



HEADWAY Newsletter

Providing Resources – Promoting Futures

Issue #33, Spring 2007

Ten years ago, Larry Hanlon's life was changed in a wreck at NHIS. Now, he's having....

The Ride of a Lifetime

by Dave D'Onofrio, Sports Columnist, Concord Monitor, October 10, 2006

Consumer-based organization for people surviving brain injury, brain tumor and stroke and for those who care.

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UPCOMING EVENTS...

May 16, 2007
24th Annual Brain Injury and Stroke Conference
Courtyard by Marriott & Grappone Conference Center
Concord, NH

August 15, 2007
24th Annual Charity Golf Tournament
Pheasant Ridge Golf Course
Gilford, NH

September 30, 2007
21st Annual Walk-by-the-Sea
Hampton Beach State Park
Hampton, NH

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Brain injury is the leading cause of death, disability and hospitalizations for children, teens, and young adults in New Hampshire.

It doesn't take long, after the front door opens at his Manchester apartment, to learn the passion of Larry Hanlon's life.

It's in view at the entrance, in the form of a 4x6 photograph that's framed and featured on an otherwise empty white wall. It's also to the right in a more artistic shape, a drawing that hangs high-hip to a walking man, only inches from three plaques he's earned for performance. And it's also in an adjoining room, where two overcrowded shelves show off more than 50 trophies.

The four-room dwelling isn't big by any stretch, but Hanlon has prioritized plenty of space for memorabilia from his days in motorcycling. A racer from the time he was 12 years old, it's that sport which helped shape his personality through his formative years. It's that sport which afforded him the glory of several season titles in the Loudon Road Racing Series before he attracted sponsorships out west.

And it's that sport which ultimately left him paralyzed from the chest down.

But as he rides through his apartment in a wheelchair, switching from motorized to manual depending on his task, Hanlon isn't at all bitter. He hasn't walked in 10 years since he was hurt in a horrific crash at New Hampshire International Speedway, but he doesn't ignore or begrudge biking, as might be expected.

Instead he embraces it. And in turn, it has embraced him. After the early stages of recovery took him from Concord to Salem to Texas, without much in the way of major results or assistance from others, Hanlon returned to New Hampshire six years ago and was offered a part-time job helping with race operations at NHIS.

He accepted it, despite being able to speak only in shards of shattered sentences because of a brain injury, and it wasn't long before he began to crank the throttle on his recovery. Back among his sport, his people and his passion, he began to improve in every area, be it his articulation or – even more drastically – his attitude.

As a result, the vocabulary has changed when others describe a man formerly focused only on his own ability to go fast. "Narcissistic" has been supplanted by "altruistic" and "humanitarian," a smug character is now a smiley one, and a selfish sort has seen the brightening of benevolence.

Indeed, much has changed for Larry Hanlon since May 5, 1996.

The accident

It was Sunday morning, and as usual Hanlon had an excess of confidence as he toiled around the Loudon track. Recently returned from competition in California and Las Vegas, where he'd finished second in three of the four races, he'd come back to NHIS only a night earlier and earned a win in the rain.

Hanlon always liked rain racing, basically because he believed it separated the men from the boys. It took a certain degree of courage to drive hard when it was wet, and he had no interest in slowing down, regardless of the conditions.

Even when it was dry he'd sacrifice track position to carry more speed, and with the track back to normal on the morning of May 5, that's exactly the plan Hanlon hoped to execute as practice approached its end.

But in an instant, the plan and Hanlon's bike were tipped upside down. As he made his way over the hill in the fifth turn of what figured to be his final lap, the motor blew up and sent the connecting rod through the bottom of Hanlon's machine. Oil dumped from the engine onto the track, and the driver tumbled to the asphalt along with it.

"I fell, and the bike pinned my leg to the track," he said, recounting the story as it's been told to him. Hanlon has no personal recollection of the incident. "I fell and the bike pinned my leg to the track. I raised my hand to signal to the corner workers that I was alright, and I was facing the direction of travel on the track. I didn't see the bikes behind me – and one of them struck me."

Because the incident occurred over the crest of the hill, the oncoming traffic couldn't see Hanlon. As a result, one of the riders rode straight into his back, breaking it, leaving a large crack in Hanlon's helmet and knocking him so hard he collapsed to the track unconscious.

He'd stay that way for a month.

Recovery

From the track, Hanlon was taken to Concord Hospital and remained there, comatose, until June. There was some minor brain activity in the meanwhile, but for the most part he was unresponsive, so after about a month it was nearing the point where his parents needed to make a decision.

"The day that they called my parents to court to pull the plug, so to speak, I regained consciousness," Hanlon said. "Someone must've said, 'Son, you're going to die if you don't wake up.' So I woke up."

He was awake, but unable to move anything from his chest down or to express himself in more than a word or two, and so he was sent to recuperate at a hospital in Salem.

But that's when signs of severe brain injury began to spring up. Because of the trauma, Hanlon had the idea in his head that the accident had just happened, and so while in Salem he snuck out, taking his motorized wheelchair down an elevator and into the parking lot. His intent was to steal a car and hightail it to Loudon to retrieve his bikes and belongings.



Larry and Joyce at the 2006 Walk-by-the-Sea

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ONGOING RESEARCH

Research Projects Highlighting Neurobehavioral Consequences of Mild to Moderate TBI

by Laura Flashman, Ph.D.



Many of the one to two million individuals who sustain a mild to moderate traumatic brain injury (MTBI) each year suffer deficits in attention and memory, and experience other neurobehavioral problems in the first several weeks following the injury. Although the majority of these individuals subsequently recover, a significant number, particularly those with moderate injuries, have persistent deficits. The Neuropsychiatry Section of the Department of Psychiatry at Dartmouth Medical School has a number of research projects examining neurobehavioral consequences of mild and moderate TBI (MTBI). We briefly describe three such projects, all of which explore the causes and treatment of memory troubles after injury.

The goal of the first project (the TBI/Genetics project) is to see if there are some genetic markers or profiles that may contribute in important ways to recovery from TBI and cognitive outcomes. The neuropathology of TBI, and the neurochemistry of memory and attention, suggest that genes that act on two types of brain chemical messengers (cholinergic and catecholaminergic neurotransmitters) may play an important role in aiding neural repair and affecting brain plasticity. We predict that individuals with copies of genes (alleles) that reduce central catecholaminergic/cholinergic tone, and that reduce neuronal repair/plasticity will show greater cognitive deficits one month after injury and less improvement in cognitive function one year after injury than those with alternate alleles, and that these people will show reduced activation in memory and attention network circuitry. Individuals with TBI in this study will have a single tube of blood drawn to be analyzed for an ensemble of 3,600 candidate alleles impacting on central catecholaminergic/ cholinergic tone and neuronal repair/plasticity. All participants will undergo a standardized neurocognitive assessment one month and one year after injury. A randomly selected subgroup of participants will also undergo functional MRI scanning while performing memory, attention, and frontal-executive tasks. This study will yield important information on the genetic underpinnings of cognitive deficits following TBI. Understanding of the genetic factors underlying cognitive outcomes will allow the development of truly individualized pharmacological treatment regimens

designed to ameliorate the devastating cognitive sequelae of an enormous public health problem. This study is funded by the National Institute of Health, and the National Institute of Child Health and Human Development (NICHD).

