



**BRAIN INJURY
ASSOCIATION
OF NEW HAMPSHIRE**

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**THE VOICE OF BRAIN INJURY –
Help, Hope and Healing
ISSUE #65, SPRING 2016**

THE BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE

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Concord, NH 03301

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HEADWAY

N E W S L E T T E R



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NEVER TOO YOUNG

By David A. Grant

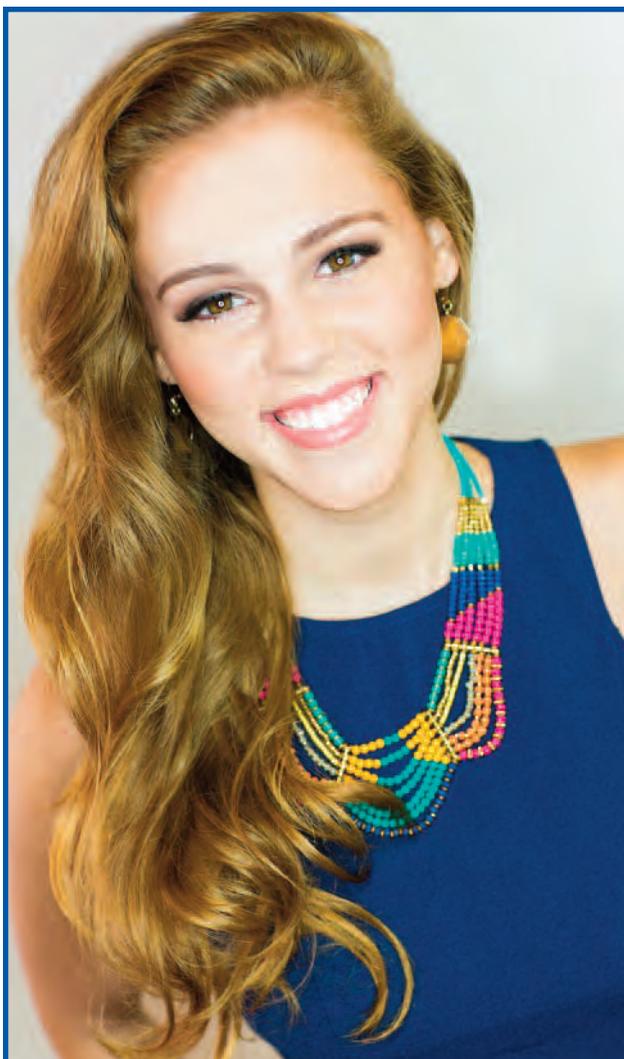
With the word “CONCUSSION” leading the news these days, it’s understandable why many people think that concussions are relegated to football players, those who play professional sports, or others engaged in some type of dangerous or other high risk activity.

The reality of concussion today is that everyone is eligible. Just ask Concord, NH resident Brooke Mills. Only fourteen years old at the time of her concussion, Brooke is, at least in part, the new face of concussion in America.

Brooke was in her freshman year at Concord High School when her life forever changed. It was a typical March day back in 2014. Like other freshman, she was in a mandatory gym class.

“I went to pick up a volley ball in gym class at the same time a boy was going to kick it,” she shared. “He kicked me in the head instead of kicking the ball.”

Before her concussion, Brooke was intimately familiar with getting around school. She had quickly learned to master the art of getting from class-to-class with ease. She was unable,



however, to find the Nurse’s Office without help after being kicked in the head. This was the first outward sign that something wasn’t quite right.

The school immediately called Brooke’s mom, Stephanie, letting her know about the accident, and advised that Brooke be picked up from school.

“She seemed okay, and she really wanted to go back to school,” says Stephanie. Not yet knowing the complete impact of her recent blow to the head, Brooke was back in school the very same day. “She promptly fell asleep in English class, something she would never have done before,” Stephanie continued. Brooke missed a total of two weeks of school immediately following her concussion.

A couple of days later, Brooke and her mom were at the pediatrician’s office and the resulting diagnosis was as expected - a concussion. Cognitive rest was prescribed for Brooke. “My mom took away my phone,” recalls Brooke. “She wanted me to rest as much as I could.” Her symptoms were very typical to those who have experienced

Continued on page 3

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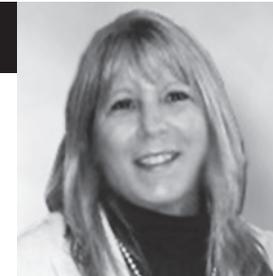
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PRESIDENT'S MESSAGE

Marching Onward for Brain Injury Awareness!

by Freddi Gale, BIANH President



As I look out my office window and write this message, it is still winter but not a "usual" winter regarding temperatures or precipitation. By the time you read this edition of Headway, I feel that the air will be warmer and possibly the earliest of spring bulbs may be peeking up through the ground.

March is Brain Injury Awareness month.

What does this mean?

The Brain Injury Association of America leads the nation by conducting the awareness campaign. The theme is Not Alone. So much information can be found on their web site www.biausa.org. Flyers, posters can be downloaded; there are pre-recorded public service announcements, fact sheets, advocacy tool kit, links to social media and information about Brain Injury Awareness Day in Washington, DC.

I am looking forward to attending the Brain Injury Awareness Day on Capitol Hill; this will include the Brain Injury Awareness Fair, Briefing on Concussion, and meetings with Congressmen Bill Pascrell, Jr. and Thomas J. Cooney, Co-Chairs of "The Congressional Brain Injury Task Force" among others in Congress who will be in attendance. The task force is comprised of over 80 bipartisan members, whose mission is to further education and awareness of brain injury-including its incidence, prevalence, prevention, and treatment. Many of you reading this message can certainly relate to the struggles regarding brain injury.

Please know that you can count on our team from the small state of New Hampshire to help educate Members of Congress and their staff on the full range of effects of brain injury, the challenges, and recoveries of persons living with brain injury, and the services and supports available to them.

EXECUTIVE DIRECTOR'S MESSAGE

NEW HAMPSHIRE CHARITABLE FOUNDATION GRANT WILL HELP OUTREACH TO NEWLY INJURED

by Steven D. Wade BIANH Executive Director



The Brain Injury Association of New Hampshire was recently awarded a \$25,000 grant from the John W. Hart Memorial Fund of the New Hampshire Charitable Foundation. This grant will help to strengthen our outreach and support of newly injured brain injury survivors and their family members. The grant will support the development and implementation of a brain injury survivor and family member centered hospital discharge planning model that will provide them with the tools and information they will need upon their discharge to navigate the system of care and access available services within their community.

The "Outreach to the Newly Injured" pilot project will be implemented at HealthSouth Rehabilitation Hospital in Concord, to support newly injured survivors and their families by assisting them at the time of discharge from acute rehab. This will provide families with information on community supports that will result in a smooth transition back to home, school, and work after brain injury.

On behalf of the entire brain injury community, we wish to express our gratitude to the New Hampshire Charitable Foundation for supporting this project..

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, 52 Pleasant Street, Concord, NH 03301. For advertising rates please call 603-225-8400.

Continued from page 1- Never Too Young

concussion. She was plagued by never-ending headaches and had to adapt to a new and unexpected challenge – light sensitivity. She had to wear sunglasses everywhere. Without the benefit of sunglasses, her headaches were unbearable.

“She really wasn’t well. She would get dizzy with headaches, she was not able to dance anymore and her memory problems became more apparent,” said Stephanie. Brooke was an accomplished dancer before her concussion, an ability that Brooke also lost after her concussion.

Brooke went back to school after a couple of weeks and tried to regain a semblance of normalcy in her life. The school nurse was an advocate for Brooke and a plan was agreed to: Brooke would attend half of every class, and spend the other half in the nurse’s office recovering. While she found many teachers were quite supportive, others seemed to think that Brooke was simply looking for an easier way to move through high school. Like many who live daily with the long-term effects of concussion and Post Concussive Syndrome, she looked and sounded like she did before that day in March. Her new challenges were invisible to others.

Trying to resume a normal life, Brooke went to Europe the summer after her concussion. Unlike those who travelled with her, she had no meaningful memory of the trip afterwards.



She simply wasn’t recovering as she and her family had expected.

