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THE CHALLENGE!

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Research

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THE CHALLENGE!

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FROM MY DESK

Greetings,

There's a saying in the brain injury community that if you've seen one brain injury, you've seen one brain injury. This is an accurate accounting of the complex nature of brain injury, but it also reveals the challenge for those seeking answers to its most difficult questions.

Brain injury was at one time thought of in the medical community as a discrete, one-time event, but over the course of the last two decades our understanding of it as the beginning of a lifelong chronic condition has emerged. This understanding has planted its roots within our community, but we still have a long way to go to changing public perception around this topic.

Because we know that TBI is a chronic condition, long-term study of it is sorely needed. Unfortunately, research funding for this topic is scarce and limited almost entirely to appropriations from the federal government. In fact, BIAA's Research Fund Grants are some of the only private foundational dollars that go towards brain injury research. That's why it's imperative that we continue to support the work of the researchers in this young field.

In this issue of THE Challenge!, you'll find that we have a lot of exciting developments to share in the field of brain injury research. We've spoken with John Corrigan, BIAA's national research director, who has shared with us his thoughts on the future; we have spoken to some of the nation's leading researchers on their project to reclassify TBI; and we are sharing some new research from the TBI Model



Systems that have been summarized to help you understand the latest developments in the field.

Lastly, I'd be remiss if I didn't ask for you to offer your support for BIAA's Research Grants Program. If this issue speaks to you, and if you are reading this I'm sure it does, please take a moment to consider financially supporting this incredibly important program. You can learn more about this program by scanning the QR code below.

Sincerely,

A handwritten signature in black ink that reads "Rick Willis". The signature is fluid and cursive, written over a light gray rectangular background.

Rick Willis
President and CEO
Brain Injury Association of America



Interested in learning more about BIAA's Brain Injury Research Fund? Visit biausa.org/supportresearch



Q&A WITH DR. JOHN CORRIGAN

By Steve Walsh, Brain Injury Association of America

John D. Corrigan, PhD, is the national research director for the Brain Injury Association of America and has four decades of experience treating persons with brain injury, studying their long-term outcomes, and educating the next generation of brain injury experts. Recently, Dr. Corrigan spoke with us about what drew him to the field, how research into brain injury has evolved over the years, and what people can do to support BIAA's research efforts.

Q. What interested you in pursuing a career in brain injury research?

A. My father was a researcher, a chemical engineer, and my mother was a social worker, the intersection of which set me on a course toward a career in research in behavioral science. My father experienced an anoxic brain injury in my teens, which spurred a lot of inherent interest that I didn't know what to do with until I had the opportunity to become a rehabilitation psychologist. As a new PhD, I was hired as a faculty member in the department of physical medicine & rehabilitation at Ohio State in 1982 in order to join an interdisciplinary team of professionals who were designing a specialized inpatient rehabilitation program for people who had experienced severe TBI.

People, particularly young people, were surviving injuries that in the past would have been fatal but for the emergence of seat belt use, adoption of neurosurgical procedures learned in the Vietnam War,

and the proliferation of trauma systems in the U.S. As these young people emerged from coma, they were in a confused state and many were agitated, some combative. We opened the Brain Injury Unit at Ohio State in January 1983 — the first such specialized unit in the Midwest and one of only a handful nationwide.

My research has grown out of the applied problems encountered treating this population: How to measure cognition in confused patients discretely enough to know if they are improving or declining? How to measure agitation so we would know if interventions were working? How to treat substance use disorders during and after acute care? How to structure community-based health and social services so that people with brain injuries could benefit? How to detect a person's lifetime exposure to TBI? My research has always been a natural extension of my clinical service delivery and, more recently, policy development.



Q. In your career as a researcher, what has changed the most in the way we think about and understand brain injury?

A. Over 40 years I have seen many “sea changes” in our field. Before 2007 we would have never imagined that the public-at-large would have awareness of TBI, but sports-related concussion and combat-acquired TBI changed that. I have seen the interest expand from just traumatic brain injuries to other acquired brain injuries, including those from hypoxia/anoxia that occurs from drug overdoses or strangulation in domestic violence, and, very recently, the persistent cognitive impairment from COVID. But the most significant shift I’ve seen is the recognition that some brain injuries need to be viewed as a chronic health condition and managed proactively just like we do for diabetes, heart disease, or COPD. I believe this recognition that the long-term effects of TBI are dynamic, not stable, has the potential to improve many, many lives.

Q. What recent developments in brain injury research are most exciting to you?

A. I would again point to what is happening in the study of brain injury as a chronic health condition. We have much to learn about who is at risk, what co-morbid conditions are the most frequent or have the greatest effects, and how to support people so they can have their best possible life. But I think there will be extraordinary progress so that people can harness the dynamic nature of brain injury to promote improvement and stave off decline in function. In my lifetime I have seen at least two chronic health conditions go from dire diagnoses to highly manageable diseases – HIV and multiple sclerosis. We should want the same for brain injury. I would point out that many of us know several people who have had very severe brain injuries but today are living incredible lives with few outward signs of limitations due that injury. At the same time, we are acutely aware of the high association between history of brain injury and premature mortality, substance use disorders, mental health problems, unemployment, and incarceration. The challenge is to make the capability we know is there from the examples of people who have had fantastic outcomes a reality for the vast majority of people who experience brain injuries.

Q. How does BIAA fit into the broader goals and efforts of brain injury research?

A. First and foremost, BIAA is the voice for people who have experienced brain injury and their families and loved ones. There needs to be a strong organization whose unflagging priority is the person with the lived experience. BIAA accomplishes much through its relationships with professionals, policymakers, and the healthcare industry, but it’s essential that there is a voice that always puts the person with lived experience first. BIAA has used that voice to shape the research priorities in our country and, more recently, to actually stimulate new research that will make a difference for people living with the effects of brain injury.

Q. How can someone help support BIAA’s research efforts?

A. BIAA is in the midst of its fifth year of providing grants for promising research that addresses chronic brain injury. We are trying to attract investigators to this area of research by funding Dissertation Awards and giving seed grants to both young investigators and more experienced scholars who are wanting to explore a new direction of inquiry. Having just reviewed almost 50 Letters of Interest we received for this year’s competition I can say definitively that there are many really innovative ideas being pursued by very talented investigators. We could easily double or triple the number of awards we give and see no drop-off in the quality of projects we fund. So, a really straightforward way to support BIAA’s research efforts is to make a donation to the Research Fund, which is how the organization supports its grant-giving.





TBI MODEL SYSTEMS UPDATE, 2023

The Brain Injury Association of America collaborates with the country's leading brain injury research centers, such as the TBI Model Systems, to abstract the findings published in professional journals into brief, easy-to-read articles.

Here, we share "Traumatic Brain Injury as a Chronic Disease: Insights from the United States Traumatic Brain Injury Model Systems Research Program" from *Lance Neurology*, and "An Umbrella Review of Self-Management Interventions for Health Conditions with Symptom Overlap with Traumatic Brain Injury" from the *Journal of Head Trauma Rehabilitation*.

Traumatic Brain Injury as a Chronic Disease: Insights from the United States Traumatic Brain Injury Model Systems Research Program

The Question: What have we learned from the Traumatic Brain Injury Model Systems about the long-term effects of traumatic brain injury (TBI)?

The Study: This paper describes lessons learned from the research of the TBI Model Systems of Care.

The Traumatic Brain Injury Model Systems of Care in the US has followed individuals with moderate to severe TBI for over 30 years, providing valuable insights into the functional, cognitive, behavioral, and social effects experienced by these individuals two to 30 years or more post-injury. The information provided can help inform the development of a comprehensive chronic care model to provide ideal services when individuals most need them.

The paper focuses on TBI as a chronic condition rather than a one-time event. The effects of TBI vary across individuals and can change over time. While some individuals show improvement over time, for others TBI can have long-term effects on health and functioning. Sometimes problems worsen over time. Some people who have experienced TBI can develop disability years after the injury, may even require rehospitalization, and have a shorter lifespan compared to the general population.

Findings of these studies indicate that factors such as lower initial function as well as older age at the time of injury are associated with deterioration after recovery. Younger age and greater independence, on the other hand, are linked to risky behaviors like substance misuse and re-injury. Nonmedical factors, such as living conditions and income, can also impact long-term outcomes. Collecting systematic data on long-term outcomes across different areas of health and functioning is necessary worldwide to develop effective models for managing chronic diseases.