In the second study, we are exploring whether the combination of medication (methylphenidate – Ritalin), and a specific type of cognitive rehabilitation (Memory and Attention Adaptation Training or MAAT) is more effective in improving memory and attention than either intervention alone. Participants will again be at least 4-18 months out from their injury, and have persistent cognitive complaints. They will receive an eight-week trial of MAAT combined with either placebo (sugar pill) or Ritalin. Participants will also undergo functional MRI scans before and after treatment to assess the impact of the medication and cognitive training on brain activation. We hope that this study will lead to important information about the ability of a medication known to help attention in other conditions such as Attention Deficit Disorder to modulate other types of therapies in individuals after MTBI. This study is funded by the National Institute of Health, and the National Institute of Child Health and Human Development (NICHD).

In the third study, we are studying college athletes who are involved in contact (i.e., football, ice hockey) and non-contact (i.e., cross country running, rowing, crew) sports, to further our understanding of sports-related TBI. There are almost 300,000 sport-related mild TBIs annually in the United States. The short- and long-term effects of sports concussion and sub-concussive impacts are not known, nor are the effects of repeated injury understood. There is enormous variability in outcome after similar injuries, but the causes of this variability are not well understood. We believe that an individual's exposure to biomechanical forces is a critical factor influencing outcome. This has two broad components: the characteristics of a single impact (e.g. linear acceleration, rotational acceleration, direction etc.), and the history of exposure to biomechanical forces (e.g. measures of frequency and intensity of impacts over the preceding days and weeks). Students in the contact sports are wearing specially fitted helmets with accelerometer units, that can

directly measure in real-time the location, duration, and force of impacts. We will use technological advances in on-field head impact monitoring, cognitive testing, and functional brain imaging to learn for the first time what types of head impacts, under what circumstances, in which individuals, cause what effects in brain function. Both acute (post-concussive) and cumulative (pre to one-month post season) monitoring of biomechanical forces are of interest and will be assessed. Three groups of student athletes (football/hockey players with concussion, teammates without concussion, matched non-impact sport athletes) will be studied at three time points (preseason, post season, and within one week of a concussion) using a standardized cognitive battery and functional MRI (fMRI). Results of this study should yield important information on the biomechanics of sports-related traumatic brain injury, lead to more informed return-to-play guidelines, and provide objective information regarding the effects of cumulative minor head injuries.

The overall goal of these projects is to better understand the underlying neurochemical, neurophysiological and genetic contributions to causes and recovery from memory and attention difficulties that occur both shortly after MTBI and that persist for long periods after injury, and to better understand what might account for variability in recovery among individuals. This will in turn lead to improved treatment strategies, with the ultimate goal of reducing long term difficulties and improving the quality of life of individuals who have experienced a traumatic brain injury.

We are very interested in recruiting individuals to participate in these projects. For more information on these projects, or to determine whether you or someone you know would be eligible to participate, call our Research Nurse Coordinators, Mary Hynes, R.N. at (603) 650-7552 or Carolyn Bond, R.N. at (603) 650-2670.

Submission & Editorial Policy: HEADWAY is published by the Brain Injury Association of New Hampshire. The Editor invites and encourages contributions in the form of articles, special reports and artwork. BIA of NH reserves the right to edit or refuse articles submitted for consideration. The Association does not endorse, support, or recommend any specific method, facility, treatment or program mentioned in this newsletter. Please submit items to: Editor, Brain Injury Association of NH, 109 North State St., Suite #2, Concord, NH 03301. For advertising rates please call 603-225-8400.

The Ride of a Lifetime - Cont'd from pg 1

"After that they gave me a manual chair, even though I had a broken left arm," he said. "It was the early stages of brain injury, I, of course, denied it. I was like, 'I wouldn't do anything like that.' I couldn't walk, how could I steal a car? I didn't know."

After six months at Salem – four of which he doesn't remember – Hanlon was transferred to New Boston, then the doctors decided to send him to Fort Worth, Texas, for treatment on the mental and emotional trauma to his brain, and for the first time he met with a psychologist.

'Just keep going, kid,' was the psychologist's message, but Hanlon had trouble executing the advice. Because he was alone, and didn't know anyone, he continued to struggle with speech. After six months he moved to a retirement home in another Texas town, then he spent a half year at his own handicapped-accessible apartment in Houston.

At that stop he'd show some signs or progress – riding the bus twice a week to listen to a band play music – but it wasn't enough interaction or stimulation to coerce continued mental and verbal improvement.

There was still something missing.

The motorcycles.

Return

Hanlon returned to New Hampshire at the beginning of 2000, and with the help of Ted Goddard, an associate from the LRRS, he got a part-time gig as that series assistant starter for races at NHIS.

It was a generous gesture, considering Hanlon still didn't communicate well and hadn't left Loudon with the most admired of reputations. Even he admits as much, telling of how he'd sometimes drive to races from New York in a school bus along with four or five dogs from the herd he was breeding, which would be his primary company during race weekend.

"To be honest, I was a cranky, obnoxious champion," he said. "I was friendly with the dogs because they were friendly with me. But I was rather obnoxious to other people I raced with."

When he returned, however, people began to notice a big change in Hanlon. And he began to notice one in himself.

"I re-met all the people that I'd been friends with before the accident," said Hanlon. "I began to make huge strides in my ability to communicate and carry a thought. I progressed mentally."

Soon enough he was able to carry a conversation, and it was through one of those talks at the infield care center that Hanlon met Joyce Thorman. She worked there, and after being impressed by Hanlon's determination and his desire to do everything a vertical person could do, the pair forged a friendship.

Thorman encouraged Hanlon to read books, and in time he'd raced cover-to-cover through more than two dozen of them. Rather than absorbing information, as he would by watching TV or listening to the radio, Hanlon says he was forced to think about what he was reading – and his brain responded. Now, at age 49, he speaks clearly and deliberately, and since he started reading he's grown intellectually, to the point that he enrolled at the New Hampshire Technical Institute to take a computer class – and came away with a B-plus.

"When he came out of the coma, he was like a newborn baby," Thorman said. "He couldn't do anything. Couldn't talk, couldn't take care of himself, couldn't eat. And now he's talking like he swallowed the dictionary and wants to go back to work."

Before his injury, Hanlon worked as a computer-aided designer in Vermont, and while the world of technology has changed quite a bit through his decade of recovery, it's still his hope to get back into business.

For the time being, though, he's happy working at NHIS. And they're happy to have him. Officials there say Hanlon and the blue 1985 Chevrolet T20 van he bought off eBay for less than a couple grand and made handicapped-accessible have become fixtures of race weekend over the last six years, with Hanlon lending both a helpful hand and a happy face.

They certainly wouldn't have been saying the same things before the wreck.

"I have changed dramatically since the brain injury," Hanlon said. "I'm more cordial and less superior."

Attitude adjustment

Don Hutchinson shares those same sentiments. The long-time LRRS leader has known Hanlon for about 20 years, meaning he knew the Old Larry while Hanlon was amassing seven track championships, and winning 17 of 18 races in 1995.

"He used to be impossible to deal with," Hutchinson said. "He had a temper that

would tear down walls. He was just awful to deal with. Now he's laid back. He's calmed down quite a bit."

Calmer and kinder, he's also now philanthropic, as evidenced this past Sunday during the season's final day of racing at Loudon. Hoping to help the Brain Injury Association of New Hampshire, Hanlon organized a one-lap charity ride at NHIS, conceiving the idea, getting approval, publicizing the event and even leading the on-track activity; yes, he was on a bike with a sidecar on the lap that took place during a break in the racing.

