

Gray Matters!

A Newsletter Published by BC Brain Injury Association

Editor: Deborah St. Jean

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CONNECT COMMUNITIES: Ellie's Story

Meeting Ellie Ennas today, it's difficult to comprehend the tragedy she endured two years ago. The 20-year-old Kelowna woman is smiley, witty, energetic, ambitious and social. Best known for her constant and infectious smile, Leanna "Ellie" is a walking miracle, according to the doctors who first cared for her following an horrific car crash two

years ago. Now she wants to shake up the system and help others with brain iniuries.

Seven months pregnant at the time of the crash, Ellie lost the baby, sustained significant physical damage and a brain injury.

Nicknamed Ellie because her initials are L.E., the 20-year-old Kelowna resident is enrolled at Okanagan College taking adult basic education. She started on May 2 with a Grade 10 English course and will continue until

she has all of her high school classes under her belt. After that, her plan is to venture down the path of Political Science.

"I want to advocate for brain injury and earn some political influence to possibly develop road ways to change the system. People need to open their eyes and see that each individual has potential and the ability to express love in some way, which is what we as humans value most." She goes on to say, more awareness and education around brain injury would be helpful. Because each person is different, each brain injury is completely different. Therefore, each brain injury needs to be treated as unique, not categorized and streamlined.

Ellie equates brain injury to cooking. Imagine following a recipe to make a pizza. You know you should mix yeast and warm water, combine dry ingredients, mix the dry ingredients with the yeast and water, knead the dough, let it rise, preheat the oven, spread the dough thinly onto pans, put on your toppings and bake. Brain injury is like taking all of those steps and putting them in a blender. The brain might recognize and remember some of those steps, but the order of events and the logic behind the order is confused.

Ellie lived at CONNECT Communities Lake Country for just over a year and a half before transitioning into the home she shares with her husband, Luigi. She explains, "CONNECT is basically

like a family. Just having a personal relationship with everyone and all of my professionals made a big difference. People are complicated and if you want to recognize the fundamentals of a person's recovery, you have to get to know them and what makes them tick."

The staff at CONNECT often talks about Ellie

and the incredible impact she made on other residents, the amount of improvement they witnessed in her level of ability, and her wicked wit. During her time at CONNECT from September 22, 2011 to Feb 22, 2013, Ellie made quite an impression on the staff and residents at CONNECT. Karen Tims, Leader – CONNECT Lake Country, says Ellie, with CONNECT and the help of an invaluable counsellor she was working with, gradually found her place at CONNECT and became

involved in things.

"The first meeting we had with Ellie, she was in a wheelchair and a lot of people thought she'd be in that chair forever," says Tims. "Three months later, she walked into the meeting and her family stood and cheered."

Ellie says the hardest part of her brain injury journey has been accepting that she doesn't always know what's best for her. ""When you're doing something and you get a friendly nudge from a front-line worker suggesting, 'maybe you want to mix those two ingredients, not those,' and you see you've been making a mistake, it's very difficult to accept that there is a disconnect."

Mark Fleming, CONNECT play coach, and Damien Leitner, physical coach, attended Ellie's guest speaking presentation at UBC when she was invited to speak to a neuropsychology class. Fleming, who says Ellie's shift in attitude during her time at CON-NECT was remarkable, recalls the openness, honesty at bravery with which she spoke.

"She was very fearful when she came to us. Even walking was scary to her because she was afraid of falling and not being able to get up. To see her go from that to this confident, well-spoken, insightful woman, particularly when she spoke at UBC, was incredible. I don't know a lot of people who would have been able to do that." Leitner ... Continued on pag. 15)





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MANDITORY BICYCLE HEMET LAWS

Global Trends and Recent Canadian Research

With summer in full swing, many of us across the country take the opportunity to enjoy the summer to get out in and enjoy the outdoors. For many, the increase in daylight hours and better

weather includes an opportunity to also get out and enjoy bicycling in its many forms.

The wearing of bicycle helmets and atti-

tudes towards the use of legislation to compel their use generally varies from community-to-community, province-to-province, and countryto-country.

The use of legislation to shape public policy and mandate the compulsory use of bicycle helmets is often justified as a public health and safety issue. Nevertheless, the very issue of whether mandating the public's use of bicycle helmets to achieve public health and safety objectives continue to be the subject of considerable public debate.

Early Adopters and Global Trends

Australia was the first country to legislate mandatory helmet use for all cyclists. Many countries such as Austria, Czech Republic, Croatia, Japan, South Korea and Sweden, have only legislated helmet

use in relation to cyclists of up to the age of 18 (with the required age varies from country-tocountry). In the United States, the legal requirement to wear bicycle helmets varies from state-to-state and tends to also vary depending upon the age of the cyclist. Currently, 21 states and the District of

> Columbia have statewide mandatory helmet laws for children. Twenty-nine US states have no statewide law requiring mandatory helmet use. Interestingly,

countries such as Demark and the Netherlands despite having strong cycling cultures, have amongst the western world's lowest reported levels of helmet use by cyclists.

