



1280 S. 3rd Street West, Suite 4, Missoula, MT 59801

Phone: (406) 541-6442 Fax: (406)541-4360

Toll Free: (800) 241-6442

TBI News

October 2010
newsletter

Message from the BIAMT Program Director

Autumn Greetings! Like the seasons, our Board of Directors and staff have also changed. The 2010 Executive Committee is now Bobbi Perkins from Helena (President), Brenda Toner from Missoula (Vice President and Treasurer) and Kathy Smith from Great Falls (Secretary). We welcomed two new members to the board: Pam Meck, a Clinical Nurse Manager at St. Patrick Hospital and survivor of brain injury, was elected to the board at the 2010 Annual Meeting. Leif Griffin, a survivor of brain injury, was appointed to the Board in September. Both Pam and Leif bring energy and passion to the board and the important work being done in Montana. The board also said good-bye to Dr. Cliff Brown who relocated to Washington, D.C.; Dr. Brown served on the board for 18 months. The office staff said good-bye to Maia Jackson and wishes her great success in the coming years. Maia returned to Colorado to continue her education. We welcomed Terry Stephens to the BIAMT staff as a Resource Facilitator; Terry previously volunteered for BIAMT as an intern while completing her Master of Social Work degree. We are pleased to have her continue her work with BIAMT.

Bobbi Perkins and I have had the opportunity to present information on our free state-wide service, Resource Facilitation, to several health care panels in the past year. Since January of 2006, we have served 867 people through this program which is a free, 24-month follow-up system of care for individuals living with brain injury and their families. Early access to this service is vital, and hospital referrals make a key difference. Resource Facilitators have seen the result of our outreach efforts through increased referrals from hospitals. We appreciate the following hospitals who are helping connect their patients to this service: Billings Clinic; St. Vincent Healthcare (Billings); St. Peter's (Helena); St. Patrick Health Sciences Center (Missoula); St. John's Lutheran (Libby); Kalispell Regional Medical Center; Bozeman Deaconess; and Big Horn Community Hospital (Hardin). If you or a loved one is interested in speaking with a Resource Facilitator, please call our office at 1-800-241-6442 or 406-541-6442.

The BIAMT is working to secure continued funding for the Resource Facilitation Service during the 2011 legislative session. We need your support as we take this message to Montana Senators and Representatives. If you would like to receive legislative updates and notices on how you can show your support please call our office or send an email to info@biamt.org

In this edition of TBI News we review acquired brain injury (see page 2); particularly falls (see page 3) and strokes in adults and kids. The book "My Stroke of Insight" (see page 7) is a wonderful read and provides a survivors perspective. We share highlights of our second annual helmet giveaway (see page 9); be sure to review the helmet fitting guidelines too.

We hope you enjoy this edition of TBI News!

BIAMT

Bobbi Perkins

President

Brenda Toner

Vice-president

Kathy Smith

Secretary

Board Members

Leif Griffin

Pam Meck

Sanya Ness

Anita Roessman

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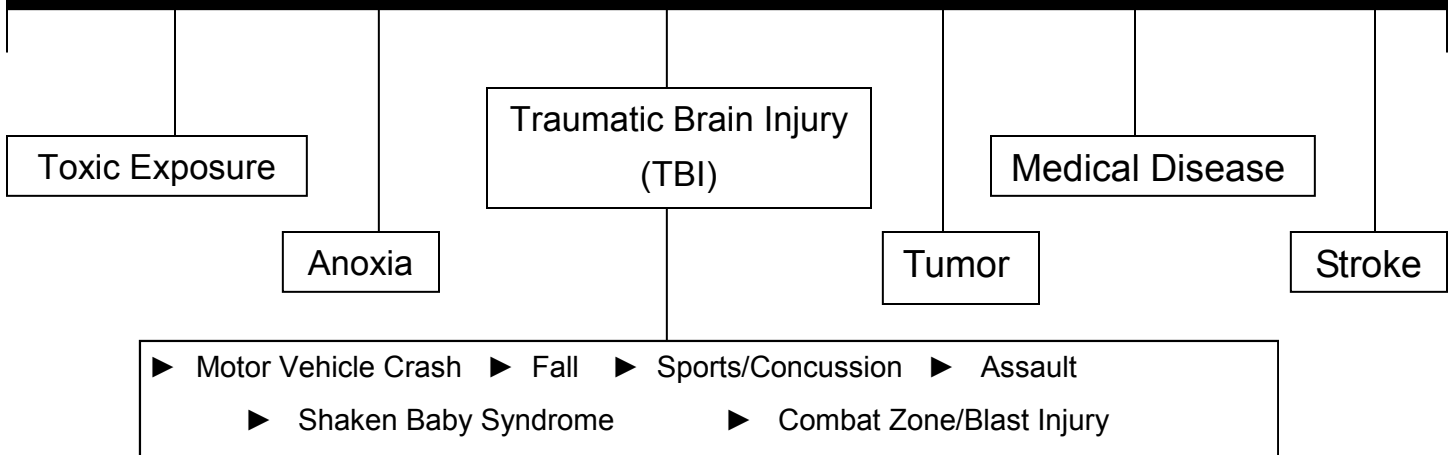
Roxene Barr

