

TBI News

Spring 2011
newsletter

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

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

Toll Free: (800) 241-6442



**BRAIN INJURY
ASSOCIATION**
OF MONTANA

Welcome, TBI News readers! During the past five years the BIAMT staff have had the opportunity to serve 930 Montanans living with brain injury through the Resource Facilitation Service; a 24 month follow up system of support, resources, and advocacy. The Brain Injury Association of Montana (BIAMT) received feedback on the name of the service from physicians, nurses, researchers, and individuals living with brain injury. The consensus was loud and clear... where is the connection between the name and brain injury? We are pleased to announce a name change to **Brain Injury Help Line**. The new name informs people of who we serve and what we are here to do. The Brain Injury Help Line helps people understand what's happening to them or to a loved one, get re-training and support, and navigate medical and social systems. With an additional 48 new participants in the first three months of 2011 we are on track to enroll 200 Montanans this year.

The 62nd Session of the Montana Legislation included opportunities when lawmakers heard about brain injury in Montana. **Thank you** for bringing the voice of brain injury to the forefront through your personal testimonies. As we near the end of the session it appears \$100,000 will be secured for funding the **Brain Injury Help Line**. We would like to acknowledge the members of the Joint Appropriations Subcommittee on Health and Human Services along with members of the Senate Finance and Claims Committee for recognizing the importance of this valued service and providing a means for the service to continue. We would like to recognize several champions of the process: Senator Hamlett (D - Cascade), Representative Roberts (R - Helena), Senator Keane (D - Butte), Senator Caferro (D - Helena), Anita Roessman, Terry Stephens, Lacey Hunt, Ian Elliot, Cindi Laukes, Tana Ostrowski, Julia Hammerquist, Jim Hunt, Kristen Morgan, Aimee Grmoljez, and Jana Suchi. We appreciate all of the support and thinking outside the box to establish base funding for brain injury in Montana.

Every year, the Brain Injury Association of America (BIAA) and its nationwide network of 44 Chartered State Affiliates work hard to educate and bring regional and national awareness about brain injury; the 2011 focus is sports and concussions. This year we challenge parents, coaches, school administrators and teachers, athletic organizations, City Parks and Recreation Departments, athletes and the general public to learn more about concussions and to get the facts. A concussion is a brain injury and most concussions occur without the loss of consciousness, so all concussions must be taken seriously. This year the BIAMT is reaching out to over 450 Montana high school coaches of football, wrestling, soccer, and spirit. Be sure to check out Ben's message on page 4 and news from the US Youth Soccer and CDC on page 6.



Did you know that you can support Montanans living with brain injury by attending an upcoming Osprey game? That's right!

Simply call up BIAMT at 1-800-241-6442 or 541-6442 and buy a ticket to the August 30th game; \$5 of your \$10 ticket price will go to BIAMT!

Tickets do have to be purchased through BIAMT or online at the Fundraiser Tickets page, not the Osprey box office, to be included in this fundraising opportunity.

Again, please give us a call at 800-241-6442 for more information, and thank you for supporting your community members in need.

**The Brain Injury Association of Montana thanks
Peak Performance Physical Therapy & Sports Medicine
for sponsoring 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 Roessmann

Mark Sanders

Randy Wood

BIAMT Office

Kristen Morgan

Program Director

Terry Stephens

Resource Facilitator

Lacey Hunt

BSW Intern

Nicole Allen

Office Staff

Megan

Volunteer

**THE DYLAN
STEIGERS
CONCUSSION PROJECT**



Peak Performance Physical Therapy is dedicated to providing the best rehabilitative care and the latest in injury prevention and performance enhancement in western Montana. Concussion recognition and management is an integral aspect of our Sports Medicine Program and a major concern for the Missoula Community. For this reason, we have developed the Dylan Steigers Concussion Project focused on community education, baseline & after injury testing, and prevention.

