



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 begun updating our website with a new look, legal information pertaining to your rights, support groups throughout California and additional resources that are available to families and survivors. We have many goals to attain to better serve the community of traumatic brain injury, aneurysm and stroke. We are actively seeking additional Trauma Hospitals in California and beyond with the placement of our Brain Injury Resource Bags.

Our 8th annual Walk, Run Or Roll 4 Thought is scheduled for March 29, 2014 at Victor Valley College. With our 1st Comedian Show on May 17, 2014 in La Habra as well as 1st Orange County Walk, Run Or Roll 4 Thought. Information will be posted once a location is confirmed as well as additional activities and events to spread the word about brain injury and educate the public of the importance of this life altering injury.

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.

Find us on **Facebook** at **Brainstorming 4 Us, Inc.**

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

Sincerely,

Lisa Moss



Lisa Moss

President

Vinny Velarde

Marketing Director

Stacie Hodes

Secretary

Dear Sponsor,

You can help Brainstorming 4 Us make a difference in the lives of children, teens, and adults who have sustained a traumatic brain injury, by making a tax-deductible donation. Your generosity will help support families in the state of California who rely on programs, services and general fund, which helps to sustain our brain injury survivor bags in helping families who have been thrown into the world of a brain injury. Our support groups meet monthly and attended conferences for additional information to help other families. A picture of our brain injury resource bags will be available on our website.

For more information on Brain Injury programs, services, social activities and events, we welcome you to view our websites at www.brainstorming4us.com.

If you would like to make a donation by check or money order, you may mail it directly to:

Brainstorming 4 Us, Attention Lisa Moss.
15235 Pirinda Rd, Apple Valley, Ca 92307

Be sure to have your contact information listed so we can acknowledge your gift. For more information on ways you can invest in the lives of people with traumatic brain injury and make a difference, please contact Lisa Moss at (760) 946-2481 or by email at info@brainstorming4us.com. Thank You!

If you have questions on recognition opportunities for your generous tax-deductible donation, please email: Lisa Moss at Lisa@brainstorming4us.com or Our Non Profit ID: 20-5954559.

Every 19 seconds a traumatic brain injury occurs. It can happen to anyone:
Young or old, rich or poor, man or woman.
It is always unexpected. It is always unwanted. It is always
life changing. If it happens to you or someone, you love:
What do you do? Where do you turn? Where can you get help? Who will
support you? What are your hopes for the future?

Here is your answer... www.Brainstorming4us.com

Sincerely,
Lisa Moss

Caregivers of TBI Survivors

Summary - the cause - the injury - today's quality of life?

This is hard to describe. I work in cognitive rehabilitation in brain injury and every story is different. I've known people who had been in car accidents, organic illnesses, failed suicide attempts, strokes, heart attacks, falls, and one gentleman who had been beaten while in prison; he was schizophrenic prior to his injury but back then, he was imprisoned, not institutionalized. There is also a wide range of injury's, in both location and impact on the person.



One man I knew had a teenage son and he believed he was a senior in high school, often asking when he was going back to school. He was 38 when I knew him. Quality of life is a perception difficult to describe. I've heard some say they are not living their lives but rather existing. I've heard some say they are living the best they can and others are just happy to be alive.

Please share your experience at the time you became aware of the injury?

I had never thought about brain injury. I had never considered it; few ever do. I was lucky, however, that I did not become aware of the silent epidemic because a family member or close friend sustained an injury. I learned about this because of a job I applied for and got. I couldn't understand why one man I knew asked me the same question 16 times throughout the 12 hours shift I worked with him. I did not understand why their relatives were so angry with me when their loved one was not walking or eating normally yet. I didn't understand how the survivors remained in this place that I worked for decades after their injuries. I learned to understand these things from getting to know the wonderful people I worked with who had survived brain injuries. They had so much to teach me. They still do.

Tell about the experience immediately after the injury. Surgery? Coma?

