implements a rehab and discharge plan.

Consistency and structure is necessary to effectively address the cognitive and behavioral issues that follow a traumatic brain injury; thus, the need for a well-functioning team is paramount to TBI rehabilitation. After the individual's medical condition is stable and the team of specialists believes it is safe for the individual to return to the community the second stage of rehab begins -- community integration.

There are many options for community integration including, but not limited to, independent living, group home, personal assistant service, and vocational rehab service. Many persons with traumatic brain injury successfully return to productive work lives, family lives, and social roles.

Those at risk for unsuccessful reintegration into the community or who have significant medical and other needs are candidates for a lifetime of care options.

Unfortunately, some individuals with severe traumatic brain injury are unable to regain pre-injury functioning or learn to practice ways to compensate for lost skills. For these individuals the third stage of rehabilitation, long-term care in a skilled nursing facility, may be the most viable option.

In a skilled nursing facility, the individual receives full-time care, but are generally no longer on an active rehabilitation plan. Ultimately, supporting the unique needs of individuals with traumatic brain injury during recovery with a specialized rehabilitation plan is the key to optimizing quality of life and successful reintegration into the community.

With the help of skilled professionals and a support system of family and friends, the future can

be bright for those affected by traumatic brain injury.

Attorneys who represent individuals who have suffered a severe traumatic brain injury (due to the fault of another) must be well versed in the levels of severity of TBI and the stages of recovery. Lawyers need to be available as an additional resource for clients who have sustained these life-altering injuries.



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.

Tamara Bushnik, Ph.D & Thomas Novack, Ph.D, *Understanding TBI: Part 3-The Recovery Process*, Model Systems Knowledge Translation Center, <http://www.msctc.org/tbi/factsheets/Understanding-TBI/The-Recovery-Process-For-Traumatic-Brain-Injury>

Shana J. Asbell Ph.D & Paul C. Lebbby, Ph.D, *The Source for Traumatic Brain Injury Children & Adolescents*, ch. 9 (2007).

Brian Im, M.D., *The Continuum of Rehabilitation for Persons with Traumatic Brain Injury*, Exceptional Parent 2010.

**WISCONSIN'S LEADING
TBI ATTORNEY**

M. ANGELA DENTICE

M. Angela Dentice represents individuals throughout Wisconsin who have sustained a brain injury, including a traumatic brain injury, post-traumatic concussion or birth injury.

Ms. Dentice and her staff have worked with some of the leading experts in the area of TBI. These include neurologists, neuropsychologists, life care planners and vocational counselors from around the U.S.

Before attending law school, Ms. Dentice was a teacher of handicapped students.

Because each persons injuries are unique, Ms. Dentice handles each client in a personal manner. She can give you the personal attention you deserve.

CONTACT MS. DENTICE TODAY 414-259-1000

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Reinventing Our Family

A Blog by Abby Maslin About Loving and Learning After TBI

The Not-So-Secret Confessions of the Caregiver

BrainLine.org, December 23, 2013

TC and Abby Maslin with their son, Jack, and dog in the park

One thing I readily accept after more than five years as a part-time caregiver for my father and 15 months as a full-time caregiver for my husband is that, try as we might, none of us are mind readers. This is especially true after a brain injury.

In an instant, the one person who used to know me better than I knew myself — my husband, TC — lost his ability to anticipate my needs and feelings. Tasked with getting himself healthy again, he no longer possessed the mental or physical energy to understand me in the way he used to. Losing this connection with the person I trusted most has been one of the most painful, isolating experiences of my life. As a caregiver, I know I'm not alone. Although many of us rarely get a moment to ourselves, we often feel as though we're living a life sentence of solitary confinement. We wish people could see beyond the brave exterior. We wish we could better articulate our own needs. We wish everyone in our support system were capable of understanding the tough choices we've been forced to make. But at the end of day, we're simply too tired to explain ourselves.