While clinical care and research has focused mainly on acute treatment, more attention needs to be given to understanding TBI as a chronic disease. Care models for chronic brain injury should consider long-term outcomes and how needs change over time. Monitoring of common health and functional challenges experienced by people who have had a TBI is critical.

Who may be affected by these findings? Individuals with TBI that required inpatient rehabilitation, family members, care partners, clinicians.

Caveats: The studies reviewed lack a control group that can be used as a comparison. Little is known about the care received after the person leaves the hospital. The participants all received inpatient rehabilitation, and so may not represent individuals who did not receive inpatient rehabilitation. The findings may not apply worldwide due to differences in care systems and access to care.

Bottom Line: The research by the TBI Model Systems of Care indicates that many people with TBI experience difficulties with everyday functioning, thinking and memory, other health conditions, psychological and social functioning. These difficulties can sometimes worsen over time. This information can be used to develop a chronic disease model to better serve people with TBI over their lifetime.

Find this study: Dams-O'Connor K, Juengst SB, Bogner J, Chiaravalloti ND, Corrigan JD, Giacino JT, Harrison-Felix CL, Hoffman JM, Ketchum JM, Lequerica AH, Marwitz JHI, Miller AC, Nakase-Richardson R, Rabinowitz AR, Sander AM, Zafonte R, Hammond FM. Traumatic brain injury as a chronic disease: insights from the United States Traumatic Brain Injury Model Systems Research Program. *Lance Neurology*, 2023; 22(6):517-528.

An Umbrella Review of Self-Management Interventions for Health Conditions with Symptom Overlap with Traumatic Brain Injury

The Question: What can we learn from self-management interventions for other chronic health conditions that can be used by persons who have experienced TBI?

The Study: This research article reviews studies that investigated the effectiveness of self-management training for chronic health conditions that have similar symptoms to traumatic brain injury (TBI). Self-management training shows individuals how to manage their health conditions. They learn how to manage their symptoms, follow treatment recommendations, and engage in healthy behaviors.

The objective of the review is to provide recommendations for self-management interventions for individuals with TBI. The researchers conducted a thorough search of five databases and selected 26 reviews that met their inclusion criteria.

The reviews covered various chronic conditions and outcomes. Some high-quality reviews focused on self-management in individuals with stroke, chronic pain, and psychiatric disorders. The findings suggest that self-management interventions can improve quality of life, hope and confidence in one's ability to manage their health condition. Self-management interventions can also reduce disability, relapse, and hospitalization rates, as well as improve pain management, psychiatric symptoms, and occupational and social functioning.



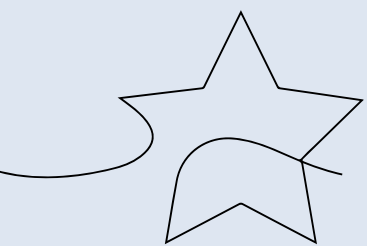
However, the reviews did not address how to adapt self-management interventions for individuals with difficulties with thinking or memory. They also did not address how to adapt the interventions for vulnerable populations such as those with low education and older adults. The researchers suggest that adaptations may be necessary to improve use by persons with TBI.

Who may be affected by these findings? Individuals with TBI, family members, care partners, clinicians.

Caveats: Only the seven reviews rated as having moderate or high quality were used for recommendations in this article. Additional information may be available in individual studies or in reviews that did not meet our quality criteria.

Bottom Line: Self-management interventions used for other health conditions could be effective with individuals with TBI, however they may need to be adapted to better fit their needs.

Find this study: Sander AM, Pappadis MR, Bushnik T, Chiaravalloti ND, Driver S, Hanks R, Lercher K, Neumann D, Rabinowitz A, Seel RT, Weber W, Ralston RK, Corrigan JD, Kroenke K, Hammond FM. An umbrella review of self-management interventions for health conditions with symptom overlap with traumatic brain injury. *Journal of Head Trauma Rehabilitation* 2023; DOI: 10.1097/HTR.0000000000000863.



BIAA RESEARCH FUND GRANTS PROVIDE FOUNDATION FOR FUTURE RESEARCH

In 2019, the Brain Injury Association of America (BIAA) established its research grant program with the lofty goal of finding cures for chronic brain injury, thanks to a generous bequest from the estate of Dr. Linda Redmann, as well as existing BIAA funds and ongoing contributions to the Brain Injury Research Fund. Each year, researchers have the opportunity to apply for dissertation grants of up to \$5,000 and seed grants of up to \$25,000 to fund scholarly work that seeks to answer questions and further understand chronic brain injury. To date, BIAA has supported more than \$200,000 in research projects.

Recently, BIAA had the opportunity to check in with past grant recipients.

Katherine Giordano

University of Arizona College of Medicine (Child Health)

Year Awarded: 2020

Topic: Precision Identification and Targeting of Rod Microglia in Diffuse Brain-Injured Cortex

Mentor: Jonathan Lifshitz, PhD.

Grant amount: \$5,000

Giordano, who is visiting her dissertation this summer, reported that thanks to her receipt of BIAA's Dissertation Award in 2020, she was able to use that funding not only for preliminary data for her NINDS F31 fellowship, but for the pilot data that led to a newly funded R01 award from NIA. "We are really excited to have a large multi-year grant to continue this work," Giordano said.

Kathryn Lenz, PhD.

The Ohio State University (Psychology)

Year Awarded: 2021

Topic: Pediatric TBI Effects on Long-Term Myelination: Sex Specificity and Neuroimmune Modulation

Mentor: Jonathan Godbout, PhD.

Grant amount: \$25,000

Dr. Lenz shared with BIAA that the \$25,000 seed grant she was awarded in 2021 was instrumental in generating the pilot data she used in a recently funded NIH R01 grant from National Institute of Neurological Disorders and Stroke as well as a Department of Defense (DoD) TBI and Psychological Health Research Program Idea Development Grant. "The BIAA seed project successfully catalyzed my lab's model development and growth into the pediatric TBI research space," she said. Additionally, two other non-funded grants (NIH R21 proposals) and two pending program project grants have been submitted (one NIH P01, one DoD focused program grant), in part using pilot data generated with this BIAA seed grant.

Coleen Atkins, PhD.

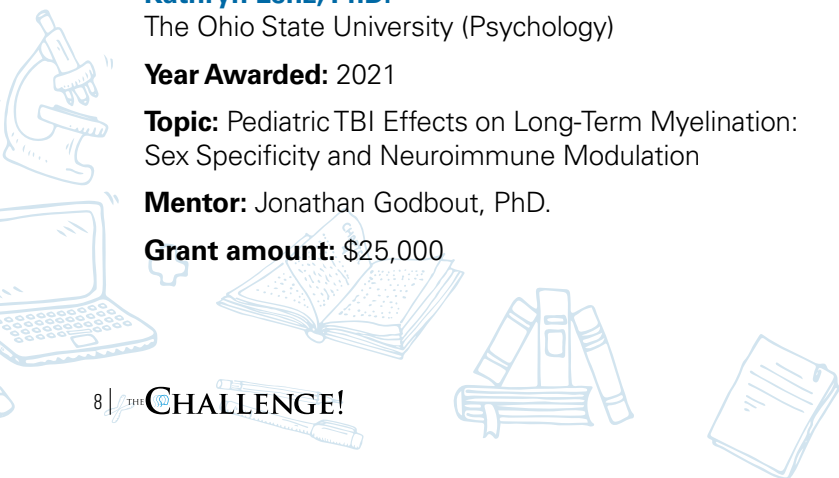
University of Miami Miller School of Medicine

Year Awarded: 2021

Topic: The Effects of Early Life Stress on Outcome after Mild Traumatic Brain Injury

Grant Amount: \$25,000

The major objective of Dr. Atkins' project was to determine if chronic stress limits recovery after mild TBI. "The BIAA grant provided us with support to investigate how immune cells in the brain, microglia, are altered with chronic early life stress. We found that chronic early life stress primes microglia," she said. "A subsequent mTBI after chronic early life stress activates inflammatory signaling in the microglia, which worsens pathology in the brain and causes persistent cognitive deficits. Treatment with an anti-inflammatory treatment after mild TBI reduced the microglia activation and improved cognition." Thanks to the BIAA's \$25,000 seed grant, Dr. Atkins used the data from this project to successfully apply for and receive a five-year grant from the Veterans Administration Rehabilitation R&D Service



2022 William Fields Caveness Award

Each year, the Brain Injury Association of America recognizes outstanding contributions to research in brain injury with the William Fields Caveness Award.