Office Staff

Megan

Volunteer

Acquired Brain Injury



Acquired Brain Injury is defined as:

An acquired brain injury (ABI) is an injury to the brain that has occurred after birth and is not hereditary, congenital or degenerative. The injury commonly results in a change in neuronal activity, which affects the physical integrity, the metabolic activity or the functional ability of the cell. The term does not refer to brain injuries induced by birth trauma.

Traumatic Brain Injury is defined as:

Traumatic brain injury is an insult to the brain, not of a degenerative or congenital nature but caused by an external physical force, that may produce a diminished or altered state of consciousness, resulting in an impairment of cognitive abilities and/or physical functioning. It can also result in disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychosocial maladjustment.

Traumatic Brain Injury

Traumatic brain injury (TBI) is a serious public health problem in the United States. Each year, traumatic brain injuries contribute to a substantial number of deaths and cases of permanent disability. Recent data shows that, on average, approximately 1.7 million people sustain a traumatic brain injury annually.

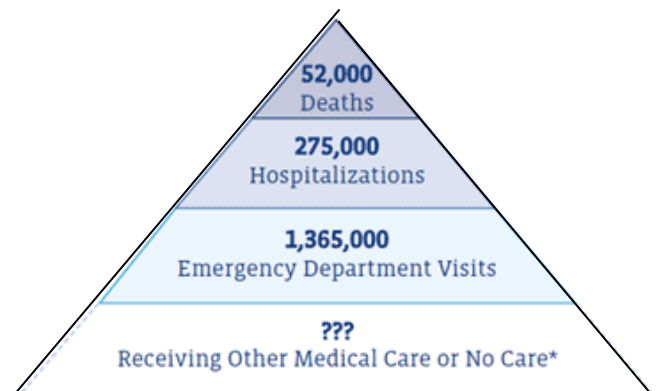
How Many People Have TBI?

National TBI Estimates

- 52,000 die,
- 275,000 are hospitalized, and
- 1.365 million, nearly 80%, are treated and released from an emergency department.

TBI is a contributing factor to a third (30.5%) of all injury-related deaths in the United States.

About 75% of TBIs that occur each year are concussions or other forms of mild TBI.



*The number of people with TBI who are not seen in an emergency department or who receive no care is unknown.

Stand Tall! Don't Fall!



Falls remain the leading cause of fatal and nonfatal injury for older Americans. Falls threaten seniors' safety and independence and generate enormous economic and personal costs. CDC's Injury Center monitors falls, fall-related injuries, and associated costs, reporting:

- ◆ In 2007, more than 18,000 older Americans died from injuries related to unintentional falls.
- ◆ In 2008, about 2.1 million nonfatal fall injuries in people 65 and older were treated in emergency departments and over 550,000 of these patients were subsequently hospitalized.

- ◆ The total cost of fall injuries for older Americans was \$19 billion in 2000. By 2020, the annual direct and indirect cost of fall injuries is expected to reach \$54.9 billion.

In Montana:

- ◆ In 2006, Montana had the fourth highest fall fatality rate for all ages in the United States.
- ◆ The death rate due to falls is higher among persons age 65 and older and highest among those age 85 and older.
- ◆ Nearly half of fall-related deaths occur in the home.
- ◆ Among deaths due to a fall, one in three is from falling on the same level.