Starting school again that fall, Brooke discovered that the very act of learning exacerbated her symptoms. It became clear that more than a pediatrician’s opinion was needed. Seeking out someone who had more experience with concussions and traumatic brain injury, Brooke and her mom soon found themselves at the office of a local concussion specialist.

Hoping to come away with new insight, new understanding and a protocol to help move Brooke toward wellness, the visit to the concussion specialist didn’t go as planned. “He was quick to offer an experimental Alzheimer’s drug, a depression medication, anxiety medications and powerful painkillers,” shared Brooke’s mom. “I was appalled at how quickly drugs were being thrown at a teenager.”

Little did the doctor know that Brooke and her entire family had already chosen a holistic approach to healthcare. “We don’t take drugs in our family,” said Brooke defiantly to the doctor as they left his office. Like so many others, they were left to self-advocate for the care Brooke so desperately needed.

Willing to go to any lengths to help her daughter recover, Stephanie took Brooke to an Atlanta-based center that offered the type of care that Brooke needed. The Carrick Brain Center in Atlanta was receiving worldwide accolades for their progressive approach in treating concussions. Dr. Ted Carrick had treated many professional hockey players as well as Olympic snowboarder, Kevin Pearce. In short notice, the doctor looked for specific areas of Brooke’s brain that had been damaged and outlined a protocol. There were three sessions a day and the gains Brooke made began to manifest quickly. Brooke found herself with fewer headaches, memory gains and gains in her ability to do schoolwork. This was not to be the last visit to the Carrick Brain Center for Brooke as her recovery continued.

Life today is moving in the right direction for Brooke and her family. In fact, she gives direct credit for her recovery to her family. “It continues to get better,” says Brooke. “I am so blessed to have such a loving family to support me.”

Living with Post Concussive Syndrome is not easy. But Brooke has taken what so many

perceive as a negative life experience and turned it around to help others. Brooke and her mom, a former Ms. America, founded Beauties Bowling for Brain Injury and have raised thousands of dollars that go toward helping increase brain injury awareness. Brooke is also a peer-to-peer presenter and brings her message about the importance of baseline testing and concussion awareness to schools all over New Hampshire. An important part of her message is to share about how she was bullied as a result of needing to wear sunglasses at school and uses her own life as a real-world example to help stop bullying at school.

Never one to slow down, Brooke started her own blog and a website at www.lessentheimpact.org. She also played a critical role in starting the first-ever NH Concussion Awareness Day with the help of Governor Maggie Hassan, resulting in an official proclamation by the New Hampshire Governor.

What does the future hold for Brooke? How about vying to be the next Miss NH Outstanding Teen? “She is amazing, beautiful and talented,” boasts her mom. While others may take a tough life experience and let it define them in a negative way, Brooke has taken her experience, shared it openly and honestly with others, and is doing her part to help lift humanity higher.



BRAIN INJURY & STROKE CONFERENCE

Wednesday, May 18, 2016

Courtyard Marriott & Grappone Conference Center , Concord, NH

To register: www.classy.org/bisc2016



2016 Keynote Address: "It's My Life" - Michael Casey & Gina England, MA, CCC-SLP

A special bond can exist between a TBI survivor and a therapist. For a relatively brief moment in time, 2 strangers that are brought together during the most vulnerable of experiences. They are charged with the task of developing an immediate and consummate trust in one another in order to accomplish the monumental task of redefining a life. Mike Casey and Gina England were strangers to one another in the winter of 1997, but an unexpected skiing accident changed that in a heartbeat. They met and began a relationship at HealthSouth Rehabilitation Hospital that still endures 19 years later. They spent a lot of time together. Mike was at HealthSouth for 8 months and Gina was a part of his team every step of the way. Patient and therapist, friend and friend. This is their story.

SPECIAL TRACK: *Other Causes of Brain Injury: Addiction, Battering, and Child Abuse*



Gwendolyn Gladstone, MD

Addiction: Drug Overdose and Attempted Suicide ~ Seddon Savage, MD, MS

Battering: Dynamics of Domestic Violence - From Coercive to Physical Battering ~ Linda Douglas, MEd.

Child Abuse: Little Hints of Big Trouble: Sentinel Injuries and Abusive Head Trauma ~ Gwendolyn Gladstone, MD, FAAP, CAP, and Debra Samaha, MPH, RN.



Seddon Savage, MD, MS

2016 Conference Sponsors



CROTCHED MOUNTAIN



Conference at a Glance

Level of Knowledge for Attendees: BEG - Beginner INT - Intermediate ADV - Advanced
 Topic is geared towards: PRO-Professional SUR-Survivor/Family ALL- Everyone

8:30 Welcome						
8:45 Keynote Speaker: <i>"It's My Life"</i> - Michael Casey and Gina England, MA, CCC-SLP						
	TRACK A	TRACK B	TRACK C	TRACK D	TRACK E	TRACK F
	Technologies	Special Track: Other Causes of Brain Injury	Speech/Lang Track			Survivor Track
Session I 10:05-11:35	The Music of Neurorehabilitation: Neurologic Music Therapy; From Research to Clinical Practice Brian Harris, MA, MT-BC, NMT/F	Dynamics of Domestic Violence - from Coercive to Physical Battering Linda Douglas, MEd	Focus on Functionality: Treatment Ideas for High Level Patients with Acquired Brain Injuries Meghan Doty, MS, CCC-SLP; Julie Zahareas, MS, CCC-SLP	Cognitive Strategies for Survivors of Brain Injury and Stroke Ross Gourvitz, PhD	Driving After a Brain Injury Amanda Plourde, COTA/L, CDI, CDRS	Service Dogs: Who uses them? Where do they come from? Linda Hume
	BEG/ADV/ALL	BEG/ALL	BEG/PRO	BEG/ADV/ALL	BEG/ALL	BEG/ADV/ALL
11:45- 12:45	Lunch		Acute Stroke		Vision	
Session II 12:50-2:20	Bioness StimRouter The First FDA Cleared Implanted Stimulator for Peripheral Nerve Pain Scott Toussaint, OTR/L	The Surge in Drug-Related Harm in NH: Current Status and Strategies for Change Seddon Savage, MD, MS	Building and Sustaining a Life Participation Program for Aphasia Elizabeth Hoover, PhD, CCC-SLP, BC-ANCD(S)(A)	Stroke in the Neuroscience ICU / 1st 24 hours post IV tPA Mary Amatangelo, MS, RN, ACNP-BC, CCRN, CNRN	Post Traumatic Vision Syndrome: Managing Double Vision, Field Defects, and Dizziness Amy D. Pruszenski, OD, FCOVD	Survivor Panel: "From Patient to Person" Andrew "Drew" Holmes; Patrick Culbert; Andrew Rojas; Moderator: Nina Hopkins, OTR/L
	BEG/ALL	BEG/ALL	BEG/PRO	ADV/ALL		BEG/SUR/FAM
Session III 2:45-3:45	Evidence For and Against the Use of Hyperbaric Oxygen For Traumatic Brain Injury Lynn Durand, MD	Little Hints of Big Trouble: Sentinel Injuries & Abusive Head Trauma Gwendolyn Gladstone, MD, FAAP, CAP; Debra Samaha, MPH, RN	Evidence-Based Treatment of Dysphagia following Stroke: The Good, the Bad, and the Ugly Keri Vasquez Miloro, MS, CAGS, CCC-SLP, BCS-S	The Decline in Stroke Mortality Mary Amatangelo, MS, RN, ACNP-BC, CCRN, CNRN		Compassion Fatigue: Is it OK to Ask for Help? Donna McCarten White, RN, PhD, CS, CADAC-II
	BEG/ADV/ALL	BEG/ALL	BEG/ADV/ALL	BEG/ADV/ALL	BEG/ALL	BEG/ADV/ALL

DISABILITIES RIGHTS CENTER



Disability Rights Center - NH
Protection and Advocacy System for New Hampshire
Advocating for the legal rights of persons with disabilities

PRIVATE DUTY NURSING CRISIS: CAN IT BE FIXED?