This award recognizes an individual who, through research on both a national and international level, has made outstanding contributions to bettering the lives of people who have sustained brain injury. Steven P. Broglio, PhD, ATC, is the recipient of the 2022 William Fields Caveness Award.

Dr. Broglio is the director of the University of Michigan Concussion Center and director of the NeuroTrauma Research Laboratory at the University of Michigan School of Kinesiology. Since 2000, his research career has consistently focused on improving concussion assessment, management, and outcomes among athletes and military service members.

The most notable of these collaborative efforts is the National Collegiate Athletic Association and Department of Defense Concussion Assessment, Research, and Education (CARE) Consortium, the largest prospective investigation of concussions ever conducted. Through the investigations conducted within the CARE Consortium, he has led monumental advances in concussion assessment and management.

"I am honored to accept the William Fields Caveness Award from the Brain Injury Association of America and humbled to join the list of distinguished awardees. Dr. Caveness was a pioneer in the field who focused on improving the lives of individuals living with TBI," Dr. Broglio said. "The real credit, however, belongs to the incredible team of individuals that I have had the pleasure of working with over the years."

In addition to his work at the University of Michigan, Dr. Broglio also served as the lead author for the 2014 National Athletic Trainers' Association Position Statement on Concussion Management, the forthcoming NATA Gap Statement on Concussion Management (planned for publication in 2023), and the 2018 National Institute of Neurological Disorders and Stroke and Department of Defense Sport-Related Concussion Common Data Elements. These publications directly influence policy and procedural documents and serve as the "gold standard" for clinical practice in concussion assessment and management for physicians, athletic trainers, and others involved in this line of care.

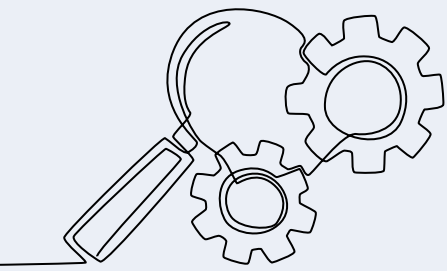
Dr. Broglio's efforts in bridging neuroscience to society reflect his belief that disseminating best practices information on concussion prevention, identification, and management findings will ultimately benefit everyone, beyond the scientific research community.



Steven P. Broglio, PhD, ATC

Dr. Broglio's efforts in bridging neuroscience to society reflect his belief that disseminating best practices information on concussion prevention, identification, and management findings will ultimately benefit everyone, beyond the scientific research community.

More information about the BIAA awards program can be found at biausa.org/awards.



DEVELOPMENT OF NEW TBI CLASSIFICATION FRAMEWORK UNDERWAY

By Lauren Moore, Brain Injury Association of America

When patients with traumatic brain injury are treated in a medical setting following an event that results in a TBI, medical professionals typically label their injury as being mild, moderate, or severe. This label, however, is “inaccurate, outdated, and does not effectively serve patients, clinicians, or payers,” according to the National Academies of Sciences, Engineering, and Medicine.

In its 2022 report “Traumatic Brain Injury: A Roadmap for Accelerating Progress,” the National Academies of Sciences, Engineering, and Medicine reported that TBI care in the United States often fails to meet the needs of individuals, families, and communities affected by this condition. According to their report, high-quality care for TBI requires that it be managed as a condition with both acute and long-term phases; public and professional misunderstandings are widespread with respect to frequency, manifestations, long-term consequences, and proper detection, treatment, and rehabilitation of TBI; and the United States lacks a comprehensive framework for addressing TBI.

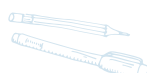
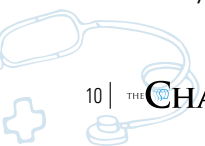
Among the goals outlined in the report is the creation and implementation of an updated classification system for TBI, citing the need for a more nuanced, personalized, and evidence-guided taxonomy for TBI that uses clinical and biological markers to support more effective assessment, treatment, prognosis, and rehabilitation, with the recommendation that the National Institutes of Health convene a TBI Classification Workgroup to advance this goal.

To that end, a group of medical professionals and researchers specializing in brain injury and neurotrauma are working to establish a reclassification system for TBI patients, moving away from the “mild, moderate, or severe” verbiage

and putting a greater emphasis on factors such as a patient’s Glasgow Coma Scale score, imaging, blood-based biomarkers, and premorbidity. The group will be presenting their recommendations at the National Institute of Neurological Disorders and Stroke (NINDS) 2024 Traumatic Brain Injury Classification and Nomenclature Workshop in January 2024.

“There are too many times where these labels either make it hard for a person to get the care they need, or when these labels put people in a category that can set expectations that our research suggests turns out to not be true,” said Dr. Kristen Dams-O’Connor, director of the Brain Injury Research Center of Mount Sinai. “I think we can do better with the research we’ve all done over the past decade. We have information that will allow us to better align clinical care and research interventions with the types of injuries that people have sustained.”

Dr. Geoffrey Manley, chief of neurosurgery at Zuckerberg San Francisco General Hospital and vice chairman of neurological surgery at University of California-San Francisco, shared that over the past 10 years, large data collection efforts have been undertaken in order to provide a more precise description of patients in order to improve clinical care and research. In many cases, the existing terminology is not indicative of a patient’s recovery.



"Patients who are labeled Day One with mild TBI are no longer employed at one year, or are disabled – we've seen a lot of disability in this population, which suggest the term 'mild' is not precise," Dr. Manley explained. He added that 49 percent of people in the Trauma Quality Improvement Program database who died, passed from withdrawal of life-saving therapies. "By being more precise in our descriptions, we hope to stop that," Dr. Manley said. Conversely, he added, the term "severe" can promote nihilism, and leave patients feeling as though they're stuck with a particular label that inhibits their recovery.

"From a scientific and medical treatment perspective, it's a crude classification, it doesn't allow us to target specific sub-groups of patients with significant interventions," explained Dr. Andrew Maas, emeritus professor of neurosurgery at Antwerp University Hospital. He added that patients are unhappy with this classification system, especially patients who fall under the "mild" designation. "The complaints these patients have are not being recognized."

One of the main themes that the group is focusing on is that compared to other diseases or conditions, assigning patients with a mild, moderate, or severe diagnosis is unusual.

"In the age of precision medicine, I don't know of any disease out there where stratifying patients to specific individual treatment is as blunt as 'mild, moderate, or severe,'" Dr. Michael McCrea, director of the Brain

Injury Research Program at the Medical College of Wisconsin said. "By more richly characterizing TBI patients, we can guide them to individualized treatment that provides the best chance at survival, functional recovery, and favorable outcome."

Dr. Nsini Umoh, program director in the neuroscience division of the NINDS, pointed out that the development and implementation period is not an overnight process, and that it could take years to determine if it is an improvement over the existing system. "Whatever is proposed is going to need to be evaluated," she explained, adding that there will be time for public feedback.

Added Dr. Dams-O'Connor, "We really need to know if the new classification is going to address the concerns raised by people living with brain injury and their families."

However, Dr. Manley said, "If all we can do is really socialize this idea that we should not be using mild/moderate/severe terminology, that we have tools that are much more descriptive and precise, at least for Day One, we should do this," adding that he would be "over the moon" to get to a point where a patient's blood-based biomarkers, GCS, and imaging were given greater consideration. "The goal is to explain why not to use those terms anymore, that there's a lot of data to support using imaging and blood-based biomarkers, at least in acute diagnosis."

The philosophy of Beechwood NeuroRehab is to maximize each individual's ability to participate in meaningful roles within their community. We accomplish this by providing specialized, brain injury rehabilitation for people who have sustained any kind of acquired brain injury. Beechwood NeuroRehab uses a person-centered, transdisciplinary approach, utilizing innovative treatment concepts, applied technology, and evidence-based research to help each individual to achieve a fulfilling life.