Five things you can do to prevent falls:

- After visiting with your doctor or physical therapist, increase your **daily activity & exercise**.
- Have your doctor or pharmacist **review your medications and supplements**.
- Ask a physical therapist how to arrange for a **home safety visit**. Consider grab bars in the bathroom.
- Have your **vision checked**. Did you know that multi-focal and/or progressive lenses increase your risk of falls?
- Wear the **right footwear**. Supportive shoes with non-slip soles are excellent. Try to avoid ice and other risks.

Stepping On Classes

Falls are the leading cause of accidental death and injury for adults age 65 and older in Montana. The Department of Public Health and Human Services Injury Prevention Program researched available community-based fall prevention programs and determined *Stepping On*, an evidence-based program for reducing the fall rate among participants by 30%, to be a good fit for Montana. Three communities are piloting the program: Great Falls, Lewistown and Missoula. In May, the three sites sent staff to become trained as "Master Leaders" who will each coordinate and facilitate the classes. In June, all three sites implemented their first *Stepping On* course. Each course lasts seven weeks and participants attend once a week for two hours. The participants learn how regular strength and balance exercises, medication review, vision exam and home safety assessments can significantly reduce the risk for falls. The plan is to finish the pilot by June 2012 and secure resources to expand the program to more communities in Montana. For more information contact:

Missoula

Outpatient Therapist at 327-4050

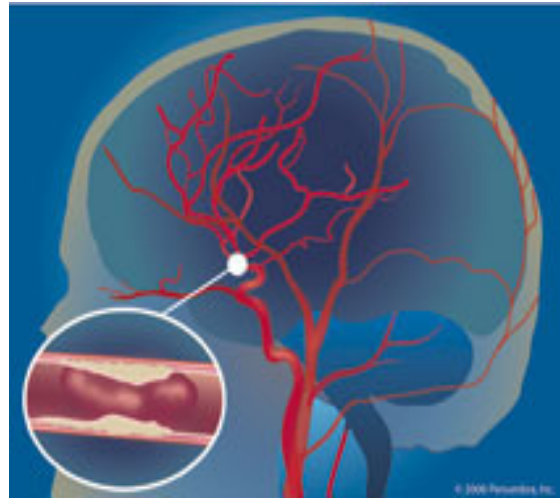
Great Falls

Bobbi Perkins at 444-4126

Lewistown

Bobbi Perkins at 444-4126

- Stroke is a **brain attack**, cutting off vital blood flow and oxygen to the brain.
- In the United States, stroke is the third leading cause of death, killing about 137,000 people each year, and a leading cause of serious, long-term adult disability.
- From 1996 to 2006, the stroke death rate fell 33.5 percent and the actual number of stroke deaths fell by 18 percent.
- Approximately **795,000 strokes** will occur this year.
- Stroke can happen to anyone at any time, regardless of race, sex or age.
- Approximately **55,000 more women than men** have a stroke each year.
- Men's stroke incidence rates are greater than women's at younger ages, but not older ages.
- African Americans have almost twice the risk of first-ever stroke compared with whites.
- Types of Stroke:
 - o **Ischemic stroke** occurs when arteries are blocked by blood clots or by the gradual build-up of plaque and other fatty deposits. About 87 percent of all strokes are ischemic.
 - o **Hemorrhagic stroke** occurs when a blood vessel in the brain breaks, leaking blood into the brain. Hemorrhagic strokes account for thirteen percent of all strokes, yet are responsible for more than thirty percent of all stroke deaths.
- Two million brain cells die every minute during stroke, increasing risk of permanent brain damage, disability or death. Recognizing symptoms and **acting fast** to get medical attention can save a life and limit disabilities.
- The prevalence of transient ischemic attacks (TIA) increases with age. Up to 40 percent of all people who suffer a TIA will go on to experience a stroke.
- The estimated direct and indirect cost of stroke for 2010 is \$73.7 billion.



Stroke Strikes Fast. You Should Too. Call 9-1-1.

Few Americans know the symptoms of stroke. Learning them—and acting FAST when they occur—could save your life or the life of a loved one. Remember that: Stroke Strikes Fast. You Should too. Call 9-1-1.

Common stroke symptoms include:

- Sudden numbness or weakness of the face, arm or leg – especially on one side of the body,
- Sudden confusion, trouble speaking or understanding,
- Sudden trouble seeing in one or both eyes,
- Sudden trouble walking, dizziness, loss of balance or coordination,
- Sudden severe headache with no known cause.