If I could hand a brochure to the people in my life explaining what it's like to care for someone with TBI, it would probably read something like this:

1. I didn't sign up for this gig.
2. Brain injury is contagious.
3. I don't always know how to ask for help.
4. Taking care of myself is a group effort.
5. I'm not perfect and I sure wish there was a manual for this.
6. Brain injury doesn't go away.
7. Making lemonade from lemons is an art form.

To read more of this article, visit:

<http://www.brainline.org/content/2013/12/the-not-so-secret-confessions-of-the-caregiver.html>

Abby Maslin also has a blog that she regularly makes contributions to can be found by visiting:

<http://www.abbymaslin.com/index.html>



National Institute of Neurological Disorders and Stroke

What is Spasticity?

Spasticity is a condition in which there is an abnormal increase in muscle tone or stiffness of muscle, which might interfere with movement, speech, or be associated with discomfort or pain. Spasticity is usually caused by damage to nerve pathways within the brain or spinal cord that control muscle movement. It may occur in association with spinal cord injury, multiple sclerosis, cerebral palsy, stroke, brain or head trauma, amyotrophic lateral sclerosis, hereditary spastic paraplegias, and metabolic diseases such as adrenoleukodystrophy, phenylketonuria, and Krabbe disease. Symptoms may include hypertonicity (increased muscle tone), clonus (a series of rapid muscle contractions), exaggerated deep tendon reflexes, muscle spasms, scissoring (involuntary crossing of the legs), and fixed joints (contractures). The degree of spasticity varies from mild muscle stiffness to severe, painful, and uncontrollable muscle spasms. Spasticity can interfere with rehabilitation in patients with certain disorders, and often interferes with daily activities. Is there any treatment?

Treatment may include such medications as baclofen, diazepam, tizanidine or clonazepam. Physical therapy regimens may include muscle stretching and range of motion exercises to help prevent shrinkage or shortening of muscles and to reduce the severity of symptoms. Targeted injection of botulinum toxin into muscles with the most tone can help to selectively weaken these muscles to improve range of motion and function. Surgery may be recommended for tendon release or to sever the nerve-muscle pathway.

What is the prognosis?

The prognosis for those with spasticity depends on the severity of the spasticity and the associated disorder(s).

What research is being done?

The NINDS supports research on brain and spinal cord disorders that can cause spasticity. The goals of this research are to increase scientific understanding about these disorders and to find ways to prevent, treat, and cure them.

For More Information Please Visit:

[http://www.ninds.nih.gov/
disorders/spasticity/
spasticity.htm](http://www.ninds.nih.gov/disorders/spasticity/spasticity.htm)

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Brain Injury Resource Center of Wisconsin, Inc.

(www.bircofwi.org) 262-770-4882

Talking Points

Second Tuesday of the Month

6:30 p.m. until 8:30 p.m.

Jan (cancelled)	Apr 8 – Importance of Volunteering after brain injury	July 8 – Safety (more than just talk) after brain injury	Oct 14 – Do It Yourself after brain injury
Feb 11 – How do I date after brain injury?	May 13 – Mother and Daughters / Fathers and Sons	Aug 12 – Recreational activities after brain injury	Nov 11 – Cooking after brain injury
Mar 11 – Health, Wellness, and Fitness after brain injury.	Jun 10 – What to do, what not to do after brain injury	Sep 9 – Alternative Medicines and Therapies after brain injury	Dec 9 – Holiday stress and family expectations after brain injury

Location: to be determined

***check our website www.bircofwi.org or call (262) 770-4882**

Talking Points

Recreational Activities After Brain Injury

August 12, 2014

The “Talking Points” support group, held on Tuesday, August 12, 2014, focused on participating in recreational activities after a traumatic brain injury.