For some after injury, life meant celebrating the first time they used the bathroom independently or feeding themselves. Life after injury for many was a time lapse in memory and consciousness. Some woke from coma and discovered they were not as able as they once were. Some had surgery before they even knew they had been in some sort of accident. Opening skulls and throats to help relieve pressure and maintain breathing.

Tell us about the hospital stay after the survivor was no longer in a coma

Many people who survived injury were put into mental hospitals because no one else knew what to do with new behaviors, emotions, and even personalities of their once beloved friends and family. A lot of doubt fills those hospital beds. A lot of loss roams the hallways and fear makes it impossible to change.

Tell us about the time in rehabilitation?

Rehabilitation is where I come in. I do not see the accident scenes. I do not meet the on-call surgeon who opened my clients head. I do not always meet the family. I've worked with some whose families are at every rehab meeting and visit more than 3 times a week. I've worked with some who have not heard from their families in several years. I've worked with some whose family abandoned them in a residential facility and continue about their lives.

Tell us about coming home!

Some do not get to go home. Some go home and come back either because it was too hard, too overwhelming or they sustain yet another injury. I try not to use the word home unless the client does first. I've offended my share of people by referring to the residential buildings as homes.

"Please type some single words that describe how TBI has touched your life. For example: Frightened, confused, sad, etc. Enter as many or as few words as you like. Separate each word with a comma"

impressed, changed, sad, hurt, hopeful

Tell us about life today?

Life today for many has turned over a new leaf and still for others; it is the beginning of a very long journey.

What do you want to tell others going through the same process? Treatments, understandings and actions that made a difference?

The people I work(ed) with are the greatest treasures in my life. I've learned about family, friendship, support, effort, and have a deeper appreciation than I ever thought possible. I've learned to go at their pace, work on their goals, and support them in every way I can. When I can't I find someone who can. Open ears are very important when working in this field and open hearts are just as important. The longer I work with survivors of brain injury the less I ever want to leave.

QuickReader Lite



Okay - you are going to LOVE this app to use with people who have difficulty with small print, visual field neglect, visual scanning issues and figure ground problems with traditional black on white materials. Spend some time with the setting and experiment with it's versatility! My favorite setting on this is the one is the where you can do white on black LARGE print and have a moving RED block at a slow rate that allows the reader to follow the red box at a pace that is comfortable for them. You can adjust the space between the lines, the font, etc.

QuickReader Lite - eBook Reader with Speed Reading by Inkstone Software, Inc. – FREE

Researchers Say Vitamin D Deficiency Raises Alzheimer's Risk

People with moderate-to-severe vitamin D deficiencies are significantly more likely to develop Alzheimer's disease or other forms of dementia than those who have an adequate supply of the vitamin in their body, a new study has found.

Researchers, led by David J. Llewellyn at the University of Exeter Medical School, found that adults who suffered from a moderate deficiency of vitamin D had a 53 percent higher risk of some form of dementia, while the risk increased 125 percent in those with severe deficiencies. People moderately deficient in vitamin D were 69 percent more likely to develop Alzheimer's-caused dementia, while those severely deficient raised the risk to 122 percent.

The team discovered what appear to be clear threshold levels for brain health using standard medical measurements of concentration in the blood. The risk of dementia appears to rise for people with vitamin D blood levels below 25 nanomoles per liter, while vitamin D levels above 50 nanomoles appear to be good levels for brain health.

The researchers acknowledged the possibility of reverse causation — that is, that having dementia might alter a person's behavior or diet in such a way as to contribute to vitamin D deficiency — but suggested that the makeup of the study made that unlikely.

Llewellyn said that although the international team of researchers expected to find a link between vitamin D deficiency and dementia, the strong correlation between the two was surprising. He said further study was necessary to determine whether consuming oily fish or vitamin D supplements might prevent Alzheimer's disease.

"We thought it was important for bone health. But there's this recent revelation that it might be playing an important role throughout the body," Llewellyn said. He said more recent research suggests that vitamin D may act as a buffer regulating calcium levels in brain cells.

Alzheimer's disease is the leading form of dementia, affecting more than 5 million people in the United States. That number is expected to reach 16 million by 2050 as the population ages.

