



# HEADWAY

NEWSLETTER



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The *Headway* newsletter is NOW entirely online!

The *Headway* newsletter is now produced only in electronic form. If you would like to continue to receive our Headway newsletter issue electronically, please submit your email to [mail@bianh.org](mailto:mail@bianh.org).

## James Piet Elected as Chair of Crotched Mountain Foundation Board

By Sarah Kilch Gaffney

Earlier this fall, James (Jim) Piet was elected Chair of the Board of the Crotched Mountain Foundation (CMF). A long-time disability advocate and volunteer, Piet is a 16-year Board member and also previously attended the Crotched Mountain School in Greenfield as a student. At the Brain Injury & Stroke Conference of 2022, Jim was presented with the Ellen Hayes Award, the highest honor BIANH awards for outstanding efforts to support individuals with brain injuries.

Jim served on the Brain and Spinal Cord Injury Advisory Council for 20 years, including serving as Chair for five years. He previously worked at the UNH Institute on Disability, helped create the NH Assistive Technology



Partnership Project, and currently works as a Public Relations Specialist with the NH Department of Education, Bureau of Vocational Rehabilitation. In his position there, he promotes Vocational Rehabilitation services to high school students with disabilities, their families, and others.

The Crotched Mountain Foundation, which opened its doors in 1953, was established to help children, students, and adults with disabilities achieve maximum independence to live a great life in the community. CMF's services include case management, residential living, innovative day programming, affordable housing, accessible trails, and much more. They also

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## BIANH Officers & Board of Directors

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## PRESIDENT'S MESSAGE

### LOOKING AHEAD

by Robin O. Kenney, Ed.D.



Readers of *Headway* may recall that in the Fall issue I addressed a proposed strategic planning meeting, involving the Board of Directors, Steve Wade, senior BIANH staff and invited guests. In November, we convened a two-day retreat with great anticipation, as the group had not met in person for nearly three years due to the pandemic. Some Board members had met only via zoom and had not yet met fellow members face to face.

With the steady hand of our facilitators Robin Schell and Stacey Smith, we got off to a productive start, utilizing the broad categories to be addressed, which I enumerated in my previous message. These involved our mission, care and service improvement measures, financial strength, organizational efficiency, etc.

It was so gratifying to participate in the various topic discussions and observe the energy and enthusiasm that the assembled group brought to the tasks at hand. It felt

like we all had considerable pent-up need to come together to address the work of the BIANH. It also felt like much was accomplished and many decisions arrived at over our two days – all of which we expect will be followed up and built upon in the weeks and months ahead.

One of the highlights of the retreat was the opportunity to have Sandy Feroz of the Bureau of Developmental Services at the New Hampshire Department of Health and Human Services speak to us about developments at the state and federal levels. Her insights were appreciated by everyone present and will be helpful as we go about our jobs.

I'm pleased to say that the BIANH as an organization will begin the coming year in a strong position and with great momentum. With Steve Wade's leadership and an active, engaged Board, we are poised to improve upon all our worthy objectives and to tackle new goals in 2023 and beyond.

## EXECUTIVE DIRECTOR'S MESSAGE

### New-Year Reminders

by Steven D. Wade, BIANH Executive Director



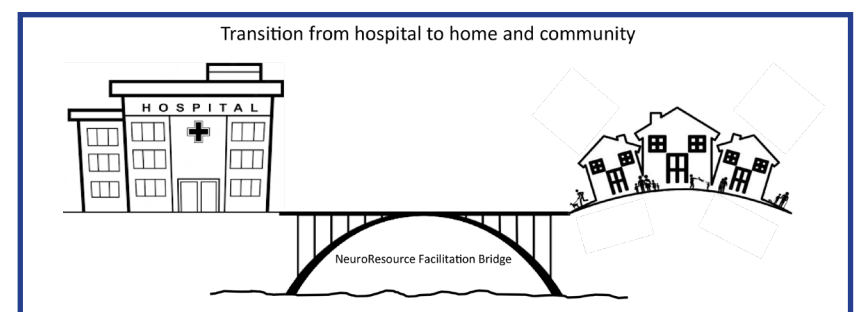
Neuro-Resource Facilitation:

Once again I would like to remind you of the Brain Injury Association of New Hampshire's Neuro-Resource Facilitation Program (NRF). NRF is available to help individuals to navigate the home and community-based system of care and supports for the post-acute, long-term phase of recovery.

Leaving the hospital acute care system after a brain injury can be quite a shock for family caregivers. The post-acute system of care for individuals with brain injury is fragmented among many different services and programs and can be a real challenge for families new to brain injury to

navigate. The BIANH NRF staff is available to help families access community-based services throughout the long-term, chronic phase of brain injury.

It is often said that a picture is worth a thousand words. Here is a picture describing the role of brain injury post-acute Neuro-Resource Facilitation.



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*Continued from page 1: Upcoming Caregiver Conference and New Medicaid Dental Benefits*

now operate CMF Kids, a resource program designed to improve educational outcomes for students with complex disabilities in public schools.

Ned Olney, President & CEO of CMF, said, “We are so very thrilled with the recent and historic election of Jim as the Crotched Mountain Foundation Chair of the Board. In our almost 100-year history, we have never had a Chair who lives with a disability.” He added, “Jim’s commitment and empathy radiates. Under Jim’s leadership we will be able to accomplish so much for kids with complex disabilities in public schools and provide close support for low-income adults with disabilities across the State. These are extremely exciting times for the Crotched Mountain Foundation!”

Born in Berlin, Jim spent most of his early years attending the Crotched Mountain School in Greenfield, returning home for weekends and school vacations. After graduation, Jim went on to earn his M.S. and has been extremely active in NH’s disability community. Jim and his wife Pat Vincent-Piet now live in Concord, NH. “We love it here,” Jim said.

“I am the first Chair of the Board who is part of the disability community, and the disability community needs to see that these possibilities are out there. I can do almost anything I want,” he said. “Almost. I do need to ask my wife for permission!” he joked. “Support and the opportunity to be in the community are so important.”

Jim has already been involved with CMF’s increased community involvement during his time on the Board. “One year ago, the Board decided to expand into NH communities to support students with disabilities through the CMF Kids program because we all know not every school has enough money to support all kids,” Jim shared. CMF Kids is a partnership program with some of NH’s most economically challenged school districts to better support children with complex disabilities. “This year,” Jim added, “we gave out over \$600,000 in grants through the CMF Kids program.”

