

BI-INSIDE *Magazine*

NINTH ISSUE: March 2023

BRAIN INJURY AWARENESS



**BRAIN INJURY
RESOURCE
CENTER** of WisconsinTM

FEATURES:

Resource Facilitation: How to access the BI-INSIDE Magazine Online

Walk, Roll and Run Recap

Part 2: Neuropsychology Assessment - Why get one and who refers?

Winter Conference Recap: Through the Eyes of Brain Injury

Telling of the Tail: Retired BOD Member Dr. Nathan Glassman

Good Day Everyone!

We have started out March strong! The first weekend in March was very successful for us as we had our Walk, Roll and Run for Brain Injury Awareness that took place at St. Paul's Lutheran Church in Muskego on March 4th. The Walk, Roll and Run was attended by many people, some of these people are clients of ours while the rest of the attendees were a mixture of people just wanting to know more about brain injury as well as some new comers!

If you were unable to attend this past weekend, but still want to see some of our displays, come to the BIRCoFWI home office where you can view them and gather information about brain injury.

This magazine is full of links to webpages that will provide more information. Check out the links today! Hover over any given text to click.

Until next time!

Lois York-Lewis

Lois York-Lewis

Our Mission:

To offer assistance, provide resources, and create a better future through brain injury prevention, education, and advocacy.

Our Vision:

A world where all preventable brain injuries are prevented, all unpreventable brain injuries are minimized and all individuals who have experienced brain injury maximize their quality of life

Who we are:

We are a 501C3, Registered Charity 27-4483622, Tax Exempt Organization.
We are 100% funded through the generosity of people like you.

BI-INSIDE Magazine Team:

Bari L. Rieth (Co-Founder, TBI Survivor who inspired our organization, Daughter, Grand-daughter and Wife to Brain Injury Survivors, Board Secretary, Layout-Editor and Contributor)

Lois M. York-Lewis (Co-Founder, Mother of the TBI Survivor who inspired this organization, Mother in-law, Wife and Daughter to Brain Injury Survivors, Pres. of Board of Directors for the BIRCoFWI, and Contributor)

Dr. Nathan Glassman (Retired Neuropsychologist, Former Board Member for the BIRCoFWI and Contributor)

Linda Scherwinski (Mother to a Brain Injury Survivor, Contributor and Board Member for the BIRCoFWI)

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In Honor of everyone who has worked hard to keep the BIRCoFWI strong!
 Sincerely,
 Kathleen McGillis Dryna

[Contact Us](#) to get your Green Ribbon today!

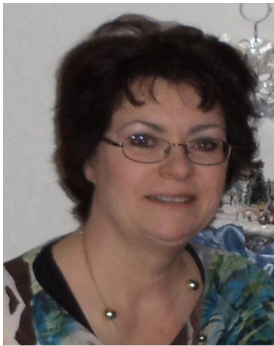
In Memory of Mom, Vickie Eckoldt, who died of a TBI

In Memory of Rick Franke
 Forever in our hearts,
 The Franke Family

Participation in Thrivent Choice® Makes a Difference

As eligible Thrivent Financial members direct Choice Dollars® to Brain Injury Resource Center of Wisconsin, Inc. the momentum continues to build. The funds we receive from Thrivent are used to help support our efforts to assist brain injury survivors and families locate needed resources, obtain information, and to further our education awareness and prevention efforts. Thank you to Thrivent and its members who helped make this possible! Together, we can strengthen communities and changes lives.





Lois M. York-Lewis:
Co-Founder, Executive
Director and President of the
Boad of Directors

Resource Facilitation: What's the Buzz

How to access the BI-INSIDE Magazine Online



1. Place your cursor on "Education & Awareness"



2. Scroll down to "BI-INSIDE Magazine"



3. The Magazine page will pop-up and you can select which magazine you would like to view

The HAPPINESS EFFECT
By APAGE

- Most of us have heard the term "runner's high."
- But what exactly does this mean?
- Exercise creates chemical responses in the brain, which lead to both temporary and long term mental health benefits.
- Here's how it all works:

How Exercise Makes You Happy

What happens when we are stressed?