Attracting more than 200 riders mounted on all sorts of machines, the event raised upwards of \$6,000 for the BIANH, adding to what was already a significant year of fundraising for Hanlon. In supporting the association's annual Walk-by-the-Sea pledge drive, it's been Hanlon who has raised the most money by an individual statewide in each of the last two years.

Next spring, Hanlon's hope is to bring his charity lap to Father's Day and the Loudon Classic, a decision that could depend on the presence of a professional tour. In either case, however, he intends to make the event an annual occurrence in hopes of aiding people in predicaments like his.

"He's a loving, caring, giving individual now," Thorman said. "He's very concerned

with others. He wants to help other people who are like him, which is not how he was before the accident.

"He's a wonderful person. He's loved by everyone at the track and everyone he meets."

And that includes Thorman, who is now his fiancée.

"I love him," she said. "And he loves me like nobody I have ever met."

Hanlon's love extends over many areas of life. It extends to Thorman. To the people he helps on a daily basis. To the spirit and sport of motorcycles, in spite of everything he's endured.

And even to the rider who hit him on that fateful May morning.

"The rider that hit me, I was never able to get his name from the track," Hanlon said. "They told me they don't release information like that, but I wanted to somehow tell him that I'm okay. That, yes, I almost died; but I lived."

Reprinted with permission from the Concord Monitor.



Brain Injury Community Support Fund

by Erin Hall

The Brain Injury Community Support Fund is a collaborative program of the Bureau of Developmental Services and the Brain Injury Association of New Hampshire. The purpose of this program is to assist individuals with brain injuries live independently in their communities. Eligibility requirements are as follows:

- ♦ A New Hampshire resident
- ♦ Meet He-M 522 eligibility - which includes, and is not limited to, a diagnosis of TBI, ABD, Stroke, Tumor, MS, Huntington's Disease (Please note that being found eligible for this program does not automatically make you eligible for Area Agency services)
- ♦ Not eligible for the Community Care Waiver except for extreme circumstances as determined by the committee
- ♦ Financial hardship
- ♦ Do not have other assets that could be accessed
- ♦ Modest level of income

Funding has three broad areas: short-term financial crisis; transition back into and/or support to maintain community relationships; safe and dignified living. Services that could be funded include, but are not limited to, therapies, respite, assistive technology, etc.

The Committee meets monthly on the third Wednesday of the month. All applications need to be received prior to this date. The process is as follows:

- ♦ All applications are sent to the BIANH c/o Erin Hall
- ♦ Applications must include the following:
 - ♦ Description of services needed
 - ♦ Budget or cost bid (2 bids are needed)
 - ♦ Medical documentation of disability or signed release to obtain such documentation
 - ♦ What other resources have been tried

Incomplete applications will be returned and not reviewed until all information is received.

Individuals may apply for \$2,000 per year. There is no lifetime cap.

If you would like more information on this program, please call Erin Hall at 225-8400. Applications can be downloaded from our website at www.bianh.org.

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BIANH News...

Residential Resources, Region 5 (Keene) employees held a fundraiser for the Brain Injury Association of NH. They raised \$312.00 and the agency matched the donation, bringing the total gift to \$624.00. We extend sincere thanks to the employees and to Residential Resources for this wonderful gift!

On November 11, 2006, **Katrina Lee Bernard** was crowned **Miss Rockingham County**. Katrina's platform is Brain Injury Prevention and Awareness. She will spend the next year promoting the Brain Injury Association of NH's mission. Congratulations Katrina!

The Brain Injury Association of Colorado announces openings in its **Outdoor Adventure Camps for the summer of 2007**. The camps are scheduled throughout the summer at the Breckenridge Outdoor Education Center and include activities such as wall climbing, river rafting, hiking and confidence building events. Volunteers and campers come from all over the country. Please refer to their website: www.biacolorado.org and click on "camps."

The Brain Injury Association of NH is pleased to announce a gift in the amount of \$1,000.00 from the **Abraham Burtman Charity Trust**. This gift is given in memory of the late Farmington, NH philanthropist, Abraham Burtman; who was noted for his charitable gifts in the Farmington area and in the surrounding communities.

The **Disabilities Rights Center** and the **NH Chapter, National Spinal Cord Injury Association** have received a **Quality of Life grant** from the **Christopher Reeve Foundation (CRF)** to expand the **Rolling Gourmet, New Hampshire's guide to restaurant accessibility**. With the grant from the CRF, the Rolling Gourmet will be able to offer a stipend to encourage diners, especially those who use wheelchairs, to participate in rating New Hampshire's restaurants for accessibility. It will also allow the Rolling Gourmet to provide direct feedback to each restaurant on its accessibility as experienced by a person with a disability. The Rolling Gourmet, launched in 2005 on the 15th anniversary of the Americans with Disabilities Act, offers diners with disabilities the ability to review restaurants and have their reviews publicized for other diners to access when choosing a restaurant. It has proved to be a popular program, and 175 New Hampshire restaurants have been rated so far. While the ratings focus on physical access, there is room for comments about accommodations and friendliness. This is not only a guide for accessible dining, but also serves as encouragement for restaurants to become fully accessible. To find out more, visit the Rolling Gourmet on the web at: .

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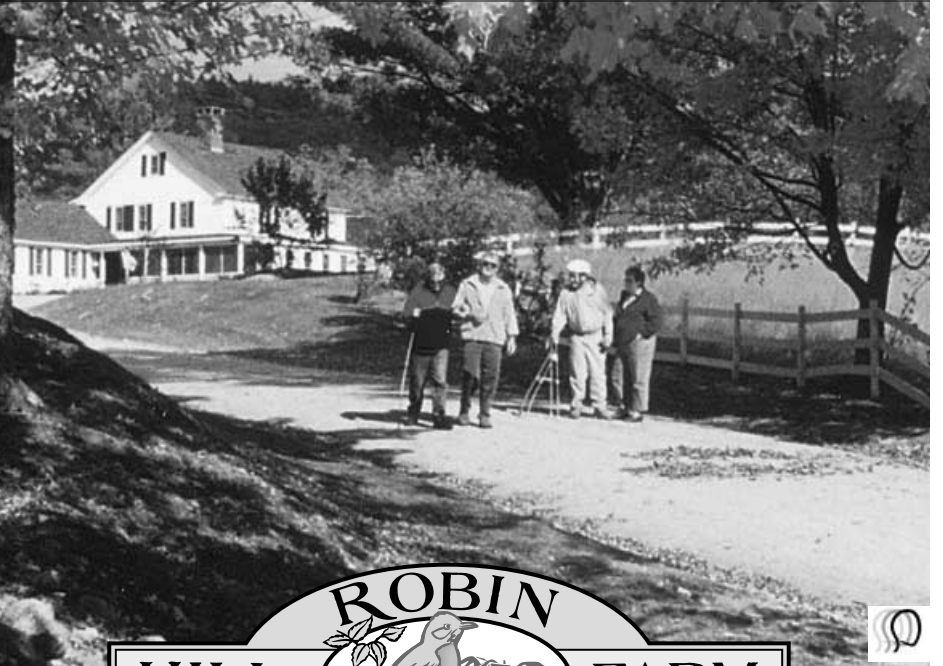
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Brain Injury Community Support Fund

A Collaborative Program of the State of New Hampshire Bureau of Developmental Services and the Brain Injury Association of New Hampshire.

If you are an individual living with a brain injury and find yourself in a financial crisis, this program may provide assistance. The purpose of the program is to assist individuals with brain injuries live independently in their communities.

For more information or an application, please call Erin Hall at 603-225-8400. Applications can be downloaded from our website at www.bianh.org.