As the new Chair of the Board for CMF, Jim is looking to help the next generation of students with disabilities reach their full potential and be part of the community. “I’m very excited to start our new strategic plan and bring new members on the Board,” Jim shared. “I can only see a bright future for the Foundation now that we are in the community and providing CMF Kids grants to support public schools to better serve students with disabilities. Our goal is for kids to be able to stay in their local public school with their friends and family,” he added.

For more information about CMF and CMF Kids Grants, please visit [www.cmf.org](http://www.cmf.org).



### **The Bishop’s Charitable Assistance Fund**

The Brain Injury Association of NH is pleased to announce that the Bishop’s Charitable Assistance Fund (BCAF) has awarded BIANH \$5,000 to assist individuals who have acquired their brain injury prior to age 22 and after age 60. The Bishop’s Charitable Assistance Fund makes grants to tax-exempt organizations without regard to religious affiliation for projects that help people in New Hampshire meet their basic needs. The Fund is operated by volunteer lay men and women who serve as Directors and who make recommendations to the Bishop of Manchester for grants to any organization in New Hampshire whose mission is consistent with the teachings of the Roman Catholic Church. The Fund raises money through solicitations of individuals, businesses, and philanthropic organizations. An annual accounting of funds raised and disbursements is available at [www.catholicnh.org/BCAF.Eligible](http://www.catholicnh.org/BCAF.Eligible) and approved applicants may receive up to \$500.00. All approved requests are awarded one time only. Once BCAF funds have been dispersed, applications or requests for funds will no longer be accepted. The Application is available online at: [bianh.org/Resources/2022Grant](http://bianh.org/Resources/2022Grant) or by calling the Brain Injury Association of NH Office at 603-225-8400.

**SAVE THE DATE!**

**39<sup>th</sup> ANNUAL**

# **BRAIN INJURY & STROKE CONFERENCE**

**Wednesday, May 10, 2023**

**Courtyard by Marriott & Grappone Conference Center  
Concord, New Hampshire 03301**

## **KEYNOTE SPONSOR \$2500.00**

### **Includes:**

- Premium exhibitor space (6' table)
- Electricity (single plug-in) Please contact me for special pricing if you have higher wattage requirements.
- Recognition/logo in conference brochure (11,500 mailed out)  
(Form must be received by Feb. 12<sup>th</sup> to meet brochure deadline)
- Business card size newsletter ad in our fall issue (deadline for graphics is Aug 30)
- Full page **color** write-up/ad about your program inserted in conference booklet
- Company name and information listed in conference booklet
- Logo on conference registration page with link to your website (April – June)
- Opportunity to network with attendees throughout the day  
**A 10% discount on professional conference registrations if you send 7 or more employees Introduction of Keynote Speaker**
- Company name/logo projected on screen during **keynote and luncheon**
- **THREE** conference registration/exhibitor representatives (list names below ~ includes lunch and breaks)

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### **Includes:**

- Premium exhibitor space (6' table)
- Electricity (single plug-in) Please contact me for special pricing if you have higher wattage requirements.
- Recognition/logo in conference brochure (11,500 mailed out)  
(Form must be received by Feb. 12<sup>th</sup> to meet brochure deadline)
- Business card size newsletter ad in our fall issue (deadline for graphics is Aug 30)
- Full page B&W write-up about your program inserted in conference booklet
- Company name and information listed in conference booklet
- Logo on conference registration page with link to your website (April – June)
- Opportunity to Network with attendees throughout the day
- Company name/logo projected on screen during luncheon
- **TWO** conference registration/sponsor representatives (list names below ~ includes lunch and breaks)

## **EXHIBITOR \$550**

### **Includes:**

- ONE conference registration/exhibitor representative
- 6' Table
- Company name and information listed in conference booklet
- Opportunity to Network with attendees throughout the day

For more information on sponsoring or exhibiting, contact Lori Sandefur [lori@bianh.org](mailto:lori@bianh.org) or 603-568-8817



## Walk by the Sea to Support Individuals Living with Brain Injury

Sunday, June 4, 2023

### 2023 Sponsorship Opportunities

#### Why should you be a sponsor?

The annual walk has gone from being just a fundraiser to a favorite time for brain injury survivors, family members and the whole brain injury community to come together to celebrate our accomplishments and share a fun day. Your sponsorship will go a long way to help us continue to provide a fun event for all and show your support!

#### T-shirt Sponsor - \$3500

(only one t-shirt sponsorship available)

Includes:

Logo on t-shirt

Signage at walk

Corporate representative to address participants  
Prominent recognition in post event newsletter  
Free business card ad in post event newsletter  
Logo & link on Walk registration page

#### Walk Thank You Sponsor - \$1500

Includes:

Logo on t-shirt

Placement on thank you post card sent to all walkers  
- post-event

Prominent recognition in post event newsletter  
Logo & link on Walk registration page

#### Annual Picnic Sponsor - \$2000

(Sponsorship of post walk picnic lunch)

Includes:

Logo on t-shirt

Signage at walk

Prominent recognition in post event newsletter  
Free business card ad in post event newsletter  
Logo & link on Walk registration page

#### Morning Coffee Sponsor - \$750

Includes:

Logo on t-shirt

Recognition in post event newsletter  
Logo & link on Walk registration page  
Signage at Coffee Area

#### Prize Sponsor - \$500

Includes:

Logo on t-shirt

Recognition in post event newsletter  
Logo & link on Walk registration page

Please contact Lori Sandefur for your sponsorship - [lori@bianh.org](mailto:lori@bianh.org) or (603) 568-8817

# DISABILITY RIGHTS CENTER



Disability Rights Center - NH  
Protection and Advocacy System for New Hampshire  
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## Planning for the Future

Recently, Disability Rights Center-NH staff and Board came together to reflect upon and streamline our organizational mission and develop a new vision: simple, yet vital long-term goals for our day-to-day work. We are excited to share these with you below.

### Mission

Disability Rights Center – New Hampshire protects, advances, and strengthens the legal rights and advocacy interests of all people with disabilities.

### Vision

We envision an inclusive, accessible, and just society:

- Where all are treated with dignity and respect.
- Where people with disabilities live the lives that they choose, lives that are free from abuse, neglect, and discrimination.
- Where people with disabilities have equal opportunity to participate fully in their community and enjoy their lives.