Dylan Steigers was a Missoula Sentinel alumnus who tragically passed-away last May after a traumatic brain injury suffered during a spring football game in Eastern Oregon. We have teamed with his family to educate the Missoula community. This project provides a resource for coaches, parents, and athletes alike to learn more about concussions. As part of this project we have designed a baseline and post concussion testing program using computer based neurocognitive testing (measures player symptoms, verbal and visual memory, processing speed, and reaction time to 1/100th of second), balance testing, exertion testing, and return-to-play guidelines. This program is currently available in our clinic for \$20 and includes a pamphlet of current concussion information along with a voucher code and instruction of how to take the baseline test online.

The Project also includes community lectures which will be held at our new clinic at 1940 Harve St. Lectures will focus on current research and guidelines and will be presented by local experts in the area of concussions and mild traumatic brain injuries. Lectures will be free to the community and schedules will be posted on our website (www.peakptmt.com) and advertised in the Missoulian when they are finalized.

The program has currently been offered to several Missoula schools free of cost for all of their student athletes. Peak Performance Physical Therapy has offered to fund the cost of the tests for the first year. As the program continues to grow and community support increases we hope to expand it to include all student athletes in the Missoula community.

2011 Annual Brain Injury Conference



**October 21st, Friday
and
October 22nd, Saturday
at the Hilton Garden Inn**



Grizzly Hall of Fame Member — Dave Dickenson

Great Falls native Dave Dickenson continues to be involved in Montana charities and organizations. Dickenson is known for his impressive high school football record but also as the highest rated college player from the University of Montana. In his graduate year, 1995, Dickenson accomplished the highest percentage of passes per touch down, fewest interceptions on passes in NCAA Division I-AA history, and finished the year by earning the Walter Payton Award honoring outstanding offensive players.

Dave began his thirteen year professional career with the CFL Calgary Stampeders in 1997. Dave spent two years (2001-2002) playing in the NFL league and then returned to Canada where he played for the BC Lions until 2007. Dave returned to the Calgary Stampeders in 2008 as a free agent and retired on February 4, 2009; his career was cut short by increased post concussive symptoms. A short time later on May 1, 2009

Dave rejoined the Calgary stampeders as the assistant offensive coach. On December 9, 2010 Dave Dickenson was promoted to offensive coordinator.

The Brain Injury Association of Montana would like to express our gratitude to Dave and recognize him for his support in our March 18th joint fundraiser with the Montana Brain Injury Center. Dave autographed several items for the silent auction, contributed a "Meet and Greet" in Calgary, two tickets to a Stampeders football game, and a locker room tour. **Thank you Dave! Best of Luck in your 2011 season!!**

You or your loved one may be eligible to participate in the

UNIVERSITY OF WASHINGTON STUDY: Life Improvement Following Traumatic Brain Injury (LIFT)

Researchers hope to find out if counseling can help people with a TBI get back to activities they enjoy, develop positive mental habits, and improve overall quality of life. Eligible participants will be enrolled in the study for 16 weeks, with a follow phone call 8 weeks later.

Participants must meet the following eligibility criteria:

- ◆ At least 18 years of age
- ◆ Sustained a complicated mild, moderate, or severe TBI within the last 10 years
- ◆ Speak English fluently
- ◆ Meet screening criteria for probably major depression

Enrollment open to individuals residing in Washington, Alaska, **Montana**, and Idaho states.

For more information contact: Kenneth K. Marshall, BA, Research Study Coordinator
(206) 744-3609, 1-866-577- 1925



The Right to Know

To find out if you qualify for a free or low cost mammogram and Pap test and where to get screened, **call 1-888-803-9343**

Join the **Right To Know** team and participate in the 17th Annual Komen Montana Race for the Cure.

**Saturday, May 21, 2011—State Capitol—Helena
5K Run/Walk/Roll or 1-Mile Run/Walk/Roll**

For more information, please contact Holly Horan at 406-243-2966 or via email at hhoran@ruralinstitute.umt.edu

Check out Every Woman Matters at <http://mtdh.ruralinstitute.umt.edu/>



Return to Play Rules

According to a three year study conducted by the American Academy of Neurology, 41% of concussed athletes evaluated in over 100 schools return to play too soon. The study also noted, in these same schools, 16% of high school football players who lost consciousness returned to the field the same day.