Vitamin D, which helps the body use calcium, is created when skin is exposed to sunshine. Milk is often fortified with the vitamin, and it is also found in fatty fish and other foods.

Researchers in the Exeter study noted that laboratory experiments have shown that vitamin D may play a role in ridding cells of beta-amyloid plaques, an abnormality that distinguishes Alzheimer's.

"It seems to be that vitamin D was actually helping to break down and take away those protein abnormalities," Llewellyn said Wednesday in an interview.

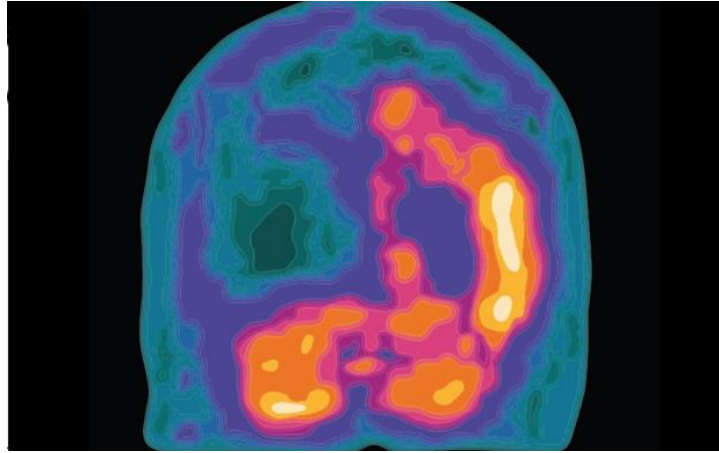
Knowing that previous studies have also linked vitamin D deficiency to heightened risk of cognitive decline in older people, the multinational team of researchers studied vitamin D blood levels in 1,658 people age 65 and older who were able to walk, free of dementia, and without a history of cardiovascular disease or stroke. Medical personnel tracked the subjects over six years, using brain scans, cognitive tests, medical records and other diagnostic tools, to see how many developed Alzheimer's disease or other forms of dementia.

The study, funded in part by the Alzheimer's Association, appeared Wednesday in *Neurology*, the medical journal of the American Academy of Neurology.

Article written by: Fredrick Kunk

The Man With The Missing Brain

A medical recovery that is baffling science - and giving hope to head injury patients



A scan showing no activity in the right parietal and occipital regions of Simon Lewis's brain

"Are you ready for our drive then?" Simon Lewis, 56, comes hobbling into his parents' living room in Sherman Oaks, a suburb of the San Fernando Valley, north of Los Angeles. An Englishman by birth, his public-school accent remains unsullied by nearly 40 years in the United States. "Brave man!" he chuckles.

"Brave" is one way of putting it. "Foolish", another. After all, Lewis has constricted vision in his left eye, or "peripheral neglect" – he needs special glasses to see the road. He also suffers from a perceptual distortion known as "flat time", which means he can't distinguish the chronology of his memories. The upshot of this in the present is that he struggles with the sequence of events, such that if you play him a piece of film backwards, he likely won't even notice.

"So the trouble is," he explains, "if I see a pedestrian on the side of the street, I can't tell if he's going to cross or just stand there."

But most of all, Lewis just hasn't had much luck with cars. The reason for his impaired vision, his flat time and his limping gait is a road traffic accident 20 years ago. Crashes seldom make the news in Los Angeles, they are so routine. But when Lewis and his wife Marcy were brutally T-boned one evening in March 1994, the consequences were so shattering the Los Angeles Times ran it on the front page.

Here was a young couple driving home through Hancock Park, a well-heeled suburb of mansions and manicured lawns. Lewis was a thriving film producer of 36, best known for the huge comedy hit *Look Who's Talking*, starring John Travolta, and Marcy, 27, was in marketing. They'd been married five months.

Then out of nowhere, a white Chevrolet van hit them at 75mph, an absurd speed for the neighbourhood. Marcy was killed outright and Lewis was so thoroughly broken that the paramedic on the scene took him for dead. The Chevrolet driver, meanwhile, fled the scene, and was never caught. That was the story the Times ran with – the destructive experience of a hit-and-run in a city where everyone drives everywhere.

