



HEADLINES

FALL 2005

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UPCOMING EVENTS:

Brain Injury Basics 2 September 20

Walk For Thought, Lake Phalen, St. Paul October 1

Walk For Thought, Blackduck High School October 8

Long-term Care and Participants with Brain Injury Training November 30

Check page 2 for more details on these events

Brain Injury Association of Minnesota helpline: 1-800-669-6442

www.braininjurymn.org

4th Annual Walk for Thought October 1



Staff Report

Walking helps you feel good, and Saturday, October 1, walking helps you do good at the Brain Injury Association of Minnesota's 4th annual Walk for Thought. Registration opens at 9 a.m. at Phalen Park in St. Paul, and the walk commences at 10am. The event is open and accessible to all - including those in strollers or wheelchairs. Walk teams from throughout the state are encouraged to participate. This walk is a fundraising and public

awareness event. More importantly, this walk is a celebration of life, hope and healing.

This family-friendly event will have a Kids Corner, with art activities and games, as well as live music provided by singer-songwriter Farrell Quinn. A "cross-over" artist, Quinn's music spans through the many flavors of Acoustic Rock, Alternative, Modern Country and Folk Blues. Her sound has been likened to Shawn Colvin, Allison Krause, Jewel and Sheryl Crow.

Last year, the Walk for Thought saw over 1,000 participants at the two state walks, an increase from 600 walkers in 2003, and 400 in the walk's inaugural year. This year's goal is to bring together 1,500 walkers in celebration of life, to increase awareness of brain injury and to raise funds to support the Association's efforts to provide help, hope and a voice for the 94,000 Minnesotans living with a brain injury. A second, greater Minnesota Walk



Singer-songwriter Farrell Quinn

for Thought will be held Saturday, Oct. 8 in Blackduck, Minn.

Registration forms, corporate sponsor opportunities, promotional posters, fundraising tips, pictures from last year and other supporting material can be found on the event webpage at <http://www.braininjurymn.org/EvntWFT.cfm>. For more information, or to register, call 612-378-2742 or 1-800-669-6442.

Meth in Minnesota: Part 2

Editorial note: This article is part 2 of the series "Meth in Minnesota" by the Brain Injury Association of Minnesota. To read the first story that ran in the Summer 2005 edition of HEADLINES, visit www.braininjurymn.org.

by Sharon Rolenc
Public Awareness Director

Sixty-seven percent of counties in the upper Midwest rate methamphetamine ("meth") as their number one drug problem, reported a July 2005 survey conducted by Research, Inc. of Washington D.C. for the National Association of Counties.

In addition, half of the reporting counties across the county stated that 1 in 5 incarcerations were related to meth. Seventeen percent of counties reported that more than half of their incarcerations were meth-related crimes. In the same report, more than 69 percent of Minnesota counties reported an increase in out of home placements for children due to meth in 2004.

There is no arguing that meth is on the forefront of the minds of police, county workers, chemical dependency counselors and public

educators. For people in the brain injury field, meth also presents the unique problem of determining the full damage, and long term consequences that the drug may cause to the human brain.

Meth and the brain

Meth is a synthetically produced chemical that can be smoked, snorted, or injected and is known among users as "Ice," "Crank," and "Speed," just to name a few. When

taken, users experience a quick "rush" that lasts for 15-30 minutes, followed by a period of "high" than can last for 6-12 hours, followed by a steep crash.

According to Nancy Carlson, Psy.D., L.P. from Karol Neuropsychological Services and Consulting, meth affects the brain in several ways, and three major factors contribute to short-term, and

**Meth
on page 6**



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Message from the Executive Director: Thanks for 11 Fantastic Years



Dear Friends,

It is with truly mixed emotions that I tell you that March 1st will be my last day as your Executive Director of the Brain Injury Association of MN. I am truly grateful and humbled that I have had the opportunity to lead the Association for the past 11 years. I am particularly fortunate to have had

the privilege of working with great staff members over the years, incredible volunteers and dedicated donors and I want to thank all of you. Without the guidance and assistance of a very broad range of people I could not have done my job. You gave me the opportunity to grow and to learn from you while the Association grew and expanded.

There is no doubt in my mind that the many changes that we have initiated, and those that will be implemented, will result in the Association being better able to serve Minnesotans with brain injury and their loved ones. Each day I see our staff provide the information and resources that change people's lives. And I am sure there are ways and means not yet imagined to further our effectiveness and ability.

The Brain Injury Association of MN is growing each day with new individuals becoming involved; in the

first 7 months of 2005, the Association provided information and resources to more individuals than ever before, exceeding the contacts made throughout all of last year. More people than ever before join us weekly as volunteers to help with administrative tasks, public awareness, fund raising, peer mentoring, citizen advocacy, support groups, library assistance and education.

The Association has many challenges ahead addressing a budget that is heavily dependent on government grants and fees. We need to expand our fundraising from individuals and corporations to make us less vulnerable to governmental changes. We need increased involvement in the Walk for Thought, our largest single fund raiser and public awareness event.

Brain injury is little known by the general public and many

professionals still do not understand the uniqueness; we have a lot of educating to do. Identification and services for persons with brain injury still lag far behind other disabilities, brain injury is over represented in the nursing homes, the homeless population and the corrections population, and yet few services are in place to assist individuals' return to the community. There is much to do.

I am confident the leadership of the staff and board of directors are absolutely committed to our mission of creating a better future through brain injury prevention, research, education and advocacy. The board of directors is well on its way toward hiring a new Executive Director and up to the task.

Again, thank you for 11 years of support and guidance and I look forward to seeing many of you at the fourth annual Walk for Thought.

CALENDAR of EVENTS

To register for any of the following classes, please call the Association at 612-378-2742 or 1-800-669-6442 in greater Minnesota.