Neuro-Resource Facilitation Program

If you are struggling with attaining the appropriate services, think about applying to the Neuro-Resource Facilitation Program. This program aims to assist families and individuals who have experienced a brain injury or stroke.

For more information or an application, please call Nicole Burnett at 603-225-8400. Applications can be downloaded from our website at www.bianh.org.

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Phone: (603) 225-8400
Website: www.bianh.org



Participants needed to complete survey!

by Ellen Edgerly

Caregiver Survey

The Brain Injury Association of New Hampshire along with other organizations throughout the state represent the Coalition of Caring Committee that will be hosting a statewide caregivers conference in November of 2007. Your input is important to the committee and it would be appreciated if you would complete the below listed questionnaire and mail to Ellen Edgerly, BIANH, 23 Isabelle Lane, Rochester, NH 03867.

Coalition of Caring Conference Survey

According to the United States Department of Health and Human Services, there are approximately 50 million people who provide care for the chronically ill, disabled or aged family member or a friend during any given year. In New Hampshire there are 121,000 individuals who provide this care with little to no voice. This questionnaire will help the NH Coalition for Caring advocate in having a voice in what your needs currently are and what we can assist you to do to continue this act of love in planning a statewide Caregivers Conference. Please answer the below listed questions.

1. Would you participate in a day long conference that was solely devoted to the needs and interests of caregivers? Yes No

2. What information would be helpful to have right now to continue the care you provide? _____

3. What types of topics would be helpful to you? (please check that apply)
 Legal issues _____ What services can help _____
 Other: give examples _____
 Coping with stress _____ Dealing with loss _____
 How to take better care of my loved one _____
 How to take better care of me _____ Mental Health Counseling _____
 How to do better with behavioral concerns _____
 Other _____

4. Do you need respite in order to attend a day long event? Yes No

5. If respite is required, do you need a stipend so this can happen? Yes No

6. Are you willing to be part of the planning committee for this conference via telephone, email, or meeting in person? Yes No
 Would you like to be contacted by a committee member? Yes No

7. What would be the best time and day of the week for you to attend this conference?

Monday	Tuesday	Wednesday
Thursday	Friday	Saturday
Sunday		
Morning	Afternoon	Evening

8. Is transportation an issue for your attendance? Yes No

Name _____

Address _____

Telephone and/or email _____

IS YOUR TOWN HALL ACCESSIBLE?

By Julia Freeman-Woolpert, Disabilities Rights Center

“All politics is local” – Tip O’Neill

Picture this:

You move to a new town and want to register to vote, get your dog licensed, register your car. You wheel yourself into your accessible van and head for town hall. The parking lot has enough room for your van, though there isn’t any sign indicating the accessible parking spaces. The lot is full of dips and potholes,



Julie Freeman

perhaps some areas where the ice hasn’t been cleared, but you can maneuver in your chair pretty well if you really pay attention. You get to the entrance and discover there are steps with no ramp, or there’s a ramp so steep you fear for your safety, or perhaps it is just covered with snow. You can’t get in.

What to do? You hang around outside looking in, and eventually someone notices you and comes out. You explain you want to register to vote, etc. The town clerk is summoned. She offers to bring out the paperwork, and suggests you send it back by mail, because it would be so much easier for you.

You really did want to go in, poke around and get familiar with the people and goings-on of your new town, but you take the paperwork, discouraged, and head back to your van. Unfortunately, someone has parked too near the door with the wheelchair lift, since there was no marked accessible aisle, and you are stuck, once again, unable to get in.

According to Enable America, “Overall, people with disabilities are less likely to vote, contribute to, contact or volunteer in political campaigns”. It’s no wonder that people with disabilities are less involved politically than their neighbors without disabilities. Architectural barriers are just one obstacle: financial barriers, social exclusion, and lack of transportation are some others.

However, lack of participation in the political process means the interests and concerns of people with disabilities do not get their fair share of attention. That could be dangerous for your health. Decisions about issues important to you, whether it’s Medicaid coverage, Medicare prescription drugs, mental health services, or your child’s education, need your input through the people you elect and through your direct participation in town, state, and national government.

With the passage of the Americans with Disabilities Act and increasing public awareness of access issues, more and more government buildings and functions are now accessible. But not all of them. The Disabilities Rights Center is working towards making all town halls accessible, and you can help. If your town hall has problems with access, give us a call or send us an email, we’ll go check it out. If we find problems we will work with town officials to remove the barriers so that you can participate fully in the life of your community.

The Help America Vote Act (HAVA) of 2002 seeks to improve voting access to people with disabilities and includes funding for Protection and Advocacy Agencies such as the Disabilities Rights Center (DRC) to “ensure full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling places”.



Pembroke Town Hall

Let’s work together to make town halls and the political process accessible for all.

The Disabilities Rights Center provides protection and advocacy statewide for people with disabilities. Learn more about your rights, and see our newsletter, the RAP Sheet, at www.drcnh.org, or give us a call at 1-800-834-1721.



Upcoming Events - Mark Your Calendars!

Conference At A Glance

by Lori Sandefur

Welcome & Awards Presentation
Keynote: Colonel Kenneth Lee, MD "From Battlefield to Homefront"

	Accute	AM Only TBI Grant Track	Survivor/Family	
Botulinum Toxin Address of Limb Spasticity James Whitlock	Everything you wanted to know about stroke (but were afraid to ask) Timothy Lukevits, MD	The Mind Body Connection: How Medical Issues Can Affect Cognition and Behavior after Brain Injury Rocco Cniappini, MD	Mental Health Issues After BI James Beaugard, MD	Connecting Support Groups Jeannine LeClerc Cameron Tease Don Severance Pete Wilson Sue McConchie Sandy Forest
Nauro-Ophthalmology Susan Pepin, MD	Back to the Future in Stroke Care Timothy Lukevits, MD	The Disconnect between Appearance and Ability: How Can Someone Look So Good but Need So Much Help? Laura Flashman, Phd, ADPP-Cn Thomas W. McAllister, MD John Capucco, PsyD	Grieving the Loss of Self Laura Basilli, PhD.	Fostering Self Advocacy Skills to Meet Individual Needs Beth Masse, MA

Survivor/Family

Legal Track Sponsored by
Abramson, Brow & Dugan

Body Weight Support Treadmill Training Improves Walking Joan Brean, MD Barb Baker, DPT Kelly Thibault, PT, NCS Donna Snyder, ACSW	The Relationship between Neuropsychological Deficits and Real Life Difficulties after Brain Injury Laura Flashman, PhD ABPP-Cn	Traumatic Brain Injury in Veterans of Iraq and Afganistan E. Lanier Scmmeralt, MD	Guardianship and Related Issues Kenneth R. Nelsen, Esq. John D. MacIntosh, Esq. Linda Malton, Esq.	Survivor Panel: The Lessons We've Learned Meredith Tracy Karen Weaver Donna Hoffman Facilitator: Nicole Beaugard, PT
Medications in the Treatment of "Psychiatric" Symptoms of Brain Injury E. Michael Kahn, MD	Clinical Brain Imaging Clifford Eskay, MD, PhD	An Informal Q & A session on the Irac War Colonel Kenneth Lee, MD	10 Year Post Stroke - What Now? Chris Burge - Survivor Michael Denmeede BS, CTRS	Northeast Passage Programs and Improving Quality of your Life after a Disability David Lee, MS, CTRS
	Understanding the Brain When a Stroke Occurs Mary Amatangelo, MS, APRN-BC CCRN	Adult Brain Plasticity - Promise for Neuro-Rehab Rodney J. Chronister, MD	Planning, Pacing and Prioritizing: Tools for Consistent Function Joanne Pennington, OTR/L, MPH	

