Brainstorming4Us, Inc. Newsletter

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Lisa Moss
President/Founder

Vinny Velarde
Director of Marketing

Stacie Edwards
Secretary

From Our desk

BRAINSTORMING 4 US, INC.

Brainstorming 4 Us has had an active last few months. We have many goals to attain to better serve the community of traumatic brain injury. We are actively seeking additional Trauma Hospitals in California and Utah with the placement of our Brain Injury Resource Kits. We are working passionately on our website to have information available to families and survivors of any type of brain injury attack while adding educational information, legal resources and testimonials to our site.

When you receive the dreaded phone call that your loved one has sustained an injury your mind begins to swirl out of control. There are so many questions, medical issues, legal issues to deal with on a constant basis that we feel it is impossible to endure just one more thing. Our main mission is to give you the opportunity to understand how a Traumatic Brain Injury, Aneurysm or Stroke can affect everyone's life within your family and community.

Over the next few months you will witness our site continuing its growth at a rapid rate with the objective to be a dedicated resource for you and your family.

Always remember a brain injury is not a sprint it's a marathon. Take a deep breath and realize you are not alone.

Sincerely,

Lisa Moss

Consequences of a Traumatic Brain Injury

How are Complications From a TBI Treated?

Post Concussion Syndrome

Within days to weeks of a head injury approximately 40 percent of TBI survivors develop troubling symptoms called Post Concussion Syndrome (PCS). A person need not have suffered a concussion or loss of consciousness to develop the syndrome and many people with mild TBI suffer from PCS. Symptoms include headache, dizziness, vertigo (a sensation of spinning around or of objects spinning around the person), memory problems, trouble concentrating, sleeping problems, restlessness, irritability, apathy, depression, and anxiety. These symptoms may last for a few weeks after the head injury. The syndrome is more common in individuals who had psychological symptoms, such as depression or anxiety, before the injury. Treatment for PCS may include medicines for pain and psychological conditions, and counseling to develop coping skills.

Seizures

About 25 percent of patients with brain contusions or hematomas and about 50 percent of patients with penetrating head injuries will develop seizures within the first 24 hours of the injury. These seizures generally stop within a week. Doctors typically only treat these seizures if they continue beyond a week. Seizures occurring more than one week after injury are referred to as post-traumatic epilepsy and are treated with medications. The medications may need to be taken by the survivor for months or years following the injury.

Post-traumatic seizures occur within a week after the head injury and are not triggered by epilepsy but by the head trauma. CT Scanning or MRI (magnetic resonance imaging) can detect the seizures and with medication, control the seizures. Brain contusions occur when the head is slammed hard against something. The head injury can create a hematoma or subdural hematoma. A hematoma is the swelling of fluid (blood) in the brain and a subdural hematoma is bleeding between the inner and outer sheath of the skull. Head trauma may affect other parts of the body for a short time or permanently.

Hydrocephalus

Our brains continually produce and drain a fluid called cerebrospinal fluid (CSF). When the brain is injured the drainage of CSF may be affected and CSF may build up. This condition is called hydrocephalus. The build-up of fluid can lead to increased pressure in the brain. Hydrocephalus may begin during the early stages of TBI but not be apparent until much later. However, it usually is diagnosed within the first year after the injury. Symptoms can include a decreased level of consciousness, changes in behavior, lack of coordination or balance, and loss of the ability to hold urine. Treatment may include draining CSF through a small plastic tube called a shunt. The shunt typically runs under the skin from the head to the abdomen, where the fluid drains and is reabsorbed by the body.

Leakage of CSF

Skull fractures can tear the membranes that cover the brain, leading to leakage of CSF. While the leaking fluid may be trapped between the membranes that surround the brain, it may also leak out of the nose or ears. Surgery may be necessary to repair the fracture and stop the leakage.