By Cindy Robertson, Esq., Disability Rights Center - NH

Imagine your child requires intense medical care and monitoring 24 hours a day, seven days a week. Now imagine that there is no one else but you who can provide that care. You cannot leave your home, you cannot work, and you cannot adequately take care of yourself or other family members. For nearly a year, a number of families in New Hampshire have been in this exact situation. These families have children with severe medical conditions which require feeding tubes, trachs and other high-tech, high maintenance medical equipment to keep them alive. Without in-home nursing services, the families are stretched to their limits having to care for their medically frail children around the clock. Additionally, the children are at high risk for needing emergency medical treatment since it is so easy for something small to become life-threatening. These parents have found themselves in an impossible situation with nowhere to turn.

It's not that the State hasn't approved this care. In fact, in many of these cases, the State has approved up to 80 hours a week of private duty nursing. The issue is the State's inability to hire private duty nurses because of low rates and the availability of properly trained nurses.

Two mothers, Audrey Gerkin and Heather Donnell, along with a number of other parents, have made it their mission to improve the situation no matter what it takes. They have attended numerous public hearings, testified to whomever would listen, provided interviews to the media and even filed legislation bringing their dire situation to the attention of the Governor, legislators, the Department of Health and Human Services and the general public. The Department of Health and Human Services has admitted that there have been years of flat to declining pay rates for this category of nurses, which has resulted in a severe shortage of available workers. Instead of home care, those going into nursing have opted for jobs only found in hospitals or other institutions which offer better pay, full health benefits and even signing bonuses.

One of the issues raised by the parents and the home health care industry has been the failure of DHHS to follow the law over the past ten years which requires an annual review of the private duty nursing rates. Had an annual review been conducted as required, this situation may have been avoided. DHHS has indicated that it will take action to prevent such a situation from occurring again in the future. In the meantime, because of these mothers' tireless efforts, the rates for private duty nursing services will be increased as of April 1st. The State, working with the home health agencies, has agreed to increase the pay rate for private duty nurses from 25 to 46 percent depending on the nurse's training and shift worked. The home health agencies, in turn, have promised to minimize the amount of administrative fees they take in order for a large part of this increase to go directly to the nurses. Although the

State is required to get approval from the federal government prior to increasing the rate, it plans to put the rate increase into effect even before the federal government has given its approval. It expects the federal approval will be forthcoming given the dire circumstances of these families.

The question remains, however, whether such rate increases will be sufficient to attract the number of qualified nurses needed to provide in-home care. DHHS is also considering other possible solutions that may help alleviate this crisis including allowing LNAs to provide more care and paying parents directly to provide care. It will take time, however, to determine whether these efforts are sufficient to provide the care these families need.

If you are having a problem with private duty nursing and wish to speak with a lawyer, call Disability Rights Center - NH at 1-800-834-1721, 603-228-0432, or go online at www.drcnh.org.

Disability Rights Center - New Hampshire is dedicated to eliminating barriers existing in New Hampshire to the full and equal enjoyment of civil and other legal rights by people with disabilities.

SPECIALTY CASE MANAGEMENT SERVICES OF NH



Did you know that Brain Injury Association of
New Hampshire offers
Specialty Case Management Services?

We offer these services under the following programs

- Private Pay Case Management
- Choices for Independence (CFI) Community Care Waiver
- Acquired Brain Disorder (ABD) Community Care Waiver
- Developmental Disabilities (DD) Community Care Waiver

Brain Injury Association of New Hampshire specializes in supporting individuals living with a brain injury, stroke, tumor, and/or other neurological disorder.

If you would like more information on how you can receive or transfer to the Brain Injury Association, please call Erin Hall at 603-225-8400 or email at erin@bianh.org.

SURVIVOR ART EXHIBIT



The Bureau of Developmental Services in collaboration with the Brain Injury Association of New Hampshire will be hosting a survivor art exhibit during the months of June and July. The artwork will be on

display at the Department of Health & Human Services' Main Building at 105 Pleasant Street in Concord.



This letter is to formally invite you, or survivors you may know, to submit up to two pieces of artwork for display at the exhibit.

Parameters for this year's submissions include:

The deadline for submissions is **Monday, May 16, 2016**

- Each piece must be matted and/or framed. (Total weight cannot exceed 20 lbs.)
- Each piece should be no larger than 18" x 24".
- The back of each piece of artwork should be labeled with the artist's name, address and phone number.
- Include a title for each piece, the name of the artist and a short biography telling a little about the artist and/or their work.
- If you wish to sell your artwork be sure to include a price.
- Exhibiting in this event is open only to brain injury survivors.
- A statement giving your permission to the Brain Injury Association of New Hampshire to exhibit your art

Art media accepted includes:
 Photography Etchings
 Drawings Quilt/ Fabric Art Paintings



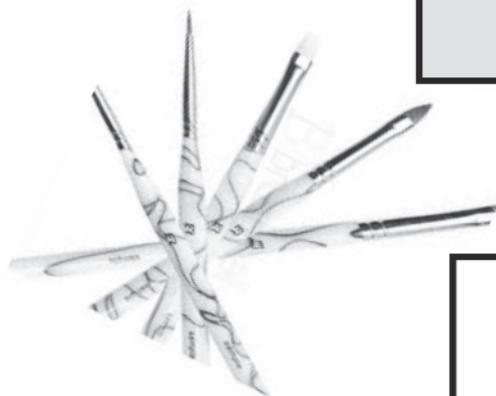
Please note that a limit of 30 pieces will be selected.

Deliver all artwork to:

Brain Injury Association of New Hampshire
 52 Pleasant Street
 Concord, NH 03301
 603-225-8400

We look forward to receiving your submissions by May 16, 2016

Early August 2016—Pick up all artwork from:
 BIANH
 52 Pleasant Street
 Concord, NH 03301
 603-225-8400



Questions? Please contact:

Lori Sandefur (603) 568-8817 Lori@bianh.org
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"You can't teach the level of compassion they showed me. They always went above and beyond."

- James Zaniboni, Brain Injury Survivor

Northeast Rehabilitation Hospital Brain Injury and Stroke Recovery Programs

In addition to our overall hospital accreditation from The Joint Commission and CARE, our Stroke and Brain Injury specialty certifications represent our commitment to provide the highest quality care to our patients. For more information call (603) 893-2900.



To Family Caregivers — The Brain Injury Association of New Hampshire has 4 lakefront, rustic cabins available for a relaxing 3-day respite and get-away for you.

Location — Camp Wulamat on Newfound Lake, Bristol, New Hampshire.

Dates — Friday—Monday, September 9—12, 2016 or Tuesday—Friday, September 13—16, 2016 (any 3-day stay)

Check In— 12:00 Noon—Check out—5:00

Accommodations — Sleeps 3—8 individuals; amenities include kitchenware, refrigerator, range, woodstove, bathroom, and public shower house.

Cost — *If selected, a \$75 refundable reservation guarantee is requested.* The cabins are available—without cost—courtesy of BIANH and the generous support of Mrs. Helen Robinson, one of the founding family members of BIANH.

If you are a **family caregiver** and are interested in a quiet, restful get-away, please contact —
Ellen Edgerly (603) 332-9891
ellenedge@metrocast.net



Rose Meadow



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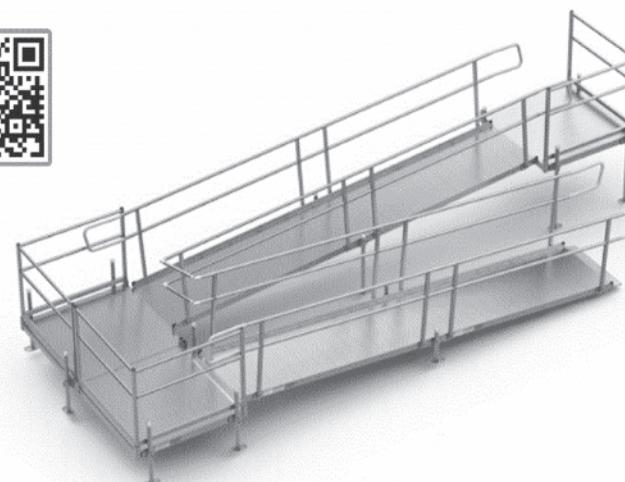


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INSIGHTS

Life Perspectives From a Brain Injury Survivor David A. Grant



Traumatic Brain Injury – A Lifetime of Recovery

Early on, in the months after I sustained a traumatic brain injury, I heard a saying that I am now quite familiar with – *recovery from a brain injury lasts a lifetime*. While so many have found this to be encouraging, I did not. In fact, the very concept appalled me.