Cortisol
This stress hormone is linked to mood, metabolism and fat. It also alters immune system responses and suppresses the digestive system.

Adrenaline
This stress hormone raises your heart rate, elevates blood pressure, and creates energy stores.

Hypothalamus
This region of the brain is the body's natural alarm system which prompts the production of cortisol and adrenaline.

Hippocampus
Too much cortisol shut circuits cell production in the brain's hippocampus region, impairing thought organization and memory formation.

Long term stress leads to:

- Heart disease
- Sleep disorders
- Digestive problems
- Obesity
- Depression
- Increased skin problems
- Memory impairment

The graphic to the left was shared on the Brain Chat Facebook page on March 5, 2023. If exercise makes you happy, happiness was definitely the overall feel of the Walk, Roll and Run on March 4th of this year. There was a lot of laughter and good vibes coming from the Trinity Gym at St. Paul's.

This image can be found at:
www.facebook.com/thebrainchat

Did you Walk, Roll or Run?

There was an option for everyone to participate!

The old saying goes "if there is a will there is a way!" We definitely had the will, as in we "will" educate the public about brain injury, which led to the way for us creating the Walk, Roll and Run this past weekend, March 4th 2023.

The Walk, Roll and Run took place this past weekend at St. Pauli's Lutheran Church in Muskego. Upon entering the Trinity Cafe, participants needed to register for the activities of the day!

Next, participants were encouraged to Walk, Roll and Run in the Trinity Gym, view the informational booths in the cafe, view the raffle items and view and/or purchase from our bake sale!

Raffle Items for the day included:

1. 3 Brain helmets: BIRCoFWI
2. Colorstreet basket donated by Alissa Gebert
3. Pasta dinner basket donated by Angie and Katie Marshall
4. Reading and chocolate basket donated by Angie and Katie Marshall
5. Youth reading basket donated by Teri Quam
6. Adult reading basket donated by Teri Quam
7. Favorite Friend Basket donated by Pet Supplies 'N' More of Muskego
8. 4 Admirals Tickets and cooler donated by



Milwaukee Admirals

9. 4 Admirals Tickets and bobble head donated by Milwaukee Admirals

At the end of the event our purpose was fulfilled! We educated the public and spread awareness of brain injury and some of the consequences associated with this injury.



Thank you to our Sponsors and Donors for helping us raise awareness one step at a time!



Raising awareness one step at a time!



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Lobes of the brain

I	D	W	D	C	R	Q	L	P	I
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R	O	C	C	I	P	I	T	A	L
Y	Y	N	I	Y	O	I	M	K	T
B	R	A	I	N	R	G	F	W	N
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Z	B	P	A	R	I	E	T	A	L

BRAIN
INJURY
FRONTAL
PARIETAL
TEMPORAL
OCCIPITAL

Word Bank Definitions:

Created by AtoZTeacherStuff.com

Brain Injury: damage to the brain that happens after birth.

Frontal Lobe Functions: Attention and concentration / Self-monitoring / Organization / Speaking (expressive language) / Motor planning and initiation / Awareness of abilities and limitations / Personality / Mental flexibility / Inhibition of behavior / Emotions / Problem solving / Planning and anticipation / Judgment

Temporal Lobe Functions: Memory / Understanding language (receptive language) / Sequencing / Hearing / Organization

Occipital Lobe Functions: Vision / Vision Processing

Parietal Lobe Functions: Sense of touch / Spatial perception / Differentiation (identification) of size, shapes, and colors
Visual perception

Neuropsychological Assessment Series:

Part 2: Why Neuropsychological Assessment? Who refers?

In Part 1 of this series, Neuropsychological Assessment was introduced. When the survivor is consistently oriented, that is, consistently aware of time, place, and situation for at least several days, they are ready for more comprehensive neuropsychological testing.