Currently, seven Canadians provinces (New Brunswick (1995); Ontario (1995); British Columbia (1996); Nova Scotia (1997); Alberta (2002); Prince Edward Island (2003) and Manitoba (2013)), have each passed provincial legislation mandating the use of bicycle helmets. However in the case of Ontario, Manitoba and Alberta, the legislation only requires those under the age of 18 to wear a helmet while cycling.

Although the use of bicycle helmets is not currently required in Saskatchewan, in April 2007, Saskatoon City Council voted unanimously against mandating the use

of bicycle helmets. The proposed bylaw was largely rejected due to concerns expressed that such a bylaw was expected to discourage recreational exercise, during a period of "record obesity".

The 2013 Injury Correlation Study

Recently, in May 2013, the British Medical Journal published a research article titled "Helmet legislation and admissions to hospital for cycling related injuries in Canadian provinces and territories" (BMJ 2013;346:f2674). In this research paper, the authors of the study set out to investigate the associations between helmet legislation and hospital admissions for cycling and related head injuries among young people and adults in Canada.

In the 2013 study the authors noted that in Canada the rate of bicycling injuries, including those to the head, has decreased among young people since 1994. In the six provinces where helmet legislation was implemented, the authors observed a steep decline in the rate of hospital admissions for young people with cycling related head injuries (54% reduction), as compared with provinces and territories without helmet legislation (33% reduction). In adults over this same period the authors observed

By David J. Wallin **Barrister & Solicitor** Director of Whitelaw Twining Law Corp.

l go to nature to be soothed and healed. and to have my senses put in order. ... <u>John</u>

Boroughs

a 26% reduction in the rate of admissions for head injuries in provinces that implemented helmet legislation, compared with no reduction in provinces without legislation.

The authors stated that helmets reduce the risk of injuries to the brain by up to 88%, the head by up to 85%, and the face by up to 65%. The authors also state that laws mandating the use of helmets, tend to increase the chance that cyclists will wear a helmet.

While minimal enforcement may compromise the effectiveness of helmet legislation, the authors cite the fear of the police and of fines may motivate the use of helmets. In this respect the authors found that despite nominal fines and few tickets issued for noncompliance, helmet use rose dramatically in Canadian provinces immediately after the enactment of mandatory helmet use legislation.

Conclusion

Bicyclists are well understood to represent a particularly vulnerable subset of road users. In this respect, the authors of the study cite that when compared with car occupants, bicyclists are more than twice as likely to be fatally injured per person trip and up to 10 times more likely to be injured per kilometre traveled. Moreover, as with many transportation related injuries, cycling injuries are often to the head and such injuries account for approximately 30% of admissions to hospital for cycling-related injuries.

The political debate continues as to whether the legislative mandating of bicycle helmet use is a matter that ought to be legislated by various levels of government. The question of whether such legislation is indeed in the "public interest" (from a public health and safety perspective), has also been argued and debated.

It has been argued by some that the mandatory enforcement of helmet use may result in an unintended and corresponding undesirable effect of reducing public participation in an activity that has clearly desirable fitness, environmental and transportation benefits.

Nevertheless, despite this argument, it is hard to imagine a compelling case to be made by such proponents that in the case of individuals already motivated to engage in a socially desirable activity such

as cycling that electing **not** to wear a helmet will result in any form of anticipated health benefit. Certainly, the converse cannot be said to be true, in the event that this same cyclist becomes involved in a collision.

Not wearing a helmet while cycling (or while participating in many similar activities such as skating, skateboarding, snowboarding, skiing, etc.), can result in more than just a bad case of "helmet head" for hose amongst us unfortunate enough to become involved in a collision.

Whitelaw Twining Law Corporation 2400 - 200 Granville Street Vancouver, BC V6C 1S4

Internet: www.WTinjury.com Direct Phone: (604) 891-7211 E-mail Address: DWallin@wt.ca





Operation of this ATV by children under the age of 6 increases the risk of severe injury or death.

Adult supervision required for children under age 16.

NEVER permit children under age 6 to operate this ATV.

NFL: Is the Game Getting Safer?

5 Aug 2013 -

As fans and teams get ready for another season of football, a new study sheds light on game safety. Host Michel Martin talks with Jesse David of Edgeworth Economics about whether efforts to cut down on serious injuries are getting results. "Switching gears now to sports. If you are a football fan then you surely know that the NFL training camps are now open. Fans are excited, but in recent years concerns about injuries, especially the longterm effects of concussions have become part of the ongoing dialogue about the sport." *

Warning Labels on Helmets **Combat Injury** and Liability

5 Aug 2013 -

Even by the alarmist standards of many product warnings, the labels on the backs of the football helmets are bracingly blunt: "No helmet system can protect you from serious brain and/or neck injuries including paralysis or death. To avoid these risks, do not engage in the sport of football." Schutt

Sports has plastered these words on its helmets for about a decade. To keep up with the times, the warning also pops up on the home page of the company's Web site, and a scannable label that links to information about head iniuries provided by the Centers for Disease Control is affixed to the helmet. *

"There is no way to peace. Peace is the way." Mahatma Gandhi