### Help us put these goals into action

We are currently developing our new 5-year strategic plan and we want to hear from you. There are many ways you can share your thoughts, ideas, and suggestions with us:

1. **Take our short survey:** [drcnh.org/uncategorized/strategic-planning-survey-2022-2023](http://drcnh.org/uncategorized/strategic-planning-survey-2022-2023)
2. **Attend one of our on-line Discussion Sessions (Zoom).** Visit [drcnh.org/uncategorized/planning-for-the-future](http://drcnh.org/uncategorized/planning-for-the-future) for event dates and to register.
3. Send feedback to us directly or invite us to attend your meeting: **Email us at [stephaniep@drcnh.org](mailto:stephaniep@drcnh.org) to make a request.**

We'll also be planning several in person events in the spring. Subscribe to our e-newsletter at [drcnh.org](http://drcnh.org) for announcements.

## 2023 Brain Injury & Stroke Conference

# Wednesday, May 10, 2023

### Grappone Conference Center, Concord, NH

**Keynote Speakers** – father & son Tim & Tod O'Donnell, will share the story of Tod's brain injury and the important role his family played in his recovery.

Tim O'Donnell is an Emmy-nominated filmmaker and the director of a new documentary **THE HOUSE WE LIVED IN**. A decade in the making, Tim confronts family, memory and addiction as he chronicles his father's journey to recover lost memories following a traumatic brain injury. Tim's work has appeared on ESPN, NBC, PBS, OutsideTV, the Sundance Film Festival and events around the world.

Tod O'Donnell is a brain injury survivor and advocate. He is the subject of the documentary **THE HOUSE WE LIVED IN**, as well as the inspiring short ESPN film *No Quit*. Tod has spoken at Harvard Medical School, Spaulding Rehab, Supportive Living Inc, Krempels Center, ESPN and many more creating positive conversation surrounding brain injuries.



**Tim O'Donnell** and his father,  
**Tod O'Donnell**  
**Keynote Speakers**

## SPOTLIGHT ON KREMPELS

### Krempels Ambassador Program Returns: Members Helping Members

After the pandemic caused our programs to be offered online only for nearly 16 months, in June of 2021 Krempels Center members were finally able to see their peers face to face once again. It was an exciting time, but as you might expect, some things had changed, and some things had been lost. However, as 2022 comes to its end, Krempels Center is happy to report that attendance to our center-based programming has stabilized. In fact, over the past year, brain injury survivors visited Krempels Center over 3,000 times. With members coming through our doors more regularly, the Ambassador program has once again piqued the interest of our members, and is now officially up and running again.

The Ambassador program had been a part of Krempels Center for years. The program, facilitated by staff but led by members, served not only as an orientation tool for new members, but also as an opportunity for the member Ambassadors themselves learn and grow by taking on a leadership role within their community to support their peers.

Not all of the members who were long time Ambassadors were able to return to the in-person programs after reopening the Center, and at first it was difficult to consider how to implement the program online. But now over a year since reopening, interest in the program has spiked as new members have discovered this meaningful role. To become an Ambassador, members are asked to have thorough knowledge of the programs that are currently being offered both in-person and online. **The role is one of mentorship and comradery, offering support to new members to help them integrate into the Krempels Center community.** Ambassadors become go-to supports who answer questions about programming, introduce new members to staff and other members, and offer them whatever other guidance and support is needed for them to feel welcomed, comfortable, and included.



Krempels Center staff couldn't be more thrilled to have the Ambassador program thriving once more. This program offers existing and new members the opportunity to learn from and support one another. Their mutual experience of experiencing a brain injury creates an instant bond and trust in a unique way that center staff can't always create so quickly. Krempels Center has eight members currently active as Ambassadors. In the words of Mahatma Gandhi, *"The best way to find yourself is to lose yourself in the service of others."* Krempels Center Ambassadors give and get back.

**Thank you, Krempels Center Ambassadors!**



# INSIGHTS

Life Perspectives From a Brain Injury Survivor, David A. Grant



## Brain Injury Recovery – An Evolving Definition

Early on after my 2010 brain injury, I heard that time was my friend and that life would eventually get easier. Well-intentioned members of the medical or professional community did not tell this to me. Rather, this was peer-to-peer sharing by brain injury old-timers. They told me that “it” would get better, but never really told me what “it” was.

Time has a way of teaching us. I held out hope for a couple of years that I would fully recover. And why should I not have hope? The neurologist that I was seeing at the time all but guaranteed that I would fully bounce back and that I would come to the point of having a full and complete recovery. He said that I would eventually be back to 100%. How could I not be excited? While he was well intentioned, he was also quite wrong.

Those early years were tough. Some might think that setting my expectations for a full recovery would result in a hard fall, but nothing could be further from the truth. As I was moving forward, passing time, hoping to “get over it,” I was actually becoming more familiar with all that encompasses life after brain injury. I was not getting over it, rather, I was getting used to it. There is a big difference between the two.

The dramatic shift in my life from before brain injury to after brain injury made me feel like I was actually two different people, something very common within the brain injury community. Today, thankfully, I no longer feel like I have lived two lives. Time has given me a perspective that I could find in no other way – I am one person who had something catastrophic happen. While it remains very easy (and normal) to delineate life as before and after that fated day in 2010, I am still just one person living my best life possible with what fate dealt me.

So, we circle back to how my definition of recovery has changed over the years, and how “it” has gotten so much easier.

During the first few years of life post-injury, I defined recovery as the process of becoming who I was before my injury. Ask me at that time, and I would have shared that it was my hope to see my challenges gradually lessen over time, eventually coming to the point of simply fading away. I would say goodbye to brain fog, my processing speeds would get back to normal, the endless tinnitus would fall silent, word-finding challenges and aphasia would be in the rear view mirror. I would stand tall and proclaim victory over brain injury.

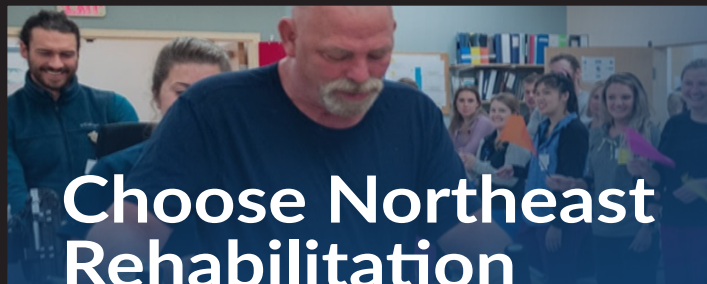
“How’d that work out for you?” you might ask.

Quite well, actually. Today, I have zero expectations about recapturing life, as I once knew it. With no expectations comes no disappointment. What I have gained is an in-depth understanding about what it is like to live as a member of the brain injury survivor family. I am able to recognize that there will be “bad brain days.” There will be times when I struggle with my speech. There will be times when too much emotion or stimulation will leave me completely spent, wanting nothing more than to pull my covers over my head.