Infections

Tears that let CSF out of the brain cavity can also allow air and bacteria into the cavity. An infection of the membrane around the brain is called meningitis and is a dangerous complication of TBI. Most infections develop within a few weeks of the initial trauma and result from skull fractures or penetrating injuries. Standard treatment includes antibiotics and sometimes surgery to remove the infected tissue.

Damaged Blood Vessels in the Brain

Any injury to the head or brain usually results in some damage to blood vessels in the brain. While the body usually quickly repairs damage to small blood vessels, an injury to larger vessels can result in serious complications. Damage to a major artery supplying blood to the brain can cause a stroke in one of two ways: 1) bleeding from an artery (called a hemorrhagic stroke), or 2) a blood clot that forms in an injured artery. When a clot forms in a major artery it can block blood flow, depriving the area that the artery supplies with blood of needed oxygen and nutrients (known as an ischemic stroke). Symptoms of a blood clot in the head include headache, vomiting, seizures, paralysis on one side of the body, and semi-consciousness.

Surgery is necessary to repair an injured blood vessel responsible for a hemorrhagic stroke. Ischemic strokes can be treated with a drug that dissolves clots (a "thrombolytic" drug) if the stroke is diagnosed within a few hours of the beginning of symptoms and there is no evidence of bleeding in the brain. The drug can be given intravenously or through a tube (catheter) that is inserted into an artery in the groin and then advanced to the brain and then into the clogged artery, where the medication is administered through the catheter. Administering the drug through a catheter at the site of the clot has a higher chance of success than intravenous medication but is usually only performed at stroke centers by a team of specialists that can be rapidly assembled twenty-four hours a day.

Cranial Nerve Injuries

Cranial nerves are nerves running from the brain through openings in the skull and to areas in the head such as the eyes, ears, and face. Skull fractures, especially at the base of the skull, can injure cranial nerves. The seventh cranial nerve, called the facial nerve, is the most commonly injured cranial nerve in TBI. An injured facial nerve can result in paralysis of facial muscles. When facial muscles are paralyzed, facial expressions such as smiling will not be symmetrical. Nerve injuries may heal spontaneously. If they do not, surgery may, in certain circumstances, be able to restore nerve function.

Pain

Pain is a common symptom of TBI and can be a significant complication for conscious patients in the period immediately following a TBI. Headache is the most common type of pain, but other kinds of pain can also occur.

Complications for Unconscious Patients

Serious complications for patients who are unconscious, in a coma, or in a vegetative state include bed or pressure sores of the skin, repeated bladder infections, pneumonia or other life-threatening infections, and the failure of multiple organs, such as the kidneys, lungs, and heart.

General Trauma
When a TBI occurs there is usually trauma to not only the brain but other parts of the body as well. These injuries require immediate and specialized care and can complicate treatment of and recovery from the TBI.

What Disabilities Can Result From a TBI?

Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual.

Cognitive Disabilities
"Cognition" describes the processes of thinking, reasoning, problem solving, information processing, and memory. Most patients with severe TBI, if they recover consciousness, suffer some cognitive disability. People with moderate to severe TBI have more problems with cognitive deficits than survivors with mild TBI, but a history of several mild TBIs (for example, a football player) may have a cumulative effect. Recovery from cognitive deficits is greatest within the first six months after the injury and is usually more gradual after that. Most improvements can be expected within two years of the injury.

Memory
The most common cognitive impairment among severely head-injured survivors is memory loss, characterized by some loss of older memories and the partial inability to retain new memories. Some of these patients may experience post-traumatic amnesia, which can involve the complete loss of memories either before or after the injury.

Concentration and attention
Many survivors with even mild to moderate head injuries who experience cognitive deficits become easily confused or distracted and have problems with concentration and attention.

Executive functioning
Many individuals with a mild to moderate TBI also have problems with higher level, so-called "executive" functions, such as planning, organizing, abstract reasoning, problem solving, and making judgments. This disability may make it difficult to return to the same job or school setting the individual was in before the injury.