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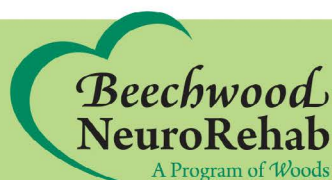
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Brain injury survivors, family members, and advocates

GO THE EXTRA MILE FOR BIAA

By Stephanie Cohen, MS, Development Manager, Brain Injury Association of America

This past May, hundreds of individuals united for a common cause and joined the Brain Injury Association of America's 62 Miles in May challenge. Throughout the month, they received donations from friends and family members supporting their progress. Every day, these participants embarked on cycling, swimming, walking, or running endeavors, while simultaneously cheering on their fellow participants. We are absolutely blown away by their incredible achievements, as they collectively raised nearly \$60,000 for critical BIAA programs!

We extend our heartfelt appreciation to each and every participant for their dedication, perseverance, and commitment to the 62 Miles in May challenge. Here are just a few of these amazing volunteers.



Kyms Peace

Kym had a great walking buddy: her dog Buller. Kym used the same motivation to complete the challenge as she uses in her everyday life *"Keep on keepin' on. One step at a time. No matter what speed I will make my goal."*



Tara Maden

Tara completed her challenge along with her husband, who sustained a TBI 10 years ago. It was important for Tara to do this, just like how they have handled his accident and TBI — together. Tara was one of the top fundraisers and she enjoyed having the opportunity to give back. Her number one tip is to make it fun – do it as a family or with friends or by yourself with music blaring.



Ben Clausen

Ben joined the challenge in honor of his son, Caleb. Caleb sustained a brain injury along with other severe injuries in 2017. He beat all the odds and now their family is working to raise funds and increase awareness for brain injury.



Elizabeth Rowell-Gross

Elizabeth joined the challenge for herself and other people living with a TBI. She frequently motivated her fellow participants and cheered them on when they met their goals.





Ashley Nicole Chapman

Ashley completed the 62 miles in honor of her dad, a brain injury survivor. She ended up almost doubling the 62 miles, finishing with 122 miles in May. She said that every step was for her dad.



Deborah Stewart

Deborah exceeded both her fundraising and her miles goals! As a person living with a brain injury, Deborah participated to increase awareness and understanding of traumatic brain injuries.

Brenda

Brenda, a former professional boxer, now is a tai chi instructor. She created her fundraiser because she wanted to give back to BIAA. The challenge helped Brenda to take the first step into a new way of life and learning to trust herself after TBI.



Aundrea Harris

Aundrea is passionate about the awareness, research, treatment, and education surrounding brain injuries. She created her fundraiser to help improve the quality of life for those who have experienced a traumatic brain injury.



Ben Hinton

Ben has been an avid runner since sustaining a TBI 10 years ago. He likes to remind people that even on days they don't feel like a superhero, they are a superhero in the eyes of many others, including himself. Ben is currently writing a book.



BIAA will hold another Facebook fundraiser, 50 Miles Your Way, kicking off Sept. 1. Those interested in participating are encouraged to sign up at biausa.org/miles.



BIAA MEDICAL DIRECTOR EMERITUS RECOGNIZED BY UNIVERSITY OF TEXAS MEDICAL BRANCH

Dr. Gregory O'Shanick was recently recognized with the 2023 Ashbel Smith Distinguished Alumnus Award by the John Sealy School of Medicine Alumni Association at the University of Texas Medical Branch. The award recognizes the five decades of accomplishments in many disciplines he has achieved and his dedication to improving medical outcomes and quality of life for his patients and the brain injury community at large.

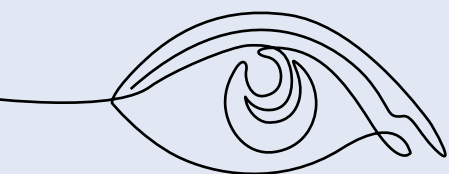
As a result of his international reputation in neuropsychiatry and brain injury medicine, Dr. O'Shanick was named the first National Medical Director of BIAA in 1994, a post he vacated in 2010 when he was elected Chair of BIAA's Board of Directors. Dr. O'Shanick currently serves as BIAA's Medical Director Emeritus.

BIAA REPRESENTED AT THE CHUBB CHARITY CHALLENGE

Christopher Brisbee, member of BIAA's board of directors, recently won a regional Chubb Charity Challenge golf tournament with BIAA named as the beneficiary. The Chubb Charity Challenge is an annual golf tournament, now in its 23rd year, aimed at raising funds for local charities across North America. His team will go on to play in the national tournament in Georgia later this year.

There are many ways that you can support the important work that BIAA is doing. If you have an opportunity to name BIAA as a beneficiary of a charity, please contact Paula Eichholz at peichholz@biausa.org or (703) 761-0750 ext. 648.





GLITTER IN MY EYES

By Angela Leigh Tucker

Most folks have heard of the term FOMO: Fear of Missing Out. Many brain injury survivors I have met are haunted by this phobia. For me, FOMO is more pronounced when I see colleagues celebrate baby showers or professional accomplishments on Instagram. I sometimes feel sorry for myself and think, “That could have been me...”

On the other side of that very same coin, is an experience I call JOMO: Joy of Missing Out.

JOMO unexpectedly happened to me in a most unusual setting, while celebrating my best friend Neysa’s 45th birthday. Her parties usually include a costume component. For example, her wedding party was invited to dress as pirates for her rehearsal dinner. This time the invite I received was “Lance in Tight Pants” and her theme was “Neysa’s Turning 45, Let’s Jive!”

I woke at 5 a.m. and boarded a two-hour Allegiant flight south to Orlando for the celebration. One of the biggest challenges of brain injury I have learned to live with is neurofatigue, which is mental fatigue that decreases my concentration, focus, and memory. It is a debilitating exhaustion that can put me in danger if I am not careful. I nap daily, so when I reached Orlando, I thought I

could nap off the exhaustion that was already mounting from the early morning travel. I was careful to not drink caffeine until an hour before folks arrived.

Guests started arriving for the house party at 8 p.m., and a massive pile of Amazon bags filled with an assortment of tight pants and metallic shirts awaited many of them. My friend Jada gave me a Farrah Fawcett inspired blowout and generously added glitter and rhinestones to several pairs of eyes, including my own. We had so much fun, four ladies piled in front of a large mirror in Neysa’s master bathroom. There was a disastrous moment involving black liquid eyeliner, but Neysa quickly and calmly resolved the situation.

A party light cast multicolored light showers across the living room wall and mini disco balls dangled from several light switches. The volume grew as guests continued to arrive, so I occasionally stepped aside into the empty dining room to decompress from the overwhelming multiple conversations and laughter that poured out of the kitchen. Everyone around me seemed to enjoy the wide array of spirits and wine, while I poured myself lime Spindrift sparkling water in a glass of ice with a disco ball straw to appear like I was drinking with everyone else.

There was a reserved table waiting for her party in the Disco Room of The Robinson Cafe, a 19th century historical building commissioned for Norman Robinson in 1889. As the clock struck 10:30 p.m., Lance began to coordinate Ubers to downtown Orlando and encouraged the crowd to gather just outside their front door. What is especially ironic about this specific party destination is that I resided in Orlando as a college student, and I cannot recall ever leaving for a night of dancing before 10 p.m.

That was more than 20 years ago, and these days, I often climb into bed closer to 9 p.m.

Then JOMO happened. Quickly and quite naturally. I called my husband and texted him a picture to show him my fabulous eye makeup. That is when I noticed my eyes in the photo, and just how tired they revealed I already was. But the dress! The hair! And my makeup all looked so good! It did not take long to weigh the heavy decision in both hands: should I go, or should I stay?

There was a deep sense of understanding and approval in his eyes. There was no pressure, no guilt, no hard feelings. Nothing but JOMO.

"Alright, the doors will lock on their own. Help yourself to anything you'd like," he said as he headed out into the night. When the door closed behind him, I was enveloped in the most wonderful sound. One of my favorite sounds on the planet, really. Silence.

I stood in the hall, allowing myself to be cradled by silence for a few moments longer before returning to the kitchen, where it looked like folks had partied hard. With an enormous smile on my face, I went upstairs, changed into my PJs, carefully washed the glitter and rhinestones from my eyes, and rolled up my sleeves.