Scientific research has shown that participating in recreational activities helps support formation of new brain cells and creates new neural pathways for those with brain injuries. Recreational activities also help rebuild skills, increase self-confidence and self-esteem, reduce stress and meet new friends. There are a variety of activities to consider participating in including exercise, fine arts, gaming, crafting and more.

Talking Points

Alternative Medicine and Therapies after Brain Injury

September 9, 2014

Dr. Turkstra spoke about the study currently being conducted at the University of Madison as well as introduced the group to a concept entitled, “Don’t Ask, Just Tell.” An approach to lessen the tension when short term memory is an issue. Refer to page 10 for more information on this topic.

Kathy Richardson followed with a presentation entitled, “Mothers and Daughters / Father and Sons.”

Many topics were discussed ranging from how BI affects the family, pain and grief, anger and bargaining, depression and loneliness, to reconstruction and acceptance.

Spotlight: Options for Community Growth

By Bari L. York and Katherine A. Marshall / BIRCoWI Bulletin



Options for Community Growth, OCG, serves adults with a primary diagnosis of a cognitive disability including Autism, Aspergers Syndrome, Downs Syndrome, Traumatic Brain Injury and other developmental disabilities.

Options for Community Growth, Inc. (OCG) was started by John and Diana Rathmann in 1995 according to Linda Draayers, Trainer and Program Administrator for OCG. Prior to starting OCG he worked for Lutheran Social Services where his job was to start other group homes.

Rathmann, who is the current President of OCG, came to realize that he should start his own set of group homes, this way he would have the ability to make decisions and have more responsibility with the care of the residents.

Draayers also mentioned that OCG was given it's name by the Rathmann's "from a desire to assist adults with disabilities to achieve maximum independence through choices, inclusion and integration."

To expand on this opportunity he joined forces with Dan Drury, former co-worker at Lutheran Social Services, current program director, case manager, over 20 years of field experience.

Drury opened a group home in 1996 to expand on the Rathmann's efforts. This growth was slow at first, but now the Rathmann's owns over 15 homes in Southeastern Wisconsin!

Along with having various group homes a qualified staff is required to make sure everything runs smoothly. "John has made training an important priority," explained Drury.

In addition to all of OCG's employees having various degrees and field experience that help to aid them in their field of work, Draayers is the training director who provides and conducts their various training sessions.

OCG offers 19 different classes in topics ranging from basic CPR to Hostage Negotiations.

The cost of the classes range from 35 dollars per class to 130 dollars for a two day class, etc... The best part about these classes is there is no minimum attendance requirement.

It is important for their clients to maintain their individual identities and this is done through building their programs around the people they serve. In addition they strive to not have their clients "fit in a mold" said Draayers.

For more information about Options for Community Growth, their staff, the housing they offer and/or their different training opportunities, visit their website at www.o4cg.com

OCG corporate office is located at 11823 W. Janesville Rd. in Hales Corners, WI. They can be reached at 414-433-1210 or information can be sent by fax to fax number: (414) 433-1236.

Research Study Harnesses “Neuroplasticity” to Walk and Balance Better After TBI

By Georgia Corner / DPT, University of Wisconsin Madison, Research Assistant

Over the last 30 years neuroplasticity—the ability of the brain to change—has emerged as an exciting new area in neuroscience. The concept of neuroplasticity means that given the right kind of input, the brain can re-wire, and regain functions that may be masked or lost, even in adults, and even many years after an injury.

According to Mitch Tyler, a lead researcher of the Tactile Communication and Neurorehabilitation Laboratory, TCNL, at the University of Wisconsin-Madison, “we’re on the forefront, not so much of a breakthrough, but of finally teasing the brain into revealing some of its tricks, and helping it recover”.

The TCNL is bringing these research advances to patients. Tyler and his colleagues at the TCNL have invented a device, the Portable Neuromodulation Stimulator, or PoNS, that apparently ‘kickstarts’ the brain to return to more normal function.