Language and communication
Language and communication are frequent problems for TBI survivors. Some individuals have trouble recalling words and speaking or writing in complete sentences (called non-fluent aphasia). They may speak in broken phrases and pause frequently. They are usually aware of what is happening and may become extremely frustrated.

Other survivors may speak in complete sentences and use correct grammar but for the listener the speech is pure gibberish, full of invented or meaningless words (called fluent aphasia). TBI survivors with this problem are often unaware that they make little sense and become angry with others for not understanding them.

Other survivors can think of the appropriate language but cannot easily speak the words because they are unable to use the muscles needed to form the words and produce the sounds (called dysarthria). Speech is slow, slurred, and garbled.

Akinetic Mutism

Impairment of the Senses

Many TBI survivors have problems with one of the five senses, especially vision. They may not register what they are seeing or may be slow to recognize objects. Some individuals develop tinnitus, a ringing or roaring in the ears. Others may develop a persistent bitter taste in the mouth or complain of a constant foul smell. Some TBI survivors feel persistent skin tingling, itching, or pain. Although rare, these conditions are hard to treat.

Impairment of Hand-Eye Coordination

TBI survivors often have difficulty with hand-eye coordination. Because of this, they may be prone to bumping into or dropping objects or may seem generally unsteady. They may have difficulty driving a car, working complex machinery, or playing sports.

Emotional and Behavioral Problems

Most TBI survivors have some emotional or behavioral problems. Family members often find that personality changes and behavioral problems are the most difficult disabilities to deal with. Emotional problems can include depression, apathy, anxiety, irritability, anger, paranoia, confusion, frustration, agitation, difficulty sleeping, and mood swings. Problem behaviors may include aggression and violence, impulsiveness, loss of inhibitions, acting out, being uncooperative, emotional outbursts, childish behavior, impaired self-control, impaired self awareness, inability to take responsibility or accept criticism, being concerned only with oneself, inappropriate sexual activity, and alcohol or drug abuse. Sometimes TBI survivors stop maturing emotionally, socially, or psychologically after the trauma, which is a particularly serious problem for children and young adults. Many TBI survivors who show psychiatric or behavioral problems can be helped with medication and psychotherapy.

What Other Long-Term Problems Can be Associated With a TBI?

Alzheimer's Disease (AD)

AD is a degenerative disease in which the individual suffers progressive loss of memory and other cognitive abilities. Recent research suggests an association between head injury in early adulthood and the development of AD later in life; the more severe the head injury, the greater the risk of developing AD. Some evidence indicates that a head injury may interact with other factors to trigger the disease and may hasten the onset of the disease in individuals already at risk.

Parkinson's Disease and Other Motor Problems

Parkinson's disease may develop years after TBI if the part of the brain called the basal ganglia was injured. Symptoms of Parkinson's disease include tremors, rigidity or stiffness, slow movement or inability to move, a shuffling walk, and stooped posture. Despite many scientific advances in recent years, no cure has yet been discovered and the disease progresses in severity.

Other movement disorders that may develop after TBI include tremor, uncoordinated muscle movements, and sudden contractions of muscles.

Learn about the kinds of TBI recovery and rehabilitation used for TBI survivors.

http://www.tbirecoverycenter.org/consequences.htm

BRAIN INJURY AWARENESS

WALK RUN OR ROLL 4 THOUGHT

SATURDAY, SEPTEMBER 24, 2011

***AREA* Palm Desert Civic Center**
73-510 FRED WARNING DRIVE
Palm Desert, CA 92260

- REGISTRATION DONATION (INCLUDES T-SHIRT):
  → ADULT: $30
  → CHILDREN AGE 12 AND UNDER: $15
  - Register & pay online → www.brainstorming4us.com
  - Printed Registration forms available upon request
  - Pre-Paid Registration Deadline is 09/20/11
    - To reserve walk T-Shirt in preferred size.
  - Same-Day Registration available at walk site.
  - T- Shirts availability not guaranteed.
- CHECK IN: 8:00 - 9:00AM
- OPENING CEREMONY: 9:00 AM
- WALK & ROLL STARTS: 9:30 AM
- RUN STARTS: 10:00 am
- CLOSING CEREMONY: 11:00 AM – 12:00 PM
- LIVE ENTERTAINMENT WILL BE PROVIDED
- Raffle with a car and prizes
  - **Vendor Spaces Available ($50 donation)**

For more information contact: Brainstorming 4 Us, Inc.