Twenty years on, that crash continues to reverberate. Only this time, it's a happier story, one that Lewis has told in a



book, *Rise and Shine*, and before large audiences at numerous public events. It's the story of his astonishing recovery, and it not only gives hope to sufferers of traumatic brain injury (TBI), but provides proof, in the most dramatic fashion, of the brain's incredible ability to regenerate and reorganise itself.

Doctors simply didn't expect Lewis to live on the night of "the trauma", as his mother Pat calls it.

When two Jaws of Life machines freed him from the wreckage, he'd sustained a broken skull, jaw, arms, clavicle and pelvis, with compound fractures in nine ribs. And then there was the "catastrophic brain insult" he'd suffered – a stroke that destroyed a third of his right hemisphere and caused a contusion to the brainstem and severe internal bleeding. He was so bloated with blood that his brother David, who was called in to identify him on the operating table, remembers "this enormous Michelin man lying there with raccoon eyes".

Lewis went into a coma that night – the most severe coma on the internationally accepted Glasgow Coma Scale (GCS). On a scale of three to 15, GCS3 means no motor response, no verbal response and no visual response. It's as close as one can get to death without actually dying. And although the Glasgow Scale is considered somewhat crude and subjective for a field as complex as traumatic brain injury, studies suggest that patients with GCS 3-5 have less than a 10 per cent chance of a survival with good outcomes, particularly if they fail to respond within two weeks of the injury. Lewis remained in that state for 31 days.

When he came to, Lewis was a shell. He had little awareness of his surroundings. He couldn't read or write, and he had acute short-term amnesia – he wasn't aware that he'd been in a crash at all. He struggled with language, attention, visual-spatial awareness and basic comprehension.

Doctors deemed his cognitive function so low it was untestable – that is, an IQ below 50. It was likely, they said, that he would have to rely on others for even the most menial of tasks for the rest of his life.

But then his recovery began. It has been a long road, littered with surgeries, and even now it isn't over – but, today, Lewis has not only regained most of his cognitive function, he actually has an IQ as high as the one he had before the crash. He is an extraordinary medical phenomenon and gives hope to all those facing similar challenges.

The odds of surviving a coma are notoriously hard to predict, brain injury being the most complex of problems afflicting the most complex organ in the body. Some people do make amazing recoveries. Former cheerleader Sarah Scantlin, from Kansas, began talking 20 years after falling into a coma after a hit-and-run accident. Carrie Coons, an 86-year-old from New York, regained consciousness after a year and engaged in conversation. The Olympic rower James Cracknell has written a book, run marathons and stood as an MEP, despite serious damage to his frontal lobe in a 2010 cycling accident.

But, in general, many patients struggle to regain full brain function and the odds of doing so fall off sharply the longer the coma continues. So when, in June, the former Formula One driver Michael Schumacher emerged from a 24-week coma, medical experts were quick to manage the expectations of his supporters. Dr Ganesh Bavikatte, of the Walton Centre in Liverpool, which specialises in neurological issues, spoke of a long road to recovery, "filled with uncertainty and frustration".

In Lewis's case, it took a village to rebuild his mind – in his talks he attributes his progress to issues as disparate as circulation and jaw alignment. But he owes much of it to Dr Lois Provda, an educational therapist in West Hollywood – not a ground-breaking scientist, or prize-winning researcher, just a conscientious practitioner who helps those who have slipped down the learning curve.

When he was sent to her, in October 1995, his IQ had climbed significantly to 89, just a point below the lower edge of “normal” (between 90 and 110) on the Revised Wechsler Adult Intelligence Scale. But when she was finished with him in February 1997 – after three sessions a week, with gaps for the occasional surgery – Lewis had an IQ of more than 151, close to so-called “genius” levels.