September 20: Brain Injury Basics 2

This new class at the Association addresses the life change that occurs with brain injury: major stages of adjustment, emotional aspects of the change and adjustment difficulties.

These classes are offered four times a year at the Association Office. Class begins at 6:00 p.m. and runs until 8:30 p.m. Remaining dates for 2005 are September 20 and December 20.

October 1: 4th Annual Walk for Thought

2005 *Walk for Thought* date set for October 1, 2005 at Lake Phalen in St. Paul. Mark your calendar! If you have any questions on how you can participate as a *Walk for Thought* volunteer, please contact Brad Donaldson or Janice Webster at 612-378-2742. Team captain packets, registration forms and more info: www.braininjurymn.org.

October 18 - Brain Injury Basics 1

Confusion. Frustration. Sorrow. Anger. Fear. Isolation. These are some emotions a person with brain injury may feel after injury. Families, friends and loved ones may feel this way, too.

Learn about the impact of brain injuries caused by concussion, traumas such as crashes or falls, stroke, aneurysm and coma. Learn about what brain injury is; the common side effects of brain injury; compensation techniques; and tips about how to relate to people who have sustained brain injury. October's class will be at Lutheran Church of Peace, 47 South Century Avenue in St. Paul.

November 30: Long-Term Care and Participants with Brain Injury

The Brain Injury Association of Minnesota, in an effort to improve the quality of life of adults in group homes, independent learning services, home health care, chemical health units and long-term care facilities, offers training to enhance communication and relationships between caregivers and residents.

Program highlights include:

- "Train the Trainer" course;
- Learn to enhance relationships with care givers and residents;
- Create quality homelife for persons with brain injury;
- Demonstrate specific methods to manage interruptive behaviors;

Cost is \$250 per person for 8 hour training. Participants will receive a train-the-trainer manual, handouts and CD for overheads. A certificate of attendance will be provided upon request, and may be applied towards CEUs for eight contact hours.

For more info, call Anne Schuller at the Association at 612-378-2742, or 1-800-669-6442.



Brain Injury Association of Minnesota

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Mission

The mission of the Brain Injury Association of Minnesota is to create a better future through brain injury prevention, research, education and advocacy.

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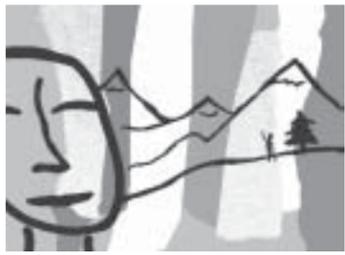
Janice Webster, Volunteer Program Assistant

Editorial Policy

Headlines is published quarterly by the Brain Injury Association of Minnesota. The Editor reserves the right to edit submitted materials for style and space. The Association does not endorse, support, or recommend any specific method, facility, treatment, program, or support group for persons with brain injury and their families. Please call for advertising rates.

Letters to the Editor Policy

Letters to the Editor should be limited to 300 words. Letters may be edited for spelling, grammar and length. In order for letters to be considered, please include your name, address and the daytime phone number of the author. The Association reserves the right to refuse letters for publication, and submission of material does not guarantee publication. Opinions expressed in Letters to the Editor are solely those of the author and do not represent the opinions or positions of the Association.



PERSPECTIVE

Message from the Board of Directors

Strength in Numbers

From the Chair
Russ
Philstrom

Walk for Thought. The date is October 1 for this important event and it is just around the corner. This is a wonderful chance to meet lots of people from all around our state and perhaps even a few from our surrounding states.

I have attended every walk since its beginning, and find it to be one of the most energizing events of the year. It's exciting to hear all of the stories, and it emphasizes the feeling that we are not alone! And of course the Krispy Kreme doughnuts and other treats for those who attend are a great bonus.

But do not forget what the most important reason for this event is the raising of funds to help the Brain Injury Association to move forward in the efforts to help those who have experienced a brain injury, and to prevent others from having an injury. If you are not signed up yet, please take a moment and call our office and find out what you can do to be a part of this great event.

Just as important is to ask yourself this question, AMIA MEMBER OF THE BRAIN INJURY ASSOCIATION OF MINNESOTA? Some of you may not even be aware of membership, you just know that the Association is a great place to call for brain injury information and for help navigating the system. Because of the huge number of people who need our services, we can never have too many members in our organization.

The old saying "strength in numbers" is never more true than with our Association. We couldn't have gotten to be where we are today without everyone's involvement. If you are not a member please call our office and find how easy it is to become one, or better yet, turn to page 11 and fill out the membership form and become a member today. Are you already a member? Then it's just as important to ask your family, friends, co-workers and neighbors to become a member. If your membership can prevent one person from experiencing some form of brain injury your work is absolutely priceless.

Thanks for taking the time to read this and please say hi to my family and I when you are at the walk!

Support Groups

Brain injury support groups can help you find others with similar experiences, useful information about brain injury and solutions to problems. The following results are just some of the key benefits of support groups:

- Emotional healing comes when people interact with other people.
- Sharing of similar experiences helps members feel less alone and more ready to deal with day to day issues.
- Education results from the exposure to information and personal experiences in a group.
- Socialization occurs when connections with people are made and confidence in social skills develops when appropriate interaction occurs in support groups.
- Safety, in the environment of a confidential, supportive, non-judgmental group, allows for honest disclosure and sharing of common difficulties.
- Self-expression, as emotions are experienced and released, creates a greater understanding of oneself.
- A sense of growth occurs as long-term members see new participants and reminisce about where they began and how far they have come in their personal journey.

The Brain Injury Association of Minnesota makes referrals to support groups throughout the state, including for persons with brain injury, their families and friends and for young persons.

These groups are autonomous, self-determined peer groups and are independent of the Association.

For meeting times, location, and a contact person for a specific support group, or for information about how to start your own group, call the Brain Injury Association of Minnesota at 612-378-2742 or 1-800-669-6442.