760-946-2481 (Lisa)

info@brainstorming4us.com

All proceeds go to Brainstorming 4 Us. Inc. (**NON-PROFIT ID: 20-5954559)**

BRAINSTORMING 4 US, INC. MISSION STATEMENT

- To promote the general welfare, rights and dignity of individuals experiencing disability caused by brain injury.
- To increase local community public, family, professional, and survivor awareness of the incidence and the consequences of brain injury.
- To advocate for public policy which recognizes and addresses the problems of persons with brain injury, their families, and care providers.
- To foster and assist in the establishment of rehabilitation programs and service for persons with brain injury in the high desert area, from coma to community.
- To support activities and legislation related to TBI.
- To support state and national brain injury associations on all aspects of TBI: research, prevention, treatment, rehabilitation, and lifelong care.
- To promote and foster the empowerment of persons with brain injury through active participation in local, state and national TBI programs.

BRAINSTORMING 4 US, INC. CURRENT PROJECTS

- Brain Injury Resource Bags available at trauma hospitals in California for distribution to those families with a loved one admitted with a head/brain injury of any type.
- Monthly support group meetings for both caregivers and survivors of TBI in a safe, private setting of support, encouragement and education regarding TBI.
- Community activities & outings for families of TBI in a safe non-judgmental environment.
- Internet Resources provided to serve as an information and resource center for persons with brain injury, their families and friends.
- Hosting the annual brain injury awareness walks throughout the year to foster a sense of community and public awareness.
- Mobile Meals delivered to families in need of a break while at the hospital or from the caregiver role.

BRAIN INJURY FACTS

Every 19 seconds a brain injury occurs in the United States. Of the known 1.7 million who sustain a TBI each year in the United States: 50,000 die; 235,000 are hospitalized; and 1.1 million are treated and released from an emergency department. The leading causes of TBI are: Falls (28%); Motor vehicle-traffic crashes (20%); Struck by/against events (19%); and Assaults (11%). Blasts are a leading cause of TBI for active duty military personnel in war zones. Males are about 1.5 times as likely as females to sustain a TBI. The two age groups at highest risk for TBI are 0 to 4 year olds and 15 to 19 year olds. Certain military duties (e.g., paratrooper) increase the risk of sustaining a TBI. African Americans have the highest death rate from TBI. Direct medical costs and indirect costs such as lost productivity of TBI totaled an estimated $60 billion in the United States in 2000. The Centers for Disease Control and Prevention estimate that at least 5.3 million Americans currently have a long-term or lifelong need for help to perform activities of daily living as a result of a TBI. According to one study, about 40% of those hospitalized with a TBI had at least one unmet need for services one year after their injury. The most frequent unmet needs were improving memory and problem solving; Managing stress and emotional upsets; controlling one's temper; and improving one's job skills. TBI can cause a wide range of functional changes affecting thinking, language, learning, emotions, behavior, and/or sensation. It can also cause epilepsy and increase the risk for conditions such as Alzheimer's disease, Parkinson's disease, and other brain disorders that become more prevalent with age.

BRAIN INJURY INCIDENCE COMPARISON

Brain Injury: It is estimated that 1.7 million people will sustain a brain injury annually. 50,000 people will die annually as a result of brain injury. 80,000 people annually experience the onset of long-term disabilities following brain injury. There are currently 5.3 million Americans living with a disability as a result of a brain injury.