Next, I made the master bed that was still covered by tangled sheets from Lance's disco nap. I let their family dog out in the backyard to do her thing. I tossed the cups and paper plates into the trash, then moved the crackers and pita chips into Ziploc bags. I wrapped

a few appetizers, leaving some on the countertops. I discovered some crazy delicious raspberry scones covered in powdered sugar. Ate two. Poured myself my first glass of red wine from a bottle I assumed was nice because I watched Lance carefully tuck it behind several other bottles of wine on the bar.

I was living the dream.

I kicked up my feet in Lance's recliner, where their sweet Cavapoo, Ruth Bader Ginsburg, jumped onto my lap. Lance sent a text to check on me, and I responded that I was so good, watching a tied football game between Alabama and LSU. Ruthie and I relaxed like this until I finished my glass of wine, then we both headed upstairs. I must have fallen asleep quickly and barely roused when the storm returned a few hours later. I looked forward to seeing everyone's photos and videos that captured the disco party shenanigans that I joyfully missed out on.

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Remembering the Brain Injury Association of America with a bequest from your estate will help sustain and strengthen the Association in years to come. Some of the advantages of creating a bequest include:

- Retaining control and use of your assets during your lifetime
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- Tax exemptions as gifts to BIAA from your estate are exempt from federal estate taxes

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If you have included the Brain Injury Association of America in your estate plans, please let us know. We would like to thank you for your generosity, make sure the purpose of your gift is understood by the Association, and recognize you as a member of the Futures Fund Legacy Society.

Futures Fund Spotlight: Dr. Robert Sbordone

The world of brain injury lost an authority and leader in research and education when Dr. Robert Sbordone passed away in 2015. Dr. Sbordone continues to help others through his generous bequest to the Brain Injury Association of America (BIAA).

The bequest provides an unprecedented opportunity for BIAA to invest in strategic revenue growth and long-term stability. In honor of Dr. Sbordone's generosity, BIAA created the Robert Sbordone Memorial Lecture series on mild traumatic brain injury (mTBI) and concussion. These online lectures are led by licensed social workers, medical doctors, and other professionals in the field of brain injury.



Learn more by contacting the development department at development@biausa.org or 703-761-0750 ext. 645 or visiting biausa.org/futuresfund.



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February 1, 2023 – May 31, 2023

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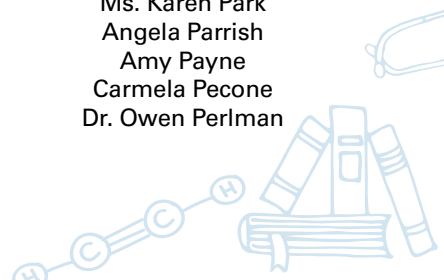
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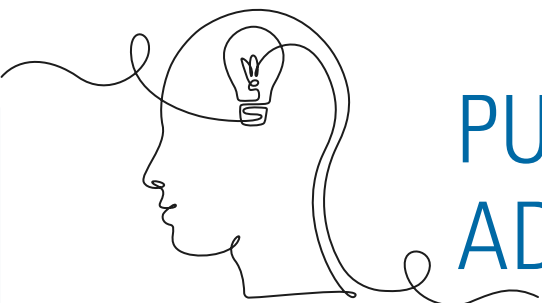
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PUBLIC POLICY AND ADVOCACY UPDATE

By Susan L. Vaughn, Policy Consultant, Brain Injury Association of America

Since the last issue of *The Challenge!*, President Joe Biden has released his budget proposals for fiscal year 2024 spending; Congress has passed legislation to lift the debt ceiling, albeit with caps for future spending; and legislators have introduced bills relating to concussions, caregivers, and other issues impacting individuals with brain injury.

On May 11, the President ended the Public Health Emergency implemented due to the COVID-19 pandemic and states have begun unwinding Medicaid provisions relating to eligibility that were implemented during the pandemic. The President has asked state governors to slow down the process as millions are now losing health care coverage.

While the President's budget normally kicks off the appropriations process, legislation to raise the debt ceiling has consumed much of the work of the current Congress. On June 3, President Biden signed the Fiscal Responsibility Act of 2023 to avoid a default on the nation's debt, but not without concessions to rein in future spending. The legislation approved

a \$31.4 trillion debt limit until January 2025 to allow the government to borrow unlimited sums to pay its debts. The agreement caps nondefense spending for fiscal year 2024, then increases funding by 1 percent in 2025. Nondefense spending refers to annual appropriations that fund non-entitlement programs such as research, public education, and disability and health related programs.

Congressional Brain Injury Task Force (CBITF) co-chairs, Reps. Bill Pascrell, Jr. (D-N.J.) and Don Bacon (R-Neb.) circulated a letter to enlist support for increased TBI funding that was sent to House appropriators. Nearly 30 Representatives signed on in support. Sen. Chris Van Hollen (D-Md.) circulated a similar letter in the Senate.

Workforce and Caregivers

Both Congress and the President have highlighted the need for long-term care options for persons with disabilities and the elderly that will allow them to live in their established communities. In April, President Biden

issued an Executive Order directing federal agencies to look at policies and ways to improve and connect family caregivers to resources, including veterans and military families caring for members who sustain injury or illness in the line of duty. In March, the Senate Special Committee on Aging, chaired by Sen. Bob Casey, Jr. (D-Pa.), held the hearing “Uplifting Families, Workers, and Older Adults: Supporting Communities of Care” to discuss the caregiving workforce that supports seniors and individuals with disabilities so they may live in their homes and communities. Legislation addressing these issues include:

- **H.R. 3706**, reintroduced in May by Rep. Barbara Lee (D-Calif.) to expand and enhance existing adult day programs for younger people with neurological diseases or conditions to support and improve access to respite services for family caregivers.
- **S. 1298, the Supporting Our Direct Care Workforce and Family Caregivers Act**, introduced in April by Sens. Tim Kaine (D-Va.), Kirsten Gillibrand (D-N.Y.), Maggie Hassan (D-N.H.), Jack Reed (D-R.I.), Tina Smith (D-Minn.), Sheldon Whitehouse (D-R.I.), Ron Wyden (D-Ore.), and Casey (D-Pa.) to support the recruitment, training, and retention of direct care workers and to support family caregivers.
- On March 29, Rep. Julia Brownley (D-Calif.) introduced **H.R. 542, the Elizabeth Dole Home- and Community-Based Services for Veterans and Caregivers Act of 2023** or the Elizabeth Dole Home Care Act of 2023, to improve home and community-based services and programs of the Department of Veterans Affairs (VA) for veterans who are aging and veterans with disabilities. Sen. Jerry Moran (R-Kan.) introduced similar legislation, S. 141.

Legislation and Concussions

Lawmakers in both the House and Senate have introduced legislation this session addressing concussions:

- On May 5, Rep. Gerald E. Connolly (D-Va.) introduced **H.R. 3083** directing the Secretary of Health and Human Services to maintain a National Concussion and TBI Clearinghouse in order to provide vetted, high-quality information on best practices for medical professionals that treat concussion and TBI, as well as for patients and other stakeholders.
- Pascrell introduced **H.R. 379**, designating May 6, 2023, as “National Sport Brain Health Day,” to call attention to sports-related brain injury and to encourage federal, state, and local policymakers to work together to raise awareness about the effects of TBI. The resolution specifically calls for improved

understanding of proper diagnosis and management of brain injury in athletes, and encourages further research and prevention efforts to ensure that fewer athletes experience the most adverse effects of TBI.

- Sens. John Cornyn (R-Tex.) and Catherine Cortez Masto (D-Nev.) introduced **S. 894, the Public Safety Officer Concussion and Traumatic Brain Injury Health Act of 2023**, on March 21, directing the Centers for Disease Control and Prevention (CDC) to collect and make publicly available information on concussion and TBI among public safety officers. Information may also be disseminated through arrangements with nonprofit organizations, labor organizations, and employee representatives, other governmental organizations or entities, and the media. Rep. Dan Crenshaw (R-Tex.), along with 12 co-sponsors, has introduced similar legislation, H.R. 2548.