Dr Provda is elderly and struggles to remember the details of Lewis’s case, but her work speaks for itself. Today, Lewis is in possession of not a damaged brain but an overactive one. Bright eyed, beaming and permanently cheerful, he’s like an effusive academic, propelled from tangent to tangent by his own enthusiasm. A Cambridge graduate (in law), he was always bright, much like his brothers, David and Jonathan, a barrister and stockbroker respectively. “All my boys are high calibre,” says Pat, with pride.

But only Lewis is missing a third of his right hemisphere and still capable of fielding questions about neuroplasticity and possible reforms to the education system, his pet subject. That he’s not a neuroscientist or policymaker, but a movie producer, just makes it all the more impressive.

“That’s why we chose Simon,” says Dr Suzy Walton, a psychologist and deputy chair of the RSA, who introduced Lewis when he spoke at the London-based organisation last year. “Plenty of people with brain injuries survive, but he also has ambition, drive, confidence and, on top of that, he puts himself out there as a public speaker, which means he’s able to cope with nerves and anxiety. He’s the only living example of someone with that degree of physical impairment who can function at that level.”

For Lewis, talks like the one he gave at the RSA are a cherished opportunity to spread the good news about the phenomenon of neuroplasticity; the process by which the brain changes the way it functions.

Until relatively recently neuroscientists believed each part of the brain had a well-defined, unchanging role; if it was damaged there was little you could do about it, you just had to learn to live with it. But it is now widely acknowledged that the brain is more versatile than that and that, with the right sort of cognitive training, it is possible to persuade other areas of the brain to take on, at least to some extent, the tasks formerly carried out by those areas that have been damaged.

“I remember this influential doctor from UCLA told me, ‘Looking at your recovery, it’s a miracle,’” says Lewis. “And I just thought, ‘That’s not right. I’ve come this far because I’ve seen people who have helped me.’ There are techniques that rebuild the processes of your mind.”

Cognitive training is not new. It first emerged after the world wars, to treat the brain-injured soldiers returning home. And ever since, a body of research has accumulated, especially in the Seventies and Eighties, which honed the methods that Dr Provda used on Lewis. She evaluated him first, and then took him through a series of games and exercises to develop his deficient skills.

“She had me working with Kapla building blocks, and memorising numbers backwards and forwards,” says Lewis. “I had to put cartoon images in sequence, to help me with cause and effect, the idea that one event leads to another. Another exercise was called Interactive Metronome, where I’d have to write things with a metronome clicking out a beat. It was exhausting!”

For Lewis, these techniques have implications for us all – not just the head-injured. “What my experience demonstrates is how much we can train the brain measurably and repeatedly,” he says. “And that applies to everyone. We need to start screening children at school who are falling behind, and treat their difficulties, rather than writing them off.” He believes “brain training” can help children diagnosed with ADHD and dyslexia and those at risk of dementia.

And he’s not the only one. Today, cognitive training is big business. In the past decade especially, companies such as Lumosity, Posit, Nintendo and Cogmed have harnessed the language of physical fitness – “it’s a gym for the mind!” – to sell a multiplicity of apps, games and digital exercises that promise to, in the words of the Lumosity publicity, “build your

cognitive reserve". According to SharpBrains, a neuroscience market research consultancy, the global revenues of the brain training industry increased from \$200 million in 2005 to \$1.3 billion in 2013.

Scientists, however, are ambivalent about the claims such companies make. Very little of the research that shows brain training works (in those who have not been the victim of a severe brain injury) has been peer reviewed. And one study, published in 2010, which monitored the outcomes of 11,000 adults who took part in exercises designed to improve their reasoning, memory, attention and visual-spatial skills, concluded that they got better at carrying out the tasks themselves but were not able to transfer those improvements to other areas of life.

Headway, the British brain injury association, is also reluctant to set too much store by brain training games; it talks instead about "cognitive rehabilitation therapy" and stresses the importance of bespoke care plans tailored to each patient's needs, which tend to be complex and multi-faceted. In the best case scenario, patients work with neuropsychologists, speech and language therapists, occupational therapists, social workers, physiotherapists, doctors, counsellors and cognitive behavioural therapists.

Intensive brain training exercises, in fact, can actually exhaust people, sap their confidence and end up being counter-productive, the association believes.