Distinguishing between ego and confidence

One of the many fine lines we must distinguish is the one between ego and confidence. One is positive and the other is destructive of our ends. How can we be confident and strong without falling prey to failure and denial?

The thing to do is to understand the key differences between them and to focus on those attitudes which bring about positive (desired) results. As always, we succeed by looking within for change, which is within our control, as opposed to laying blame outside ourselves, which takes it beyond our control. Confidence comes from within, ego compares with external things.

In fact, you can define ego as that part of us that deals with comparisons. Ego is that part of me that wants to be better than other people, that feels joy when I succeed where others fail, and recriminates myself when I fail. When my primary attention is focused on other people



Here & Now

Mike
Strand

or my own shortcomings, my primary focus is no longer on myself. On the other hand, when I'm looking inward and pushing to expand my previous limits, I cannot afford to be wasting energy on anything else.

Confidence comes as a part of radical acceptance. Where we accept ourselves as we are, here and now, where we love and cherish ourselves, no matter what. As people with brain injury we know that who we are is not the shell that others see. We know that who we are is untouched by the injury that damaged our brains. I am still me; I am who I was before they pulled my body from the wreckage. Even if nobody else

can see it, my banker is still sure that I am the guy who is responsible for the mortgage payment.

Seriously, we have to view ourselves in the same loving light as our parents. A Love that is unconditional. We have to say that we are doing fine for who we are, for all we've experienced, for the world we live in.

This became obvious to me when I practiced yoga. If I was trying to hold a tough balancing pose and I looked around to see if anyone else was doing it, I would fall over, as long as I remained focused on myself and what I was doing, my balance would improve. We cannot look out and look in at the same time.

We also cannot compare ourselves to where we were before. There is nothing to be gained by telling ourselves that we used to be able to do something; that is irrelevant. The only place that path leads is to anger and humiliation.

When we really want to improve ourselves we need to focus on things that we have control over. Personally, I can't even remember the past so why would I want to live there. All that would happen is that I would create a fairy tale that I couldn't possibly live up to. I choose to focus on where I'm at and where I'm going. I smile on myself and I cheer myself on.

I need to do this. Nobody knows what I've been through. Nobody knows how hard it is just to get through a day, even when things are going well. I use humor whenever possible, I feel like getting a t-shirt that says "You are not alone, I even amaze myself."

Strand, a regular newsletter contributor, has a book "Meditations on Brain Injury" now available on Amazon.com. The book is a collection of essays, many of which were printed in previous editions of HEADLINES.



NEWS BRIEFS

What's new at the Association and in the brain injury community

Bethesda Conference

Bethesda Rehabilitation Hospital's Managing Challenging Situations in Brain Injury Care will be held September 23rd at the Northland Inn in Minneapolis. Topics include grief and loss, recovery after brain injury, meeting the rehabilitation challenges of the war on terror, balance problems, serving youth with TBI, borderline personally and spiritually in recovery of brain injury. For a conference brochure please call 651-232-2725.

2006 Conference

The 2006 Annual Conference is scheduled for May 19 and 20 at the Earle Brown Heritage Center in Brooklyn Center. Roberta DePompei will provide keynote presentations each morning, as well as breakout sessions each day. Holly Kostrzewski will be closing the conference on Saturday by sharing her experiences of living with brain injury.

2006 Family Retreat

Mark your calendars! A Family Retreat will be held the first weekend in May 2006 at Camp Courage. The retreat is offered in collaboration with the Minnesota Department of Education's MN Low Incidence Projects, and is geared towards families who have a school-age child with brain injury.

To address feedback from families in attendance at this year's retreat, the event's activities have been extended to a full weekend. Please note that the 2006 retreat will not conflict with Mother's Day weekend. Check the Association website in the coming months, and future editions of HEADLINES for more information about the event.

Annual Report

The Association's 2004 Annual Report is now available online at www.braininjurymn.org. A limited supply of hard copies are available by calling 612-378-2742.

Feb. 1 Discharge Conference

The Brain Injury Association of Minnesota, in conjunction with the Minnesota Department of Health is offering the 2006 Discharge Planner's Conference on Wednesday, February 1, 2006.

Keynote speaker Jim Stolz will kick off the conference. As a Licensed Independent Clinical Social Worker with specialized training in Health and Medical Social Work Services, Stolz is the Director of Social Work Services at Interprofessional Center for Counseling and Legal Services in Minneapolis, Minn. He has provided social work and discharge planning services in various medical and psychiatric hospitals to clients dealing with psychiatric problems, chemical dependency, physical disabilities, strokes, orthopedic injuries, traumatic brain and spinal cord injuries.

The conference breakout sessions include topics of working with undocumented patients, relocation services, county services and recent changes, methamphetamine use in the community, a panel of Resource Facilitation staff sharing important issues and concerns.

Keynote speakers Bonnie and Gene DeBoe will close out the event by speaking about their life following brain injury. The DeBoes shared their family story, "Where are those silver linings?" at last spring's Annual Conference in St. Cloud, with great reviews.

The Brain Injury Association of Minnesota is accredited through the Department of Health for Continuing Education Units (CEU) for nursing, physical therapy, occupational therapy and speech therapy. Watch the Association website in the coming months for registration forms. For more information, contact Anne Schuller at 612-378-2742.

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For Living...



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Resource Facilitation and our diverse world

By Janis Carey Wack
Social Services Director

Imagine navigating in an unknown city, in an unfamiliar rental car and it's storming. Feel a bit disoriented? Not sure where to turn and hesitant to stop and ask directions? Picture then being a new immigrant, speaking a different language from English or very little English, trying to learn a

whole new way of doing things and having a brain injury or a family member with a brain injury. It is overwhelming to say the least!