However, there will also be times where I see my life for what it is: I have had a unique experience that helps me to serve the greater good of humanity by sharing my life with others within the brain injury community. There have been times over the last few years where I have felt such a sense of gratitude just for being alive that my eyes quite literally fill with tears. My pace has slowed rather dramatically since my injury, allowing me to see, feel, and experience things that I would have rushed right by before my injury.


When those brain injury old-timers said that “it” would get easier, they were telling me that eventually I would find my way and that this life would be the only one that matters, and that life would again become worthwhile. In this revelation, there is yet another reason for gratitude – complete strangers telling me that I would be okay in spite of how hopeless I deemed life to be.

Therefore, I share with you – If you are new to this journey, whether as a survivor, caregiver, or family member, time is your friend, and “it” will get easier.




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# NCIL WINTER HIGHLIGHTS!

The season of giving is upon us with the first snowfall already experienced in December. The NCIL residents came together to celebrate the holidays at the annual Christmas party held at the North Conway Community Center. Games were played, music was in the air, and a Chinese buffet was enjoyed by everyone. The residents especially enjoy visiting and catching up with their peers from all the differing residences. Highlights included the game of the saran wrap ball with prizes spilling out while trying to unwrap the ball with an oven mitt -- laughter and camaraderie were evident! The annual recognition awards were announced with the award for Personal Growth going to Tom T, who accepted his award along with some gift cards. The award for the Spirit of Giving was received by Jessie C. who was nominated by the Barrington staff. Jessie has been knitting hats for the babies at the hospital, making cat and dog toys, and remembers each one of her peers by giving knitted hats to them. She is very thoughtful!

NCIL is pleased to announce the nominations for Employees of the Quarter, Julie T. and Brittaney G. The comments for Julie stated that she is very helpful to staff, residents, and simply does an excellent job with everyone. She goes above and beyond while assisting others with their everyday routines. Comments for Brittaney included, she is always picking up extra shifts and cares tremendously about the residents. She has a quiet calm manner with handling any situation at the Barrington Residence.

Recently, the Barrington folks enjoyed a show put on by Recycled Percussion at the Cake Theater in Laconia. Everyone had fun! The Trans-Siberian Orchestra performance in Manchester was enjoyed by two of our residents and staff of the Westside Residence. Winter activities will once again include the North Conway Community Center for sports, games, and friendship.

Continuing to build on the NCIL management team, we welcome Linda D. as the House Coordinator of the Westside Residence. Linda comes back to NCIL after spending time at the local Area Agency where she has gained knowledge and experience building on her vast background within the field of disabilities. We welcome Linda to the management team!

Looking forward to the New Year!





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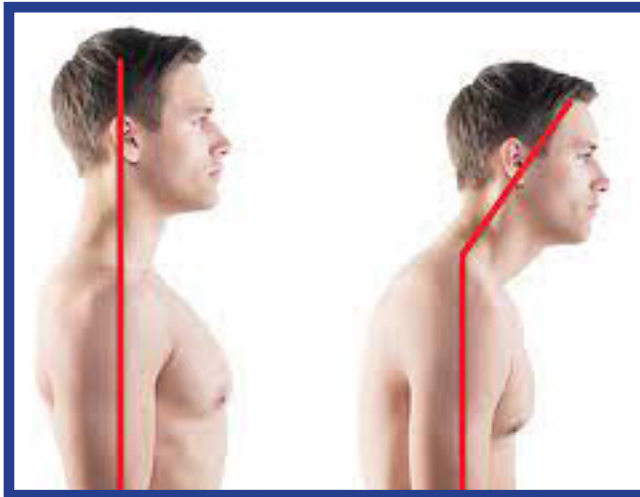
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# The Neurology of Forward Head Posture and How It Can Impact Individuals with Brain Injury

By Dr. Denise Pickowicz, Doctor of Chiropractic, Fellow of the International Board of Functional Neurology, Certified Brain Injury Specialist, Board-Certified Chiropractic Neurologist, and owner of NH Concussion Center.

Did you know that Forward Head Posture (FHP) has been shown to affect the brain negatively? Research shows that “90% of the stimulation and nutrition to the brain is generated by the movement of the spine” (1). With a blow to the head, neck, or back causing a concussion or mild traumatic brain injury (mTBI), the musculoskeletal system is impacted and may lead to a reduction in cervical curvature and decreased spinal motion. This reduction in curvature creates a position of Forward Head Posture and can result not only in neck and shoulder pain, stiffness, and numbness of the arms and hands, but can also have neurological effects that impact your blood flow, breathing, proprioception, balance, memory and cognition, and even your mood. More importantly, less cervical movement results in less nutrition to the brain which is essential after a trauma to allow for healing, proper metabolism and immune function, and a reduction of inflammation. Ten percent of the brain is responsible for thinking, metabolism, and healing. Consequently, Forward Head Posture will rob the brain of energy for these important functions in order to deal with abnormal gravity/posture relationships and processing. Furthermore, after an injury to the head and neck, systems of the body that work together to keep the body upright and functioning properly can also be affected (autonomic, vestibular system, visual system, and sensorimotor system).



Forward Head Posture results when the head tilts forward at varying degrees, and the amount of pressure on the cervical spine multiplies. This position of Forward Head Posture can be seen in two positions, either where the neck is flexed forward in an anterior position, or anteriorly translated forward and extended. When an individual has healthy posture and is standing completely upright, you will see their ear located directly over their shoulder at 0 degrees. In this position, the head weighs approximately 10-12lbs. With every 15-degree tilt forward, the weight of the head will be distributed in such a way on the neck that the head will actually weigh more. With a 15-degree forward head carriage the head weighs 27lbs, at 30 degrees the head weighs 40lbs, at 45 degrees the head weighs 49lbs, and at 60 degrees head will weigh an incredible 60lbs (2)!