"It's people's attitudes and support system that really distinguish who recover well and who don't," says Jeffrey Kreutzer, the editor of Brain Injury magazine, and professor of physical medicine and rehabilitation at Virginia Commonwealth University. "Patients who stay at home, and say, 'I don't need advice, I'll figure it out myself, leave me alone.' They do poorly. But someone who seeks out social relationships, volunteer work, does much better. Recovery isn't just neuronal – it's a process that involves family support, as well as a positive attitude."

These factors undoubtedly played a part in Lewis's recovery. His book *Rise and Shine* is, among other things, a catalogue of his family's persistence in the face of setbacks – doctors making mistakes, surgeries to correct surgeries, and the dehumanising ordeal of the American health care system.

And it's unlikely he would have fared much better in Britain. Despite there being, on average, 55 admissions to hospital for severe head injuries in the UK every day, and doctors acknowledging that proper rehabilitation is crucial to improving patients' quality of life and long-term outcomes, the provision of services is extremely variable across the country. "Many people slip through the net and are discharged from hospital with little or no support," says Richard Morris, a spokesman for Headway.

"Helping these people access the help they need is one of our most important functions."

Simon Lewis continues to receive treatment two decades after his accident and still has significant disabilities. His brain no longer communicates with the muscles that pick up his left foot, so in order to walk he relies on an ingenious device that senses his steps and stimulates the muscles accordingly. His reconstructed pelvis remains an issue, not to mention his vision problems and perception of time.

"My memories used to be like a photo album," he says. "You could flick the pages and go back in time. But now, the album's gone, all I've got are the photos, and I can't tell what order they came in."

Furthermore, his memories are all equally vivid, which means even though his accident was 20 years ago, memories of the trauma and his wife's death feel as close as those of the film he saw last week. "I remember my old life," he says. "They're very fond memories. But for a long time I couldn't bring myself to recall my wife."

"When I started writing *Rise and Shine*, I didn't write her name. I still almost never say it because I know I'll tear up. Because I do feel sad sometimes, when I think about how I don't have a family. That's the thing about brain injury, you get quite emotional. There's no filter anymore."



Nevertheless, Lewis remains overwhelmingly positive. “I never lose sight of the fact that I get a chance that my wife will never have. It’s a responsibility of survivors to never complain, and to make the most of what remains.” And in this new post-coma chapter of his life, he has found himself strangely unburdened. “I don’t feel anger anymore at all,” he says. “There are some emotions that have just melted away.”

He lives with his parents, both of them now retired. But at the desk in his bedroom, the seeds of his future independence are being sown. He’s back at work on the science fiction script that he was developing at the time of his accident. And writing this time around is a new adventure. He considers his perceptual quirks an asset, a fresh and creative take on life. His hearing is much more acute and, for Lewis, there’s even an upside to visual impairment.

“Have you heard of blindsight?” he asks, excitedly. “It’s a perfect example of neuroplasticity. I had a doctor hold up coloured cards outside of my field of vision, and I could guess the colours correctly even though I couldn’t see them! What happens is the visual information from the retina bypasses the conscious brain and is processed by the subconscious. So I’m constantly in touch with my subconscious. It’s like a waking dream!”

It’s time to see the waking dreamer behind the wheel, before it gets late and Lewis starts to tire. He has enough stacked against him as it is. The plan is to just pop around the corner for a coffee, maybe a mile or so. So we leave the house and buckle into his Lexus automatic, Lewis talking constantly as he goes.

“Right so let me put on my prismatic glasses [glasses that give him back his peripheral vision], make sure there’s nothing behind me. No that’s fine. Right, so I see that guy with the dog. The coast is clear. OK then!” And off we go, nice and smooth. It took him three tries to pass his driving test again, but he made it eventually, which was much more than a symbolic victory for Lewis – as everyone in this city knows, there’s just no life without driving in Los Angeles.