Neuropsychological assessment is comprehensive. The neuropsychologist or her assistant will administer tests of memory, attention span, problem solving, mental quickness, mechanical or visual skills, language, personality and emotional functioning, and even strength and dexterity of the hands.

However, not all neuropsychologists administer the same tests, because there is a range of professional opinion about which tests are used in neuropsychological assessment. Tests are chosen by the Neuropsychologist on the basis of the survivor's general level of functioning, age and education, and the issues to be addressed in the assessment.

The testing will probably take several hours, as long as a full day. This may be accomplished in one or two long appointments, or in a series of shorter appointment-

s, depending on the survivor's stamina.

It is often done more than once, at several month or longer intervals, to document progress and recovery.

WHY IS NEUROPSYCHOLOGICAL ASSESSMENT DONE?

Neuropsychological assessment consists of a comprehensive assessment of thinking skills, emotions, and behavior. Other testing such as MRIs can indicate the health of brain structures, but not how well it is working.

Brain abilities are scientifically measured by a Neuropsychologist. Think of this as a sample of what the brain can do, which is a very good indication of how healthy the survivor's brain is, and how well it is recovering.

Neuropsychological Assessment is used to help document the nature and extent of the effects of brain injury on the survivor's daily functioning. That is, it can help identify the effects of brain injury on the survivor's thinking skills, emotions, and behavior, defined in a broad way.



Dr. Glassman:

Contributor and Retired
Neuropsychologist & FMR
BOD Member

Assessment can help identify WHAT cognitive or emotional problems exist, HOW SEVERE they are, WHY the survivor is having problems, HOW TO TREAT behavior or emotional problems, and ESTIMATE RECOVERY.

If there are legal issues being addressed after the injury, the survivor may be referred for neuropsychological assessment as part of the legal process. Examples of common legal issues that arise are Worker's Compensation, Guardianship, personal injury, and criminal responsibility.

WHEN IS NEUROPSYCHOLOGICAL TESTING DONE?

Neuropsychological assessment might be done in an inpatient hospital or rehabilitation program, or delayed until the survivor is attending a rehabilitation program. Testing is often done

more than once, usually at intervals of several months or longer.

IS NEUROPSYCHOLOGICAL ASSESSMENT REALLY NECESSARY?

After learning all of this, TBI survivors and their families might be thinking that they don't want a neuropsychological assessment. Long hospital stays are exhausting to all involved, and people may just want to go home.

Or, therapy appointments may already take up much of the day, and needing to schedule another appointment, especially a long one, may feel overwhelming. Families may be worried that the testing will upset the survivor.

Also, a survivor may not think neuropsychological testing is necessary if they believe that they do not have any cognitive or emotional deficits, or that they will recover fully. Finally, many individuals are also concerned about the cost of testing. But neuropsychological assessment is covered by most health insurance plans.

HOW ARE REFERRALS MADE?

A physician, vocational rehabilitation counselor, Worker's Compensation Case Manager, attorney, or family member can request referral for neuropsychological assessment. The neuropsychologist or insurance may require a physician or legal referral.

HOW DOES NEUROPSYCHOLOGICAL ASSESSMENT HELP SURVIVORS?

1. Cognitive strengths and weakness are identified, and emotional problems are diagnosed. This assists the survivor, treatment team, and family
2. Documentation of injured brain areas and the status of recovery.
3. Emotional issues are identified and diagnosed, such as anxiety, depression, or apathy, as well as any significant changes in personality or behavior since the brain injury.
4. Recovery is estimated. The neuropsychologist will give an opinion on the prognosis, such as how long recovery might take, and what abilities are likely to recover.
5. Rehabilitation plans and treatment recommendations are made. This helps the survivor, physician and family know how to best help during recovery. Early treatment of some problems will likely be more effective. Recommendations will help compensate for problems that are not quickly improving, such as being forgetful or disorganized.