As mentioned above, when the normal cervical spine curvature is reduced due to Forward Head Posture, there is an imbalance and tension in neck muscles, as well as a decrease of blood flow from arteries in the neck to the head, which causes changes to blood flow in the brain. The autonomic nervous system is the system responsible for the regulation of normal blood pressure, heart rate and respiration, especially with change in body position. When there is alteration in body position due to an imbalance in posture, this system can be affected. “Loss of cervical lordosis may be associated with changes of the Circle of Willis and cerebral artery hemodynamics, resulting in decreased blood flow in the brain” (3). The brain needs blood to help with clear thinking, to increase healing and reduce inflammation, especially from a concussion or brain injury, and to communicate with the body appropriately. Furthermore, research states “Forward Head Posture reduced forced vital capacity for respiration due to abnormal muscle recruitment of the accessory muscles of respiration” (4) and that “Forward Head Posture is associated with morphological changes of the thorax causing decreased respiratory function.” In other words, when the head is forward

and the neck curvature is reduced, biomechanically the mid back overcompensates by increasing its curvature causing the shoulders to become more rounded and “hunched”. This in turn decreases the ability of the lungs and diaphragm to expand when an individual breathes in. With less lung expansion, the body must use accessory muscles and more energy to breathe resulting in poor respiration and decreased oxygen to the body. This can lead to fatigue, poor circulation, and in some cases hyperventilation due to shallow but rapid breathing associated with an increase in the sympathetic nervous system or “fight or flight” response. Neurologically, an increased sympathetic response can cause constriction of certain blood vessels, elevated heart rate and blood pressure, cause lack of sleep, decreased bowel motility, increased sensitivity to light and sound, as well as increased perceptions of stress and anxiety-- all symptoms concussed individuals may tend to experience.

Compelling evidence exists that links Forward Head Posture with vestibular deficits, increased fall risk, and impaired cervical proprioception (the ability to know where your body is in space based on the location of your neck and head) (5). The vestibular system is responsible for balance (equilibrium) and upright posture (utilizing extension to resist gravity) through vestibular receptors (otoliths and semicircular canals) and vestibular projections (vestibular-ocular, vestibular-cerebellar, vestibulospinal tracts of the brain and spinal cord). The visual system is responsible for head posture (seeking to keep the eyes parallel with the horizon) and orienting the body in space. Forward Head Posture, regardless of pain, also has been shown to increase the amount of joint position error. As a result, “mechanical stability and normal kinematics are reduced (6).” Moreover, “Forward Head Posture has a negative effect on the muscle spindle activity involved in proprioception, resulting in cervical repositioning errors and deficits of dynamic balance ability (7).” In other words, having your head in too forward of a position, as well as having an increase in your midback curve (referred to as postural hyperkyphosis) can lead to postural instability due to incorrect inputs from the vestibular, visual, and proprioception systems. These incorrect inputs to the brain contribute to inaccurate perception of where the head and body are in space. This then causes a tendency towards balance issues and falls.

Poor balance will go on to influence movement and sensorimotor integration in a chain of events. Interestingly enough, when the brain cannot accurately perceive where it is in space, the quality of motor output or movement is impacted and proper gait biomechanics are inhibited potentially leading to a fear of moving and walking around. Unfortunately, this chain of events goes even further. One study shows that “poor gait performance predicts dementia” (8) emphasizing the point that movement is essential to give input to the brain and without input, the brain can begin to decay.

Research also demonstrates that mobility and upright posture is associated with aspects of cognition including memory. These results provide the first evidence for a link between postural alignment and cognitive function in healthy older adults (9). When there is a decline in upright posture and the posture system, cognitive function and capabilities are impacted as we resist gravity, and hence there is a reduction in cognitive output (as an example, think of elderly patients suffering with dementia and the posture they exhibit). With brain injury, people typically do not feel well due to lack of



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*Continued on Page 11*

*Continued from page 10: The Neurology of Forward Head Posture and How It Impacts Individuals with Brain Injury*

integration between their autonomic system, visual system (ocular motor function), vestibular system, and cervical spine issues causing movement patterns to be affected, the vestibular system altered, and posture can change. As a result, this can affect cognition and memory. With cognition being visualized as the tip of the pyramid of functioning, with the lower larger levels of the pyramid consisting of the vestibular system, visual system, autonomic system, and sensorimotor system, if these lower portions of the pyramid are not integrating well, there will be postural deficits and problems at the top level, and cognition will suffer.

Lastly, Research has shown there is a direct connection between posture and mood. When considerable stresses are placed on the cervical spine, thus changing the cervical curve and pain threshold of the muscles around the neck, negative effects on a person's psychological status can ensue, such as depression. Typically, when a person has hunched forward posture, they exhibit feelings and emotions of being closed, depressed, and have less self-perceived leadership. On the flip side, someone with more upright and open posture is perceived as being more confident, positive, approachable and tends to express positive self-image, thoughts, and memory recall. There is a correlation between muscle activation and activation of different areas in the brain and due to this, change in psychological status and slumped forward posture, is now a diagnostic factor of depression (10).

Since even minor Forward Head Posture was shown to be detrimental in research; from breathing and heart rate to pain and disability, all health markers that were measured as posture deviations increased (11), the importance of assessment of posture cannot be underestimated especially in individuals with brain injury. The autonomic, vestibular, visual, and sensorimotor systems and their proper integration with the brain and spine depend on it. If identified and treated, individuals can be in a better position to rehab and heal from any potential neurological consequences. Treatments utilizing modalities such as gentle chiropractic adjustments, functional neurology, neuro-optometry exercises, physical therapy, etc. that are focused on improving spinal curvature and rebalancing these systems, can improve function. "Correcting the loss of cervical lordosis increased cerebral artery parameters, indicating an immediate increase in blood flow in the brain" (3). As research indicates, improving Forward Head Posture can allow for better oxygenation and blood flow to the brain while positively affecting breathing, balance, cognition, memory, and mood. Therefore, anyone who has sustained an injury to the neck, head or back, especially if it caused a concussion or mild traumatic brain injury, should consider being evaluated and treated for Forward Head Posture.

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## WHAT IS THINKFIRST?

ThinkFirst [www.thinkfirst.org](http://www.thinkfirst.org) is a national injury prevention program. Trained staff from Northeast Rehabilitation Hospital, as well as brain and spinal cord injury survivors (VIP's), go out into the schools to speak with students about spinal cord and brain injury prevention. We emphasize helmet and seatbelt safety, fall prevention and concussion. The foundation's motto is "use your brain to protect your body."

The ThinkFirst Youth/Teen program targets school aged children (grades 4-8), high school students, and college students/young adults with age appropriate activities to increase decision making, confident self-image and conflict resolution. The major educational portion is presented in either large assembly or classroom formats. It consists of up to four segments:

## 1. Introduction

- "Think About your Choices" (DVD) - 10 min video featuring 10 VIP Speakers Survivors
- Helps students understand the seriousness of TBI and SCI

2. Power Point Presentation (15 minutes) – NRH speaker presents and discusses anatomy of the brain and spinal cord, physical results of injury and strategies to prevent injury. Topics include violence prevention, gun safety, conflict resolution, sports, bicycle and water safety, vehicle and pedestrian safety, poisoning, and suffocation prevention.