In response to these alarming statistics and mounting concerns over the long term effects of concussions, the National Federation of State High School Associations (NFHS) modified their guidelines. The new rules require that any athlete exhibiting signs of a concussion including loss of consciousness, dizziness, headache, confusion or balance problems be removed from a game and evaluated by coaching staff. If the athlete is suspected of having a concussion, they cannot return to play until cleared by a doctor, physician assistant or nurse practitioner.

Mark Beckman, Executive Director of the Montana High School Association (MHSA), says the new rules take into consideration that in many cases, athletes that suffer a concussion do not lose consciousness. The new MHSA guidelines remind school activities officials, coaches, and administrators “when in doubt, sit them out.”

COMMON SYMPTOMS OF CONCUSSION INCLUDE

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion
- Difficulty paying attention
- Memory problems
- Does not “feel right”

Coaches: Recognizing a possible concussion

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.
2. Any change in the athlete’s behavior, thinking, or physical functioning.

Signs Observed by Coaching Staff

- ◆ Appears dazed or stunned
- ◆ Is confused about assignment or position
- ◆ Forgets sports plays
- ◆ Is unsure of game, score, or opponent
- ◆ Moves clumsily
- ◆ Answers questions slowly
- ◆ Loses consciousness (even briefly)
- ◆ Shows behavior or personality changes
- ◆ Can’t recall events prior to hit or fall
- ◆ Can’t recall events after hit or fall

Parents: What should you do if you think your child has a concussion?

1. Seek medical attention right away.
2. Keep your child out of play.
3. Tell your child’s coach about any recent concussion.

Athletes: What should you do if you think you have a concussion?

1. Tell your coaches and your parents.
2. Get a medical check up.
3. Give yourself time to get better

Coaches and administrators remind students that they must play a role in monitoring and reporting concussions after an injury. Unlike other injuries that can be examined by an external source, concussions and related brain injuries can only be properly diagnosed with the assistance of the patient.



When in doubt...sit them out!

Modified in 2010 . . . is it Enough?

Honest is The Best Policy ~ Benjamin's Story

September 10, 2010, Ben took a hit during a football game. He did not realize the significance of that hit. He started complaining about headaches and on the 15th his parents took him to the doctor. His coaches were notified; the discussion between parents and his coach was that Ben would sit out for the up coming game on the 17th.

September 17, 2010 is a date that folks of Philipsburg will remember. Seventeen year old Benjamin Houg, collapsed on the sideline of the football field shortly into the first quarter of the game against the Lincoln Lynx. Earlier that day Ben sat in the coach's office with his mom and convinced them that he was ok to play. It was his senior year; his last year to play football with his hometown buddies. However, if Ben could take back what he had said that convinced those around him that he was ok to play, he would.

Upon collapsing on the side line, the coaches and Lincoln's ambulance crew quickly responded. Ben was transported to Clearwater Junction and then life flighted to a regional hospital. He was rushed from the ER to receive a CAT SCAN and went immediately to surgery where Neurosurgeon Dr. Kris Mack performed the necessary procedures to stop the bleeding in Ben's brain from a ruptured vein. It was determined that Ben had suffered a severe blow to the head which resulted in a subdural hematoma of which Ben is very lucky to have survived.