“You have to get back in the saddle, it’s the only way,” he says. “I once spoke at this community event for stroke victims – there were about 100 people there. And I was demonstrating the NESS, the device I use to help me walk. I’ll never forget, this man in a wheelchair asked, ‘When can I start jogging again?’ And I love that attitude – it’s so American. Not walking, ‘jogging!’ ”

So Lewis is nothing if not hopeful about his future. About the prospects of having a family, and children of his own. “It’s probably my head injury speaking, but I’d like to meet someone,” he says. “So I’ve started dating again! I met a lovely lady last week actually. I realise my income is limited for now, but you never know.”

We arrive at the coffee shop. He pulls in and beams – this driving lark is easy. “I’ve been so fortunate in my life if you think about it,” he says. “There’s something wildly improbable about recovering from my injuries. They were telling my brother in the ICU, ‘No one thinks he’s going to make it.’ I have everything to hope for.”

Article written By: Sanjiv Bhattacharya



Support Group for: Traumatic Brain Injury

Brainstorming 4 Us was developed to offer one resource to answer all of your questions related to any form of Traumatic Brain Injury, Aneurysm Stroke or Spinal Cord Injuries.
www.brainstorming4us.com

PALM SPRINGS, CALIFORNIA	VICTORVILLE, CALIFORNIA
<p>Desert Regional Hospital At: Hanson House 1150 N. Indian Canyon Drive Palm Springs, CA 92262 3:00 PM – 5:00 PM 4th Wednesday of every month Contact Lisa Moss for any questions at 760-954-4662 or visit our website at www.brainstorming4us.com under “calendar”</p>	<p>Sterling Inn 17738 Francesca Rd Victorville, CA 92395 12:00 PM – 2:00 PM 1st Saturday of each month Contact Lisa Moss for any questions at 760-954-4662 or visit our website at www.brainstorming4us.com under “calendar”</p>
ORANGE, CALIFORNIA	Brainstorming4us:
<p>HealthBridge Children’s Hospital 393 Tustin Street Orange, Ca 92866 1:00 PM- 3:00 PM 2nd Saturday of every month Contact Lisa Moss for any questions at 760-954-4662 or visit our website at www.brainstorming4us.com under “calendar”</p>	<p><u>Monthly Support group</u> for both caregivers and survivors of brain injury or spinal cord injury in a safe, private setting of support, encouragement and education regarding TBI.</p> <p><u>Community activities</u> for families of any form of brain or spinal cord injury.</p> <p><u>Increase public awareness</u> of the incidence and the consequence of brain injury and spinal cord injuries.</p> <p><u>Regional support groups</u> throughout the State of California.</p> <p><u>Power Point Presentations</u> to educate and offer prevention to children, schools, police departments, sport centers and the general public on the reality of living with a Traumatic Brain Injury.</p>

Letter Firing a Lawyer

Lawyers must adhere to legal obligations and work for their clients' best interest. Your lawyer works for you, and if you feel they are not able to properly represent your case, start looking for a new attorney to properly represent you. If you feel your attorney is unable to meet your needs, consider composing a simple letter stating your intention to fire the attorney and move on.

Dear [insert attorney name]

Please be advised that, effect immediately, I am terminating the attorney-client relationship and would request that you cease providing any additional representation on my behalf. I have secured the services of [insert new attorney name] to represent my interests and would request that my entire file be transferred to his/her office. If you would prefer that I personally retrieve my file, please advise as to when you will be able to make my file available and I will pick it up it from your office.

I would lastly request that you provide to me a detail billing statement that includes all of your time records for this representation.

I look forward to hearing from you soon in this regard and hope this correspondence finds you well.

Sincerely,

XXXXXX

Fun In The Pumpkin Patch



October
Halloween
Orange
Pumpkin
Spice
Black

Witch
Tail
Ghost
Broom
Leaves
Cool

Football
Fall
Candy
Monsters
Autumn
Vampires

Haunt
Maze
Corn
Bats
Goblin
Moon

Spooky
Trick
Treat
Mask
Cat
Princess

Survivors Corner

In the run up to the 2010 Winter Olympics, 22-year-old Kevin Pearce was on the brink of snowboarding superstardom, poised to take on his rival and gold-medalist, Shaun White, in Vancouver.