3. VIP Speaker – explains choices leading to injury, how his/her life has been affected by injury and how it might have been prevented. (This is the key component of the program, as it shows the students that these injuries can and do happen to people just like them while engaging in typical age appropriate activities, but that safe choices can prevent most injuries from occurring.)

- Presentations vary from 45-60 minutes and can take place in a classroom or assemble style. We are happy to adapt based on the needs of the school.
- We are currently able to provide **in-person** presentations to schools within 25 minutes of Portsmouth, Salem and Manchester. We are also able to provide **virtual** presentations to any school within New Hampshire.

If you are interested in having a ThinkFirst presentation at your school, please contact Zoe McLean [zmclean@northeastrehab.com](mailto:zmclean@northeastrehab.com) or Lori Sandefur [lori@bianh.org](mailto:lori@bianh.org).

**ThinkFirst**  
National Injury Prevention Foundation

# ***SUBSTANCE USE DISORDER and BRAIN INJURY Webinars***

**Friday, January 27, 2023  
12:00 – 1:00 pm**

***Traumatic Brain Injury, Risky Substance Use  
and Substance Use Disorders***

Presented by John D. Corrigan, PhD, Professor  
Department of Physical Medicine &  
Rehabilitation, The Ohio State University

Even though as many as half of all people treated in community-based substance use disorder treatment programs sometime in their life will have had at least one acquired brain injury, a condition that is poorly understood among the professionals in these programs. This unawareness exists despite evidence that a history of brain injury reduces the success of behavioral health treatments. This presentation will describe information that behavioral health professionals should know in order to increase the effectiveness of services provided to persons with brain injury. Topics will include the prevalence of traumatic brain injury and other acquired brain injuries among clients in substance use disorder treatment, how the fingerprint of these brain injuries is central to problems self-regulating behavior, and ways that the effects of brain injury can impact treatment. Recommendations for substance use disorder professionals will be discussed.

**Friday, February 24, 2023  
12:00 – 1:00 pm**

***Evidence-Based Practices for Co-Occurring Brain  
Injury and Substance Use Disorders***

Presented by Carolyn Lemsky, PhD, Clinical Director  
Community Head Injury Resource Services of  
Toronto

Over the past 20 years, our understanding of addiction itself has grown to include the neurocognitive and neurobehavioral consequences of substance use that make behavior regulation challenging. In addition, there is a growing awareness that as many as half of all people seeking treatment for substance use disorders have a history of brain injury. Providers are beginning to recognize that cognitive impairment may present as a lack motivation or a lack of compliance. There is an emerging demand for models of care designed to accommodate behavioral dysregulation and cognitive dysfunction. Although the intervention literature related to brain injury and treatment of substance use disorders is limited, there are many evidence based practices that can be successfully applied. Many of the skills brain injury and addiction providers have already honed are applicable to people living with co-occurring substance use and neurocognitive impairment. This presentation will highlight evidence based practices, provide an overview of appropriate accommodation and provide information about freely available resources to increase system capacity. The presentation will also include an overview of a model of integrated care as well as a discussion of how to develop cross-sector partnerships.

The Brain Injury Association of NH Substance Use Disorder, Brain Injury and Mental Health Interagency Task Force is pleased to partner with NeuroRestorative on this webinar and would like to acknowledge that a portion of this webinar was financed under a contract with the State of New Hampshire, Department of Health and Human Services, Bureau of Drug and Alcohol Services and/or such other funding sources as were available or required, e.g. the United States Department of Health and Human Services.



For more information and to register please go to:

<https://www.neurorestorative.com/knowledge-center/neuro-institute/>

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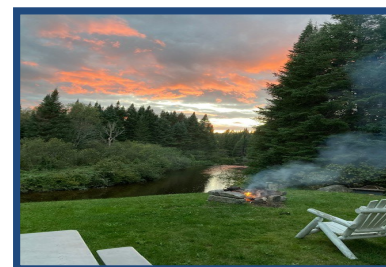
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Robin Hill Farm provides licensed residential treatment and rehabilitation specifically for adults with a brain injury. Based upon the belief that no two injuries are alike, we have developed a community-inclusive continuum of care for the past 39 years. This concept allows us to offer the potential resident a program that reflects their individual needs, goals and capabilities.

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## 2022 VIRTUAL CAREGIVER'S CONFERENCE

The Coalition of Caring Planning Committee hosted their 16th Annual Caregiver's Conference virtually on Wednesday, November 9, 2022.

The morning session began with Dr. Robin Kenney, President of the Brain Injury Association of New Hampshire, welcoming all attendees.

The welcome was followed by heartening keynote presenter Liz O'Donnell, Founder of Working Daughters presenting on "How I Maintained My Career, Marriage and Sanity While Caring for Someone Else".



workshop explored the helpfulness and barriers of online resources and how to optimize the use of them.

The goals of the Coalition of Caring's annual conference are to provide caregivers with practical skills that can be used in daily caregiving responsibilities, provide current information on supportive services and resources, offer the opportunity for emotional support and recognition of family and professional caregivers, and to raise community awareness and outreach on caregiving issues.

Two more presentations were held throughout the day. The afternoon presentation titled "Dream Big! Tools for Supporting Individual Choice & a Robust Community Based Life: A workshop for Direct Support Professionals and Family Caregivers" included panelists Susan Zimmermann, PhD, Project Manager, NH Council on Developmental Disabilities; Lisa Beaudoin, Executive Director, ABLE NH; and Pat Vincent-Piet, Family Caregiver and Advocate. This workshop focused on the values of individual choice, person-centered planning, community living, and self-determination.

The Coalition of Caring would like to recognize and thank its 2022 sponsors: AARP-NH, AmeriHealth Caritas NH, BIANH, Bureau of Developmental Services, Bureau of Elderly and Adult Services/NH Family Caregiver Support Program, NH Council on Developmental Disabilities, NH DSP Conference Committee, NH Healthy Families, University of New Hampshire/ Institute on Disability, and Well Sense Health Plan.

For more information about the Coalition of Caring, please visit [www.coalitionofcaring.org](http://www.coalitionofcaring.org).

Dr. Erica Jablonski from the Institute on Disability finished with an evening presentation on Caregiver Online and Offline Resources. This

# SAVE THE DATE!

40th Annual  
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Wednesday, August 9, 2023

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For more information on sponsorship or team participation, contact [renee@bianh.org](mailto:renee@bianh.org)



# HEADACHES AFTER BRAIN INJURY

Headaches are one of the most common symptoms after a brain injury. Over 30% of people report having headaches that continue long after injury.