Keynote Speaker, Colonel Kenneth Lee, MD

Milwaukee Veterans Affairs
Medical Center

"From Battlefield to Homefront"

Dr. Lee was a VA physician taking care of paralyzed veterans when he was called up to support The Operation Iraqi Freedom in 2003. He was the commander of Company B, 118th Med BN where he was involved in treating soldiers from Level I to III of care. On September 12, 2005, during a convoy run, they were hit by a suicide car bomb. Three soldiers including Dr. Lee were seriously injured and were MEDEVAC out of the area. Dr. Lee experienced first hand the process of how our soldiers are treated and transported from the battlefield to the VA system. As Dr. Lee found out the hard way, injured veterans, even with the power to heal, the transition from battlefield to home is a journey that seems to be a lonely road. It amazed him to discover that what he was feeling and is currently feeling is a shared phenomenon among veterans, regardless of age, gender, education or experience. This presentation will give you a snap shot of what soldiers in battlefield see and go through in their day to day life as well as when they are injured.



Lee Cross, keynote speaker



2006 Art Show Exhibit

3rd Annual BIANH Art Show

We are pleased to announce the 3rd Annual Brain Injury Survivor's Art Exhibition to be held during the 2007 Brain Injury Association of New Hampshire Brain Injury and Stroke Conference. We encourage you to view the works of the many talented and dedicated brain injury survivors who have supported and embraced this initiative. Please stop by the exhibit and cast your vote for your favorite piece! A silent auction will follow!

For information about submitting art work, please call Judy Sullivan at the BIANH office - 603-225-8400.

BJVC A Success!

by Erin Hall

The 4th Annual Bill Johnson Vertical Challenge for Brain Injury Awareness was held at Cranmore Mountain Resort in North Conway, NH on January 27, 2007. Twenty-five teams braved the cold to rack up the most vertical during the days event. Ski teams collected pledges totaling over \$21,000. The funds raised for the Brain Injury Association of New Hampshire will be used to support the Neuro-Resource Facilitation and Outreach Programs.

Competition was fierce with the Holderness School (in honor of Charlie Gaylord Class of 2001) leading the way with 158 runs/189,000 vertical feet. Close behind was Brown's Bombees with 153 runs/183,600 vertical, and the Wussy Pussy Cats in third with 151 runs/181,200 vertical. Team Pace won for the most money raised bringing in a total of \$1,005. The Rubber Duckie's were the grand prize winners of 4 Threedom Passes for the 2007-2008 ski season donated by Cranmore Mountain Resort.

Participants were treated to an après ski party sponsored by Capitol Distributors/Bass Ale. After racking up the vertical, skiers were able to enjoy a complementary massage by Macintosh College of Massage Therapy.

We send special thanks to our lead sponsors: Cranmore Mountain Resort and Boston Life Sciences, Inc. We also send special thanks to our major sponsors: North Country Independent Living, WPKQ 103.7 FM, Capitol Distributors/Bass Ale, Jeff Woods Construction and MPZ Landscaping and Irrigation. We would also like to extend sincere thanks to the following businesses and organizations in the North Country who also supported the event: Stan and Dan's Sports, Synergy, Joe Jones, Horsefeathers, Hill's Florist and Nursery, Eastern Mountain Sports, Bob and Terry Sports Outlet, Lahout's Country Clothing and Ski Shop, Great American Ski Rental, Newborn Hairstylist, Settlers' Green and the Ski Bees Ski Club. In addition, we send thanks to the Manchester Wolves, the Manchester Fisher Cats and the NH Highland Games/NHSCOT for their generous support.



Holderness School, BJVC Winning Team

Dr. Claudia Osborn, Speaker at Crotched Mountain

Claudia Osborn, M.D. will be a guest speaker at Crotched Mountain Rehabilitation Center, on April 10, 2006, 3:15 pm, in Greenfield, NH.

Dr. Osborn is an Associate Clinical Professor of Internal Medicine at Michigan State University College of Osteopathic Medicine. She is an advisor on traumatic brain injury education and prevention to government agencies including the institute of Medicine, the Center for Disease Control, the National Institutes of Health in Washington DC, and the Michigan department of Health.

Earlier in her career, she was a physician with an office and hospital practice in Detroit who also instructed interns and residents. That life ended abruptly one summer evening when her bicycle was struck by an automobile and she sustained a TBI. She underwent extensive rehab in Manhattan at the Brain Injury Day Treatment Program of NYU Medical Center.

Following her return to her home in Michigan, she began writing. "Over My Head", an inspirational account of her unrelenting and courageous pursuit to cope with life following severe traumatic injury.

Dr. Osborn's presentation is open to the public, free of charge. Seating is limited, and reservations are recommended. Please contact Joan Crooker, at 603-547-3311, ext. 589, or email: Joan.Crooker@crotchedmountain.org, for more information, or to make a reservation.

VOLUNTEERS WELCOMED!

We are seeking new volunteers to join us as a family and consumer directed charitable organization. We rely almost exclusively on volunteers in our work toward our mission, "to create a better future through brain injury prevention, education, advocacy and support."

Please indicate which committee you would like to join:

- Prevention and education standing committee
- Public policy and legislative advocacy standing committee
- Direct support and service standing committee
- School-based program and services sub-committee
- Development and marketing study committee
- Budget and finance study committee
- Walk-by-the-Sea walkathon
- Charity Golf Tournament
- Bill Johnson Vertical Challenge ski event
- Connections/peer support
- Support groups
- Annual Brain Injury and Stroke Conference
- Bingo benefit/fundraising

Name: _____

Address: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____ Best time to call: _____

HELPING SURVIVORS TAKE THE NEXT STEP

News from the Krempels Brain Injury Foundation

By Erika Mantz



David Krempels

Foundation leadership changes

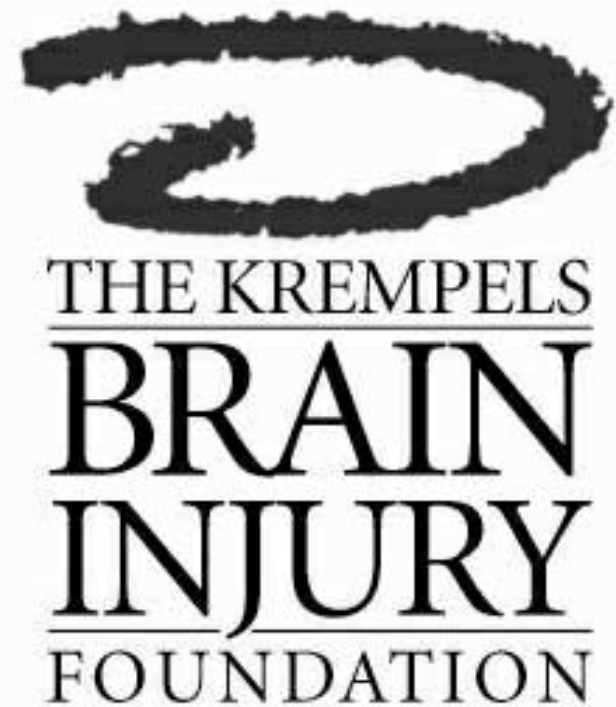
Every year, brain injury from trauma, tumor or stroke strikes more than 4,000 people of all ages in New Hampshire. Brain injury can happen to anyone, at any time. When it happened to me, I was determined to help other survivors get some basic support that didn't exist when I was struggling to rebuild my life. Eleven years ago what's now the Krempels Brain Injury Foundation was born. Since then some extraordinary people have served on its Board of Directors with me. One of those people is Robert Carrigg. A vice president and wealth management advisor at Merrill Lynch & Co. in Portsmouth, Rob has been on the board for six years. After more than a decade with me at the helm of the foundation, it's time for some change. I've asked Rob to serve as president of the Krempels Brain Injury Foundation and he's agreed. I will remain on the board in an honorary role, and will continue to support the foundation in many ways. I hope you will join me in celebrating this phase of the foundation.