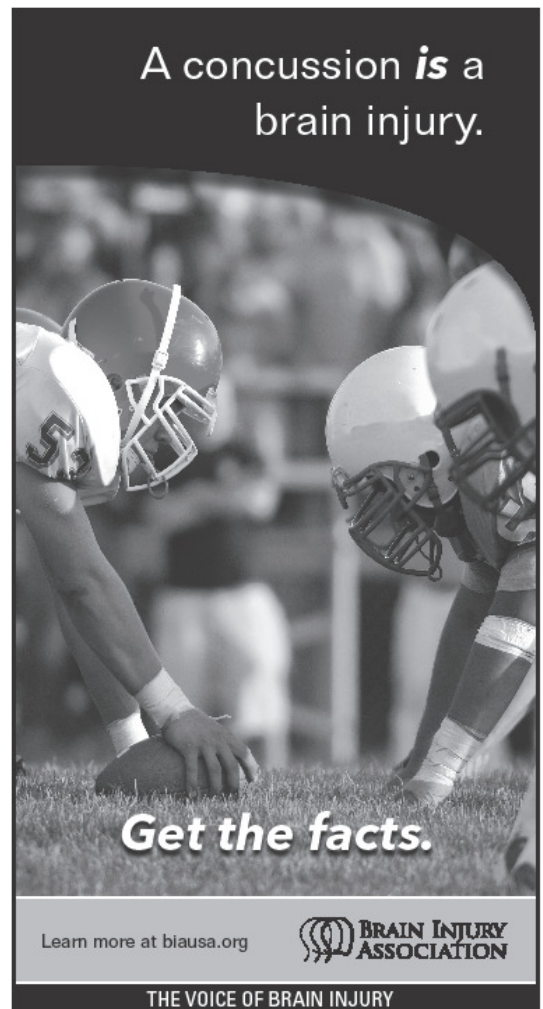
After receiving successful treatment from the hospital's ICU and inpatient rehabilitation center, Ben moved to Community Bridges outpatient rehabilitation program where he received daily treatment until his October 2010 release. When asked about his ordeal, Ben stated "the hospital sucked" but mostly, he regrets not being **honest** with his coaches, "if it wasn't for them I wouldn't be here today".

The revised return to play rules support efforts to prevent **Second-impact syndrome (SIS)** which occurs when an individual sustains a second brain trauma before he/she has recovered from the first. Every brain injury is unique and recovery varies from weeks, months, or years.

Ben did not have to be hit to suffer a second brain trauma; the blood vessels in his head were not healed from the hit on the 10th. Coach Cutler stated that "Kids need to be honest with themselves, their coaches and their parents." Had Ben been honest with his coaches and parents and "sat out" the game the outcome likely would have been very different.

Ben is an avid snow boarder however doctors orders kept him off the slopes this season. Ben said, "my friends are really supportive; even when I can't snow board with them they make sure I feel thought of; like I was there with them. That's important! Things do get better even though it may not always feel like it. Things keep getting better every day, physically and emotionally."

Ben continues to recover at home with the support of his family, friends and coaches.



When in doubt...sit them out!