Use the F.A.S.T. test for recognizing and responding to stroke symptoms:

F = FACE Ask the person to smile. Does one side of the face droop?

A = ARMS Ask the person to raise both arms. Does one arm drift downward?

S = SPEECH Ask the person to repeat a simple sentence. Does the speech sound slurred or strange?

T = TIME If you observe any of these signs, it's time to call 9-1-1 or get to the nearest stroke center or hospital.

Stroke Symptoms and Risks

Reducing Stroke Risk

Everyone has some stroke risk. Some risk factors are beyond your control, including being over age 55, being a male (stroke is more common in men than women at younger ages, but more women experience strokes at older ages and more women than men die from stroke), being African-American, having diabetes, and having a family history of stroke. If you have one of these risk factors, it is even more important that you learn about the lifestyle and medical changes you can make to prevent a stroke. Learn more by reading the Prevention Guidelines below.

Medical stroke risk factors include:

Previous stroke, previous episode of TIA or mini stroke, high cholesterol, high blood pressure, heart disease, atrial fibrillation and carotid artery disease. These medical risk factors can be controlled and managed even if you have already had issues with any of them in the past. Talk with your doctor about what will work best for you.

Lifestyle stroke risk factors include:

Smoking, being overweight and drinking too much alcohol. You can control these lifestyle risk factors by quitting smoking, exercising regularly, watching what and how much you eat and limiting alcohol consumption.

Public Stroke Prevention Guidelines

1. Know your blood pressure. If it is elevated, work with your doctor to keep it under control. High blood pressure is a leading cause of stroke. Have your blood pressure checked at least once each year—more often if you have a history of high blood pressure.

2. Find out if you have atrial fibrillation (AF). If you have AF, work with your doctor to manage it. Atrial fibrillation can cause blood to collect in the chambers of your heart. This blood can form clots and cause a stroke. Your doctor can detect AF by carefully checking your pulse.

3. If you smoke, stop. Smoking doubles the risk for stroke. If you stop smoking today, your risk for stroke will begin to decrease.

4. If you drink alcohol, do so in moderation. Drinking a glass of wine or beer or one drink each day may lower your risk for stroke (provided that there is no other medical reason you should avoid alcohol). Remember that alcohol is a drug - it can interact with other drugs you are taking, and alcohol is harmful if taken in large doses. If you don't drink, don't start.

5. Know your cholesterol number. If it is high, work with your doctor to control it. Lowering your cholesterol may reduce your stroke risk. High cholesterol can also indirectly increase stroke risk by putting you at greater risk of heart disease - an important stroke risk factor. Often times, high cholesterol can be controlled with diet and exercise; some individuals may require medication.

6. Control your diabetes. If you are diabetic, follow your doctor's recommendations carefully because diabetes puts you at an increased risk for stroke. Your doctor can prescribe a nutrition program, lifestyle changes and medicine that can help control your diabetes.

7. Include exercise in the activities you enjoy in your daily routine. A brisk walk, swim or other exercise activity for as little as 30 minutes a day can improve your health in many ways, and may reduce your risk for stroke.

8. Enjoy a lower sodium (salt), lower fat diet. By cutting down on sodium and fat in your diet, you may be able to lower your blood pressure and, most importantly, lower your risk for stroke.

9. Ask your doctor if you have circulation problems. If so, work with your doctor to control them. Fatty deposits can block arteries that carry blood from your heart to your brain. Sickle cell disease, severe anemia, or other diseases can cause stroke if left untreated.

10. If you have any stroke symptoms, seek immediate medical attention.

This article was retrieved on 9-1-10 from The National Stroke Association
http://www.stroke.org/site/DocServer/STROKE_101_Fact_Sheet.pdf?docID=4541

Kate's Journey: A Survivors Story ~ ~ By W. Reed Moran

Kate Adamson has something important to say to stroke survivors and their families. And a large part of her message is how she is now able to say anything at all.

In 1995, at the age of 33, Kate's life seemed totally in control. A New Zealand native, she was living the American dream — a five-bedroom house in a Southern California beach town, a loving husband and two healthy and happy young daughters. She exercised regularly, watched what she ate, and was about to start a personal training business.

One day she suddenly felt dizzy. She lost focus and balance. Within minutes, she was unable to speak or move. Doctors and nurses worked on her body, but didn't speak to her. She tried to talk. She tried to move. She felt pain, and tried to scream. Nothing happened.