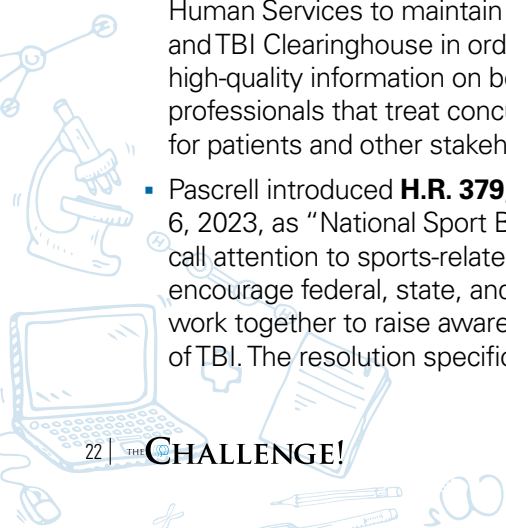
Other Legislation

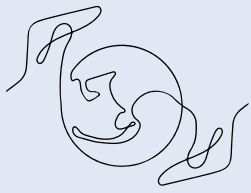
- **Long COVID:** Sen. Kaine and Rep. Beyer have introduced bipartisan legislation, the Comprehensive Access to Resources and Education (CARE) For Long COVID Act, which if passed, would provide resources for individuals with Long COVID.
- **Long-Term Services:** Sen. Michael Bennet (D-Colo.), along with 16 Senators, introduced S. 1193, the Latonya Reeves Freedom Act, that would strengthen the civil right of Americans with disabilities to receive long-term services and supports (LTSS) in the setting of their choice. A similar bill, H.R. 2708, was introduced by Rep. Steve Cohen (D-Tenn.) along with 79 co-sponsors.
- **Law Enforcement and People with Disabilities:** Lawmakers in both the House and Senate have introduced legislation to provide grants to enable nonprofit disability organizations to develop training programs that support safe interactions between law enforcement officers and individuals with disabilities and the elderly.

Administration

The Centers for Medicare & Medicaid Services (CMS) has announced that Medicare will now cover seat elevation devices for power wheelchairs. Seat elevation devices are critical to power wheelchair users who use them to perform activities of daily living, such as transferring to and from their wheelchair, preparing food, and dressing. Beneficiaries will be responsible for applicable cost-sharing.

A full public policy and advocacy update is available on our [website, biausa.org](https://www.biausa.org).





STATE AFFILIATE NEWS

Delaware

The Brain Injury Association of Delaware (BIADE) honors Sharon Lyons for her body of work in the brain injury community. We recognized her commitment with the "Sharon Lyons Distinguished Community Service Award" that was presented at our 1st Annual Survivor / Caregiver Celebration and Community Awards Luncheon held on March 31, 2023. It is fitting that Sharon Lyons was our first recipient and will have the honor of having her name attached to this award for years to come.

Survivors of brain injury may experience a wide range of physical, cognitive, and emotional symptoms that can make it difficult to perform everyday tasks. These symptoms may include memory loss, difficulty with speech and language, and problems with balance and coordination.

Caregivers of brain injury survivors also face many challenges, such as managing medications, providing emotional support, and helping with daily activities. It is important for caregivers to understand the needs of their loved ones with brain injury, and to seek support when needed. This may include reaching out to support groups, attending counseling sessions, or seeking respite care to help manage the demands of caregiving.

Overall, raising awareness of brain injury can help to reduce stigma and promote understanding of the challenges faced by survivors and caregivers alike. By working together, we can create a more supportive and inclusive society for all those affected by brain injury.

We're sad to share the passing of Sharon G. Lyons, age 74, of Newark, Del., who passed away surrounded by her family on Sunday, April 16, 2023. Sharon Lyons was an active corporate board member with BIADE from 2012 to 2019. She served as BIADE conference chair from 2014 to 2017. She served as president of the BIADE corporate board from 2015 to 2019. She was an emeritus member of the BIADE corporate board from 2019 to 2023. She left a lasting impression on the brain injury community and helped countless brain injury survivors and caregivers throughout her life. She will be missed by many. She was a true trailblazer and helped to shape BIADE into the organization it is today. She has left a lasting impression on the brain injury community and will be missed by many.

We thank the family of Sharon Lyons for choosing BIADE as their charity of choice for donations in memory of Sharon.

Visit www.biade.org to learn more.

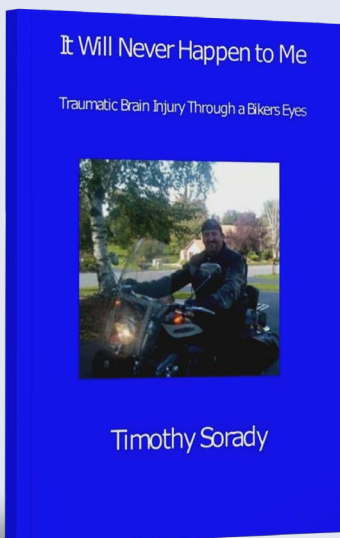
Florida

The Brain Injury Florida, Inc. is a new BIAA statewide affiliate serving the projected 899,924 Floridians impacted by acquired brain injury. Like all "start-ups," Brain Injury Florida has relied on volunteers for its purpose and progress made to date.

In an organizational callout for volunteers the organization we met Tim, a recent survivor, who offered his interest, and talents, in website development and social media. In getting to know Tim through his volunteer activities, we learned of his love of motorcycles and the accident in 2020 that almost took his life. In battling back from his catastrophic injuries over the following two years, Tim found that sharing his experiences was therapeutic, so much so that Tim decided to write a book about his journey. Recently completed, "It Will Never Happen to Me, Traumatic Brain Injury Through a Biker's Eyes" is in print and being self-published.

Sharing one's experiences, and expectations, is invaluable for both an effective recovery, and a supportive advocacy organization.

Thanks Tim! And thanks to all of the volunteers who have helped to rebuild Brain Injury Florida!



Indiana

Brain Injury Association of Indiana (BIAI) has had a wonderful spring and a fabulous beginning to summer! Our Board and BIAI members have been enjoying the beautiful weather and spending time with loved ones while staying active with our BIAI committees and planning for our short-term and long-term goals. We just held a successful, super delicious popcorn fundraiser where we sold yummy local popcorn to help us bring awareness to brain injury and advance our mission. Thank you to all who contributed and enjoy your fabulous popcorn!

Our BIAI Fundraising Committee is actively in the works of planning the second annual BIAI Wiffleball Tournament, to be held on Saturday, Oct. 28. More information will be available soon!

BIAI continues to speak with individuals, care partners, and professionals impacted by brain injury and helps provide information, referrals, and navigation to resources, services, and supports on an individualized basis. Assistance can be requested through the phone and/or the BIAI website where we also have great publications stored and links to helpful websites and resources. Be sure to visit www.biaindiana.org for information on brain injury and connection to resources. Also, email us at biassociationofindiana@gmail.com to reach us directly.

Happy Summer to all!

Kansas

The Brain Injury Association of Kansas & Greater Kansas City marked its 36th year with a city-wide run on Memorial Day. Nearly 1,000 runners and spectators gathered in historic Loose Park to participate in three timed events, a 10K, 5K, and 1.5-mile walk. This year's run, Going the Distance for Brain Injury, honored Brent Parks, who sustained a workplace injury that changed his life. While examining a sheet of glass, Brent was struck by a piece of metal and he was knocked unconscious. For months, Brent underwent therapy and was able to return to work 14 months after his injury. Brent tries never to complain or dwell on his injury anymore. His main purpose in life is to simply be a good father and grandfather. He understands better than most, life is a gift.

This year the Run also honored Ralph Yarl, a teenager who was shot in the head in April when he went to the wrong house to pick up his brothers. Ralph's family and friends participated in the event showing their support for this amazing young man and others in the community who have been affected by a TBI.

The Memorial Day Run is the Association's largest fundraiser and serves to educate remind the community that brain injury can happen to anyone.





Louisiana

The Brain Injury Association of Louisiana (BIALA) has been working to raise awareness about brain injuries, increase statewide outreach, and build a sense of community by hosting recreational and educational events, participating in philanthropic efforts, and through the creation of a statewide ambassador program.