The PoNS provides gentle electrical stimulation on the tongue. When patients use it during balance, movement control and walking exercise, it can dramatically improve the effects of therapy.

Case studies, pilot studies (small studies without a control group), and controlled studies in patients with stroke, multiple sclerosis, Parkinson’s disease, and traumatic brain injury have all shown good response to using the device plus therapy. What is especially exciting for the research team: they have improved balance and walking in patients even many years after their original injury.

Success in these preliminary studies has sent their research in two directions: first, to better understand exactly how the PoNS works, and second, to perform the rigorous studies needed to get FDA approval for the device. Yuri Danilov, the lead neuroscientist on the team, hypothesizes that electrical stimulation,

via the cranial nerves, wakes up parts of the brainstem important for motor control, posture, and learning movement.

Functional MRI studies done in the lab have shown that centers adjacent to motor learning pathways are excited or inhibited with the stimulation plus therapy. He further theorizes that the stimulation may be affecting the glial network (a loose and mobile collection of accessory nerve cells) in a way that promotes new connections between neurons.

Even without understanding exactly how the PoNS affects the brain, the researchers’ results so far strongly suggest that it can help patients. In order to bring the PoNS to more people, the lab is running a double blind, randomized, controlled clinical trial in subjects with mild to moderate TBI.

This kind of trial is the “gold standard,” and positive results could lead to FDA approval for the PoNS. Tyler explains that the lab chose to study people with balance and gait problems after brain injury, partly because of his deep personal interest in this population, and partly because there are few options for those with chronic issues after TBI.

The Department of Defense, which shares an interest in this large patient population, is sponsoring the study. It is also supported by private donors.

Tyler stresses that the PoNS is not a magical fix. Using the device on its own, without doing active therapy, brings no gains.

In the current TBI study, participants begin with two weeks of intensive therapy at the TCNL lab in Madison. They spend 3 hours a day doing balance and movement exercises, walking on a treadmill, and performing breathing and awareness training.

After the first two weeks, participants continue 2 hours of similar daily therapy at home, for another 12 weeks. Then, they stop using the PoNS for 12 more weeks.

Throughout the study participants undergo testing every three weeks. The study is designed to definitively prove that the PoNS advances usual therapy, and to determine how long the effects last once therapy stops.

The TCNL is currently seeking participants for the TBI study. Candidates must be at least 1 year out from injury, with mild to moderate TBI and ongoing balance/gait issues, who have exhausted their therapy options.

Those with anoxic brain injuries may also be eligible. Subjects must also meet other eligibility requirements.

Inquiries: 608.890.2537 or kzskinner@wisc.edu. More information, and links to videos, can also be found on the TCNL website at www.tcnl.bme.wisc.edu.

Sharing Stories in the Cozy Corner

What Really Happened: Gary Rieth

Bari L. York / BIRCoFWI Bulletin

Who knew a tree could do so much damage...

The night of July 19, 2007 will remain a mystery for Gary Rieth who was involved in a serious car accident.

Gary was a camp counselor and taught archery to the 150 kids who attended a summer camp in Northern Wisconsin. The night of July 19, 2007 he and some other counselors decided to attend a party near by.

Gary admits he does not remember much from that day, but his mother Sandy Rieth remembers all to well and shared with me that Gary was "supposed to be the designated driver for a group of people" that went to this party. She mentioned further that Gary did not have the keys at the beginning of the night and "when it was time to leave, the driver refused to give them up."

Witnesses gathered around the duo as a fight was about to ensue, but Gary backed down before anything began. The next decision he would make would turn out to be nearly fatal one.

Against his better judgement Gary decided to let this intoxicated person drive him back to their destination.

Gary shared with me that this individual was two times over the legal limit two hours after the crash had happened.

"On their way home, the driver lost control," which forced the car to turn sideways and hit a tree on Gary's side of the car. Sandy explained to me. The force from the impact jarred Gary's body and partially ejected him out of the vehicle.