SteppingStones... coming soon to a community near you

If imitation truly is the highest form of flattery, SteppingStones is flattered. In the last few months, survivors, family members, and organizations in Kentucky, Vermont, New York, New Mexico, and Calgary, Canada, have expressed interest in replicating SteppingStones in their communities. Work is already underway by SteppingStones' Program Director Will DeGrauw and University of New Hampshire professors' Michael Fraas and Doug Simmons on a second edition of the manual that may one day make it possible for brain injury survivors across the country, and even the world, to attend their own SteppingStones.

Support from The Provident Bank

The Provident Bank recently awarded the foundation a grant to increase public awareness about its programs. The money will support community education about traumatic brain injury and the foundation's programs, outreach to survivors and their families, and continued communication with the foundation's supporters. The grant will also support the foundation's Oral History Project, which gives brain injury survivors the chance to tell their stories in their own words. Hear those stories at <http://www.krempelsfoundation.org/oralhistories.shtml>



To benefit
The Krempels Brain Injury Foundation

"You're not who you were...
Be who you are!"

Thank you Runner's Alley and Redhook

... and the more than 1,600 runners who participated in this year's Runner's Alley and Redhook Brewery Memorial 5K Road Race and Healthwalk. The foundation's single largest fundraiser and New Hampshire's second largest 5K, it raised over \$30,000 that directly benefits survivors of brain injury from trauma, tumor or stroke. The race also raises awareness about brain injury and provides many opportunities for SteppingStones members to participate. Mark your calendar now and plan to participate Sunday, May 27.

SteppingStones expands

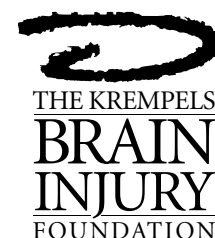
SteppingStones is now open five days a week. The additional days—and help from two full-time University of New Hampshire interns—mean members can get individual help with everything from finding an apartment to formulating a plan for gaining skills on the path to independence. Jenn Merriam is the first social work master's student to intern at SteppingStones, and Kyle Baker is an advanced occupational therapy intern. Jenn is with SteppingStones through May. "Having Jenn and Kyle on board acknowledges SteppingStones' commitment as a top quality, highly desirable internship site for professional development," says SteppingStones' Program Director Will DeGrauw. "It also represents additional opportunities for members to increase their quality of life by actively pursuing meaning in life post injury, to support fellow student interns in their development and to deepen the quality of the SteppingStones' program. They mean so much to us!"

Brain injury can happen to anyone,
at any time

The Krempels Brain Injury Foundation
Improving the lives of people living with brain injury from trauma, tumor or stroke

SteppingStones is a community-based post-rehabilitative program located at the Foundation for Seacoast Health's Community Campus in Portsmouth, N.H. It provides opportunities for social

interaction, life skill training, recreation, and support for brain injury survivors who are now living in the community. Call (603) 430-7668 for more information.



www.krempelsfoundation.org

**SUPPORT GROUPS
IN NEW HAMPSHIRE**

(Times and places may change without notice – please call in advance)

Aphasia:
Seacoast: Aphasia Support Group, 3rd Monday of the month, Community Campus, 100 Community Campus Drive, Portsmouth, NH
Contact: Dave or Rosemarie
Phone: (603) 659-6161

Brain Injury:
Conway: 1st Wednesday of the month, 6:30pm, Northern Human Services, Center Conway, NH
Contact: Joe Viana
Phone: (603) 539-2448

Derry: 2nd Friday of the month, 6:00pm, Nutfield Building, Parkland Hospital, 99 Franklin Street, Derry, NH
Contact: Cathy Rudd
Phone: (603) 421-0609

Gorham: 3rd Thursday of the month, 6:30pm-8:00pm, Family Resource Center, 123 Main Street, Gorham, NH.
Contact: Kim Tardiff
Phone: (603) 722-5389

Greenfield: 3rd Friday of each month, 5:00pm, Crotched Mountain Family Advisory Group, 1 Verney Drive, Greenfield, NH
Contact: Trish Chickering
Phone: (603) 547-3311 ext 487

Keene: 4th Tuesday of the month, 6:00pm-7:30pm – HCS, 312 Marlboro St., Keene, NH
Contact: Cindy Carney
Phone: (603) 352-6556

Lakes Region: 3rd Thursday usually every other month, 7:00pm, Lakes Region General Hospital, 80 Highland Street, Laconia, NH. call for upcoming dates.
Contact: Helen Robinson
Phone: (603) 279-3926 or in summer call (603) 744-2240

Nashua: 1st Wednesday of the month, 6:00pm, St. Joseph Hospital (4th floor), Nashua, NH
Contact: Patti Motyka
Phone: (603) 882-3000 ext. 7501

Rochester: 2nd Thursday of the month, 6:00pm at Frisbee Memorial Hospital, Rochester, NH
Contact: Paula Dempsey
Phone: (603) 539-8718

Seacoast: 1st Tuesday of the month, 7:00pm, North Hampton United Church of Christ, North Hampton, NH
Contact: Lil Charron
Phone: (603) 659-5769

Upper Valley: 2nd Wednesday of the month, 6:30pm, Dartmouth Hitchcock Medical Center, Fuller Board Room, Lebanon, NH
Contact: Donna Crowley
Phone: (603) 650-7305

Wolfeboro: 2nd Thursday of the month, 2:00pm, SunBridge Care and Rehabilitation for Wolfeboro, 39 Clipper Drive, Wolfeboro, NH
Contact: Pam Mott
Phone: (603) 569-3950

Stroke:
Manchester: 4th Wednesday of the month, 1:15-2:30pm, Easter Seals, 555 Auburn Street, Manchester, NH
Contact: 1-800-870-8728

Manchester: 2nd Tuesday of the month, 6:30pm, Rehab Medicine Unit, Catholic Medical Center, Manchester, NH
Contact: Ask-A-Nurse
Phone: (603) 626-2626

Peterborough: 3rd Thursday of the month, 1:30-2:30pm Wellness Center, Peterborough, NH
Contact: Suzanne Baker
Phone: (603) 924-4635

Lebanon: 1st Tuesday of the month, 10:30am-11:30am, Dartmouth Hitchcock Medical Center, 1 Medical Center Drive, Lebanon, NH
Contact: Jane Stephenson
Phone: (603) 650-5789

Nashua: 2nd Wednesday of the month, St. Joseph Hospital, 172 Kinsley Street, Nashua, NH
Contact: Karen Shaw
Phone: (603) 882-3000

Salem: 1st Saturday of the month, Northeast Rehab Hospital, T-R Department, 70 Butler Street, Salem, NH
Contact: Kim Errico
Phone: (603) 893-2900 ext. 469

???? ASK JON ????

by Jonathan Lanteigne



Jon Lanteigne

Dear Jon,
I am 25 years old and a survivor of a stroke. The stroke occurred 3 years ago when I was just finishing up with my college studies. I have made good strides in resuming normal activities with the assistance of my family. I have decided that I would like to be more independent now and will be moving into my own apartment next month. However, I will still need the support of family and friends. How do I plan for this?
Thanks for sharing your ideas!
Jason

Dear Jason,
Thank you for your question. The support of your family and friends is a great resource for you when you move into your own apartment. Ask your parents and friends what they did in order to become independent and what steps they took to move into their own apartment.

