



UNITED STATES  
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## Mark Your Calendars For These Upcoming USBIA Webinars!

**Wednesday, May 18, 2022**

**Repetitive Brain Injuries are Not Just for Athletes and Military Personnel: Understanding the Prevalence and Mechanisms of Brain Injuries in Women Victims of Intimate-partner Violence**, presented by Eve Valera, Associate Professor in Psychiatry at Harvard Medical School and Research Scientist at Massachusetts General Hospital.  
To register for this webinar, [click here](#).

**Wednesday, August 10, 2022**

**Return to School Following Brain Injury: Promising Practices and Current Research**, presented by Melissa McCart, Research Assistant Professor and Director of the Oregon TBI Teams at the Center on Brain Injury Research and Training at the University of Oregon.  
To register for this webinar, [click here](#).

**Wednesday, November 9, 2022**

**The Use of Apps Within the Brain Injury Community**, presented by Michelle Wild, President/CEO of Brain Education Strategies and Technology, Inc.  
To register for this webinar, [click here](#).

## Utah Department of Health Amended Head Injury Rule to Include All Head Injuries During School Day

By Alina Fong, PhD



Alina Fong, PhD

Head Injuries frequently occur in schools throughout the day. The Utah Department of Health (UDOH) Student Injury Report (years 2016 - 2019), identified that 76% of all reported head injuries occur at some point during the school day, with the remaining 24% of reported injuries occurring during an athletic event, practice session, before and after school. School staff, including coaching staff, report head injury events using the Student Injury Report when an injured student misses a half-day or more of school.

The existing Utah Code Chapter 53 Protection of Athletes with Head Injuries Act outlines specific guidance for student-athletes, but specifically excludes students during free play and the regular school day. An additional gap was found in the Utah State Board Rule and the process school staff use to respond to a student head injury during the school day. Board Rule 277-614 Athletes and Students with Head Injuries

only mentioned PE and student-athletes and focused on return-to-play aspects of student care. This rule specifically excluded children during “Free Play”.

The amended board rule 277-614 was passed unanimously by the State Board of Education on April 8th, 2021. To guide schools through the recent changes, the head injury workgroup, including Dr. Alina Fong, developed a new model policy that outlined the new requirement and offered new guidance on return-to-learn after a traumatic head injury. Our workgroup expanded the definition of head injury to include “head bump”. We did this because we cannot expect school staff to be able to differentiate between a severe head injury and a mild concussion. All students should be treated as though they have a severe head injury and parents should be notified.

Most schools were already notifying a parent when a student sustained a head injury at school, but this was not a requirement. Also, parent involvement is critical. Parents know their child best and are the first to differentiate between their child’s normal baseline and a traumatic

brain injury. Another reason we need to notify the parent is that signs and symptoms can progress with a head injury and what may appear as a mild injury can develop into something more serious. Parents would be able to monitor their child after school and throughout the next few days better than anyone else. Parents want to know when their student has been injured and notification protects the school as well.

Other tools and resources were also created to help school staff better respond to students immediately following a head injury. School nurses assigned to schools, trained and implemented the new response process in schools where they were assigned.

The documents used to monitor students include symptom identification and student monitoring for 30 minutes following a head injury event. This is accomplished through checklists, flowcharts, and parent notification forms. Parents receive documentation indicating what symptoms were observed and parents are encouraged to follow up with a healthcare provider who specializes in head injury treatment.

# Bob Saget's Death Highlights Need for Prevention & Treatment of Brain Injuries

Reprinted with Permission from the Brain Injury Alliance of Arizona

The world was shocked and devastated when comedian Bob Saget passed away at age 65 on January 9, 2022. At the time, there was no obvious cause of death. His family said he was in relatively good health. It seemed he had just passed away unexpectedly in his sleep.

On February 10, we learned the tragic reality: his cause of death was due to head trauma. "They have concluded that he accidentally hit the back of his head on something, thought nothing of it and went to sleep," according to a statement from his family published on [CNN.com](https://www.cnn.com). "No drugs or alcohol were involved."