Prior to being struck by a teenage driver back in 2010, I spent many years in Corporate America and went on to found and run a successful web design and business marketing company. I lived in the reality of hard and fast deadlines. Projects had a start date and a firm completion date. Always one to meet committed project completion dates, it was a safe bet to say that projects began and ended on time. My corporate clients counted on me – and I consistently delivered.

So this concept of something that had no end date; no date to circle on a calendar; something that would go on as long as I had a heartbeat was NOT something that I embraced. Taking it one step further, I made up my mind early on that I was going to be that one-in-a-million person who recovered back to 100%. I was going to get back to where I was before my accident.

Fast forward to today and time has shown this to be a fallacy. My 2016 reality is vastly different than my 2011 reality. Now well into year six as a survivor, I have found that I am a very average “TBI Guy.” The challenges that I face today are in lockstep with the millions of Americans who live daily with the long-term effects of concussion. Typical of so many, I have ongoing memory challenges, often more significant than most realize. Word-finding challenges and Aphasia are my constant companions. Add a splash of vertigo and half a cup of tinnitus and you have the perfect recipe for a pretty average post-concussive life.

And amazingly, today I am okay with that. All I really need do is look around me to see that, although challenging, the after-effects of my own accident pale in comparison to those faced by other survivors. I am able to work, albeit at a reduced pace. I can walk on my own and drive a car. My marriage survived – not always a guarantee after trauma strikes. I have a smaller circle of souls who love me unconditionally. When I take a

step back to look at my life through the prism of this perspective, I can easily see that I am blessed beyond measure.

In a recent conversation, my wife Sarah and I discussed reaching out again to the medical community. My last experience with the medical community was less than stellar. A well-intentioned doctor let me know in no uncertain terms that after the one year mark, any meaningful recovery was over, and any gains to be had would be minimal at best. It was a harsh life sentence, it was discouraging – and it was WRONG. I hold no ill-will toward this doctor as he was doing the best he could, though he was part of the TBI old school of recovery, one that is quickly being replaced by new science-based treatment.

Over the last few years, there is an emerging body of hard data, - factual information - that brain injury does indeed continue for a lifetime. New treatment protocols are evolving for what is called “late stage recovery,” meaning recovery that is tangible even many years after an injury.

This brings me full-circle to our choice to again reach deep into the medical community. It is my hope that I’ll be able to tap into some of the newest information available and use it to continue my own recovery.

Gone is that feeling that a lifetime of recovery is something to be dreaded. A new hope has emerged that I can continue to make more gains, like the gains that have already come to pass over the last five years. I fully understand now that the brain is plastic, and not elastic. It won’t bounce back to where it was. Rather, as remapping continues and neuro plasticity works its silent wonders, I will continue to grow, to evolve... and to become who I am supposed to be.

Every 23 seconds, one person in the US sustains a Traumatic Brain Injury.

— **BIAA statistic**

No head injury is too severe to despair of, nor too trivial to ignore.

— **Hippocrates, 4th Century B.C.**

33rd Annual Golf Tournament

Hosted by the Brain Injury Association of New Hampshire

AT A NEW LOCATION —



100 Hideaway Place, Route 108

Somersworth, NH

Recognized as Top Five golf courses in NH that you can play—
by *GOLF*WEEK magazine.

Wednesday, August 10, 2016

Tournament Sponsorships Available
Raffle/Prize Donations gladly accepted

Scramble format; shotgun start; 2 & 4 player teams; limited to 144
players; Cost: \$125/person; great course and great food!

Please contact Ron Snow: ron@bianh.org or call 603-225-8400

**SAVE
the
DATE**



Save the Date!

Walk by the Sea

Saturday, October 1, 2016

Hampton Beach State Park, Hampton, NH

Registration—11:00

Walk Begins—Noon

For more information, please call 603-225-8400

MEET THE ARTIST - NATHAN GRAY

Interview and Photos by Rosalie Johnson

Having a conversation with many brain injury survivors, they will be able to tell you exactly when, where, or how their injury, stroke, or tumor occurred. But then there are a small number of survivors where the culprit hunts them, as the case of Nathan Gray, and the brain injury started with an insect bite. It may have been a tick bite causing Lyme Disease, or in Nathan's case, a mosquito bite that led to *Eastern Equine Encephalitis* (EEE).

In 2007, a very active 13-year old Nathan could be found outdoors exploring in the woods or playing sports. He stated that he loved doing "normal kid stuff" outdoors or spending time with his parents and four sisters. But then the bite came.

EEE is a rare illness with only a few cases reported each year. However, in severe cases such as Nathan's, it causes extreme inflammation of the brain. Medical care is based on symptoms as there is no specific treatment. Nathan's care involved about four weeks in Children's Hospital in Boston, mostly in a coma, followed by six weeks of rehabilitation at Spaulding Rehabilitation Hospital in Charlestown, Massachusetts.

Once home, Nathan had a tutor until he was able to return to school. Attending Great Bay Elearning Charter School in southern New Hampshire proved very challenging. Nathan found that he was unable to play the sports that he used to love, although he was able to assist the coach with some



Nathan Gray

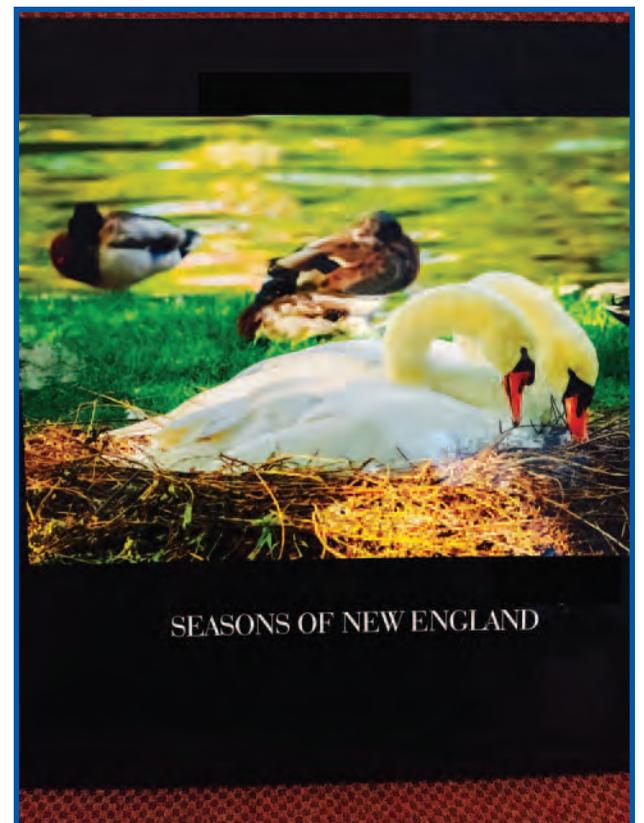
sports-related tasks. "I remember playing sports but it stinks that my memory is so bad," he shares.

One class that Nathan loved while attending GB ECS was photography. "It just clicked. I just like seeing things, I'm just an outdoors person," he remarked. In 2012 Nathan was able to buy a Cannon T3i camera with his graduation money. Using Photo Shop he edits his photographs and now has as many as 15,000 photos on his laptop!

Due to his passion for photography, Nathan has been on some great photo shoots: a helicopter ride, a hike up Mt. Major in Alton, New Hampshire, and a tour of the Pease Airport in Portsmouth, New Hampshire, where he was able to snap a photo of AIR FORCE ONE!

Nathan's work was displayed at Wiggin Memorial Library in Stratham, New Hampshire, this past winter. He also published a book, *Seasons of New England*, which included many of his favorite photos taken in 2015. "It was difficult to select photos as many looked so good!" he added.

For information on Nathan or his work, please contact www.bianh.org.