I suggest that you discuss with your family and friends what supports you think would be helpful to you once you are living alone. For instance, someone can help you to set up a weekly and monthly calendar with your work schedule, upcoming appointments, bills to pay (don't forget the rent on your apartment!), things to remember, etc.

Also, you should keep an expense log and develop a budget to keep track of your expenses. In order to get started on the right track for being independent, you can enlist the help of family and friends.

Think "outside the box" by looking at your past, before the stroke, to figure out new and different ways of being independent that you have not already tried or used. Use the skills you learned in the past, such as cooking, laundry, cleaning, and try new ways to accomplish these tasks. You probably already use these skills now, and they are excellent independent living skills.

Enlist the assistance of local agencies that you may be involved with. You can receive help with money management, cooking skills, communication skills, etc. A social worker can help you with role playing and can give you helpful suggestions and feedback.

Keep files and information organized by using different colors or try putting numbers or letters on your file folders. Securing your personal possessions is also important; i.e. locking your door correctly and using a safe to store valuables. Alarm clocks and a day timer or PDA will help you stay organized.

How about having a list of telephone numbers and email addresses of family, friends, and other important people you would like to stay in contact with and keeping this list in an easy-to-remember location?

I recommend that you get to know some of your new neighbors. They can be helpful to you and it is nice to know people who live nearby. Have you arranged for transportation at your new apartment? Maybe one of your neighbors could give you a ride to and from work if you are unable to drive yourself.

Congratulations on your plan to move into your own apartment as you work toward becoming more independent. Family and friends will be a great asset to you as you make this transition. During my internship experience, I created a wallet-size card that explains about my specific disability and it helped me a couple times when I locked myself out of my apartment and I had to call campus security. This is what my card had on the front and back. Feel free to use this and modify it to your own needs.

Good Luck!
Jon

<p><u>Side 1</u> I Am A Brain Injury Survivor</p> <p>The purpose of this card is to tell you some of the symptoms of a brain injury so that you will understand that I am not being intentionally difficult or hard to get along with. I may be restless and exhibit signs of agitation and anxiety. I may be confused, disoriented or easily angered. I may also have excessive physical reactions to confrontation.</p> <p>Your Name _____ (###) ###-####</p>	<p><u>Side 2</u> Verification and Emergency Contact Information:</p> <p>Contact Name _____ (###) ###-#### Contact Name MD _____ (###) ###-#### Contact Name MD _____ (###) ###-####</p> <p>Local Contact (Work etc): Contact Name _____ (###) ###-#### Contact Name _____ (###) ###-####</p>
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Support Group Facilitator's Enjoy a Special Recognition Dinner

by Ellen Ederly

The first annual Brain Injury Support Group Facilitator Appreciation Dinner was held at The Red Blazer Restaurant in Concord on November 14, 2006.

Brain Injury Support Group Facilitators throughout the state were recognized for their ongoing commitment in working with survivors, family members and friends. Helen Robinson, Lil Charron and Donna Crowley were acknowledged for their many years of volunteer service as facilitators.

The statewide Brain Injury Support Groups meet monthly and if you would like additional information relative to attending the support group located in your community, please contact our office.

Mark your calendars! A workshop will be offered at the BIANH Conference where participants will share and brain storm thoughts and ideas regarding how to sustain or create a new brain injury support group.



Support group facilitator dinner attendees



Ellen addresses the facilitators

SPOTLIGHT ON APHASIA

Meatball Sub

by David Halloran

We, who are recovering from a stroke or brain injury, have so many small steps to take towards recovery that we do not realize at the time that these small steps are so important in learning to take larger steps. Those of us that also acquire aphasia from this stroke or brain injury all have funny stories to tell about our trip from "No Word Land." But this one story of mine is probably the one story that I am asked to tell the most. When your therapy is finished and you are finally left to fend for yourself you quickly find that there are a lot of things that you can do without ever speaking a word. Because of this you find security in drive up banking, self serve gas stations, post office trips and grocery shopping. You're very excited to do these things first. You have accomplished your task and you never had to explain yourself with gestures or drawings. But you also never talked to anyone, you didn't have to. At some point in order to recover, you have to learn to speak or at least order a meal at a restaurant; this was the toughest for me. I ate more meals that I didn't want, it wasn't just me though and most people with aphasia never go to a restaurant without the fear of ordering. Usually they would just point at a menu and take their chances. Not me though, I was "challenged" by a friend to order for myself or else!

Paul at my CMC Aphasia Group told me that he wanted me to order for myself and not have my wife speak for me. He told me that of all the

difficulties that he had, ordering in a restaurant by himself was the most difficult for a person with aphasia to deal with. Again he said it would be hard, but I could do it and I had to do it before our next meeting. When I got home I thought about it and decided that I would give it my best shot.

Like always I waited till the last minute, I waited till the postcard came that tells us that our aphasia meeting will be held next week. It was hard for me to admit that I hadn't done it and I didn't want to tell Paul on Tuesday evening that I hadn't even tried. So I decided to start practicing by saying "meatball sub, meatball sub, meatball sub."

On Monday, my dog Baxter sat in my truck with me as I repeated over and over again, "meatball sub, meatball sub, meatball sub." I have to tell you about Baxter. When I came home from the hospital, our son left his dog with us to help me with my recovery. Baxter is a Polish Lowland Sheepdog, a good-sized shaggy dog that is with me at all times. He helped me all weekend repeating with his whine what I was saying, "meatball sub, meatball sub." Monday was a warm spring day with the birds chirping and the grass as green as could be. I decided that I had to try it today or face Paul the next day. I was out doing errands with Baxter and we had gone to the gas station, bank and market. All the way through my errands we would say "meatball sub, meatball sub, meatball sub." While I

was at the bank I saw the sign for D'Angelo's sub shop and we continued saying "meatball sub, meatball sub, meatball sub." By this time Baxter knew that food was involved.

I sat in the parking lot in my truck with Baxter and we kept saying it until I was comfortable enough to go in. Baxter wished me luck with a lick on my cheek and I got out of the truck and I kept muttering in my mind, "meatball sub, meatball sub, meatball sub," so I would get my order just right.

The line was very long so I kept repeating to myself, "meatball sub, meatball sub." Four more people, "meatball sub, meatball sub." Two more people, "meatball sub, meatball sub." One more person, "meatball sub, meatball sub." I'm next! "Meatball sub, meatball sub."

And now it was time for me. I got to the counter and proudly told the girl

"meatball sub please," with a grin so wide it hurt.

She looked me straight in the face and replied, "Sorry, we have no meatballs today, can I get you something else?" NO! She couldn't, or at least I couldn't tell her that she could, I couldn't say another word.

I walked back to the truck and told my dog, sorry Baxter, so sub today and we both sat in my truck crying about no meatball sub for lunch today!

I guess the moral to this story is you have to have a backup, so I went home and we practiced saying "roast beef sub." Although I didn't get my sandwich that day, I did finally go back and ordered a "meatball sub." The fear that I had the first time was less and I also had a back up.