State and National News

Support Brain Injury Awareness in Montana

In 2005 lawmakers made it possible for Montanans to donate \$1 to support awareness efforts of brain injury by circling the "Y" on your motor vehicle registration. A revised registration form available in 2010 makes it easier than ever to show your support. Last year 923,819 light vehicles (car, pickup trucks, van or sport utility vehicles) were registered in Montana. Imagine what work could be accomplished if \$1 was donated on each of the forms.

~~~~~

Show your support by adding your donation where you see "Brain Injury + \_\_\_\_\_" when it comes time to register your vehicles.

---

## US Youth Soccer Teams Up with CDC's Heads Up Program

US Youth Soccer has teamed up with the Centers for Disease Control and Prevention's (CDC) "Heads Up" program to help educate parents, coaches and athletes about concussion.

"Education is a core element to the goals of US Youth Soccer and furthering the awareness and steps to minimize potential serious injuries to our youth athletes is paramount," said John Sutter, president of US Youth Soccer.

Youth sport administrators and coaches are encouraged to [take the online training](#) and order as many Heads Up materials as needed and/or download extra copies of the concussion fact sheets free-of-charge at [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

## New Definition of TBI

On February 4, 2011, The Brain Injury Association of America announced the adoption of a new definition of traumatic brain injury (TBI): *TBI is defined as an alteration in brain function, or other evidence of brain pathology, caused by an external force.*

The Clinical Assessment Work Group comprised of both military and civilian TBI researchers reported that "A clear concise definition of Traumatic Brain Injury (TBI) is fundamental for reporting, comparison, and interpretation of studies on TBI." According to Dr. Gordon, "The new definition incorporates the emerging evidence that signs and symptoms of the injured brain may emerge over time." BIAA believes this updated definition will better capture the essence of the disease process and the many varying outcomes present in persons with TBI and will reflect more recent research conducted by experts across the country.

---

## Brain Injury and the Media

The Brain Injury Association of America (BIAA) has received numerous requests for individuals to share their story of brain injury.

BIAA turns to state affiliates, such as BIAMT, for help connecting local, state, and national

media sources with survivors, family members, and service providers. If you are interested in sharing your story please contact our office at 800-241-6442.



---

## Army Clarifies Purple Heart Rules For Soldiers

Gen. Peter Chiarelli, the Army's second in command, said he reviewed the Army's policies on the Purple Heart and called for the new guidelines as a result of an investigation by NPR and ProPublica. In a report published last September, we found that Army commanders denied Purple Hearts to some soldiers who sustained concussions, despite regulations that make those who suffer such wounds eligible for the medal.

Though the new guidelines do not change the rules concerning eligibility for the Purple Heart, a modern version of an award originally created by George Washington, they add a clarity that should make it easier for soldiers to prove they deserve recognition.

To receive the Purple Heart, the Army's current regulations require that a soldier be injured by enemy action and receive documented treatment from a medical officer. The Army's official list of wounds that "clearly justify" the award includes, "Concussion injuries caused as a result of enemy generated explosions."

[www.npr.org/2011/03/17/134604533/army-revising-purple-heart-rules-for-soldiers](http://www.npr.org/2011/03/17/134604533/army-revising-purple-heart-rules-for-soldiers)



# Cheerleading: The Unknown Dangers

A concussion *is* a  
brain injury.



**Get the facts.**

Learn more at [biausa.org](http://biausa.org)



THE VOICE OF BRAIN INJURY

Cheerleading is by far the most perilous sport for female athletes in high school and college, accounting for as much as two-thirds of severe school-sports injuries over the past 25 years, according to a new report. Yet cheerleading remains one of the least-regulated sports, despite more than 95,000 high school girls and 2,000 boys signing up for spirit squads nationwide each year.