BRAIN MATTERS

A new monthly brain injury
educational series

Sponsored by
*Bureau of Developmental Services & the
Brain Injury Association of NH*

9:00—1:00

Session IV: *Traumatic Brain Injury & Substance Abuse Co-Morbidity*

Presenter: Frank Sparadeo, PhD

Tuesday, April 26, 2016

LOCATION: Courtyard Marriott—Concord

Session V: *Brain Injury 101*

Presenter: Scott Dow, CBIS-T

Session VI: *Mental Health & Brain Injury*

Presenter: Francesca LeVeccia, MD, PhD

Tuesday, June 28, 2016

LOCATION: Courtyard Marriott—Concord

For more information—visit our website www.bianh.org and click on “Events”
or contact Lori Sandefur (603) 568-8817 or lori@bianh.org

Free admission

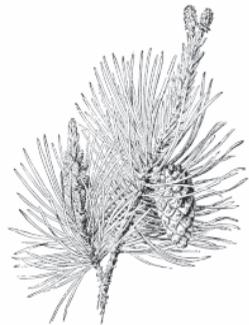
first-come/first serve basis

This training is intended for Direct Support Providers,
Home Providers, Service Coordinators,
and House Managers

Register Now!



3rd ANNUAL SUMMER CAMP
Sunday - Wednesday, August 21-24, 2016
at
Camp Allen, Bedford, NH



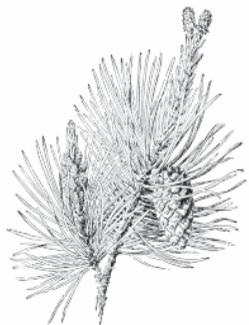
Total cost \$300
New Hampshire Residents \$100

Unique camping fun for adults who have experienced a brain injury (must be 18 years of age or older)
Call BIANH 603-225-8400 for a brochure or to register

Register Now!

Pine Tree Society
DISCOVERING ABILITIES TOGETHER

SUMMER CAMP IN MAINE
Thursday - Saturday, August 25-27, 2016
at
Pine Tree Camp, Rome, ME



Unique camping fun for adults who have experienced a brain injury (must be 18 years of age or older)
Call BIANH 603-225-8400 for a brochure or to register

SPOTLIGHT ON KREMPELS

“Tommy’s Tune Up” at Krempeles Center



Tommy Averill has been an active member of the Krempeles Center community since the summer of 2011. His brain injury is a result of a tumor that was discovered in the right frontal lobe in 2003. Tommy has also survived two heart attacks and knows the importance of activity and exercise to his physical and mental health.

A morning exercise group was started about the time Tommy arrived at Krempeles Center. After a day of adaptive skiing, members and staff realized that a regular exercise group could help prevent soreness and develop stamina for the adaptive sports that many in our community enjoy. Tommy volunteered his help and became the group leader, offering exercises for developing strength, flexibility and hand-eye coordination.

Six years later, “Tommy’s Tune Up” is a staple at Krempeles Center, due to Tommy’s commitment. The group has lately favored chair volleyball: while seated, hitting an oversize (yet light weight) ball across the room to one another in a group of ten or more. This group combines camaraderie, exercise and competition very well. The only rule is there is no saying “I’m sorry.” People welcome one another warmly, but are intent on the game which requires sharp attention and good reflexes. Krempeles Center members use hands, feet, elbows and shoulders to get the ball back in the circle to another participant. The activity is fast and athletic. The group works to keep it fun and safe – reining in competition when necessary. Tommy Averill has stuck with the group for six years through various changes in exercise and musical choices. His humor and openness keeps the group open and welcome to new members, staff and interns.



MEASURING OUTCOMES IN POST-ACUTE BRAIN INJURY REHABILITATION

The Mayo-Portland Adaptability Inventory (MPAI-4)

This article originally appeared in Vol 9, Issue 2 of THE Challenge!, the quarterly news magazine of the Brain Injury Association of America. Copies of the original issue can be downloaded at www.biausa.org/challenge.

By Gary S. Seale, Ph.D., The Transitional Learning Center, and Frank D. Lewis, Ph.D., NeuroRestorative, Spring 2015.

In the 1970s a specialized continuum of care emerged for the treatment of acquired brain injury (ABI). Today, this continuum has evolved to include hospital-based services (acute medical management and acute rehabilitation), posthospital services (post-acute rehabilitation, outpatient, and home and community services), and long-term supported living programs.

Hospital-based services provide life-saving interventions. Acute rehabilitation services, which are also hospital-based, continue to address resolution of medical complications and provide rehabilitation activities that promote the development of basic functions. Hospital-based interventions are brief and intensive, and outcomes measurement involves well-established tools that offer a common language from which to measure the benefits of rehabilitation.

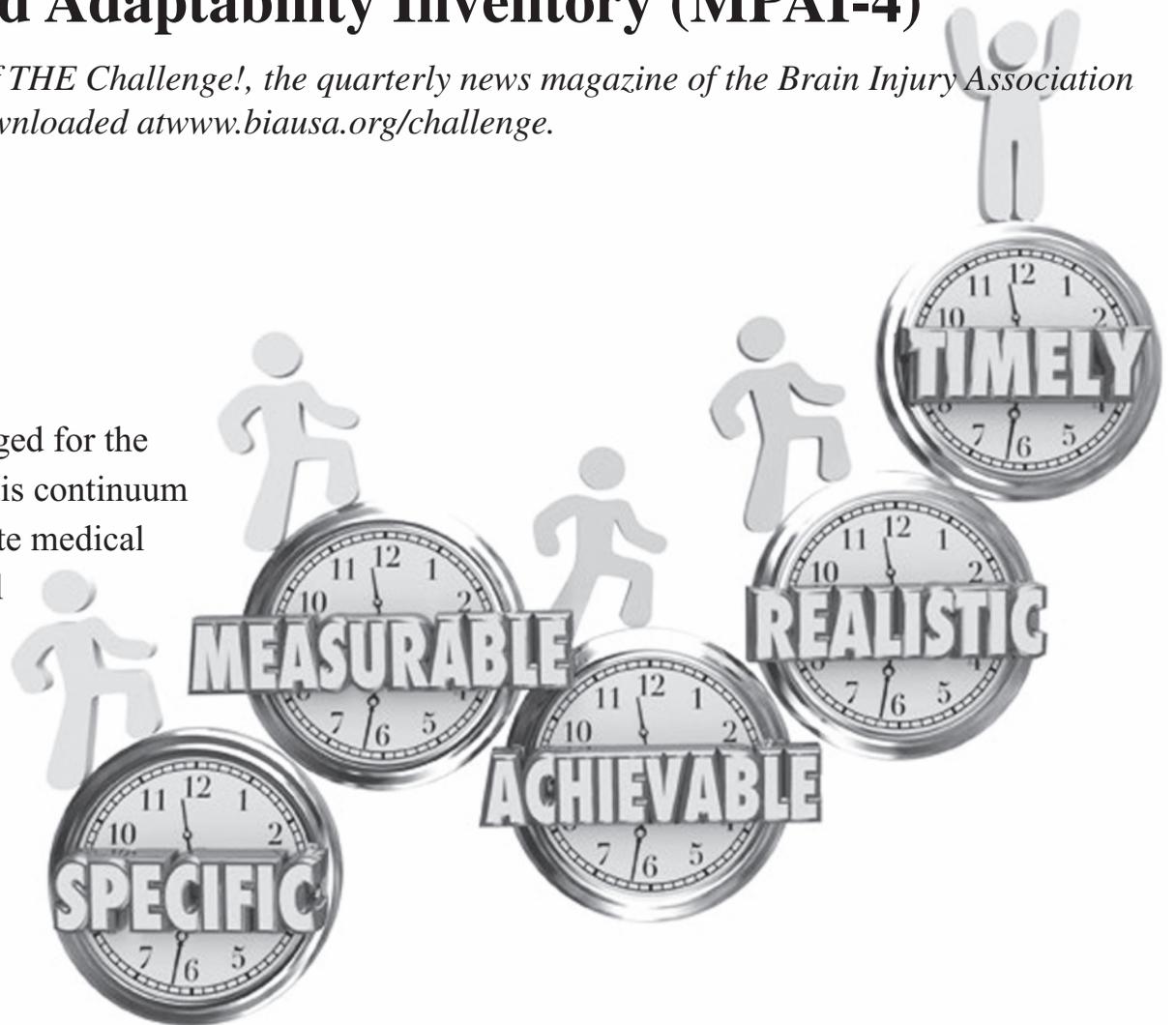
While considerable functional recovery following a moderate to severe brain injury occurs after discharge from hospital-based systems of care, evaluation of post-acute brain injury rehabilitation (PABIR) services has been limited due to the lack of standardized functional outcome measures. Without evidence to support the benefits of PABIR services, particularly with regard to getting people reintegrated into daily living, payers such as insurance companies frequently deny or restrict access to PABIR services. To address this problem, Drs. Jim Malec and Muriel Lezak developed the Mayo-Portland Adaptability Inventory (MPAI).