But on New Year's Eve 2009, Pearce's dreams of going for gold came to a screeching halt when a tragic training accident left him fighting for his life.

"I was trying to learn this new trick that I really needed so I could make it to those Olympics in Vancouver," Pearce told FoxNews.com. "It ended up going wrong, and I landed in the bottom of the half pipe on my head and ... I ended up in a coma and was in critical care for 27 days."

Although he was wearing a helmet at the time of his accident, Pearce sustained a traumatic brain injury (TBI). In February 2010, he was transferred from the University of Utah Medical Center in Salt Lake City to a rehabilitation center in Denver, Colo. that specializes in TBI. There, he spent more than three months learning how to do everything all over again – from walking and talking to brushing his teeth and tying his shoes.

In the early days of his recovery, Pearce learned to live with his injury, but not necessarily to accept it. He never gave up on his dream of hitting the half-pipe again – even when his doctor told him that another blow to the head could kill him.

"It was really hard to hear that from the doctor and to learn how fragile my brain is now," Pearce said. "...It doesn't have the ability to take that kind of hit again, which means I have to be much more careful now in my daily life, and I can't do those things that I used to do that I loved so much ... it just really kind of changes how I live now."

Watching It All Unfold

In 2013, filmmaker Lucy Walker released an HBO documentary called "The Crash Reel," detailing Pearce's pro-snowboarding rise and fall and his subsequent recovery as he learned to live life as a TBI survivor.

"It's really cool to be able to see that, because there's so much to that film that I don't remember, and there's so many of those things that ... I didn't know happened," Pearce said. "So to be able to go back and watch that and to see where I was and what happened to me is really powerful. And to be able to see how I've been able to recover and come back from this is really helpful for me."

In the film, viewers get an inside look at the Pearce family's heartache, as his parents and three older brothers try to balance their support with their fears when he talks about getting back out on the powder.

But according to Pearce, it wasn't until the first time he strapped on a board post-accident that he realized he would never snowboard competitively again.

"I still snowboard, and I still have a lot of fun snowboarding, but not like I used to. And I don't ride the half pipe or do the jumps or any of that stuff that I used to," Pearce said. "...The effect that the injury had on my eyes and not being able to really see when I snowboard makes it pretty difficult—and then also kind of learning what will happen—and seeing kids that have suffered two traumatic brain injuries and have gone through this twice."

On A Mission

Through his own experience with TBI, Pearce has had the opportunity to meet other survivors – but not all are as lucky as him.

"I kind of learned how to rebuild my life and redo everything, and now I've found that I have a huge possibility and a huge awareness to be able to help people," Pearce said. "...There's so many different things that [are] involved with the brain, and one of the big things is this disease called PBA."

Pseudobulbar affect (PBA) is a neurological condition marked by sudden, uncontrollable episodes of crying or laughter that affects more than 50 percent of TBI patients. It can also occur in stroke patients and those with certain conditions like multiple sclerosis, Lou Gehrig's disease, Parkinson's, and Alzheimer's or other forms of dementia.

"It's hard if you go out into a situation, and maybe someone tells you a joke and it's funny, but you continue to keep laughing, and you can't stop laughing," Pearce said. "It's really hard to be out in public and be with friends ... if you don't really know what's going on and you're doing these really weird things."

PBA is often misdiagnosed as depression or other mental disorders, so Pearce recently partnered with Avanir Pharmaceuticals to raise awareness about the condition and to let people know that there are treatments available.

"I was on that side of the 50 percent that didn't get diagnosed with this condition, and I was so extremely lucky with that," he said. "But it takes a lot, and you do need to get a lot of support and a lot of love and a lot of help, and if I can help somebody that's going through this, that would really kind of be amazing for me."

And Pearce's awareness efforts don't end with TBI. He's also a Down syndrome advocate, inspired by his brother David, who lives with the genetic disorder.

"...He is just the most amazing, most special brother in the world," Pearce said. "So to be able to help him and help his cause and what he has—what he's living with—has been really cool."



Brainstorming 4 Us, Inc.

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