Breast Cancer: On an annual basis in the United States: In 1999, there were 175,000 new instances of breast cancer in women and 1,300 new instances in men. In 1999, 43,300 women and 400 men died from breast cancer.

Spinal Cord Injury: On an annual basis in the United States: Nearly 11,000 people sustain a traumatic spinal cord injury. More than 190,000 people in the U.S. live with paralysis caused by spinal cord injury. 85 percent of all spinal cord injury patients who survive 24 hours after their injury are still living ten years later.

Relationships
After the Initial Injury

Following a brain injury, dynamics change. The relationship is no longer equal - you are no longer partners in the same sense you were before the injury.

Initially it becomes almost like a parent-child relationship where the survivor becomes dependent upon their healthy partner. A new balance must be achieved and the new status must be dealt with if it is to work. Many brain injury survivors cannot accept what they are left with and find it difficult to move on with living. In many cases, they have lost the life they once led and the person they once were. Even if they can't verbalize this realization, they are aware that something is very different.

According to research, often as long as ten years post injury, relationships may still be undergoing problems. An international brain injury support organization states that relationship breakdowns run as high as 78%. They are often a result of the survivor's lack of empathy which can place a significant strain on relationships. Also damage can be done over time to the relationship by the survivor's inability to adapt to the brain injury and their resultant deficits. It has been said that the impact of brain injury on partners and families is similar to throwing a pebble into a pond; the ripples created have an effect on the entire pond.

It is through our brains that we experience ourselves and our environments.
It is what makes us who we are. Brain injuries cause diminished self-awareness which results in an inability to recognize personal changes. Although brain injury strikes an individual, the entire family lives with the impact of the injury.

In order to attempt to alleviate potential problems, it may be necessary to avoid exchanges that may lead to misunderstandings - even a suggestion of doing something other than their way can cause a swift change in mood.

As with children, reminders are often necessary. Have you taken your pills has been a common reminder for us. Resentment becomes a companion to their anger and frustration when they are seemingly treated like a child. But when memory is an issue, these reminders become a necessary part of living.

Many survivors are self-centered and consumed with their own loss. In their concern for what they have lost, they are unable to realize that the loss is not one-sided. For their partner, even with the knowledge that the behavior is unintentional, the hurt still exists. Although we, as the healthy partner, have been told not to take it personally, it is difficult to remain immune to the hurt.

Are there answers?
In general the relationship will depend mostly upon the healthy partner. It is recommended that the healthy partner not disagree with the brain injured person; not challenge or confront him; remain calm; be willing to ignore bad behavior; show support and affection; offer positive reinforcement and to be patient.

However, the relationship is unlikely to be what it was before the brain injury happened. Dreams have changed; new dreams and new strengths must be developed, if possible. The ability of the non-injured partner to cope is of primary importance. Some caregivers find that sharing their feelings with others can help them through difficult times. Others use humor to focus on solutions instead of problems. But more importantly, remaining positive will be the best coping strategy of all.

I used to say that it takes two people to work at a relationship; one can't do it alone. This line of thinking cannot exist in such a situation. In most cases, there will only be one person working at it. The success will depend largely upon that partner's willingness to continue to work alone.

Reference: Writing has always played a large part in Sylvia's life. She has had articles published in magazines and newspapers in both Canada and the United States. She has also published her first non-fiction book entitled 'Roller Coaster Ride With Brain Injury (for loved ones)'.

Sylvia has a busy lifestyle which includes a large family, photography, gardening, reading and the outdoors.
Website: http://www.talesbysylvia.com

Read more: http://www.disabled-world.com/health/neurology/tbi/tbi-relationships.php#ixzz1Rg3e5KGr

"Kindness is the language which the deaf can hear and the blind can see."

Mark Twain

The New Coma Scale

A new scale has been proposed to assess individuals in a coma which will better describe their condition during the 21st Meeting of the European Neurological Society.