To raise awareness about domestic violence being a common cause of traumatic brain injury for women in particular, BIALA sponsored and participated in the Mande Milkshaker's 4th Annual Walk a Mile in Her Shoes® Mandeville event. Participants, especially men, were encouraged to join in a mile walk wearing high-heeled shoes. Not only did the event raise awareness about domestic violence and brain injuries, it also helped raise \$12,000 for Safe Harbor, a domestic violence program.

BIALA also hosted a Silent Dance Party for individuals with sensory sensitivities, brain injuries, spinal cord injuries, and mobility impairments. The setting was a beautiful outdoor pavilion where the DJ offered two playlists to participants to dance to while having control over the music volume on their headsets. A wonderful time was had by all.

During Brain Injury Awareness Month, BIALA presented its 14th annual conference, "Partners in Progress." Throughout the two-day event, more than 200 allied health professionals, caregivers, and individuals living with brain

and spinal cord injuries gathered and had the opportunity to advance their knowledge and to learn together and from one another. A high level of energy and excitement ran through the exhibit hall where 36 sponsors and exhibitors were thrilled to share new information on products, services, and available resources.

Lastly, the creation of BIALA's statewide Ambassador Program has been in full swing. BIALA is successfully working on its goals of broadening outreach and ensuring that individuals impacted by traumatic brain and/or spinal cord injuries can be connected with pertinent resources, peer support, programs and services, and social opportunities in their communities. BIALA's ambassadors have done a fantastic job liaising between their respective regions and BIALA, and we are much obliged for their commitment and service. Most recently, the Ambassador Program hosted a caregiver coffee, with four additional events planned in the coming months throughout the state.

To learn more about BIALA, please visit www.biala.org.

Maine

The Maine Chapter of the Brain Injury Association of America was the recipient of New England Rehabilitation Hospital of Portland's Community Partnership Award. Developed in order to recognize an individual or organization who has supported the hospital and helped foster connections with the local community in a meaningful way, BIA-ME was recognized for its work increasing awareness of brain injury, providing information, resources, and support for individuals who have sustained brain injuries and their families, and advocating for prevention and improved funding and services across the state of Maine.

New England Rehab highlighted the Neuro Resource Facilitator Program, borne out of a collaboration with BIA-ME and the State of Maine DHHS Office of Aging and Disability Services (OADS) funded by a grant from the Federal Administration of Community Living (ACL). Patients at the hospital complete an application to participate in the program via their case manager, giving the hospital the opportunity to collaborate with a NeuroResource Facilitator while patients are still in-house in order to create a seamless transition to the community. The program prevents patients from "falling through the cracks" when beginning to navigate the chronic, lifelong stage of brain injury. In particular, NeuroResource Facilitator Katy Bizier and Steve Wade, executive director of BIA-ME, were instrumental in developing this



partnership and invaluable patient resource. In addition to this program, BIAA-ME also has a robust network of support groups that service the entire state, as well as abundant resources for support group leaders. The resources provided by BIAA-ME helped the hospital to launch our community stroke support group that began earlier this year.

Massachusetts

The Brain Injury Association of Massachusetts (BIA-MA) released a report summarizing the epidemiology of traumatic brain injury (TBI) in the state for FFY 2016-FFY 2018, utilizing ICD-10-CM codes. The report revealed the average annual count for TBI to be 71,664 for those who received a hospital-based assessment and treatment. The average annual count for TBI-related hospital stays was 8,831 and nearly 63,000 for TBI-related emergency department (ED) visits.

Falls were the unintentional mechanism of injury (MOI) for 67 percent for those who required inpatient stays and approximately 51 percent of ED visits. Motor vehicle crashes were the MOI for 11.7 percent of those

hospitalized for TBI, while intentional assault was the MOI for 3.5 percent and self-harm accounted for 0.5 percent of those hospitalized.

Analysis of the discharge disposition data related to inpatient hospitalizations revealed that 47.5 percent were discharged home, and of these 64 percent were without an identified service. Only 11.6 percent of individuals hospitalized for TBI were transferred to a rehabilitation unit or hospital and the mean and median LOS (lengths of stay) were 5.9 days and 3.7 days, respectively.

The data for this report came from the Massachusetts Department of Public Health and databases at the Center for Health Information and Analysis.

Missouri

The Brain Injury Association of Missouri (BIA-MO) hosted our annual Bowling for Brain Injury fundraiser. Three in-person events were held along with “Spare the Alley, Join the Rally” online fundraising. The event raised more than \$34,000 with participation from 250 bowlers, sponsors, and donors. The top fundraising team was Sargent Strike Club, which raised \$11,219!

For summer social-recreational programs, BIA-MO held two One-Day Regional Outdoor Camps in Springfield and Kansas City. Survivors of brain injury and their families enjoyed tie-dyeing shirts, planting marigolds, playing games, and shaking their maracas. Survivors also enjoyed entertainment of a St. Louis Cardinals game and live performances at the St. Louis Muny Theater in Forest Park.

Two BIA-MO Survivor and Family Seminars were held in May and June. Sessions included Brain Injury 101, Managing Emotions, Balancing Schedules, Transportation Options, Navigating Insurance, Medicare, Medicaid, SSI and SSDI, Embracing Your Future, Working with Brain Injury, and Building Relationships.



Fall 2023 upcoming events include One-Day Regional Outdoor Camps in Columbia and St. Louis. The BIA-MO Annual Statewide Conference, Survivor and Family Seminar, and Annual Awards Luncheon will be Oct. 19-21, 2023 in St. Louis. For more information or to register, visit www.biamo.org.

New York

The Brain Injury Association of New York State was thrilled to host its Annual Conference in beautiful Saratoga Springs, N.Y. Professionals, caregivers, service providers, and brain injury survivors came from all over the state for the educational and inspirational event.

Retired Command Sergeant Major Gretchen Evans took the stage as the conference keynote speaker, moving everyone with her personal experiences. She discussed her brain injury that ended her 27-year military career, and how she was able to find her purpose again through athletics and advocacy for people with disabilities.

The retired command sergeant major also inspired the conference's theme, Hold the Rope, which is derived from the military term, “Rope Team.” The idea behind this term is that if one member of a group falls, the rest of the team ties together to pick them up.



Additionally, three individuals were recognized for their efforts and impacts on New York's brain injury community in support of the organization's mission. Senator John Mannion received the Ted Weiss Community Advocacy Award. Clinical associate professor at Marist College, Francine Sage King, received the Marie Ivancich Memorial Award, and AnneMarie Todd, advocate, photographer, and brain injury survivor, received the Silent Angel Award.

A big congratulations to all!



Pennsylvania

BIA Pennsylvania (BIAPA) held another successful annual conference. This year's conference was held in person on June 27-28 in Lancaster, Pa. and was themed "Building on Progress in Brain Injury Rehabilitation and Research"

In keeping with our theme, we were pleased to offer the following keynote and plenary speakers to attendees:

- Opening Keynote "The Neuroscience Foundation of Music Perception and Production: Novel Applications in Neurorehabilitation to Improve Recovery of Movement, Language and Cognition" Speaker: Brian Harris, PhD, MT-BC, LSAT
- Plenary "From Discovery to Recovery: Consciousness After Brain Injury" Speaker: David Fischer, MD
- Plenary "Blood-based Biomarkers in Brain Injury & Utility Across the Spectrum of Brain Injury" Speaker: Randall Swanson II, DO, PhD
- Closing Keynote "Focus on Wellness and Mindfulness Following Brain Injury" Speakers: Jacob Koffer, MD and Thomas Watanabe, MD

In addition to the keynotes, attendees were able to choose among 14 workshops. There were various

networking opportunities for attendees including a professional meet and greet, an open mic coffee house and interactions with exhibitors.

In keeping with our annual tradition, we were able to provide a number of conference scholarships to persons with brain injury and their care partners through the David L. Strauss Memorial Scholarship Fund. A silent auction in support of this fund was held at the conference.

BIAPA honored five organizations and individuals at the conference this year. The Service to the Brain Injury Community Award was presented to the Fighting Back Scholarship Program. The John Sears Inspiration Award was presented to Michael Wright. The Dennis Minori Family Tribute Award was presented to the Reiter Family. The BIAPA Organization Award was presented to IMPACTED, Inc. The Service to the Brain Injury Association of Pennsylvania Award was presented to Stefanie Bauman.