New data from the University of North Carolina's National Center for Catastrophic Sports Injury Research (NCCSI) catalogs 67 fatal or life-threatening injuries due to cheerleading since 1982. By contrast, there were nine catastrophic injuries in gymnastics, the sport second most prone to such incidents. Indeed, cheerleaders suffered more injuries than all other school athletes combined — about 65% of severe injuries on the high school level and 67% on the college level. These findings confirm what many in this sport have worried about for years: as cheerleading has grown more competitive, athletes are willing to take greater risks. And because there are no established regulations for reporting cheerleading injuries, "there are definitely more accidents out there that we haven't even heard about yet," says the study's lead author, Fred Mueller.

Of the cheerleaders whose 67 catastrophic injuries were tallied in the NCCSI report, Jessica Smith considers herself to be "one of the lucky ones." From 15 feet in the air, the Sacramento City College student looked on in horror as the teammate who was supposed to catch her lost his balance and fell backward. With no one to catch her, the then 18-year-old landed headfirst, breaking her back in two places. Doctors told her she was millimeters away from paralysis after the 2006 incident. "I'll never fully recover," says Smith, now a spokeswoman for the NCSF.

"Everyone needs to ask themselves, 'Is cheerleading worth not being able to walk again?'"

Such incidents have made safety an increasing priority within the sport, and these efforts appear

to be paying off. Total catastrophic injuries went from 11 in 2005, including one fatality, to five injuries with no fatalities in 2006, according to the report. Part of that success comes from more coaches getting certified — about 30% of the 70,000 cheerleading coaches in the U.S. are now certified, according to the American Association of Cheerleading Coaches and Administrators. The certification course touches on key medical and legal issues and trains coaches on how to spot squad members properly during routines and how to safely progress teams through increasingly difficult stunts. The fact that some cheering squads lack even these rudimentary precautions is pretty distressing. But that's not even the worst part, according to Archie. "No one has to abide by any of these rules," she says of the push for more safety precautions. "It's a joke."

Read more: <http://www.time.com/time/nation/article/0,8599,1833715,00.html#ixzz1Fa90TgHz>

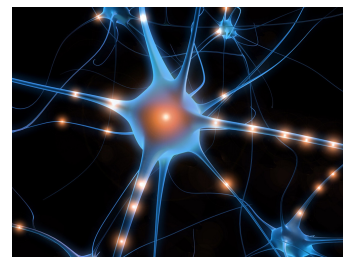


# The End of Ouch? Not quite, but for people who suffer from chronic pain, there are now more ways than ever to get relief.

By Dr. Mehmet Oz (previously printed in the March 11, 2011 edition of Time)

My mission is to help people live the longest and happiest lives possible, and that means lives that are pain-free. But Americans don't do pain well. Historically, if people were not in immediate medical danger, their pain was considered an unfortunate side effect or a collateral consequence of solving a greater problem. I was told my job as a cardiac surgeon was to keep a heart beating by any means. Any pain the patient had later was not my focus. But all that is changing. I am here to tell anyone who suffers from pain each day, whose life is circumscribed and whose goals are slipping out of reach, that you are at last being heard. We are in a pain renaissance.

First, the biology: Pain is actually an intricate interplay along neurotransmitters in the brain and spinal cord. The body produces natural painkillers like serotonin, norepinephrine and opioid-like chemicals. Chronic pain is any pain that persists beyond the usual healing period. Continuous or intermittent, it can consume all aspects of a person's life.



Second, the numbers: Chronic pain is one of the costliest health problems in the U.S., with an estimated annual price tag of close to \$50 billion. Lower-back pain is by far the most common complaint, affecting 70% to 85% of adults at some point and leaving 7 million either partially or severely disabled. Lower-back pain accounts for 93 million workdays lost every year and consumes over \$5 billion in health care costs. Arthritis pain affects 40 million Americans, and 45 million suffer from chronic headaches.

Twice as likely to suffer from **depression and Anxiety!**

But it's not just about your bad back or arthritic knee. People with chronic pain are twice as likely to suffer from depression and anxiety as those without. What starts in your lower back eventually eats away at your soul. You enjoy your loved ones less, and you are less enjoyable to them. If pain affects body, mind and spirit, then treatment must address these three pillars of the human condition.