Now in its fourth version, the MPAI-4 was designed to “assist in the clinical evaluation of individuals during the post-hospital period following [ABI], to assist in the evaluation of rehabilita-

tion programs designed to serve these people, and to better understand the long-term outcomes of [ABI].”

Description of the MPAI-4

Developed specifically for people with ABI, the MPAI-4 measures a range of physical, cognitive, emotional, and behavioral problems that commonly occur following brain injury. The measure consists of 29 items that comprise three subscales: Abilities Index (physical and cognitive skills such as sensory/motor function, mobility, memory, and communication); Adjustment Index (anxiety, depression, irritability, and self-awareness); and Participation Index (basic and advanced activities of daily living that take place in the home and community, including work). Items are evaluated using a 0-4 rating scale with a lower score indicating greater independence. Six additional items record pre-existing and associated conditions, such as substance use/misuse, psychiatric illness, legal/criminal involvement, and other co-occurring conditions that might potentially impact function such as spinal cord injury



or limb amputation. Raw scores on the 29 items are converted to T-scores for each of the three subscales thereby providing a summary of functioning within those domains.

Strengths of the MPAI-4

The strong reliability and validity of MPAI-4 has been well documented. It meets the criteria for use in clinical practice and in research. The MPAI has proven to be an excellent predictor of long-term vocational and independent living outcome. It has been used in peer-reviewed, published research to demonstrate the effectiveness of PABIR in reducing disability and to identify the functional variables most relevant to outcomes. In addition, the MPAI-4 was designed to be user-friendly. The test can be given in 10-15 minutes, and it can be administered by an individual with brain injury as a self-report measure, by family members, or by professionals. The MPAI-4 is non-proprietary and the test and scoring manual can be downloaded at no cost from the Center for Outcome Measurement in Brain Injury (COMBI) at <http://www.tbims.org/combi/mpai/>. Finally, the MPAI-4 has been endorsed by a number of state agencies that provide funding for PABIR services as the primary measure when reporting outcomes. Some private funding sources have also endorsed the MPAI-4 as a primary outcome measure.

Some private funding sources have also endorsed the MPAI-4 as a primary outcome measure.

Limitations of the MPAI-4

Outcomes measurement can be a challenging task given the marked differences of the ABI population. Precise measurement of all constructs associated with rehabilitation outcomes may not be possible with a single measure; therefore, the MPAI-4 should be supplemented as needed with other instruments designed to capture detailed information regarding specific dimensions of a particular outcome of interest, or for subgroups within the ABI population. A description of several measures can be found on the COMBI website.

Future Directions

Clinicians and researchers have begun to view ABI as a chronic health condition, not an event. As with any other chronic condition, ABI must be managed over time. Care and treatment does not stop with discharge from hospital. In order to advance treatments that adequately address the problems imposed by ABI, service providers need a common assessment tool to better understand the course of this chronic condition. The MPAI-4 offers such an assessment tool. As in other areas of health care, innovation requires reliable and valid measurement. A common language of assessment will enable researchers and clinicians to better demonstrate the effectiveness PABIR services and further develop best practices across the post-acute continuum of care.

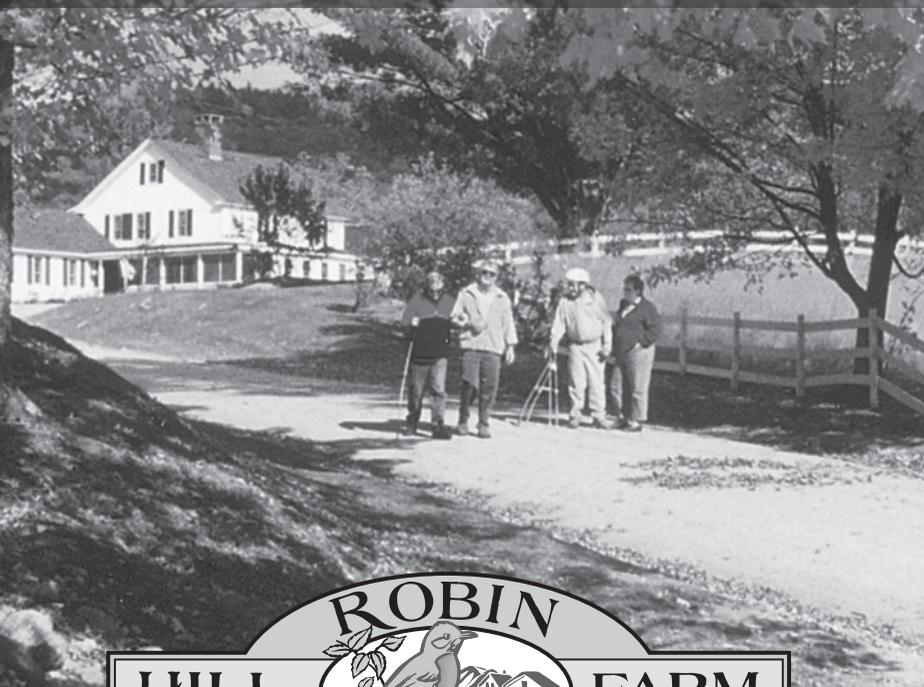
*In the end, it's not the years in your life that count.
It's the life in your years.*

Abraham Lincoln

Quality of Life...

for adults with a brain injury

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- Residential Rehabilitation Programs
- Supported Apartment Programs
- 24 Hour Staffing for All Programs



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Tel: 603-464-3841 Fax: 603-464-3851

e-mail: info@robinhillfarm.com

BIANH SUPPORT AND SERVICES- *How can we help you?*

Specialized Care Coordination

Brain injury specific specialty care coordination/case management for the post acute and chronic stage of brain injury – often requiring life-time coordination of care and services.

Family Support

Family support is the Association's free Neuro-Resource Facilitation (NRF) service; helping families and survivors access needed services and supports in their own home and community.

Financial Assistance

Provide direct financial assistance for special needs not covered by other sources through the Brain Injury Community Support Program.

Community Care Waivers

Choices for Independence (CFI), Acquired Brain Disorder (ABD), Developmental Disabilities (DD), In Home Supports (IHS) Provides home and community-based services that help people with disability to live independently in their own home and community.

Transition Program

Assisting individuals who have experienced a brain injury or stroke, and are able to transition from a facility back into the community.

Support Groups

Helping people with brain injury and their families to know that they are not alone and that there is a whole network of other families and resources within the New Hampshire brain injury community.

Helpline (1-800-773-8400) – Information & Resources (only) (800) 444-6443

Our Helpline is available to persons with a brain injury, family members or friends, professionals and the public.

Education

We provide a wide variety of educational services for persons affected by brain injury and their family caregivers.

Prevention

Prevention is the only cure for brain injury. Our prevention efforts are geared towards schools, teens, and young adults – those most at risk for traumatic brain injury.

Support for Family Caregivers

The annual Caregivers Conference provides respite, information, and sharing for caregivers statewide.

Advocacy

Individual advocacy for persons with a brain injury to help meet their needs in the community. Statewide advocacy; the brain injury community working together for persons with brain injury and their needs.

Veteran Supports

Provides service coordination through our NRF Program; financial support; & website (www.nh-veteran.com).

School Services

Education available to staff and students; assist with development of individual Educational Plans (IEP).