Once the paramedics were called they needed to use the JAWS of Life to get Gary out of the car. He was then flown to the nearby St. Joseph's Hospital in Marshfield, WI that was 100 miles from the accident scene.

Sandy informed me that the main reason behind why they chose a helicopter to transport her son to St. Joseph's Hospital was because; he was "combative with the paramedics, which indicated head trauma and they suspected massive chest injuries." She continued this thought by stating that he did not have any massive chest injuries just a broken nose.

Upon arrival at St. Joseph's Hospital, Gary was put into a coma, which he remained in for three weeks. His stay at this hospital



would total four weeks; he was then transferred via ambulance to the Sacred Heart Rehabilitation Institute located inside Columbia St. Mary's Hospital on Milwaukee's east side.

Once Gary was transferred to Sacred Heart Rehabilitation Institute, his stay would total eight weeks.

This was not his final stop along his road of recovery; Gary would then be brought home and taken to N.E.W. Curative Rehabilitation Inc. for additional therapy and services during the day. He would continue his therapy at N.E.W Curative for nine months before the therapists would release him from their care.

Sandy told me that Gary "has made an amazing recovery physically, does not need to take any medications, has never had a seizure, and is able to do work at a physical job full-time. "

Jim Rieth, Gary's father, and Sandy both say that "Gary was extremely good at social interaction before his accident," but now this is an area they have noticed that he tends to struggle with. According to Gary he learns "from failure, I learn that when I do it again I do it differently so that failure is not an outcome."

Failure is not a word that should be associated with Gary, he went back to college after his accident and graduated with a Bachelors of Science in Conservation and a minor in Biology from the University of Wisconsin, River Falls. He currently works for Zanadu Dairy and has been employed there since February of this year.

Gary came to discover that in order to get back into the work world it was better starting out part-time. This is just what he did and in April was hired on for full-time work at Zanadu Dairy, where now he has the title of a farm hand.

Even though he does not have much spare time with working six days a week, he is part of our Friendship Network. He recently joined and will be attending the Brain Injury Resource Center of Wisconsin, Inc.'s picnic on September 14, 2014 at Lapham Peak State Forest W329N846 Delafield, WI 53018. Call (262) 770-4882 if you would like to join us!

Telling your story is more than just putting your thoughts on paper. "Sharing Stories in the Cozy Corner" is a place for survivors and families to reach out to others to offer hope, inspiration, conquer challenges, and know that they are not alone.

Share your story by contacting our Bulletin Coordinator/Editor
Bari L. York (bari@bircofwi.org)

Graphic Organizers: Medication Checklist

Katherine Marshall / BIRCoWI Bulletin

Ensuring you properly follow doctor's instructions upon receiving medication, a checklist for your medicine may help you remember what to take and the proper dosage (how much to take). This checklist also reminds you of the time at which you should be taking the medicine and on what day(s).

If you have established a regular medicine routine at home, this checklist will help remind you while you are away from home. This organizer is a way of ensuring you do not miss any of your medications.

Below you will find an example of this graphic organizer filled out by the author, Debbie A. Leonhardt, MA, NCC, LPC, of "Survival Kit A Planner and Organizer for Survivors of Brain Injury and their Families".

For a copy of this graphic organizer, see pages 129 through 132. This book can be found in our lending library at the Brain Injury Resource Center of Wisconsin, Inc.

Leonhardt, D. A., (2011). Daily Living Checklists: Medication Checklist. *Survival Kit*. (pp. 129-132). Youngsville, NC. Lash & Associates Publishing Training, Inc.