Kate was in a living nightmare — totally awake and aware, yet trapped in her own body. No one knew that she was still able to think and yes, to feel pain.

The doctors inserted a breathing tube and a feeding tube, without giving her adequate pain killers. No one told her what was going on. Everyone assumed she couldn't understand.

Kate did understand two very important things: she was in serious trouble, and she had to find a way to connect with the outside world in order to survive.

Kate was lucky, she reports. "People from my church were there. My husband Steven was at my side every day, talking to me, trying to make contact. I watched as he fought with our insurance company over the phone, insisting I could make progress from what seemed an impossible condition."

Kate eventually learned she had suffered a double brain-stem stroke — and that any kind of progress was far from certain. The brain stem is the area of the brain that controls body functions such as breathing, blood pressure, heartbeat, eye movements and speech. A brain stem stroke is usually fatal.

Steven closed his law practice for five months, completely devoting himself to the hope of his wife's recovery.

That hope was rewarded in a small but very surprising and heroic way. "I discovered I could blink," said Kate. "I realized that if I could blink, I could 'talk' to other

people. I wasn't completely helpless. In that moment, an entire world of possibilities opened up to me."

Her progress started with baby steps. "I focused on little goals, not the big picture," she said. "I just asked God to give me the strength to get me through what I had to face each day. I couldn't allow myself to look back on what I'd lost, or to worry about the future."

Three months later, her focus and determination paid off. Kate had recovered enough to return to her family, in a wheelchair. "I wanted to have it all back, to go home walking," says Kate. "And it was then that I learned another important lesson. There is a secret to recovery from stroke or any other major life problem: Willingness. Willingness to face the facts of what is happening today, and in spite of that, to have the stubborn willingness to continue to fight."

Ten years after her stroke, Kate is a professional motivational speaker, an award-winning author, and champion of the possibility of positive change. "Near the end of my hospital treatment, and long before my life had any chance of becoming 'normal,' my husband and I decided this struggle, this journey, was much more important than just my recovery," said Kate.

And this is where Kate points the way to life-long purpose, happiness and satisfaction for herself and other stroke survivors. "The key is to find the value in helping others." Kate admits it's a leap of faith for everyone struggling with their own challenges. "Again the answer comes from willingness — the willingness to understand that helping others is the best way to help yourself."

Kate's first effort was starting a stroke recovery support group, "Back on Track," with the Southern California chapter of National Stroke Association. "I was amazed that I'd actually pulled it off," said Kate. "I never had anyone tell me I could do anything that mattered when I was growing up."

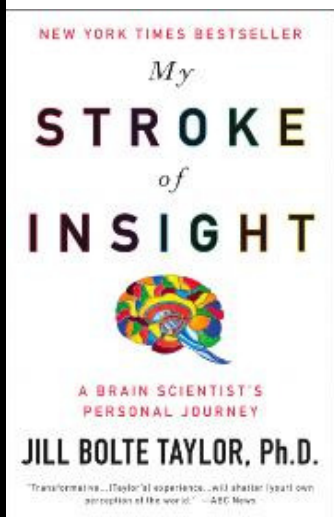
Kate went on to write the book, "Kate's Journey," and to appear twice before joint sessions of Congress and on multiple national television and radio broadcasts. She also speaks to conventions, churches and civic groups. "I know it's a gift to be able to speak again at all," said Kate. "It isn't always comfortable. Even now my body will tense up and sometimes an arm will suddenly fly out when I'm in the middle of talking in front of strangers." But Kate understands the only thing that's really important is the message. "Everyone has a disability. Some of them are visible, some aren't. It's all about what we can do, not what we can't," she said.

Her final message? "Do whatever it takes to keep you inspired. Don't isolate yourself. Pick up that fifty-pound telephone and ask someone else, "What can I do for you?"

"Pretty soon you'll realize that while every day isn't a great day, every new day offers possibilities you never would've imagined."