The **Resource Facilitation** program works with individuals from many different cultures who speak an assortment of languages. For example, one of our program staff speaks Spanish, provides this support statewide. Interpreters are

used when we work with other cultures and the Association is aware and strives to be sensitive about the nuances of working through interpreters on such personal and important issues.

Recently our Resource Facilitator, Ivy Peterson, has provided services to several Spanish speaking consumers hospitalized at Regions hospital in St Paul, MN. She was able to translate forms, provide support during Discharge Planning conferences, and connect families to resources such as food stamps/emergency medical assistance/county services, food shelves, rent support and housing.

Peterson also provided community referrals such as CLUES, green card and identification card access among other things. Most importantly, she was able to provide brain injury education and information in Spanish to the consumers' families in order to help demystify the process, increase the families' understanding about the potential future needs of the survivor, and provide culturally sensitive and compassionate care during a very confusing and frightening time.

Resource Facilitation also offered assurance to Regions staff that their patients and loved ones had supports and resources in place post discharge. The hospital staff worked diligently to help the patient regain functioning and wanted to ensure that after leaving the hospital, the family would be able to continue to support the individual's recovery.

Resource Facilitation can extend the reach of hospital staff and reinforce their efforts to return the individual to the best possible level of functioning, and support their family in the process.

4,000 Minnesotans are hospitalized each year due to brain injury. This does not count the thousands who visit emergency departments and then go home. Resource Facilitation is available to *every hospital in the state of MN* to support persons with brain injury, their families and the hospital staff working to save lives.

To learn more about this long term follow along program for persons with brain injury and their families, please call 612-238-3246.



Injury and Violence PREVENTION

We're looking forward to working with our partner, the Brain Injury Association of Minnesota, to make RESOURCE FACILITATION a reality for all Minnesotans with brain injury.

www.health.state.mn.us/injury

Visit our website to ...

- Sign up for our free newsletter
- Create your own data tables about injury and violence in your part of Minnesota (See MIDAS: the Minnesota Injury Data Access System)
- Read reports, fact sheets, and data briefs on injury and violence

Or call or write ...

Injury and Violence Prevention Unit	P.O. Box 64882
Minnesota Department of Health	St. Paul, MN 55164-0882
(651) 281-8954 – telephone	(651) 215-8959 – fax
injury.prevention@health.state.mn.us	

Our mission is to strengthen Minnesota's communities in injury and violence prevention. We do this by ...

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- Developing and evaluating prevention programs and policies, and
- Providing tools, technical assistance and information to others.

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Meth from page 1

possibly long-term damage. Methamphetamine significantly increases the dopamine levels, decreases N-Acetylaspartate (N-A) levels, and damages neuron endings. “The two areas that are affected the most in the brain are the limbic system and the hippocampus. These effect memory and emotion, which leave users more impulsive as a result,” said Carlson. With low impulse control, meth users are much more vulnerable to reusing and developing a pattern of addiction.

The damage

According to the National Institute on Drug Abuse (NIDA), long-term methamphetamine abuse results in many damaging effects, including addiction. Addiction is a chronic, relapsing disease, characterized by compulsive drug-seeking and drug use which is accompanied by functional and molecular changes in the brain. In addition to being addicted to methamphetamine, chronic methamphetamine abusers exhibit symptoms that can include violent behavior, anxiety, confusion, and insomnia. They also can display a number of psychotic features, including paranoia, auditory hallucinations, mood disturbances, and delusions (for example, the sensation of insects creeping on the skin, which is called “formication”). The paranoia can result in homicidal as well as suicidal thoughts.

Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of methamphetamine.

Dr. Paul Thompson, of the UCLA Department of Neurology and Brain Research Institute has conducted research utilizing MRI scans to illustrate brain decay due to meth use. His imaging studies

revealed that hippocampal brain regions (involved in learning and memory) lose up to 10 percent of their tissue.

Researchers also have found that serotonin-containing nerve cells may also be damaged extensively. “Whether this toxicity is related to the psychosis seen in some long-term methamphetamine abusers is still an open question,” states the NIDA.

The question of long-term or “permanent” brain damage is the current debate in the medical field.

“No one seems to dispute the fact that there is damage to neuron cell endings. The issue at stake is the longer term effects and whether this can be reversed,” said Carlson. “[Researchers] think that you do recover some of the brain damage, but not as much cognitively or physically.”

According to Carlson, if a meth user can attain sobriety for at least nine months, dopamine and N-A levels may return to normal. Unfortunately, not enough long-term studies have been completed to see if restoring normal dopamine and N-A levels can aid in brain recovery, and the existing studies don’t include enough people/subjects to be conclusive.

The meth user

The meth user can be anyone, including suburban soccer moms, educated, white collar workers, rural teens, cross country semi-truck driver, and migrant workers. While there is no “typical” meth user, there are some commonalities. Statistically speaking, users tend to be predominately Caucasian (white), live in rural or outer-ring suburban areas, the majority range in age between early twenties to late forties, and the highest average education level of users is a high school diploma or less. However, there is also some significant usage in educated, white collar professionals, older adults and teens.