Medication Checklist

Day	Medication(s)	Dosage	Time 1 ✓	Time 2 ✓	Time 3 ✓	Time 4 ✓
Mon.	Tegretol	1 tablet	8:00 a.m. ✓	8:00 p.m. ✓		
	Zoloft	1 tablet	8:00 a.m. ✓			
Tues.	Tegretol	1 tablet	8:00 a.m. ✓	8:00 p.m. ✓		
	Zoloft	1 tablet	8:00 a.m. ✓			
Wed.	Tegretol	1 tablet	8:00 a.m. ✓	8:00 p.m. ✓		
	Zoloft	1 tablet	8:00 a.m. ✓			
Thurs.	Tegretol	1 tablet	8:00 a.m. ✓	8:00 p.m. ✓		
	Zoloft	1 tablet	8:00 a.m. ✓			
Fri.	Tegretol	1 tablet	8:00 a.m. ✓	8:00 p.m.		
	Zoloft	1 tablet	8:00 a.m. ✓			

Chapter 4: Returning

Dixie Fremont-Smith Coskie / Unthinkable: Tip's for Surviving a Child's Traumatic Brain Injury
There is No Right or Wrong Way to Grieve

Grief Often Comes in Waves

Denial: "This can't be happening to me."

Anger: "Why is this happening? Who is to blame?"

Bargaining: "Make this not happen, and I in turn will _____."

Depression: "I am too sad to do anything, physically, emotionally, mentally, spiritually."

Acceptance: "I am at peace with what has happened and is going to happen."



Why Should You DONATE Today?

It's Simple - We are not a membership based organization, government grants and foundation funds are in short supply, and brain injury survivors in Wisconsin are counting on you!

Need a Tax Deduction?

Out of respect for privacy, donor names will not be published on our website or listed in our annual report unless otherwise authorized

We are a 501(c)(3) organization

Donating as little as \$1.00 per family member goes a long way!

If your personal budget is feeling the pinch, why not ask your employer to host a green and purple day, chili cook-off, bake sale, or any easy to run event that does not interfere with the work day.

Contact us today and we will send information about our organization to share at any work-place fundraiser event.

Brain Injury Resource Center of Wisconsin, Inc.
Mailing Address: P.O. Box 808 Muskego, WI 53150
Phone: (262) 770-4882 / Fax: (262) 436-1747

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www.bircofwi.org
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Help the Brain Injury Resource Center of Wisconsin, Inc. earn funding by donating your used inkjet and laser printer cartridges!

That's right - we're collecting products you probably throw away. Please save your cartridges from the landfill and help us supplement our budget and buy new equipment and supplies. Last year alone, more than 500 million cartridges were thrown away, while 30 million cell phones were tossed to be replaced. We're alleviating the volume of waste that goes into landfills, while earning the funding we need to keep us running smoothly. Your help is vital to our fundraising success!

How YOU can help!

Here is how it works:

1. Register the business online at www.fundingfactory.com (Click on the "Get Started Button") or call 1-888-883-8237. Be sure to choose Brain Injury Resource Center of Wisconsin, Inc.
2. Receive a welcome packet and the shipping materials you requested. (Every box is labeled with a prepaid UPS shipping label that contains your company's information. The best part is there is no cost to you and no paperwork to fill out!)
3. Package the used printer cartridges in the provided boxes and ship them to the Funding Factory.

Brain Injury Journey Magazine

The Brain Injury Journey Magazine is published 6 times/year. The magazine is 32 pages, 8 1/2 x 11, in full color and addresses a wide range of topics for families, survivors, caregivers and veterans living with brain injury as well as providers, clinicians and educators. As the leading publisher of brain injury information, Lash Publishing and Associates have made a commitment to produce a world class, very informative magazine and offer it free by Email subscription or paid print subscription.

The *Brain Injury Resource Center of Wisconsin* is proud to be a distributor of this excellent magazine.





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

Look for our next issue coming out December 2014

"We remain on God's green earth for some reason due to Jesus Christ"

Quote provided by Tony Fromader (Brain Injury Survivor)

"Don't be concerned with the bridge you can't cross, instead build upon the one which you are destined to!"

Quote provided by Jay Baukin (Brain Injury Survivor)