We'd like to extend our heartfelt, thanks to everyone who made our conference a success! For more information on this past conference or two, get updates about our 2024 conference please visit www.biapa.org.

Ohio

BIA Ohio has been working throughout the state to educate people about brain injuries and expand programming. In February, we were honored as more than 100 brain injury survivors and caregivers gathered with us at the Statehouse in Columbus to meet with representatives in the House and Senate for an empowering Advocacy Day.

Our "Healthy Minds: Health and Wellness Workshop," launched last fall, is a new and innovative way for survivors and caregivers to connect on a weekly basis and benefit from online sessions led by local professionals that focus on art, nutrition, mindfulness/ yoga and more. The program has really taken off and provided a new layer of support for Ohioans.

We are looking forward to this fall where we will continue to connect with survivors and caregivers at our "Cere-bration: Walk, Roll & Run" event on Sunday, Sept. 10 and at our "Ohio Brain Injury Summit" conference Oct. 5-6.

We recently received a beautiful testimonial from a caregiver which read, "For the first time in 12 years since my son's injury I did not feel like my son and I were alone. I'm sure anyone that attends any of the functions sponsored by the BIAOH finds this to be true. As not many, if any people in our everyday lives truly understand the daily struggles of living with or loving someone with a brain injury. Since we attended the Brain Injury Association of Ohio conference, we now have a network of people that share their story and listen to our story. We are grateful for them!"

And we are grateful and humbled to be able to learn from survivors and caregivers and for the opportunity to work together with talented volunteers, board members, program staff, and local professionals to make a positive difference in the brain injury community.

South Carolina

The Brain Injury Association of South Carolina (BIASC) is celebrating our 25th anniversary, and so far, it has been one of our best! In March, Gov. Henry McMaster issued a proclamation recognizing Brain Injury Awareness Month (BIAM). BIASC held a press conference recognizing BIAM and our 25th anniversary, which was covered by ABC Columbia. We hosted our second annual Virtual Walk, Run, & Roll 5K for Brain Injury Awareness. We ended BIAM with Brain Injury Awareness Day at the South Carolina State House, where BIASC staff, volunteers, and brain injury survivors delivered postcards and brain-shaped gummy candies to legislators and staff. The postcards featured artwork made by survivors during one of our BI-friendly art classes.

Volunteer Carli Simm was recognized as the Youth Volunteer for the 2023 Governor's Volunteer Awards. These awards are issued every year to celebrate the dedicated people who make South Carolina a better place to live and work.



25 is our year! We're receiving non-recurring appropriations from the General Assembly that have allowed us to dedicate resources to address intersections of brain injury that we didn't have the capacity to address until now. We're excited to keep up this incredible momentum throughout the rest of 2023.



Virginia

This past quarter the Brain Injury Association of Virginia (BIAV) saw a change of leadership as Anne McDonnell stepped down as executive director after 17 years. The BIAV community welcomed David DeBiasi as our new executive director in February. BIAV held our annual Legacy Celebration in June and honored Anne's many years of service and named our Legacy Award after her.

In May, BIAV celebrated our 40th year of Camp Bruce McCoy. Campers come from throughout Virginia to enjoy one to two weeks of fun, sports, and friendship; families get a break from caregiving responsibilities; and counselors (many are OT or PT students) get an excellent introduction to brain injury! Win, win, win!

Earlier this year, Virginia's Legislature approved adding Targeted Case Management for people with severe brain injury to our State Medicaid Plan. BIAV's been participating in the planning to make this a reality. We are hopeful it will assist people in Virginia who are not close to other state funded programs.

BIAV is working on updating our award-winning publication, "Brain Injury and the Schools: A Guide for Educators." This is due, in part, to Virginia Legislators agreeing to expand the definition of brain injury in the schools to include acquired brain injury, not just TBI.



SPASTICITY, OR MUSCLE TIGHTNESS, OCCURS IN MANY¹ PATIENTS WHO HAVE SUFFERED FROM A STROKE.

The good news is there are treatment
options available that can help.



Spasticity—a condition in which certain muscles are continuously contracted—is caused by a brain or spinal cord lesion and is one of the most disabling conditions resulting from a stroke^{2,3}, affecting 17-38%⁴ of patients who have suffered from one. This contraction causes stiffness or tightness of muscles and can interfere with normal movement, speech and walking^{2,4}.

At Ipsen, patients are at the heart of everything we do. In Neuroscience, our ambition is to help patients suffering from highly debilitating and painful muscular disorders (such as post-stroke spasticity²).

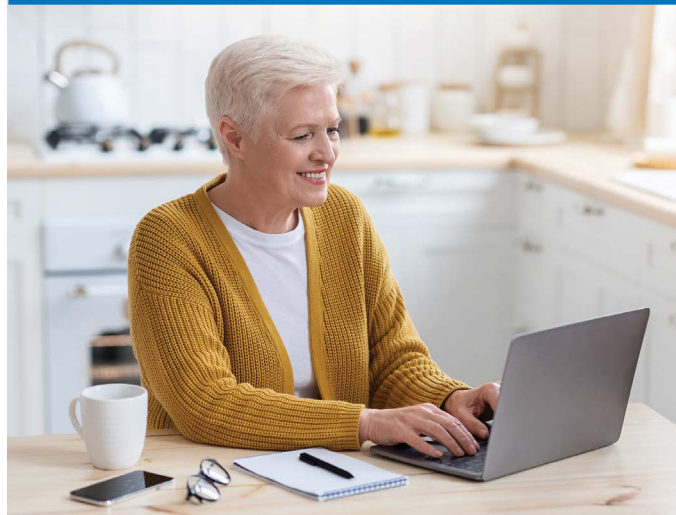


To learn more about a treatment option for post-stroke spasticity, scan this code.



[ipsen.com](https://www.ipsen.com)

Let's Stay in Touch



Get brain injury updates in your email inbox. Sign up for one of our mailing lists!

- **ADVOCACY** – Action alerts and our weekly Policy Corner newsletter
- **EDUCATION** – Information about upcoming webinars, conferences, and other learning opportunities
- **GENERAL** – Brain injury resources, BIAA updates, and even digital copies of *The Challenge!*
- **RESEARCH** – The latest information about brain injury research, including our own grant program



biausa.org/signmeup

UPCOMING WEBINARS

August 24, 2023 | 1:00 p.m. ET

Chrystal Fullen, Psy.D. | Behavioral Issues
Following Brain Injury: Strategies for Families

September 12, 2023 | 3:00 p.m. ET

Lisa Brenner, Ph.D. | TBI, Mental Health, and
Negative Health-Related Outcomes

September 20, 2023 | 3:00 p.m. ET

Julianna Nemeth, Ph.D. | Accommodating Brain
Injury in Trauma-Informed Care to Address the
Diverse Needs of Domestic Violence Survivors

October 19, 2023 | 3:00 p.m. ET

Lisa Kreber, Ph.D., CBIS | Introduction to
Cognitive Rehabilitation

November 16, 2023 | 3:00 p.m. ET

Allison Moir-Smith, M.A. | Finding Support when
Your Concussion Symptoms Persist

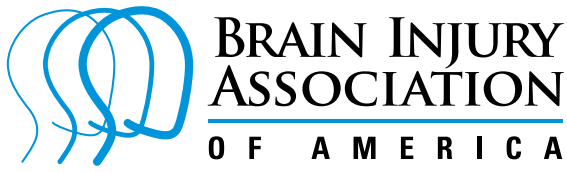
December 6, 2023 | 12:00 p.m. ET

Sara McGann, MCRC, CRC, CBIS | Brain Injury
Clinicians: Managing Mental Health Post-COVID

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The Corporate Partners Program gives rehabilitation providers, long-term care facilities, attorneys, and other leaders in the field a variety of opportunities to support the Brain Injury Association of America's advocacy, awareness, information, and education programs. BIAA is grateful to the Corporate Partners for their financial contributions and the many volunteer hours their companies devote to spreading help, hope, and healing nationwide.

For more information on how to become part of the Brain Injury Association of America Corporate Partners Program, please visit biausa.org/corporate or contact Paula Eichholz at (703) 761-0750, ext. 648, or email peichholz@biausa.org.