Retrieved from *Stroke Smart Magazine* on 9/1/2010 at http://www.stroke.org/site/PageServer?pagename=SS_MAG_mj2006_feature_kate

Book Review: My Stroke of Insight



On December 10, 1996, Jill Bolte Taylor, a thirty-seven-year-old Harvard-trained brain scientist, experienced a massive stroke in the left hemisphere of her brain. As she observed her mind deteriorate to the point that she could not walk, talk, read, write, or recall any of her life—all within four hours—Taylor alternated between the euphoria of the intuitive and kinesthetic right brain, in which she felt a sense of complete well-being and peace, and the logical, sequential left brain, which recognized she was having a stroke and enabled her to seek help before she was completely lost. It would take her eight years to fully recover.

For Taylor, the stroke was a blessing and a revelation. It taught her that by "stepping to the right" of our left brains, we can all uncover feelings of well-being that are often sidelined by "brain chatter." In *My Stroke of Insight*, Taylor provides a valuable recovery guide for those touched by brain injury and an inspiring testimony that inner peace is accessible to anyone.

"[Dr. Taylor] brings a deep personal understanding to something she long studied: that the two lobes of the brain have very different personalities." ---- *The New York Times*

2009-2010 Montana Mammography Directory

The directory provides information on mammography service providers by city. Each entry includes contact information, hours of operation, standard and additional services available, and disability access information. Directory information may suggest arrangements or accommodations you can request when scheduling your next mammogram.

In Montana, women can arrange to receive a mammogram from a seated position. All mammography centers in the state have at least one machine that can be lowered for someone who is sitting down (i.e., to 31 inches or lower).

Some mammography facilities may have access issues that may require advanced planning to ensure a successful mammogram experience for you and the health care providers. This directory offers suggestions that help you to be aware of those issues and help you develop a plan to address them when scheduling your mammogram.

Visit the directory at:

<http://mtdh.ruralinstitute.umt.edu/mammography.htm>

Examples of questions you may ask:

- ◆ Where is the Van Accessible Parking located? Is it clearly marked with an upright sign?
- ◆ Are there automatic door openers or lever handles on all doors?
- ◆ Is there enough space in the mammography room for me to maneuver my wheelchair?
- ◆ Are the changing rooms accessible or could I use the exam room to change my clothes?
- ◆ Is there an accessible restroom in the mammography department? If not, where is the closest accessible bathroom to the mammography department?
- ◆ Does the facility have an ASL interpreter?
- ◆ Will I need to schedule additional time for my mammogram?
- ◆ How soon will I know if additional images are needed? Can I return to the same mammography center for additional testing or will I need to go somewhere else?

Kids and Strokes

On average, it takes 12 to 24 hours for adults to get to the hospital after recognizing the first symptom of stroke. That time shoots to 48 to 72 hours for children.

This delay occurs mostly due to the widespread belief that strokes don't happen to children. Chicken pox, croup, ear infections -- these are the things we associate with sick children. Not stroke.

Yet a small but meaningful percentage of children do have strokes, and the causes are dramatically different from those in adults.

Causes of Childhood Stroke:

Strokes in adults often can be blamed on high blood pressure, high cholesterol, a history of smoking, too much alcohol and obesity.

In contrast, children's strokes are more often caused by:

- ◆ birth defects
- ◆ infections (eg, meningitis, encephalitis)
- ◆ Trauma
- ◆ blood disorders such as sickle cell disease

Related Disabilities

Stroke-related disabilities is another area where childhood and adult stroke survivors can differ. Due to brain cell damage caused by the stroke, both children and adults who have strokes often have problems with:

- ◆ Speech and communication
- ◆ Paralysis or weakness on one side

But there are some stroke-related disabilities that are unique to children, including:

- ◆ cerebral palsy
- ◆ mental retardation
- ◆ epilepsy

Other stroke complications for children are:

- ◆ Fever

- ◆ poor nutrition and conditions that result from prolonged bed rest

Children Heal Better

While strokes in children can be devastating, children have a better ability to heal because of the greater plasticity or flexibility of the child's nervous system and brain. A child's brain is still developing, therefore it may have a greater ability to repair itself. With the help of physical and speech therapy, most childhood stroke survivors recover the use of their arms, legs and speech.