"It was so sad to lose Bob, whom many of us grew up watching," said Carrie Collins, CEO of the Brain Injury Alliance of Arizona. "It was sad knowing he was taken from family and friends too soon due to head trauma. But we know such incidents will happen many times this year, and we can do better in our community knowledge of brain injury."

As noted by Collins, after a head injury, people can appear to be fine without any visible signs of trauma, but as we see from Saget's death, the impact of a mild blow or jolt to the head can be deadly serious. "Your brain is the CEO of your body," she explains. "It makes you who you are and allows you to do everything that you do all day. Brain health is critical, and that extends to monitoring yourself after a bump, blow or jolt to the head."

Collins urges anyone who has a head trauma to watch for potentially serious signs and seek medical treatment. "People don't know when to elevate to an emergency room visit or seek medical attention and often don't know what to watch for after a head injury," she states.

Signs of a brain bleed include:

- Sudden tingling, weakness, numbness or paralysis of the face, arm, or leg, particularly on one side of the body
- Headache
- Nausea and vomiting
- Confusion
- Dizziness

Moreover, if you're alone when you have head trauma, Collins says, tell someone so they can monitor your signs and symptoms and help you make informed decisions regarding your care.



*In light of this tragedy, the Brain Injury Alliance of Arizona hopes to draw attention to such traumatic head injuries and the importance of treatment and prevention.*

Collins also implores the medical community to take possible head injury seriously when individuals seek treatment, especially those who have sustained what could be classified as "mild" head injuries or who seem to look "just fine," as even "mild" head injuries can have devastating consequences. Understandably, many survivors have palpable anger because they haven't been taken as seriously as they should have by the medical community.

While deaths like Mr. Saget's are uncommon, 166 Americans die from traumatic brain injury-related incidents every day, according to the [Centers for Disease Control](https://www.cdc.gov) (CDC). In addition, millions of lives are changed—sometimes permanently—from a bump, blow or jolt to the head.

Falls, motor vehicle accidents, and being struck by or against an object are some of the leading causes of head injuries, the CDC states. In fact, falls are the leading cause of reported traumatic brain injuries. Over 1.3 million—almost half—of all reported brain injuries are the result of falls every year in the United States.

Here are six things you can do to help protect yourself and your loved ones from preventable head injuries:

1. Regular appointments with your medical provider: Certain conditions can make you more susceptible to falls, especially those involving vision, hearing, and mobility. Go prepared to discuss instances where you fell or nearly fell and what you were doing at the time. Also, take a list of all medications you are taking, as some may have side effects that can increase your risk for falls. Your doctor can help you manage your medications and create a fall prevention safety plan with you.
2. Physical activity: Things like walking, yoga and tai chi can help improve coordination, strength, and flexibility, which can in turn decrease the likelihood of a fall. Consult with your medical provider before beginning any new or rigorous form of exercise,

*Continued on next page*

especially if you believe you are at risk for falling.

3. Well-lit environments: What you can't see can hurt you. Make sure living areas are well-lit to avoid tripping over or running into things.
4. Clear some space: Cleaning excess clutter and organizing your space can be a brain saver. Common tripping and fall hazards in the home include rugs, toys, loose floorboards, cords, wires, spilled food and liquids, houseplants, coffee tables, and bathtubs/showers. Experts say putting your things in a set place with plenty of room to navigate around them decreases the risk of home hazard accidents.
5. Be careful in the car: Risky road behavior, including texting, phone calls, applying makeup, eating, and road rage cause over 3,000 motor vehicle-related deaths per year. Putting your phone on "do not disturb," saving non-driving activities until you arrive at your destination, and of course, wearing a seat belt, are all ways to keep you, your loved ones and others safe while behind the wheel.
6. Take every head injury seriously: If you experience a bump, blow, or jolt to the head, don't ignore it. Seeking medical care immediately is critical. If you are with someone who has hit their head and is exhibiting the previously mentioned symptoms, take them to get medical help. Their head injury may cause the person to become disoriented, confused and sluggish, making it difficult for them to recognize the seriousness of the situation.