6. To get professional assistance in planning for the future, such as returning to work or school, driving, family obligations (caring for children, doing chores around the house), or participating in social or recreational activities. The survivor often needs assistance in this process, from professionals as well as family and friends.
7. To assist in legal issues, such as Worker's Compensation, long term or Social Security Disability, or for personal injury lawsuits.



December 12, 2022 would prove to be an excellent day for an excellent conference! Guest Speaker Aimee Schmitt APNP, AGNP-C kicked off the conference with an interesting and insightful presentation entitled "The Unpaid Family Caregiver."

This presentation was followed by a light lunch, which gave way to the "Unmasking Br-

ain Injury Performance." This was a sight to see!

In total there were 18 masks presented at the time and more are in process!

Parenting after Brain Injury would be after and this workshop was very informative and brought three different perspectives on parenting after brain injury. The three different perspectives included a TBI sur-

vivor, a veteran and a brain cancer survivor.

Not only did they each sustain their brain injuries in a different way they each brought experience raising different aged children to the discussion. After this session concluded there was an open form lead by Sarah Hilmert-Gallitz.

Lastly, we want to thank our donors and sponsors who made this conference possible!



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What Ableism means and why it matters?

Written by: *Crystal Raypole*

Recognize that people with disabilities are, in fact, people — equal to non-disabled people in every way and worthy of the same respect.

Perhaps you recently came across the term "ableism" in a blog, social media post, or elsewhere on the internet. You vaguely recognized the term, but you didn't quite understand what it meant.

Or maybe a classmate, friend, or co-worker called out a comment you made, saying "That's ableist." But you didn't know exactly *why* what you said was problematic.

Ableism describes any prejudice, bias, and discrimination directed toward people living with disabilities.

Like other types of prejudice, ableism has deep roots in the very structure of society. In short, it's not just a trending topic or a recent issue. In many places, society has long considered all manner of physical and mental health concerns signs of inferiority — and relegated those with so-called "flaws" to a lower social status...

This article continues online at: <https://www.healthline.com>

Telling of the Tale: Dr. Nathan D. Glassman

Written by: Bari L. Rieth



Dr. Glassman:

Contributor and Retired
Neuropsychologist & FMR
BOD Member

This month I felt that in light of Dr. Glassman's retirement from the Neuropsychology field and the fact that he is one of the original members of the Board of Directors that I should honor him by telling his tale.

Losing a friend to a massive brain injury could make a person angry at brain injury and maybe even frustrated with how the brain injury was sustained. Dr. Glassman lost a friend to brain injury in college, and decided to study neuropsychology.

His early training was in psychology at the University of Arizona and it was at this University he was introduced to and studied with Dr. Ralph Reitan, a famous professor in neuropsychology. Combining the experience of losing his friend and after meeting Dr. Reitan, he became fascinated with neuropsychology and has never looked back!

Dr. Glassman has been a

neuropsychologist for the past 32 years and is one of only about 25 board certified neuropsychologists for the entire state of Wisconsin. There are only 3,000 in the entire United States and this rather small number for such a large country demonstrates just how specialized this field is.

To add to his list of achievements he is also a forensic neuropsychologist and has testified in numerous cases over the years.

In March of 2001, Dr. Glassman opened a practice with another neuropsychologist and this is where our paths first crossed. Our relationship started out as patient-provider, but even after I stopped seeing him from a clinical sense we remained in contact.

After co-founding the Brain Injury Resource Center of Wisconsin, Inc. with my Mum in 2011, we were looking to enlist professionals to be part of our board of directors. Dr. Glassman was a natural choice to be a member of our board and in 2012 he assumed a position on the board.

In addition to contributing his great ideas, he brings with him many years of experience in the field of neuropsychology and a wealth of knowledge in brain injury as a whole. I had the opportunity to interview Dr. Glassman and he pointed out, *"I have done a lot of lectures, public speaking, support groups and I thought it would be great to help out BIRC. I*

soon realized that you are doing something entirely different with finding specific resources for people with brain injury."