Childhood stroke symptoms are similar to those of adult stroke:

- ◆ a severe headache -- often the first complaint
- ◆ speech difficulties
- ◆ eye movement problems
- ◆ numbness

This article was retrieved 9-1-10 from the National Stroke association at <http://www.stroke.org/site/PageServer?pagename=PEDSTROKE>



Pediatric Stroke Network (PSN)

The Pediatric Stroke Network (PSN) is dedicated to helping parents and families cope and move forward in their lives. Support sites for parents are listed on their Web site www.pediatricstrokenetwork.com

Check out these other resources too:

Strokecenter.org/peds

Strokesafe.org/resources/pediatric_stroke.html

Strokeassociation.org/pediatric

Helmet Giveaway

On August 16th the Brain Injury Association of Montana held their Second Annual Helmet Giveaway at a Missoula Osprey baseball game. The evening focused on brain-injury awareness and prevention with 145 Osprey fans receiving multi sport helmets.

Fans had their helmets fitted by volunteers from Community Medical Center and St. Patrick Hospital. Volunteers also supported BIAMT by walking up and down the stairs selling 50/50 raffle tickets and handing out awareness flyers.



The BIAMT developed a new display board highlighting information on sports & concussions, prevention strategies, statistics on sports-related injuries, and information for parents, athletes, and coaches.

Leif Griffin, a survivor of brain injury and new member of the Board of Directors, threw the first pitch of the game and shared his story with Osprey fans. BIAMT appreciates the support of the Missoula Osprey; Dix; Hunt & McDonald; Community Medical Center; St. Patrick Hospital; Northwestern Energy; El Diablo; and Advanced Litho Printing;.

Correct way to fit and wear a helmet

It is important that your helmet fits your head correctly because a helmet will not protect your head if it does not fit right. There are three things to remember when choosing and wearing a bicycle helmet:

Snug ~ Level ~ Buckled



o **Snug**: The chin strap should be snug against your chin so that when you open your mouth wide you feel the helmet pull down a little. Helmet pads can be adjusted in order to get the best fit.

o **Level**: Your helmet should sit on top of your head in a level position, not tilted forward or backward

o **Buckled**: Your helmet straps need to be buckled at all times with no more than a finger's width between the chin and strap. The straps of the helmet should form a V under your ears when buckled.

Remember to always wear a helmet while riding a bike, no matter how short the trip and even in your yard or driveway, because bicycle crashes can happen anytime, anywhere, and you want to be prepared.

The Right to Know & Every Woman Matters



The Right to Know

Breast cancer is a major public health concern for all women, including women with disabilities. Disabled women are just as likely as women without disabilities to have ever received a mammogram: however, they are significantly less likely to have been screened within the recommended guidelines (MMWR 1998, Lezoni et al. 2000, Schootman 2003). The public health community has increased breast cancer awareness and encouraged women to adopt preventive practices through the use of health communication messages and campaigns, yet few communication messages exist that target women with disabilities.

As a result of a study, CDC, in collaboration with its social marketing contractor, the American Institutes for Research, created and tested the Right to Know campaign. The Right To Know campaign is a family of health promotion materials designed to increase awareness of breast cancer among women with physical disabilities and encourage these women to get screened.

www.CDC.gov/RightToKnow

See page 7 for questions on accessibility and information on the 2009-2010 Montana Mammography Directory.

Every Woman Matters: Portraits of Montana Women Living with Disabilities (EWM)

EWM is a multimedia exhibit developed by community partners in Montana to travel the state and promote awareness of the Centers for Disease Control and Prevention's Right To Know campaign. The EWM exhibit features black-and-white portraits (36"x 48" canvas prints) of 12 Montana women with physical disabilities – some of them breast cancer survivors, all of them role models and advocates. The portraits, taken by internationally acclaimed portrait photographer Steven Begleiter, are augmented by a multimedia video project produced by University of Montana School of Journalism students and Assistant Professor Jeremy Lurgio. A grant from Susan G. Komen for the Cure's Montana Affiliate supported portrait production. The "Every Woman Matters" multimedia exhibit will be traveling to communities across the state.