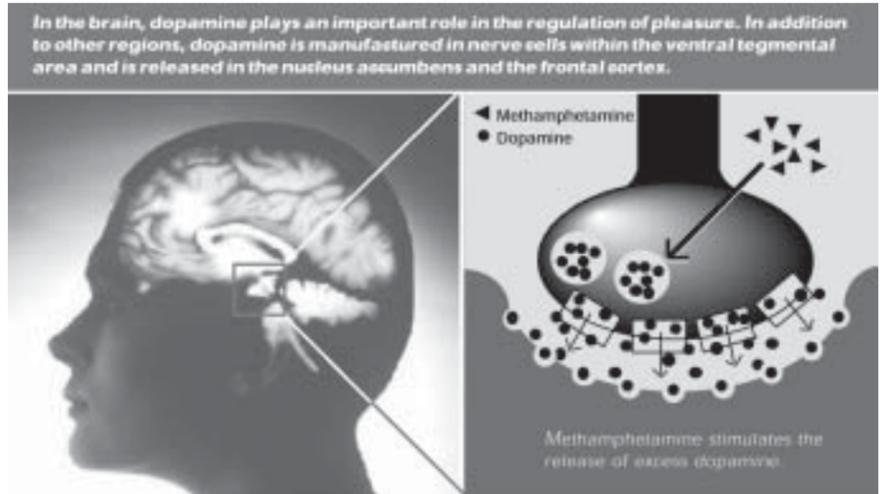


Image courtesy of the National Institute of Drug Abuse

Over the past ten years, the Native American population in Minnesota has seen a steady increase in meth use. According to data from the Minnesota Department of Human Services, the twelve major Native American tribes in Minnesota saw only one admission to chemical dependency treatment due to meth in 1996, and 53 meth-related admissions in 2004.

Treatment

Because of the immediate effects the drug has on cognition, short-term memory and impulse control, traditional month long treatment plans simply don’t tend to work.

“People get overwhelmed, their tension and anxiety goes up. They can’t physically keep up and they get fed up and leave [treatment]. They walk out,” said Rick Moldenhauer, Treatment Services Consultant for the Minnesota Department of Human Services’ State Methadone Authority.

“Things have to be presented in multiple formats, including visually and verbally. Material needs to be presented in smaller chunks for these individuals, and they need to be assessed to find out their status cognitively so that we know best how to approach them,” said Carlson.

Moldenhauer said that the Glenmore Recovery Center in greater Minnesota has seen success

with meth treatment, and the Vinland Center just outside the Twin Cities has seen success with patients that have dual diagnosis of meth addiction and brain injury. He added that state money has been earmarked for the Willmar Regional Treatment Center to develop and institute a best practices policy, procedure and treatment methodology for methamphetamine.

For further information:

The National Institute on Drug Abuse’s Methamphetamine page: <http://www.nida.nih.gov/Infofacts/methamphetamine.html>

UCLA’s Dr. Paul Thompson and Meth/MRI imaging: <http://www.loni.ucla.edu/~thompson/MEDIA/METH/PR.html>.

Glenmore Recovery Center in Greater Minnesota <http://www.riverviewhealth.org/services/glenmore/glenmore.html>

Vinland Center <http://www.vinlandcenter.org/>

National Library of Medicine’s TIP:33 Treatment for Stimulant Use Disorders <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.57310>

The National Institute on Drug Abuse (NIDA) lists the following effects related to meth use:

Immediate (short-term) effects of methamphetamine abuse may include:

- Increased attention and decreased fatigue
- Increased activity
- Decreased appetite
- Euphoria and rush
- Increased respiratory rate
- Dangerously high body temperature
- Convulsions

Long-term (chronic) effects of methamphetamine abuse may include the following:

- Anxiety and anxiousness
- Severe weight loss
- Changes to brain and central nervous system
- Damage to heart or other major organs
- Tremor or uncontrolled motor activity
- Hallucinations
- Mood disturbances, including homicidal or suicidal thinking
- Violent and/or paranoid behavior
- Amphetamine psychosis

Symptoms of withdrawal may include:

- Depression
- Anxiety
- Fatigue
- Paranoia
- Aggression
- Intense drug craving

Driving After Traumatic Brain Injury

By Rachel Cherry
Communications Intern

After a person sustains a brain injury, many daily activities have to change. Driving is a freedom that persons with traumatic brain injury (TBI) often have taken away either provisionally or permanently. Because of the effect that driving has on a person's self-esteem and independence, it is a major concern for persons with TBI.

The privilege of driving is often overlooked because it is something that we always expect to be able to do. People are not always aware of the prospective dangers of driving after brain injury. Driving is a very complicated task. Information has to be collected and processed, decisions have to be made and carried out, while traveling at high speeds. Many challenges common to TBI have an adverse affect on a person's ability to drive safely.

Any degree of brain injury can cause a person's pre-injury poor driving behaviors to increase or form new, potentially dangerous behaviors. According to the Association of Driver Rehabilitation Specialists, these behaviors can develop because of problems with vision, accuracy

and speed of eye movements, speed of response, attention, memory, problem solving, judgment and/or loss of physical skills. TBI can wipe one skill completely from memory while sparing another. It can cause learning new information to become more complex and may keep a person from promptly learning from their mistakes. All of the above can result in hazardous driving encounters, unpredictable driving actions or recurring collisions for the person.

Mike Strand sustained a TBI in January, 1989 and his driving privileges were not revoked, but he claims this was an oversight. For his own piece of mind he got evaluated at the Courage Center. He did this because he knew that he was not always aware of what he did not know. He was unable to determine whether or not his reaction time or judgment had worsened with his TBI.

"If I got in an accident and it cost somebody their life or gave them a TBI I could never forgive myself if I was only driving by stubborn refusal to inconvenience myself or through trying to maintain the illusion that my self worth was dependent on my driving status," said Strand.

He found that lane observation proved to be the most challenging for him after his TBI. "I cautiously check my lanes and intersections and I still have times where I don't see a car until it is almost too late," said Strand. "It doesn't happen very often, but often enough to shake my confidence. I don't drive in heavy traffic or in rush hour if I can help it." Strand estimated that he's driven over 200,000 miles in the past sixteen years since his brain injury and he's not had any major collisions.

According to the Association of Driver Rehabilitation Specialists, some warning signs to look for in someone with a TBI include: inappropriate driving speeds, slow to identify and avoid potentially hazardous situations, needs help or instruction from passengers, doesn't observe signs or signals, leaves out important road, traffic, or warning information, slow or poor decisions to traffic or road changes, easily frustrated or confused, pattern of getting lost, collisions or near misses, and blaming their driving mistakes on the behavior of other drivers.