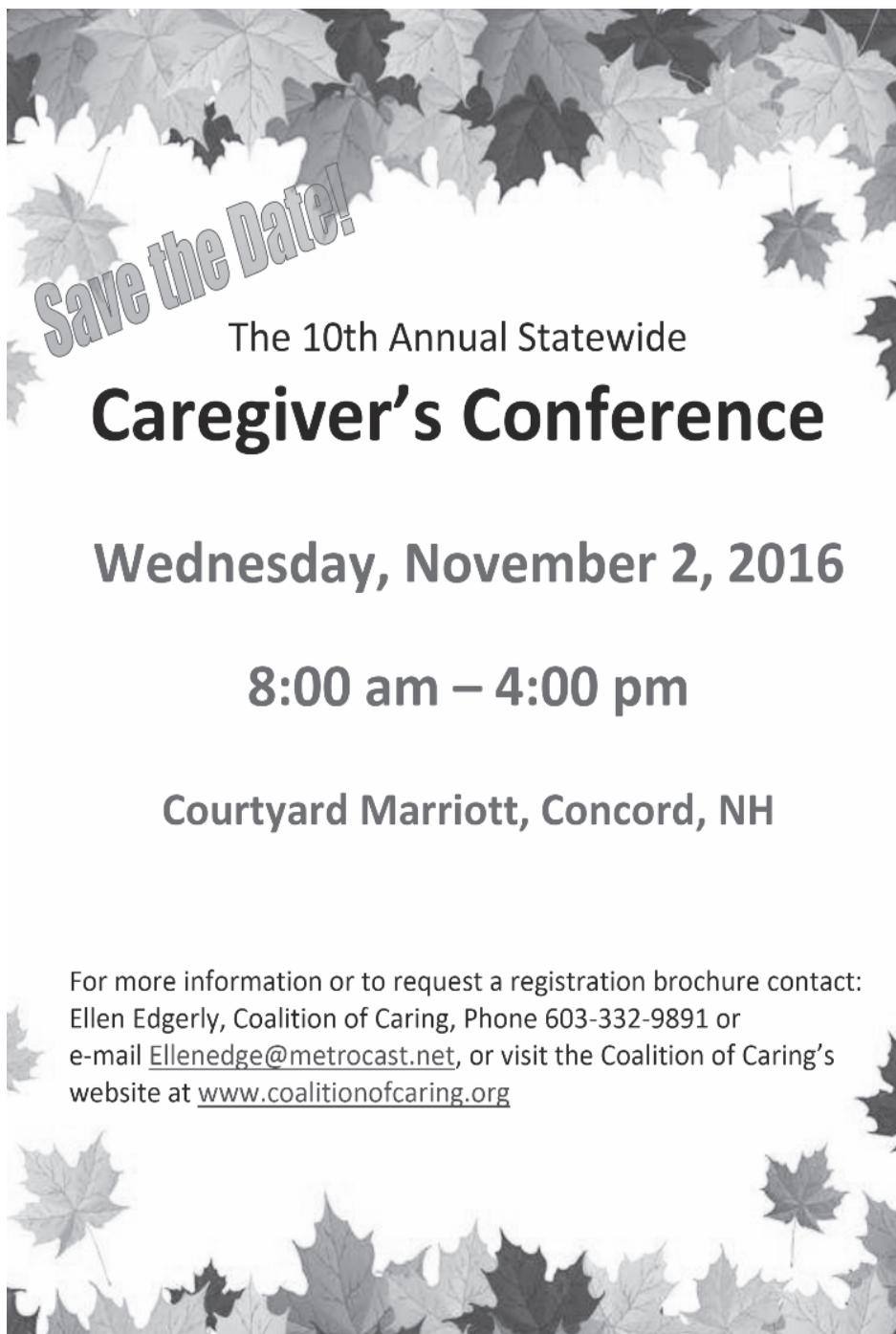
Provider/Professional Training & Education

Training programs to enhance provider skills and expertise in the brain injury field.

Summer Camp for Brain Injury Survivors - Fun and adventure in a camp setting.

Employment Clinics

Offering assistance with coordination and communication with the Department of Vocational Rehabilitation, interviewing skills, advocacy and assistance for employment



Save the Date!

The 10th Annual Statewide
Caregiver's Conference

Wednesday, November 2, 2016

8:00 am – 4:00 pm

Courtyard Marriott, Concord, NH

For more information or to request a registration brochure contact:
 Ellen Edgerly, Coalition of Caring, Phone 603-332-9891 or
 e-mail Ellenedge@metrocast.net, or visit the Coalition of Caring's
 website at www.coalitionofcaring.org



Embracing a Passion to Heal

Every brain injury is unique. And so is each healing journey. A poet and musician, Patrick Mahoney was studying for a Master's Degree in Fine Arts when he sustained a brain injury in a bicycle accident.

"Crotched Mountain embraced my passions and used them to help me heal. My cognitive, physical and occupational therapists integrated poetry and musical performance into our work together. It helped my memory, concentration and coordination. And it made me want to come back for more."

"Doing what you love is a great motivator. Thanks to Crotched Mountain, I'm pursuing my art, taking classes and enjoying my life."

To read more about Patrick's recovery, scan this code or visit www.cmf.org/patrick



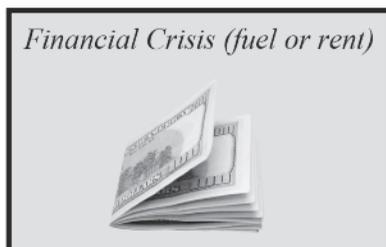
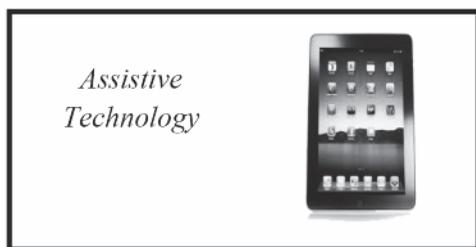
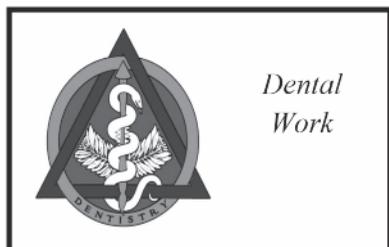
**CROTCHED MOUNTAIN
 SPECIALTY HOSPITAL**

One Verney Drive, Greenfield, NH 03047
 603.547.3311 ext. 2010 / specialtyhospital@crotchedmountain.org

What is the Brain Injury Community Support Program?

Are you a survivor finding yourself in financial need?
This program may provide assistance for you.

Services that funds could be used for include (but are not limited to)



A collaboration between the Brain Injury Association of New Hampshire and the State of New Hampshire Bureau of Developmental Services, the *Brain Injury Community Support Program* is awarded to eligible brain injury, stroke, multiple sclerosis or Huntington's disease survivors to help fund beneficial services when no other funding options are available.

Pending approval by the Brain Injury Community Support Program Committee, applicants are eligible to receive funding for requests up to \$2,000.

Applications can be found on our website (www.bianh.org) or you can request an application be mailed to you by calling the office. Once all sections of the application have been completed, it must be returned to the office by the last Wednesday of each month in order to be reviewed by the committee the first Wednesday of the following month.



ELLIOT ~ BIANH CLINIC

Please Contact:
Brain Injury Association of New Hampshire
52 Pleasant Street, Concord, NH 03301
603-225-8400 Fax: 603-228-6749



Do you know someone who has suffered a TBI or Stroke?
Has it been months since they were last seen by rehab therapists?
Curious about what is available?

Let the Elliot Memory and Mobility Center & Brain Injury Association of New Hampshire Clinic help explore the latest therapeutic possibilities!

We are offering a comprehensive screening to be accomplished in 2 1/2-3 hours with a team of 6 disciplines to determine if there are recommendations to assist in improving everyday functioning and quality of life.

The comprehensive screening is provided by:

- Neuropsychology
- Psychiatry
- Physical Therapy
- Occupational Therapy
- Speech/Language Therapy
- Social Worker

Suggested participants:

- Have had a Traumatic Brain Injury or Stroke
- Have not recently received rehab therapies

(If you do not meet the above suggestions, you may still be able to attend. Please call 603-225-8400 to discuss.)

If you or someone you know would like to be considered for the program, please contact the Brain Injury Association of New Hampshire at 603-225-8400 or fax the enclosed application to 603-228-6749.