The scale proposed by Professor Steven Laureys, MD, PhD, head of the the Coma Science Group in the Neurology Department at the University Hospital of Liege, Belgium is intended to replace the Glascow Coma Scale. The new scale called the Full Outline of Unresponsiveness (FOUR) score is reported to be superior in describing subtle signs of consciousness.

The scale according to its proponents has the advantage of being able to be performed in intubated patients who are on a respirator and can be used to identify nonverbal signs of consciousness by assessing visual pursuit.

The European Task Force on Disorders of Consciousness also proposed new terminology to replace those presently described as being in a "persistent vegetative state". The present term has led to end of life and often times leads to neglect.

Instead, a new term entitled, "unresponsive wakefulness syndrome" has been proposed which will clinically describe what a clinician sees, but will not judge whether there is consciousness or not.

Additionally other new terms are the minimally responsive state which will be used to describe those patients who show low level behavioral responses such as reaching to pain and being able to follow commands. The term functional locked in syndrome has been proposed to describe patients who show no behavioral response but near normal brain activity measured by imaging studies. These patients seem to be conscious but are not able to use their bodies to communicate.

The natural force within each of us is that greatest healer of all."

HIPPOCRATES

Lisa Moss
President

Vinny Velarde
Marketing Director

Stacie Hodes
Secretary

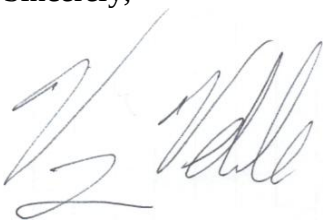
Dear Sponsor,

I would personally like to thank you for your support and considerable gift to this worthy cause.

Brainstorming4Us, Inc. was developed in 2005 to assist families and victims that have suffered a Traumatic Brain Injury. Brainstorming4Us, Inc. is a non-profit organization based out of California. In 2008, the organization went nationwide with the dispersion of our Brain Bags. A Brain Bag can be requested simply by visiting our website at www.brainstorming4us.com. Every 19 seconds in the United States of America, a person suffers a Traumatic Brain Injury. This makes you think that you may know someone dear to you that will suffer a TBI in the future.

Your donation will aid in our efforts to increase knowledge, seek prevention, and possibly find a cure for Traumatic Brain Injuries in the near future. Your gift can be written off on your taxes. The Tax Identification number for Brainstorming4Us, Inc. is 20-5954559. Again, I would like to thank you for your significant gift, extreme support, prayers, and caring words. May you have a safe and blessed year of 2011.

Sincerely,



Vinny Velarde
Director of Marketing
Brainstorming4Us, Inc.

New TBI Medication Turning Heads

Doctors and researchers alike express enthusiasm for the potential of Oxycyte, a traumatic brain injury (TBI) medication. The drug is still in its test phase but is showing impressive results thus far. Research suggests that the medicine, developed by Oxygen Biotherapeutics, will be a groundbreaking drug for treating patients with TBI.

Traumatic brain injury is the leading cause of accidental death in the United States. The military's interest in Oxycyte is helping to fuel the medicine's clinical development. Researchers hope these studies will lead to faster approval of the drug so that more patients may benefit.

History of Oxycyte

Oxycyte is a new type of artificial blood. The idea of synthetic blood is more than 100 years old. The interest in blood substitutes began in the late-1800s and escalated during the onset of AIDS in the 1980s. A viable substitute for blood has the potential to help overcome the problem of tainted or insufficient blood supplies.

How Oxycyte Works

The most common cause of brain injury is suffocation of brain cells, and Oxycyte can deliver the needed oxygen 50 times more efficiently than human blood. Research also suggests that Oxycyte can work its way through swollen or injured vessels that red blood cells cannot. The studies show promising results with fewer deaths and greater recovery rates for victims of TBI.

Navy Study Results

The U.S. Navy performed a study on Oxycyte using two groups of pigs with decompression syndrome. The illness often occurs to scuba divers who decompress too quickly. The current recommended first aid is to administer 100% oxygen as soon as possible.