Aphasia Advocacy Foundation

APHASIA IS a COMMUNICATIVE DISABILITY caused by damage to the language centers of the brain, usually as the result of a stroke or head injury. It is not a loss of intelligence. Each person with aphasia has a unique set of language disabilities depending on which side and to what extent the brain is injured.

There is a sticker available to educate Police, Fire and Emergency Personnel that a person with Aphasia is in the vehicle or in a home. Our goal is to have every person with aphasia to have these stickers visible on the automobile that they drive or ride in. We are also suggesting that they be put on the entrance door to the home that they live in.

There is no charge for a sticker. Please send a self addressed stamped envelope to: AAFNH, P O Box 648, Stratham, NH 03885 and we will get a sticker to you.

"So what, you have Aphasia!" Your mind is still intact and we need your help.

Getting people educated about aphasia is no easy task. Not one person can do this; we all need to do it together. Our goal is to educate people about aphasia. We need help and no task that you can offer is too little.

Please become a member and help us with our "Mission"

Contact Information	
Name	
Street Address	
City State Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Aphasia Advocacy Foundation: Mission/Vision

The Aphasia Advocacy Foundation (AAF) is dedicated to the advancement of the quality of life and being for individuals with Aphasia and their families/caregivers throughout their lifespan.

We aspire to increase society's awareness of Aphasia through education, so that communicative access to society is universally available to all those affected by Aphasia.

We aim to provide education, training and coping skills for individuals with Aphasia via group sessions, social re-integration activities and outreach programs.

We aim to provide education, training and coping skills for families/caregivers of Individuals with Aphasia.

Support Groups

Seacoast Aphasia Support Group, 3rd Monday of the Month, 7:00-8:30 pm Held on the Lower Level, Community Campus, Portsmouth, NH

Catholic Medical Center Aphasia Support Group, 4th Tuesday of the month 6:30-7:30 pm, Level F at Catholic Medical Center, Manchester, NH

Aphasia Community Group of Boston ; Is moving to Sargeant College E-mail us for dates and further information

Steppingstones and Seacoast Aphasia Support Group, Friday 1:00-1:50 Community Campus 2nd Floor Movie Room

Education Update



THIRD THURSDAY AT THREE SPEAKER SERIES
Lakeview Community Services, c/o Tri-County CAP
448 White Mountain Highway, Tamworth, NH 03886
603.323.7434

March through June 2007

March 15 – Traumatic Brain Injury Needs and the Challenges in Recovery Among Native Americans: Alta M. Bruce

April 19 – Barriers to Early Detection of Diabetic Kidney Disease in Underserved Populations: F. Don Nidiffer, Ph.D.

May 17 – Framing Adolescent Brain Development as a stage of Neurological Impairment: Thom Frye, Ph.D.

June 21 – Mild Traumatic Brain Injury: Does Anyone Really Suffer?: Jeffrey T. Barth, Ph.D., ABPP/CN

Participate and Earn One Certified Education Contact Hour

Participants call the speaker series phone number (800.501.8979) between 2:50 and 3:00 PM eastern standard time on the date of the seminar. At the prompt, participants enter the conference call code (539-8758). At this time, participants will be in conference to attend the seminar.

Lakeview NeuroRehabilitation Center will enter into the conference call at 3:00 PM eastern standard time and begin the presentation. The presentation will last for one hour. After the presentation, participants will fill out the attached evaluation form and return the evaluation form by email or mail.

Return the Evaluation and Receive your Certified Education Contact Hour!

Register and Direct Questions

Please direct all questions regarding the registration process to Sheila Evans, Speaker Series Coordinator at 603.323.7434 or lcs@lakeview.ws.



AFTER INJURY OR STROKE THE BRAIN CAN HEAL.



Dr. Rocco Chiappini, Director, Rehabilitation and Physical Medicine

SOMETIMES IT NEEDS A LITTLE HELP.

There are options. We can help.

After a brain injury or stroke, a person may go back home or to work...but still may need additional care. We now provide intensive outpatient services, on a weekly or even monthly basis, that can significantly improve a patient's functioning—months or even years after the original brain injury. Ask your doctor about a referral to Crotched Mountain. Information is available in the Outpatient Services section of our website: www.crotchedmountain.org



**CROTCHED
MOUNTAIN**
OUTPATIENT ADULT
BRAIN INJURY SERVICES

One Verney Drive, Greenfield, NH 03047
603.547.3311 ext. 360
and toll-free in NH 800.258.1466
email: outpatient@crotchedmountain.org

ON THE BOOKSHELF

Stepped Off

by Steve Pape

When will the journey end!

The morning of 14th July 2000, was like any other morning and after two great days of biking I was looking forward to the ride home to Leeds. As it turned out I didn't leave Scotland for another six weeks.

That morning, I can just remember sitting down for breakfast and passing some time talking to a couple of other bikers. After pulling out of the hotels car park, I have no recollection of what happened. Blackness from here for several weeks. All I can imagine is that something terrible happened. From what people have told me, and from what the police crash investigators have deduced from the scene of the accident, is that I was going around a left hand bend at speed. I must have lost control of my motorbike and collided with the walls on either side of the road, seven miles out from the hotel. The scene was apparently like the aftermath of a bomb blast. The dry stone walls were down on either side of the road and the grass and mud had been gouged up as I went grass tracking. Several road markers were also taken down and the front wheel of my bike was found about one hundred and fifty yards farther on down the road. My front wheel made it farther around the bend than I did because, as the suspension compressed and then rebound, it shot off the bike like a cannon shell. Again, I can't get across how horrific this must have been for the other riders in our group. (Can't imagine it did me much good either!).

Darkness

When I arrived at Ninewells Hospital, Dundee, Scotland, I was taken straight into the Accident and Emergency Department. I was immediately placed on a ventilator because I wasn't breathing on my own even though my heart was going okay. My lungs had also collapsed so I had two chest drains inserted to keep them inflated. It must have been like a scene from ER! Once I was safe to move (with drips, catheters, chest drains, and loads of monitors attached) I was taken for a CT scan of my brain to assess the damage, as my helmet was proof that I had suffered a head injury. Although there was no bleeding, my brain had taken a hammering so I was then taken to the Intensive Care Unit (ICU). It was all very touch and go as to whether I would live or not."

The next few weeks in Intensive Care were equally touch and go and I wasn't expected to make it. Carol, my wife of four months and a nurse, lived on the unit and took over most of my day-to-day care.

I was finally fit enough to transfer to Leeds after six weeks, but a coma returns you to zero. In the months that followed, my walking and talking improved a great deal. I seemed to recover from the physical aspects of the head injury relatively quickly and I eventually returned to work about six months after the accident. As with a lot of brain injuries, my personality was affected. I'm a bit more rigid in my thinking now and I like a routine. But I'm also apparently more loving so I guess there's a flip side to everything.

There tends to be a misconception that life after a brain injury is all doom and gloom. I must admit that the first year after the accident was really difficult although we received a lot of support from the various therapists at the rehab unit and from Headway, the organisation supporting brain injury sufferers and their families. I also wrote 'Stepped Off' - a book about my journey back to health, accompanied with a website (<http://www.steppedoff.co.uk>). The aim is to help others going through a similar experience, although no two accidents and no two brain injuries are the same.

Available from –
<http://www.publishamerica.com/shopping/shopdisplayproducts.asp?catalogid=10845>

You can order 'Stepped Off' from most Brick's and mortar Book Store or from any Online Book Store; Price varies depending on delivery.

Title: Stepped Off Author: Steve Pape ISBN: 1413795188



Steve Pape, author of *Stepped Off*

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