Thank you,
The Brain Injury Association of New Hampshire
Elliot Memory & Mobility Center



ELLIOT ~ BIANH CLINIC

Please Contact:
Brain Injury Association of New Hampshire
52 Pleasant Street, Concord, NH 03301
603-225-8400 Fax: 603-228-6749



<p>Participant Info</p> <p>Name: _____</p> <p>DOB: _____</p> <p>Sex: <input type="checkbox"/> Male / <input type="checkbox"/> Female</p> <p>Address: _____</p> <p>Tel: _____</p> <p>E-mail: _____</p> <p>Insurance</p> <p>Medicaid# _____</p> <p>NH Healthy Families# _____</p> <p>Well Sense# _____</p> <p>Medicare# _____</p> <p>Other Insurance# _____</p> <p>Group# _____</p> <p>Ins.Co Address/Tel: _____</p>	<p>Guardian Info</p> <p>Guardian Name: _____</p> <p>Address: _____</p> <p>Tel: _____</p> <p>E-mail: _____</p> <p>Injury Specific Info</p> <p>Coma: <input type="checkbox"/> Yes / <input type="checkbox"/> No</p> <p>If yes, how long? _____</p> <p>Date of Injury/Diagnosis: _____</p> <p>Source of Injury/Diagnosis: (how did injury occur/what is the diagnosis?) _____</p>
--	--

History

Date of last: _____

Physical Therapy _____ Where: _____

Occupational Therapy _____ Where: _____

Speech Therapy _____ Where: _____

Neuropsychology Evaluation _____ Where: _____

Neuropsych completed by (Dr. name) _____

TBI STATISTICS

Did you know? —

FACT #1 — *From the year 2000 to the present, the number of hospital discharges in the State of New Hampshire for traumatic brain injuries has almost doubled — from 7,300 to 14,000.*

SUPPORT GROUPS IN NEW HAMPSHIRE

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

Revised January 25, 2016

APHASIA:

Manchester: 4th Tuesday of every month, 6:30pm – 7:30pm, (no meetings held in June, July, or December) Catholic Medical Center – Rehabilitation Medicine Unit, Level F, 100 McGregor Street, Manchester, NH.

Contact: Jean Manning or Larissa St. Amand
Phone: (603) 663-6694

BRAIN INJURY:

Atkinson: Greater Salem/Derry Brain Injury Support Group for Survivors, Families and Caregivers, 1st Tuesday of the month, 6:30pm-8:00pm, Community Crossroads, 8 Commerce Drive, Atkinson, NH

Contact: BIANH Phone: (603) 225-8400

Concord: 3rd Tuesday of the month, 6:30pm-8:00pm, Granite State Independent Living, 21 Chenell Drive, Concord, NH

Contact: BIANH Phone: (603) 225-8400

Conway: 1st Wednesday of the month, 6:00pm-7:30pm, Northern Human Services, Center Conway, NH

Contact: BIANH Phone: (603) 225-8400

Keene: Monadnock Pacers 4th Tuesday of the month, 6:00pm-7:30pm – DHMC, 580 Court St., Keene, NH

Contact: BIANH Phone: (603) 225-8400

Lakes Region: 1st Thursday of the month, 6:00pm-7:30pm, Lakes Region Community Services, 719 Main Street, Laconia, NH

Contact: BIANH Phone: (603) 225-8400

Manchester: Greater Manchester Brain Injury and Stroke Support Group; 2nd Tuesday of the month, 6:00pm-7:30pm, Catholic Medical Center, Rehab Medicine Unit F200, 100 McGregor Street, Manchester, NH

Contact: BIANH Phone: (603) 225-8400

Nashua: 1st Wednesday of the month, 6:00pm, St. Joseph Hospital (4th floor), Nashua, NH

Contact: BIANH Phone: (603) 225-8400

Peterborough: 1st Tuesday of the month, 6:00pm-8:00pm, Monadnock Community Hospital, 452 Old Street Road, Peterborough, NH

Contact: BIANH Phone: (603) 225-8400

Rochester: 4th Thursday of the month, 6:00 – 7:30 pm, First Church Congregational United Church of Christ, 63 South Main Street, Rochester, NH

Contact: BIANH Phone: (603) 225-8400

Salem: 1st Wednesday of the month, 5:00pm-6:00pm, Northeast Rehab Hospital, Administrative Conf. Room, Salem, NH

Contact: BIANH Phone: (603) 225-8400

Seacoast: 1st Tuesday of the month, 7:00pm, North Hampton United Church of Christ, North Hampton, NH

Contact: BIANH Phone: (603) 225-8400

Upper Valley: 2nd Wednesday of the month, 6:00-7:30pm, Dartmouth Hitchcock Medical Center, Fuller Board Room, Lebanon, NH

Contact: BIANH Phone: (603) 225-8400

MILD BRAIN INJURY SUPPORT GROUP:

Salem: 2nd Wednesday of the month, 5:00pm-6:00pm, Northeast Rehab Hospital, Reception will direct you to the room, Salem, NH

Contact: BIANH Phone: (603) 225-8400

STROKE AND BRAIN INJURY:

Kennebunk ME: 1st Tuesday of the month, 3:00pm, Upstairs small conference room, RiverRidge Neurorehabilitation Center, 3 Brazier Lane, Kennebunk, ME

Contact: Steve Fox Phone: (207) 985-3030 ext: 326

Nashua: 2nd Wednesday of the month, 5:30pm-7:00pm, 4 South Dining Room, St. Joseph Hospital, 172 Kinsley Street, Nashua, NH

Contact: Kathy Schuler Phone: (603) 882-3000 x68034

Portsmouth: 2nd Monday of the month, 5:00pm-6:00pm, Northeast Rehab Hospital in Portsmouth, 1st floor Dining Area, Portsmouth, NH

Contact: Liz Barbin Phone: (603) 501-5572

BRAIN TUMOR:

Derry: 2nd Monday of the month, 5:30pm-7:00pm, Derry Public Library, Paul Collette Conf Room A, Derry, NH

Contact: Urszula Mansur Phone: (603) 818-9376

STROKE:

Concord: Community Stroke Support Group, 3rd Tuesday of the month, 4pm, HealthSouth, 254 Pleasant Street, Concord, NH

Contact: JessaLynn Geerdes-Lakowicz (603) 226-9812

Phone: (603) 226-8843

Lebanon: 1st Friday of the month, 10:00am-11:30am, DHMC Aging Resource Center at Centerra Parkway, 46 Centerra Parkway, 2nd Floor, Lebanon, NH

Contact: Linda Wilkinson Phone: (802) 295-3037

Contact: Charlotte LeClair Phone: (603) 650-5149

Nashua: 2nd Wednesday of the month, 6:00pm-7:30pm, 4 South Dining Room, St. Joseph Hospital, 172 Kinsley Street, Nashua, NH

Contact: Kathy Schuler Phone: (603) 882-3000 x 66550

Salem: 1st Wednesday of the month, Northeast Rehab Hospital, Family Conf. Room, 70 Butler Street, Salem, NH

Contact: Jessica Anderson Phone: (603) 893-2900 x3218

CAREGIVERS

Salem: Every other Monday, 6pm-8pm, Kelly Library, 234 Main Street, Salem, NH

Contact: Val Pierce Phone: (603) 401-5544

2015 MEMBERS AND DONORS

Thank you to all our members and donors!
 (This list reflects donations received from January 1, 2016 to December 2016)

DONORS AND MEMBERS

Anonymous Donors
 BAE Systems
 Benjamin Bailey
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Geokon, Inc
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IN MEMORY OF NANCY OLISKY

Karen Deshaies



ANNUAL FUND

SUSTAINING MEMBERS support the Annual fund with a recurring gift throughout the year.

Gift Amount: \$1000 \$250 \$100 \$50 \$35 Other \$ _____

Gift Frequency: Monthly Quarterly Annual One-time gift

MY GIFT IS A TRIBUTE —
 IN MEMORY OF _____ IN HONOR OF _____

Credit Card — Visa Mastercard Discover Amer Exp.

Card No. _____ Expiration Date: _____

Name/Signature _____ CVV2 _____
(Security code # on back)

Direct Debit — Please attach a voided check and authorize with signature

Signature _____

Bill Me — We will invoice you based on your gift frequency designated above.

NAME _____

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YOUR DONATION IS FULLY TAX DEDUCTIBLE. OUR TAX ID IS 02-0397683

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