The Navy released the study's results in June 2010. Compared to the control group, which received no Oxycyte, the pigs saw a substantial increase in the rates of both 24-hour survival and functional recovery. A full 72 percent of the pigs treated with Oxycyte lived longer than 24 hours, compared to the control group's 45 percent. Functional recovery increased from 28 to 52 percent.

Will Oxycyte Be the First TBI Drug?
With results like these, it is easy to see why the medicine draws so much attention from the military. From 2002-2008, there were roughly 380,000 military blast injuries (MBIs), one of the leading causes of TBI. Traumatic brain injuries are the biggest threat to soldiers in the Middle East, and they are caused mainly by roadside bombs.

Other groups who may benefit include athletes, especially teen males, who are the most susceptible to head injuries among the civilian population. Car crashes are another common cause of head injuries. A drug like Oxycyte may dramatically increase survival rates and healing outcomes for patients with traumatic brain injury. If Oxycyte proves successful, it will be the first FDA-approved drug treatment for TBI.

Contact Us
If you or someone you care about suffers from traumatic brain injury, contact our office. Our knowledgeable attorneys will meet with you free of charge to discuss the facts of your case. If appropriate, we will guide you through filing a claim for injuries and help you secure compensation for damages.

http://www.brain-injury-law-center.com/contact-us.html

"The smallest act of kindness
is worth more than
the grandest intention."

Oscar Wilde

We the People Word Search

Find and circle all of the words that are hidden in the grid.
The remaining letters spell an Abraham Lincoln quotation.

L B C E L G A E D L A B N T H L O D S
A E S E F E W P A T R I O T I C E N T
V N H O L D E S N E A Y G B I C O H R
I F S F O E R T K T E A E N O O O E E
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BALD EAGLE
BALLOONS
BARBECUE
BASEBALL
BEN FRANKLIN
BETSY ROSS
CAKE
CARNIVAL
CELEBRATION
COLONIES
CONCERTS
DECORATIONS
DEMOCRACY
FIREWORKS
FLAG
FLOATS
FREEDOM
GREAT BRITAIN
HAMBURGERS
HISTORY
HOLIDAY
HOT DOGS
INDEPENDENCE
JOHN ADAMS
LIBERTY
NATIONAL ANTHEM
NATIONHOOD
PARADE
PARTY
PATRIOTIC
PHILADELPHIA
PICNIC
RED WHITE BLUE
STARS AND STRIPES
STREAMERS
THOMAS JEFFERSON
USA
WHITE HOUSE

Brainstorming 4 Us, Inc

Brainstorming 4 Us, Inc. would like to thank and acknowledge Loma Linda University Hospital, Desert Regional Hospital, Riverside Community Hospital, Arrowhead Regional Hospital, Zumbrunn Law Firm and Nursing Home Solutions for their generosity, and support in placing our Brain Injury Resource Kits into Trauma Centers.

Submit all stories and requests to
The editor at: lisa@brainstorming4us.com
Deadline Date August 30, 2011

Disclaimer

The information provided in this newsletter is to be used only to educate consumers on health care and medical issues that may affect their daily lives. Nothing contained in this newsletter is or should be used as a substitute for medical advice, diagnosis or treatment from a licensed health care professional. This newsletter does not constitute the practice of medicine nor is it medical, nursing or other professional health care advice, diagnosis or treatment. We advise readers to always seek the advice of a physician or other qualified healthcare provider with any questions regarding personal health or medical conditions. If suspect that you have a medical problem or condition, please contact a qualified health care professional immediately. We disclaim any and all responsibility for decisions made or actions taken based on the information contained in this newsletter. The information contained in this newsletter is provided by the authors of the information and constitutes their opinions and ideas. The Hospital does not endorse or guarantee any information, products, services or merchandise discussed in this newsletter. The information contained in this newsletter is provided on an "as is" basis.