Unless there is acute nerve damage, pain can't be measured by traditional diagnostic tools. Physicians can predict a pain diagnosis related to injury but are otherwise working largely in the dark, reliant on patient narrative. If you're seeing a doctor for your pain and the problem has not been resolved after six months of treatment, get a second opinion from a specialist. All doctors learn rudimentary pain management in medical school, but few are trained fully or well at it. Prepare for the appointment so you can ask educated questions. The American Chronic Pain Association has a great list of communication tools to help you better verbalize your pain.

Exercise and stretching can often help alleviate pain. Medications such as anti-inflammatories (the ibuprofen family), opioids and antidepressants are effective in the short term, but there are worries about long-term use. Pain-relief medication is one of the most abused areas of the pharmacopoeia. More extreme interventions — surgery, cortisone shots, nerve blockers and local anesthetics — should be explored as a last resort.

One of the best imports from Eastern medicine — acupuncture — comes from a time before ibuprofen and Bengay. Not everyone agrees on how acupuncture works, but physicians believe it activates endorphin systems, and many consider it a highly effective complementary therapy.

So what does the future hold? Some researchers are exploring the pain-control power of mind quieting and focusing techniques that athletes use to improve performance and that Buddhists preached thousands of years ago. Meditation may benefit chronic-pain sufferers by reducing the emotional impact of their condition.



A settling, transcendent state puts the pain in perspective and helps it dwindle in importance. The American Chronic Pain Association ([theacpa.org](http://theacpa.org)) has a five-minute relaxation exercise that can be effective at helping you let go of the physical stress that exacerbates pain.

As recently as 20 years ago, chronic pain was dismissed as purely psychological — a symptom of a greater mental problem — and it was treated with a terrible blitheness. But today we recognize that pain is a disease. I'm sure 20 years from now; increased understanding will result in even greater advances — and even greater relief. I love a good renaissance.



## *American Chronic Pain Association*

Is my pain all in my head?

This question is often asked by people who have been told that they will have to learn to live with their pain. At times, it is difficult to pin down a specific physical cause for the pain. But that does not lessen the suffering. When we experience any pain, it is in both our bodies and minds. We cannot separate the physical and psychological affects any situation has on us. ~ ~ Frequently Asked Questions; [www.theacpa.org](http://www.theacpa.org)

**Check out the American Chronic Pain Association online at [www.theacpa.org](http://www.theacpa.org) for information on:**

### Pain Management Tools

- ◆ What we have learned
- ◆ Going to the ER
- ◆ Communication Tools
- ◆ Pain Management Programs
- ◆ Videos / Links

### Medications and Treatments

- ◆ Consumer Guide to Pain Medications & Treatments
- ◆ Using NSAIDS Safely
- ◆ Consumer Guidelines for Low Back Pain
- ◆ More about Medications

And much much more!

### **A message from the Syndergaard Family**



It was November 19, 1987 when the life of Steven Syndergaard changed. Steve had been in a motor vehicle accident which resulted in a traumatic brain injury. He was in a coma and his family was told that he may never walk or talk again. However, with the power of God, love of his family, and friends he recovered far beyond the expectations of many. Shortly after Steven came out of his coma and the rehabilitation program at St. Vincent's Hospital he became an active member of the Brain Injury Association of Montana.

The entire Syndergaard family would like to extend our sincere gratitude to the many people who loved him over the years and continue to support him in his death. We appreciate your donations to the Brain Injury Association of Montana as they made a remarkable difference in his life. Your donation will enable the Association to provide an incredible service to those whom they serve.

Thank you! ~ ~ Kennette McWilliams



The Brain Injury Association of  
 Montana extends a big  
**Thank You**  
 to  
**Lorelei Miksch**  
 We appreciate your years of service as  
 the leader of the Lewistown Brain Injury  
 Support Group. Thank you for your dedi-  
 cation to increasing awareness of  
 brain injury in Montana.



The BIAMT would like to extend a special thank you to the Christopher and Dana Reeve Foundation! The BIAMT received a 2010 Quality of Life Grant for a Support Group and Development project. The grant application outlined focus areas of two support group expansion activities (Veterans and Montana Online Support and Chat, a collaboration with the Montana Office of Public Instruction), support group leadership trainings, and support for monthly community meetings. The project called for a budget of \$34,935 with \$25,000 available through the grant. While we did not receive the full amount requested we were awarded \$5,000 in the Quality of Life: Caring and Coping category. This news required the BIAMT staff to revisit the plan on how to best use the funds to meet the current needs.