The University of Minnesota is working with the Courage Center, Sister Kenny Rehabilitation Services and the University of Vermont on a



study dealing with how a simulator used in the comprehensive driving assessment correlates to behind the wheel driving. The University of Minnesota applied for the grants to do the study and organized its parameters. They are also accumulating all the data and putting it into standard research through their Engineering Department. This is the second part of a study initiated by the University of Minnesota.

The study involves doing test/retest procedures in order to find out if results stay consistent and also using therapeutic intervention to

Driving
on page 12



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Mayo Clinic
200 First Street SW
Rochester, MN 55905

For more information contact:
Program Secretary 507-255-3116

*National Institute on Disability and Rehabilitation Research



Concussions and Fall Sports

With fall sports just around the corner keep in mind that proper headgear and other precautions are necessary in order to prevent a concussion.

When a concussion is sustained, exercise proper precaution before returning to play to prevent re-injury and second impact syndrome. Players who have sustained one concussion are more likely to sustain future concussions.

In addition, multiple concussions can have a cumulative affect, and more serious consequences. This is known as "second impact syndrome." According to the Centers for Disease Control and Prevention, repeated mild brain injuries occurring over an extended period of time (months or years) can result in cumulative neurologic and cognitive deficits, but repeated mild brain injuries occurring within a short period (hours, days or weeks) can be catastrophic or fatal.

It is important in contact sports that you wear proper protective head gear that fits well. In sports such as football, it is important to use proper blocking and tackling techniques and not to use your head for initial contact. In sports such as bicycling and rollerblading, wear a helmet. Wearing a mouthpiece can also help prevent concussions.

Dr. Lyle Micheli, chair of the Sports Medicine Department at Children's Hospital in Boston, cautions that no child playing soccer under the age of 14 should head the ball. He argues that kids have not fully developed the musculoskeletal maturity or coordination to properly handle a header until they are about 14 years old.

Without these precautions you are leaving your head vulnerable to a possible concussion. Altogether,



300,000 sport-related concussions occur in the United States each year.

A concussion is a temporary loss of awareness or consciousness caused by a blow to the head. Severe blows may result in bleeding in the head or permanent damage to nerves. Players who have sustained one concussion are more likely to sustain future concussions. In addition, multiple concussions can have a cumulative affect, and more serious consequences.

The symptoms of a concussion can be mild to severe, depending on the severity of the injury. After a concussion, many people lose consciousness for a short time or cannot recall what happened immediately before the injury.

Other symptoms include confusion, neck pain, grogginess, dizziness, vertigo, lightheadedness, blurred or double vision, ringing in the ears, or even mood changes. Some of these symptoms may appear right away, while others may not show until weeks or even months later.

Information compiled by Rachel Cherry, Communications Intern

Grades of Concussion and Recommended Return to Play Guidelines

Many coaches and parents have questioned how to tell whether or not their child or player has sustained a concussion, and if so, when it would be alright for them to return to play. The following provides the grades of concussion (level of severity) and recommendations for return to play.

Grade 1:

- Confusion (inattention, inability to maintain a coherent stream of thought and carry out goal-directed movements)
- No loss of consciousness
- Concussion symptoms last less than 15 minutes

Return to play: 15 minutes or less for first concussion; minimum of one week for players who have sustained multiple Grade 1 concussions.

Grade 2:

- Confusion (inattention, inability to maintain a coherent stream of thought and carry out goal-directed movements)
- No loss of consciousness
- Concussion symptoms (including amnesia) last more than 15 minutes

Return to play: Minimum of one week; minimum of two weeks for players who have sustained multiple Grade 2 concussions.

Grade 3:

- Any loss of consciousness
 - a. Brief (lasts for seconds)
 - b. Prolonged (lasts for minutes)

Return to play: Minimum of one week for players who experience a Grade 3a (brief loss of consciousness); minimum of two weeks for players who have sustained multiple Grade 3a concussions. Minimum of two weeks for players who experience a Grade 3b (prolonged loss of consciousness); minimum of a month for players who have sustained multiple Grade 3b concussions.

****It is strongly advised to obtain a physician's clearance before returning to play after a Grade 3 concussion, or after sustaining multiple concussions.**

Information provided by the Brain Injury Association of America and the Neurotrauma Registry.

Deportes del Otoño

Los deportes del otoño están a la vuelta de la esquina. Ten presente que llevar el casco indicado y tomar otras precauciones es necesario para prevenir una concusión. Es importante en deportes de choque llevar el casco protector correcto que te quede perfecto. En deportes como el fútbol americano, es importante usar técnicas correctas de bloques y taclear y no usar la cabeza para contacto inicial. En deportes como el ciclismo y patinaje, lleva un casco. Llevar un protector de dentadura también puede prevenir las concusiones.

El doctor Lyle Micheli, presidente del Departamento de Medicina del Deporte en el Hospital para Niños en Boston, advierte que ningún niño menos de 14 años que juega al fútbol nunca debe cabecear

el fútbol. Dice que los niños no han desarrollado completamente la madurez musculoesquelético o la coordinación para manejar un cabezazo correctamente hasta que se cumplan unos 14 años.

Sin estas precauciones se deja la cabeza vulnerable a una concusión posible. 300,000 concusiones relacionados con deportes suceden en los Estados Unidos cada año.

Una concusión es una pérdida temporal de la conciencia causado por un choque a la cabeza. Choques severos pueden resultar en sangrar en la cabeza o perjuicio permanente a los nervios. Los jugadores que han sufrido una concusión tiene la probabilidad de sufrir de concusiones en el futuro. Además, concusiones múltiples pueden tener un efecto

acumulativo y consecuencias más graves.