Headaches after a brain injury can be long-lasting and can make it hard for one to carry out daily activities or can cause more difficulty thinking and remembering things.

## THE CAUSES OF HEADACHES

Headaches can also occur after mild to moderate injury or in the case of severe brain injury, after the initial healing has taken place. Right after a severe brain injury, people may have headaches because of the surgery on their skulls or because of collections of blood or fluid inside the skull. These headaches can be caused by a variety of conditions, including a change in the brain caused by the injury, neck, and skull injuries that have not yet fully healed. Tension and stress or side effects from medication may cause headaches.

## TYPE OF HEADACHES

**Migraine headaches:** happen because an area of the brain becomes hypersensitive and can trigger a pain signal that spreads out to other parts of the brain. These headaches typically have the following features:

- Dull, throbbing sensation, usually on one side of the head
- Nausea or vomiting
- Light and sound sensitivity
- Pain level rated as moderate to severe
- A “warning” signal that a migraine is coming on – seeing spots or bright lights (called an “aura”)

**Tension-type headaches:** are associated with muscle tension or muscle spasms and stress. They usually have the following features:

- Tight, squeezing sensation, often around the entire head or on both sides
- Pain level rated as mild to moderate
- Occur later in the day

**Cervicogenic headaches:** can occur when there has been some injury to the muscles and soft tissues in the neck and the back of the head. Many nerves that are located in the tissues and bones of the neck have branches that travel to the skull and scalp and can result in head pain. This type of headache usually has three features:

- Often start in the neck, shoulders, and back of the head; sometimes travel over the top of the head.
- Neck movement or positioning can make the pain worse.
- These headaches are not usually associated with nausea and can range from mild to severe.

**Rebound headaches:** medicines used to treat headaches can actually cause headaches. When pain medicines are taken daily on a regular schedule, missing one or two doses can result in a headache. A rebound headache may also develop when caffeine is decreased.



## OTHER FACTS ABOUT HEADACHES

Although there are many other types of headaches, these listed above are the most frequent. It is not unusual for someone to have two different types of headaches. Migraines are commonly reported from a family history of migraine headaches.

## PRECAUTIONARY MATTERS

Most headaches are not dangerous. In the first few days after a concussion or head injury, a person should see a health care professional experienced in treating persons with brain injuries. If the following occurs:

- The headache gets worse
- Nausea and/or vomiting with a headache
- Developing arm/leg weaknesses or problems speaking along with a headache
- Increased sleepiness with headaches

## DIAGNOSIS OF HEADACHES

In the first few days after a head injury, doctors will often order a CT scan to make sure there is no internal bleeding in the brain. After that, a brain scan or other test is rarely needed in order to diagnose a headache accurately.

Usually, the health care provider will rely on history and symptoms to sort out the kind of headache and proper treatment.

## TREATMENTS FOR HEADACHES AFTER BRAIN INJURY

Individuals should work with a doctor for a treatment that is right for their specific headache symptoms.

## LIFESTYLE CHANGES TO HELP PREVENT HEADACHES

Making simple changes in lifestyle can often make a big difference in whether or not headaches occur.

- Get enough sleep.
- Get daily exercise, if able. Aerobic exercise such as walking and stretching often help to prevent headaches. If a headache is worsened by any particular exercise, check with a health care provider before continuing to exercise.
- Identify other headache triggers and avoid them.
- Avoid taking pain medicines on a daily basis unless a health care provider prescribes it.

## COMMON TYPES OF TREATMENT FOR OCCASIONAL HEADACHES

- Over-the-counter pain medications
- Prescription medicines for migraine headache
- Stretching and self-massage
- Acupuncture
- Therapeutic massage
- Heat or ice packs





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The Brain Injury Association of New Hampshire offers these **Conflict Free/Conflict of Interest Free** services for all populations:

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

**You are not alone!**



BIANH is a non-profit, advocacy organization founded by New Hampshire Families in order to strengthen individual and state-wide systems.


For additional information about Independent Case Management, contact Erin Hall at 603-225-8400 or email at [erin@bianh.org](mailto:erin@bianh.org).



**BRAIN INJURY ASSOCIATION OF NEW HAMPSHIRE**

52 Pleasant Street – Concord, NH – 03301  
Phone: 603-225-8400 Helpline: 1-800-773-8400

## YOUTH SURVIVORS NETWORK







**Occurs on the second Wednesday of each month.**

A virtual networking opportunity for youth and young adults (16-25) with acquired and traumatic brain injuries in Maine and New Hampshire to share their experiences and build a community of self-advocates.


If you have any questions, please reach out to [dcampbell@mpf.org](mailto:dcampbell@mpf.org)

**Register Here**

[https://us02web.zoom.us/join/zoom-join?secret=H9NeQ8v9Yokb\\_woX0tWWuvJC](https://us02web.zoom.us/join/zoom-join?secret=H9NeQ8v9Yokb_woX0tWWuvJC)

### BENEFICIARY DESIGNATIONS CAN HELP FULFILL YOUR CHARITABLE PLANS



Beneficiary designations are often the simplest way to implement your charitable estate plans. For instance, you can name the Brain Injury Association of New Hampshire as a beneficiary of your IRA or other qualified plan. Doing so can save a significant amount of taxes because your family and loved ones will be required to pay income taxes on the amounts they receive from your IRA at their tax brackets. But having BIANH as a tax-exempt entity, you pay no taxes. So 100% of your retirement plan will be used according to your charitable intent. In addition, many people do not realize that they can designate any amounts remaining in their donor-advised fund (DAF) to charity. This is a very simple process that can be implemented through the specific procedure of your DAF sponsor.

- I would like information about making a gift to BIANH that would also provide income for me and/or others.
- I would like information about including a gift to BIANH in my will or living trust.
- I have already included a gift to BIANH in my will or living trust or by beneficiary designation and would like to notify you.