It was determined that BIAMT staff will continue discussing a future collaboration with the military for developing Veteran brain injury support groups and the current funds would be utilized for an annual support group leadership training

We appreciate Ian Elliot for assisting with the planning of the 2011 training which is scheduled for late May. Information will be sent to support group leaders once the details are finalized.



**Diversity Day 2011**

Members of the Missoula support groups participated in the Diversity Day parade organized by the National Coalition Building Institute on April 16th in Missoula. Diversity Day helps us remember that relationships are the heart of community. Stronger connections between neighbors create safer neighborhoods, healthier families, and happier citizens. It decreases isolation and increases belonging. It creates a more livable city for all of us.

Goob, Thank you for your help with the banner. We appreciate you and the other support group members who also participated in the walk.



**Konzerts for Kidz!**  
 Benefiting the Billings Brain Injury Support Group  
 The 2011 series opens on June 1st with  
**“Schools Out ”**  
 Raising public awareness and education  
 concerning brain injury  
 ~ ~ ~ ~ ~  
 The Konzerts for Kidz events are presented by in collaboration with the City of Billings Parks and Recreation Department.  
 The Konzerts for Kidz is a performing arts project with child-friendly series of professionally staged, music and dance performances that are intended to offer a variety of music in an open-air setting for the enrichment of young minds.  
 To learn more about the  
 2011 Konzerts for Kidz series visit  
[www.konzertsforkidz.org](http://www.konzertsforkidz.org)

# Montana Brain Injury Support Groups

## **Billings**

3rd Tuesday 7:00 p.m.  
MCD in MSU  
Billings College of Education Building  
Contact: Ian Elliot (406) 656-2744

## **Bozeman**

Contact for Meeting Information.  
Contact: Mary DeBernardis  
(406) 763-4268

## **Clark Fork Valley**

3rd Tuesday at 1:00 p.m.  
Call to verify time and location  
Contact: Sherrie Jackson  
(406) 847-0016

## **Crow Agency**

2nd Thursday at Noon  
Awe Kualawaache Care Center  
Contact: Dean Bird  
(406) 638-4050 (w)  
(406) 665-5851 (cell)

## **Eureka**

3rd Monday 5:30 p.m.  
Senior Citizen Center  
Contact: Laura Wilde (406) 295-9753  
Don Walker (406) 293-6518

## **Great Falls**

2nd Tuesday 7:00 p.m.  
Benefis East: Malasani Room  
Contact:  
Mike or Charlene Sullivan  
(406) 453-6028

## **Helena**

3rd Wednesday 7:00 p.m.  
Disability Rights Montana  
Contact: Karen Cyr  
(406) 449-2538

## **Kalispell**

2nd Monday 6:00 p.m.  
The Summit - Hwy 93 N.  
Contact: Sue Crawford  
(406)756-4725

## **Lake County**

Those interested please  
Contact: Amie Hankins  
(406) 890-0386  
amiemhankins@yahoo.com

## **Lame Deer**

2nd Tuesday 5:30 p.m.  
Chief Dull Knife College  
Contact: Esther Littlewolf  
(406) 477-3641 ext. 21

## **Libby**

3rd Thursday 7:00 p.m.  
Families in Partnership  
Contact: Laura Wilde  
(406) 295-9753  
Donovan Walker  
(406) 293-6518

## **Missoula**

3rd Monday 6:30 p.m.  
St. Patrick's Hospital  
Lower level conference room  
Contact: Jim Mickelson  
(406) 544-6629

## **Troy**

3rd Wednesday 6:00 p.m.  
Senior Citizen Center  
Contact: Laura Wilde  
(406)295-9753  
Donovan Walker  
(406)293-6518

## **Whitehall**

3rd Thursday 7:00 p.m.  
Liberty Place-1173 MT Hwy 55  
Contact: Ann Geiger  
(406)533-5102

Weekly meetings available for Missoula and Lewistown groups. For more information contact the group leaders for these areas.

The Brain Injury Association of Montana provides help, hope and healing through being the voice of brain injury. Get involved. No one should have to face the trauma of a brain injury alone.





1280 South 3rd Street West, Suite 4  
Missoula, Montana 59801

Nonprofit org  
US Postage paid  
Missoula, MT  
Permit # 569

## 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):**

Professional Organization/Business (\$250)

Non-Profit Organization (\$150)

Single Professional (\$50)

Individual (\$15)

Other (\$\_\_\_\_\_)

Discounted registration(s) for our annual conference will be available for members making a donation at or above \$15. Details will be provided in your conference registration packet.

Professional members and Organizations/Businesses joining at the suggested donation level (or above) can choose to be advertised on our website at no additional cost (you will be called with details).