UPCOMING "EVERY WOMAN MATTERS" EXHIBIT DATES

Glasgow, Montana	Hamilton, Montana	Glendive, Montana	Butte, Montana
<p>November, 2010 at the Frances Mahon Deaconess Hospital. A reception is tentatively scheduled for November 16th.</p> <p>For more information or to get involved, contact: Shyla Patera (406)452-9834 at NCILS.</p>	<p>Marcus Daly Memorial Hospital during January, 2011. A reception is scheduled in conjunction with Relay For Life registration on January 19th at 5:30 PM.</p> <p>For more information or to get involved, contact: Mary Millan, (406)363-5242 or Deena Boyd, (406) 363-3521 at Summit, ILC.</p>	<p>The Gallery, 109 N. Merrill, Glendive during the month of February, 2011. A reception for the exhibit is scheduled on February 6th from 1:00-2:30 PM</p> <p>For more information or to get involved, contact: Pam Mitchell, (406) 377-4062 at LIFTT.</p>	<p>For more information or to get involved, contact: Cassie Weightman, (406)782-4834 at MILP.</p>

For information about the Montana Cancer Control Program's low cost and free cancer screenings call: toll free 1-888-803-9343

Montana Brain Injury Support Groups

<p><u>Big Timber</u> Meetings To be Announced Contact: Dulcie Bue (406)780-0052</p> <p><u>Billings</u> 3rd Tuesday 7:00 p.m. MCD in MSU Billings College of Education Building Contact: Ian Elliot (406) 656-2744</p> <p><u>Bozeman</u> Contact for Meeting Information. Contact: Mary DeBernardis (406) 763-4268</p> <p><u>Butte</u> Coming Soon! Contact our office for more details. 1-800-241-6442</p> <p><u>Clark Fork Valley</u> 3rd Tuesday at 1:00 p.m. Call to verify time and location Contact: Sherrie Jackson (406) 847-0016</p> <p><u>Crow Agency</u> 2nd Thursday at Noon Awe Kualawaache Care Center Contact: Dean Bird (406) 638-4073 (w) (406) 860-1440 (cell)</p> <p><u>Eureka</u> 3rd Monday 5:30 p.m. Senior Citizen Center Contact: Laura Wilde (406) 295-9753 Don Walker (406) 293-6518</p>	<p><u>Great Falls</u> 2nd Tuesday 7:00 p.m. Benefis East: Malasani Room Contact: Mike or Charlene Sullivan (406) 453-6028</p> <p><u>Helena</u> 3rd Wednesday 7:00 p.m. Disability Rights Montana Contact: Karen Cyr (406) 449-2538</p> <p><u>Kalispell</u> 2nd Monday 6:00 p.m. The Summit - Hwy 93 N. Contact: Sue Crawford (406)756-4725</p> <p><u>Lake County</u> 1st Monday 6:30-7:30 St. Joesph Hospital and Medical Center in Polson, Conference Room Contact: Amie Hankins (406)890-0386 amiemhankins@yahoo.com</p> <p><u>Lame Deer</u> 2nd Tuesday 5:30 p.m. Chief Dull Knife College Contact: Esther Littlewolf (406) 477-3641 ext. 21</p> <p><u>Lewistown</u> 4th Monday 6:30 pm First Presbyterian Church 215 5th Ave. South Contact: Lorelei Miksch (406) 538-3608</p>	<p><u>Libby</u> 3rd Thursday 7:00 p.m. Families in Partnership Contact: Laura Wilde (406) 295-9753 Donovan Walker (406)293-6518</p> <p><u>Missoula</u> 3rd Monday 6:30 p.m. St. Patrick's Hospital Lower level conference room Contact: Jim Mickelson (406) 544-6629</p> <p><u>Troy</u> 3rd Wednesday 6:00 p.m. Senior Citizen Center Contact: Laura Wilde (406)295-9753 Donovan Walker (406)293-6518</p> <p><u>Whitehall</u> 3rd Thursday 7:00 p.m. Liberty Place-1173 MT Hwy 55 Contact: Ann Geiger (406)533-5102</p> <p>Weekly meetings available for Missoula and Lewistown groups. For more information contact the group leaders for these areas.</p>
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Become a Member of BIAMT

Who should join? Brain injury survivors, family and friends of survivors, nurses, physicians, therapists, clinicians, case managers, attorneys, and anyone else interested in brain injury prevention, education, and advocacy. Please join BIAMT by mailing your membership form today.

All fields marked with an * are required.

* Name _____

Organization/Business _____

* Mailing Address _____

E-mail address _____

* Telephone number _____

Membership category (check one):

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|---|---|
| <input type="checkbox"/> Professional Organization/Business (\$250) | <input type="checkbox"/> Single Professional (\$50) |
| <input type="checkbox"/> Non-Profit Organization (\$150) | <input type="checkbox"/> Individual (\$15) |
| | <input type="checkbox"/> Other (\$_____) |

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