Las síntomas de una concusión pueden ser leves o severas. Depende de la severidad de la lesión. Después de una concusión, mucha gente pierden la conciencia por un ratito o no pueden recordar lo que sucedió inmediatamente antes de la lesión. Otras síntomas incluyen la confusión, dolor del cuello, atontamiento, mareos, vértigo, la

vista nublada o doble, ruido en los oídos, o incluso cambios de disposición. Algunas de estas síntomas pueden aparecer inmediatamente, mientras otras pueden aparecer semanas o meses después.

Información recopilado por Rachel Cherry, Interno de Comunicaciones

Concusión y Directrices va a la página 12

Leaders Needed for Advisory Committees

The Brain Injury Association of Minnesota is looking for leaders from communities of color to serve on the African American and American Indian Advisory Committees. Committee members will help guide the direction of the Multicultural Outreach program. For more information, and a detailed position description, contact Raye Black at 612-378-2742.



LEGISLATIVE CORNER

Keeping up to date with public policy

2005 Session Wraps-up – Plans for 2006 Underway



By Jeff Nachbar

My name is Jeff Nachbar and I am very excited about the opportunity to build on the tremendous foundation that Shannon Robins has laid for the Brain Injury Association of MN's public policy work. Prior to starting here in June, I directed a statewide coalition working to reduce underage drinking through policy change. I've also worked in crime prevention, environmental advocacy, community organizing, fundraising and elections.

While there is still a lot for me to learn, I'll do my best to carry the torch and fight hard for policy changes to prevent brain injury and improve conditions in Minnesota for those living with brain injury, their families and loved ones. I'm looking forward to meeting the many of you who are committed to creating the changes that are necessary in order to bring about our common vision for a brighter future. Call me anytime or send me an e-mail. Now on to the update!

2005 Session Wraps up

As you probably know, the 2005 legislature went into special session after not completing its work on time. After a brief partial government shut-down, compromises were made and agreement was reached on a state budget for the next two years.

While I came late to the action, it was clear that the hard work advocates had put in during the previous six months of the year paid off. Certainly problems remain to be solved, but I know Shannon would have been extremely pleased to see the fruits of her and many other's labor come to pass.

Significant accomplishments include: Elimination of the \$500 cap on dental services for Medical Assistance, GAMC and MinnesotaCare enrollees; Lower drug co-pays; and increased choice for people leaving nursing homes as well as transitional support grants to assist with relocation expenses; and a new requirement for child care providers to receive training on Shaken Baby Syndrome/inflicted Traumatic Brain Injury (SBS/iTBI) was created and funds were appropriated to the Department of Health to produce a SBS/iTBI training video.

Unfortunately, efforts to remove the cap on new CADI and TBI Waivers or to at least to increase the cap did not come to pass. (For a more detailed description, visit our website.) The Association and its many partners can be proud of these accomplishments in 2005.

Legislative Home Visit Season Kicks-Off

We are well underway in organizing 15 Legislative Home Visits – Senate District Forums scheduled Labor Day through Thanksgiving all across Minnesota. I hope you all will be able to attend one, especially if you live in one of the 15 districts where they will be held.

Legislative Home Visits (LHV) are an extremely important way to ensure that there is a dialogue between state policy makers and persons with a brain injury, their families, loved ones and caregivers. It's critical that those who make our laws and regulations know how their decisions will impact the 94,000 Minnesotans living with a disability due to brain injury. This is our opportunity to make sure that our voices are heard by those that have to power to create and change laws in Minnesota.

Though we call them "home visits," they really are more like a community forum that is organized by legislative district. Each forum lasts for about two hours. The first hour is a chance for the Brain Injury Association of MN to hear from you about what you think we should be working on. During the second hour state legislators will stop by to hear

In my view, grass-roots activism is the key to political success and effective activism requires good solid community organizing.

about what is actually happening in people's lives and learn about what can be done to improve the situation.

Citizen Advocates

The first thing I did after accepting this position was to spend six hours in a conference room with Shannon trying learning as much as I could from her before she left for graduate school. As exciting as that was, I was totally blown away when I showed up for my second day. On a beautiful Saturday morning in early June, the first ever Minnesota Advocacy Project (MAP) class was held. A dozen advocates were in the conference room with their sleeves rolled up, ready to spend the day learning how to become even more effective in advocating for individuals with brain injury and in advocating for public policy changes. I thought I'd died and found a job in heaven! Since then we held the second class in August and all the participants continue to motivate and inspire me

and each other to action. There will another MAP round of training next year. Let us know if you are interested in participating.

In my view, grass-roots activism is the key to political success and effective activism requires good solid community organizing. Over the next few months, as the LHVs are taking place, I hope to connect with as many of our citizen advocates as possible. We intend to take a look at our Citizen Advocate Program, get it even more organized and prepared for the 2006 legislative session. If you're one of our many citizen advocates, let me know what you think. Together we can make sure that our policy makers hear the voice and feel the power of the brain injury community.

If you want to get more involved in policy advocacy or have questions about the legislative forums or the public policy program, contact Jeff Nachbar at 612-378-2742, or 1-800-669-6442 in greater Minnesota or email jeffn@braininjurymn.org.

Citizen Advocate Sign-up Form

Yes! I'd like to become a Citizen Advocate and make a difference in the lives of the 94,000 Minnesotans who live with brain injury.

Name: _____

Address: _____

City, State, Zip _____

Day Phone: _____

Night Phone: _____

Fax: _____

Email: _____

I am a:

Person with brain injury Family member Professional

I'd be willing to:

Contact my legislator

Attend a brain injury event

Tell my story

Other: _____

Please return the form to Jeff Nachbar, Brain Injury Association of Minnesota, 34 13th Ave NE, Suite B001, Minneapolis, MN 55413

For more info: 612-378-2742, jeffn@braininjurymn.org



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Demonstrate support of persons with brain injury

Join Today!