Since Dr. Glassman is now retiring after his long fulfilling career, he has entrusted and instructed Dr. Nicole Mathy to take over as a clinical neuropsychologist in southeastern Wisconsin. Dr. Glassman also stated that training Dr. Mathy to become a board-certified neuropsychologist is his biggest achievement.

When asked to share one piece of advice he would give to a brain injury survivor, Dr. Glassman stated *"people want to have hope, so I would remind them don't give up hope, and find someone you feel you can trust to talk to. If you don't really understand your problems you will not be able to try to fix them. If you can't understand it, you need to find someone you can trust to guide you."*

Dr. Glassman states that he is *"very thankful that you (BIRC) exist in the state of Wisconsin. There are great medical and therapy professionals, but you fulfill the missing piece for community resources and survivor support in Wisconsin."*

Lastly, we want to thank Dr. Glassman for being a valued Board Member, contributing his knowledge, ideas and we wish him all the best with his retirement!

Brain Injury Resource Center of WI Cookbook!



Did you ever wonder why cookbooks have been able to stand the test of time? Maybe it is because cookbooks are so much more than recipes and photographs. Cookbooks are filled with memories, moments, and culinary magic!

The **Brain Injury Resource Center of Wisconsin** is creating a Cookbook chocked full of ideas, ingredients, and unimaginable delicious dishes just waiting to be prepared.

This cookbook will be an ongoing Fundraiser that will support our various programs and services.

Submit your recipe today either by email (kathyr@bircofwi.org), or via US Mail (511 North Grand Ave, Waukesha, WI 53186) or complete the form below.

TBI SURVIVORS, FAMILIES & FRIENDS:

Submit up to 5 of your favorite recipes that you would like to contribute to our cookbook.

List the ingredients needed for each recipe and the directions on how to make each recipe.

How many people does each recipe serve?

Deadline for submission: 6/01/2023

kathyr@bircofwi.org

511 N. Grand Avenue

Waukesha, WI53186



< To submit your recipe, click the "recipes book" or the pancake picture above

Watch your mail/email for more information on upcoming events! If you are not on our mailing list, complete the information below to get started!

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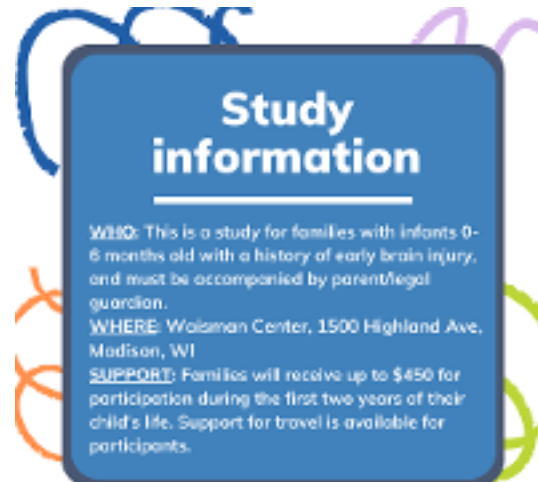


Baby Brain Recovery Study

Help us learn more about how an infant's brain develops after early brain injury



LWHealthKids **Waisman Center** **Department of Pediatrics**



Study information

WHO: This is a study for families with infants 0-6 months old with a history of early brain injury, and must be accompanied by parent/legal guardian.

WHERE: Waisman Center, 1500 Highland Ave. Madison, WI

SUPPORT: Families will receive up to \$450 for participation during the first two years of their child's life. Support for travel is available for participants.

LWHealthKids **Waisman Center** **Department of Pediatrics**



Contact us for more information

This study, led by Dr. Bernadette Gillick, can inform future treatments for infants with brain injuries.



608-381-2099

prf.waisman.wisc.edu
brainrecovery@pediatrics.wisc.edu

LWHealthKids **Waisman Center** **Department of Pediatrics**

The Brain Injury Resource Center of Wisconsin, inc. is actively involved in recruiting for this study.