## Voices of Brain Injury: Recreating the TBI Community During a Pandemic

By Tina Yang



Tina Yang

Voices of Brain Injury was founded in March 2020 by a group of high school students when they realized that Covid-19 took away the strong knit community of TBI survivors. The purpose of VOBI is to connect and reunite individuals with brain injuries through shared experiences and stories, as well as to increase public awareness of brain injuries. VOBI is composed of volunteers from all over the world, for example, China, United States, Canada, etc. We conduct one-on-one interviews with individuals from the brain injury community who are willing to share their experiences. Close to 100 interviews conducted so far are published on the VOBI's blog-style website, which you can find by [clicking here](#).

The interviews are also posted on Instagram. The VOBI Instagram consistently features brain injury related research to spread awareness on [Instagram](#). VOBI also hosted a live informational webinar called Courage to Comeback, featuring three amazing brain injury survivors, who shared their experiences in hopes of providing a sense of hope and comfort to those with brain injuries and to educate others on how to welcome those with brain injuries.

VOBI is looking for brain injury survivors, or people who have experiences living or working with brain injury survivors, to share their story through a short, fifteen-minute virtual interview.

If you are interested in being interviewed, please sign up by [clicking here](#). Once you

sign up, a VOBI volunteer will reach out to you to schedule the interview. Interviewees can choose to be entirely anonymous and can be conducted through Zoom, phone call, or email, whichever is most convenient for you. The interviews are usually around 15-30 minutes.

Below are quotes from past VOBI interviews with brain injury survivors. You can also check out the full interview on our [website](#).

### Sean Reyes

*"But, then you realize that facing those feelings can actually empower you to do the things you want to do and are able to do."*

### Kaitlyn Behnke

*"Even if you don't know anyone who has completely healed from a brain injury like yours, I still know it is possible if you persevere; I don't believe in 'can't.'"*

### Michel White

*"I think with brain injury, one of the biggest things is recognizing that I'm me, this is me, for better or worse, this is who I am."*

### Anita Hsieh

*"People also say I'm such a rare case. The identity part added another burden in the rehab process. As Asian, I was embarrassed with my Asian identity, and I always hid that part of me, and to tie it with my stroke, I wanted to hide that part of me too because I felt like there's another added thing on my list. [...] But I feel like life has its ways, it's meant to be, there's a reason and purpose, and I really try to appreciate it."*

**Please reach out to  
[voicesofbraininjury@gmail.com](mailto:voicesofbraininjury@gmail.com)  
if you have any questions.**

# Winter Sports Safety and Traumatic Brain Injury Awareness

By Barb Tyler, Nebraska Department of Health and Human Services

Harsh winter days offer thrill-seekers a playground of opportunity to participate in extreme sports such as snowboarding, skiing, and snowmobiling. The high velocity along with the living-on-the-edge sense of adventure makes these sports appealing to many.

However, there are physical risks associated with such activities, such as concussions and TBI's. These sports and recreational activities contribute to about 21% of all TBIs among American children and adolescents. A study published in the *Orthopedic Journal of Sports Medicine* examined the rates of head and neck injuries in three extreme winter sports (snowboarding, snow skiing, and snowmobiling) and four extreme summer sports (surfing, skateboarding, mountain biking, and motocross).

The study discovered some alarming statistics:

- More than 4 million injuries were reported in the seven sports between 2000 and 2011, 11% of which involved injuries to the head and neck.
- Skateboarding, snowboarding, skiing, and motocross had the highest number of head and neck injuries.
- Snowboarding and skiing combined accounted for 55% of the reported concussions from all seven sports.
- According to the U.S. Consumer Products Safety Commission, snowboarding is the leading cause of winter sports injuries.