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Please mail to BIANH—52 Pleasant Street—Concord, NH—03301 — Attention: Steve Wade

# BRAIN INJURY COMMUNITY SUPPORT PROGRAM (BICSP)

*Are you a survivor in need of financial assistance?*

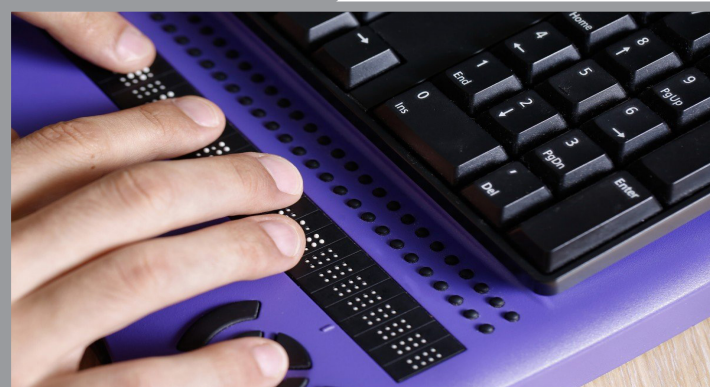
**The *Brain Injury Community Support Program* provides short-term financial assistance for people living with brain injury, stroke, MS, or Huntington's Disease**

## **BICSP Requirements:**

- survivor must have received injury between 22 and 60 years of age with significant cognitive decline
- does not have other assets that can be accessed
- individuals supported through the Acquired Brain Disorder Waiver (ABD-CCW) may apply for dental assistance only

### One-time funding is available for:

- assistive technology
- dental work
- overdue monthly bills
- home safety items
- respite



**For more information, please call BIANH - 603-225-8400**

# SUPPORT GROUPS IN NEW HAMPSHIRE

Revised January 2023

Times and places may change without notice—please call in advance

## VIRTUAL SUPPORT GROUPS

The Brain Injury Association of New Hampshire will be hosting four statewide monthly online support groups that will be held through the ZOOM Virtual Platform, all are welcome to attend.

**Virtual Statewide Peterborough Brain Injury Support Group - Meets the 1st Tuesday of the month, 6:00 pm – 7:30 pm**  
register at: <https://bianh.salsalabs.org/peterborough>

**Virtual Statewide Greater Atkinson/Derry Brain Injury Support Group - Meets the 2nd Tuesday of the month, 6:30 pm-7:30 pm**  
register at: <https://bianh.salsalabs.org/atkinsonderry>

**Virtual Statewide Concord Brain Injury Support Group - Meets the 3rd Tuesday of the month, 6:30 pm-8:00 pm**  
register at: <https://bianh.salsalabs.org/concord>

**Virtual Statewide Brain Injury Caregivers Support Group, Meets the 4th Tuesday of the month, 6:30 pm – 7:30 pm**  
register at: <https://bianh.salsalabs.org/bicsg>

**Virtual Youth Survivors Network - For brain injury survivors age 16-25, From Maine, New Hampshire & Vermont**  
Meets the Second Wednesday of the month, Meeting Time: 4:00 – 5:00 pm

Register at: [https://us02web.zoom.us/meeting/register/tZ0lcOmvqT8vH9NeQ8v9Yokb\\_woX0tWWuvJC](https://us02web.zoom.us/meeting/register/tZ0lcOmvqT8vH9NeQ8v9Yokb_woX0tWWuvJC)  
Registration contact: Dylan Campbell: [dcampbell@mpf.org](mailto:dcampbell@mpf.org)

Please check the website at [www.bianh.org](http://www.bianh.org) for online registration.  
If you have any questions, please email Ellen Edgerly at [Ellen@bianh.org](mailto:Ellen@bianh.org) or call at 603-834-9570.

## APHASIA:

**Nashua: Currently suspended**—for more information, call Laura St. Joseph Hospital Outpatient Rehab Clinic, 75 Northeastern Blvd, Nashua, NH.

Contact: Laura Fonden  
Phone: (603) 882-3000 (x67530)  
Contact: Lesley Hill  
Phone: (603) 595-3076

## BRAIN INJURY & STROKE

**Concord:** Virtual Community Stroke Support Group, 3<sup>rd</sup> Tuesday of the month, 4:30pm, Encompass Health (formerly Healthsouth)  
Phone: (603) 226-9812

**Dover:** Wentworth Douglass Hospital Stroke Support Group. 3<sup>rd</sup> Thursday of every month; 2:00-3:00 (currently via Zoom). Call or email Lindsey to receive the Zoom link.

Contact: Lindsey Wyma  
Phone: (603) 609-6161 x2731  
Email: [Lindsey.wyma@wdhospital.org](mailto:Lindsey.wyma@wdhospital.org)

**Durham:** UNH Occupational Therapy Department  
UNH OT Stroke Survivor Group  
Meets Tuesdays; 1:00 – 4:00 pm  
Contact: Dr. John Wilcox, OTD  
Phone: (207) 314-3180 or email [john.wilcox@unh.edu](mailto:john.wilcox@unh.edu)

**Kennebunk, ME: Currently Suspended** - 1<sup>st</sup> Tuesday of the month, 3:00pm, Upstairs small conference room, RiverRidge Neurorehabilitation Center, 3 Brazier Lane, Kennebunk, ME  
Phone: (207) 985-3030 ext: 326

**Lebanon:** Virtual Stroke Support Group, 1st Friday of even-numbered months (Feb, Apr, Jun, Aug, Oct, Dec), 10:00 - 11:30 am, DHMC Aging Resource Center, Lebanon, NH  
Contact: Shawna Malynowski, Phone: (603) 653-1117  
Contact: Sarah Braginetz, Phone: (603) 650-5104  
Contact: Aging Resource Center Phone: (603) 653-3460

**Nashua:** Currently Suspended— 1<sup>st</sup> Wednesday of the month, 6:00-7:30pm, 4<sup>th</sup> Floor, St. Joseph Hospital, 172 Kinsley Street, Nashua, NH  
Contact: Patti Motyka  
Phone: (603) 882-3000 ext: 67501

**Salem:** Northeast Rehab Virtual Statewide Mild Brain Injury Support Group; Meets the 2<sup>nd</sup> Wednesday of the month, 5:00 pm - 6:00 pm (currently via Zoom)  
Contact: Barbara Capobianco  
Phone: 603-681-3220  
Email: [bcapobianc@northeastrehab.com](mailto:bcapobianc@northeastrehab.com) for online registration information.

**Salem:** Currently Suspended —1<sup>st</sup> Wednesday of the month, Northeast Rehab Hospital, Family Conf. Room, 70 Butler Street, Salem, NH  
Phone: (603) 893-2900

## BRAIN TUMOR:

**Derry:** Appointment Only Due to COVID-19.  
Contact: Urszula Mansur  
Phone: (603) 818-9376

# 2022-2023 MEMBERS AND DONORS

Thank you to all our members and donors!

(This list reflects donations received from December 1, 2022 to present)

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