In 1984, a small group of families and professionals banded together to form what is now the Brain Injury Association of Minnesota. They fought and advocated for systemic change so that persons with brain injury have supports in place that allow their return to the community.

Over the years, we have assisted thousands of persons with brain injury and family members in navigating life after brain injury. We have also provided referrals, outreach and training for professionals in the brain injury community. Our reach and scope of services have grown exponentially over the past two decades.

However, our successes over the years could not have been possible without the on-going support from the brain injury community.

One of the most basic ways that you can demonstrate your support of persons with brain injury and your commitment to creating a better future through brain injury prevention, research, education and advocacy is to become a member of the Brain Injury Association of Minnesota.

While most of our services are free, and you don't need to be a member to receive these services, your membership sends a clear message to your fellow community members that you believe in the organization's mission and have a stake in our continued success.

The Brain Injury Association of Minnesota offers a variety of services including:

- Resource Facilitation – two year follow-up support for persons with brain injury
- Waiver Case Management Services (TBI, CADI and Relocation)

- Information about brain injury rehabilitation and support services
- Answers to questions about all types of brain injury and common consequences
- Education and public awareness activities throughout the year
- Continuing education and professional development activities for professionals who support persons with brain injury
- Outreach services for communities of color and underserved populations
- Referrals to dozens of support groups statewide

In addition to demonstrating your support of people with brain injury, your membership benefits include: subscription to the quarterly HEADLINES newsletter and the bi-weekly Enews newsletter, discounts on conferences and education materials.

There are several membership levels, so that even those on fixed incomes can demonstrate their support and belief in the Brain Injury Association of Minnesota.

Just over twenty years ago, families had little in the way of support for their loved ones whose lives were devastated by brain injury. Today, people are forging new paths in life after brain injury thanks to the help and advocacy of the Brain Injury Association of Minnesota.

Make a difference in lives of persons with brain injury. Provide help, hope and a voice to the 94,000 Minnesotans who live with the consequences of brain injury. *Become a member today.*

Participants still needed for Mayo research study

The Mayo Telehealth-based Cognitive Rehabilitation Study is still recruiting volunteers for a research study. The goal is to improve memory compensation through the use of calendars and the internet.

Potential participants must be 18 to 65 years old, and must have a documented traumatic brain injury with lingering memory difficulties. Participants must also have access to a computer with Windows 98 (or greater).

The study involves a minimum of weekly computer contacts between the participant and an experienced Mayo cognitive therapist.

An initial two to four hour interview on-site at the Mayo Clinic is required prior to beginning the study.

If interested, please contact Sue Lepore, occupational therapist, or Dr. Tom Bergquist at 507-255-3116 for more information.

Brain Injury Association of Minnesota 2005 Membership Form



94,000 Minnesotans live with **brain injury.**

These are some of our faces.

We're the boy next door, your grandparents, your neighbor's best friend, your spouse.

Become a member today of the Brain Injury Association of Minnesota and make a difference in the lives of people you already know!

Name: _____

Address: _____

City: _____

State, Zip Code: _____

Telephone: _____

Email: _____

Membership Level:

- | | |
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I am (please check one):

- A person with brain injury
- Family member/friend
- Professional

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Driving from page 7

determine if that changes results. The comprehensive driving assessment, which is administered by a certified driver rehabilitation specialist, takes about 3 hours and determines changes in vision, reaction time, safety and judgment, physical status, and cognitive ability. The test also involves going behind the wheel. Once a person goes through the test and they sign the release form the results are sent to their physician. The physician makes the ultimate decision about whether or not the person is prepared to drive again. Some are ready to drive within a few months of their injury. Others may not be ready for years.

For more information on the driving assessment:

Courage Center
(763) 520-0425

or
Drive Safe
(866) 259-SAFE

Transportation in your area:

American Public Transportation Association website:

http://www.apta.com/links/state_local/mn.cfm

Nivel de Concusión y Directrices Recomendadas para Volver a Jugar

Muchos entrenadores y padres ha preguntado como saber si su niño y jugador ha sostenido una concusión, y si es así, cuándo sería posible volver a jugar. Lo siguiente provee los niveles de concusión (nivel de severidad) y recomendaciones para volver a jugar.

Nivel 1:

- Confusión (falta de atención, incapacidad de mantener pensamientos y hacer movimientos para alcanzar una meta)
- No hay una pérdida de la conciencia
- Síntomas de la concusión duran menos de 15 minutos

Puede volver a jugar: 15 minutos o menos para la primera concusión; un mínimo de una semana para los jugadores que han sufrido concusiones de Nivel 1 múltiples

Nivel 2:

- Confusión (falta de atención, incapacidad de mantener pensamientos y hacer movimientos para alcanzar una meta)
- No hay una pérdida de la conciencia
- Síntomas de la concusión (incluye la amnesia) duran más de 15 minutos

Puede volver a jugar: Mínimo de una semana; mínimo de dos semanas para los jugadores que han sufrido concusiones de Nivel 2 múltiples

Nivel 3:

- Cualquier pérdida de la conciencia
 - a. Breve (dura segundos)
 - b. Prolongado (dura minutos)

Puede volver a jugar: Mínimo de una semana para los jugadores que experimentan una concusión de Nivel 3a (pérdida de conciencia breve); mínimo de dos semanas para los jugadores que han sufrido concusiones de Nivel 3a múltiples; mínimo de dos semanas para los jugadores que han experimentado una concusión de Nivel 3b (una pérdida de la conciencia prolongada); mínimo de un mes para los jugadores que han sufrido concusiones de Nivel 3b múltiples. Se avisa fuertemente obtener autorización de un médico antes de volver a jugar después de una concusión de Nivel 3.

Información recopilada por la Asociación Americana de Lesiones al Cerebro y el Registro de Neurotrama.