Adolescents watch extreme sporting events, like the recent Winter Olympics, on television and often think flying through the air on a snowboard looks easy. They do not realize all the practice that they put into the sport, nor do they see how often extreme athletes get injured while practicing and learning their stunts.

If injured while participating in any extreme sport, seek diagnosis and treatment from a sports medicine physician, preferably one who is specialty-trained

for musculoskeletal injuries. If a mild concussion is suspected, a diagnosis may require a neurological examination to test vision, hearing, strength, sensations, balance, coordination, reflexes, memory, as well as a cranial CT scan or MRI. Depending on the symptoms and severity of the injury, the injured party may be referred to a neurologist. Traumatic brain injuries are emergencies and require immediate treatment at the closest emergency room.

## To help make extreme winter sports adventure safer, the American Association of Orthopedic Surgeons suggest:

- **Always wear a helmet for high-velocity sports**
- **Prepare for extreme physical activity by stretching and warming up**
- **Hydrate and eat a well-balanced diet**
- **Wear appropriate protective gear and outerwear to limit skin exposure**
- **Know when to stop; injuries happen from exhaustion**
- **Avoid overexposure to sub-freezing temperatures**
- **Be informed about current weather conditions**
- **Stay in bounds on the slopes and watch for obstacles and hazardous conditions**
- **Never participate in winter sports activities alone**
- **Extreme sports activities should be enjoyed where medical care is near**
- **Seek medical attention if injured**

# Executive Dysfunction, A Common and Challenging Issue After Brain Injury

By Michelle Wild and Dr. Penny Trayner



Michelle Wild



Dr. Penny Trayner

Executive dysfunction is a common issue after brain injury and impacts every aspect of life. It includes challenges in various areas, including memory, time management, organization, prioritization, mental flexibility, and self-regulation. One survivor provides the following insight about her executive function issues, "I have problems with self-regulation because I was

pushing myself so hard to try to be the same as I once was, and that was causing a lot more symptoms to pop up and was actually making me pretty ill."

Traditionally, rehabilitation professionals use paper and pencil exercises, notebooks, alarms, calendars, etc., to address executive function issues. As rehabilitation practices evolve, a more practical way to address these challenges is to use smart devices such as smartphones, smartwatches, Alexa/Apple HomePod, and apps (e.g., BEST Suite, Notability, and Inspiration Maps). Many of these technologies can provide support at any time and place, especially outside of clinical or instructional sessions. They are routinely used by the general public, eliminating any undue attention on the brain injury survivor and the potential hassle of having to use specialized devices. In addition, smart devices and apps, when the brain injury survivor is

appropriately trained to use the devices and apps, can help bring about meaningful, functional improvements in people's lives.

Understanding the connection between technology, rehabilitation, and real life is essential for everyone involved in the rehabilitation process. Using technology can involve a significant investment of money and time on the part of the survivor to learn and ultimately use the smart devices and apps effectively in their everyday life. Recommended apps should address the struggles the survivor has outside of clinical sessions. The apps need to be functional, have a practical benefit on individuals' lives, and be continually refined to meet the ongoing needs of those living with brain injury.

Due to the plethora of smart devices and apps available, users need to clearly understand how the technology can help them in their day-to-day lives. The Making Cognitive Connections training approach emphasizes the technical skills necessary to operate these smart technologies or apps while simultaneously drawing parallels to the cognitive skills already being addressed in the rehabilitation process. In addition, the application of this approach provides an opportunity for the rehabilitation professional to help survivors learn to use the technology as a tool from which they can generalize the same cognitive skills into the real world, making the approach practical, concrete, relevant, and transferrable.

By utilizing a user-centered model for developing applications and providing the proper training and support to users, apps can be more helpful and lead to greater success for those living with brain injury.

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Building state and national capacity to create a better future alongside individuals affected by brain injury.

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