Mild Traumatic Brain Injury
Current Directions in Diagnosis and Treatment

18th Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury

April 28–29, 2011
Hamilton Convention Centre
Hamilton, Ontario
Mild Traumatic Brain Injury
Current Directions in Diagnosis and Treatment

Target Audience
This conference will be of interest to ABI Rehabilitation Professionals, Psychologists, Physicians, Program Planners, Insurance and Legal Representatives and Advocates.

Casual Friday
Show your support for the Hamilton Health Sciences Rehabilitation Resource Centre and Camp Dawn by purchasing a $5.00 sticker and dressing casually on Friday April 29, 2011.

Convention Centre Facilities
The temperature varies from room to room. Please dress accordingly.

Caregiver sponsorships
A limited number of caregiver sponsorships are available. For information call Joyce Lambert at 905-521-2100 ext. 40833.

Liability
Hamilton Health Sciences hereby assumes no liability for any claims, personal injury, or damage:
- To any individual attending this conference.
- That may result from the use of technologies, program, products and/or services at this conference.
- That may arise out of, or during this conference.

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Conference Goals
- Explore and review the latest ABI research and current directions in mild traumatic brain injury diagnosis and treatment
- Examine innovations and approaches to assessment and treatment in mild traumatic brain injury
- Provide an opportunity to network, share experiences and cultivate partnerships

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Seeing the Invisible: The Past, Present, and Future of Imaging in Mild TBI

In general, the effects of mild TBIs are “invisible” using standard techniques for imaging of the brain including CT and MRI. Recent advances in MRI including diffusion tensor imaging and magnetic resonance spectroscopy have unveiled some of the pathology that follow mild head injuries. Other imaging techniques using PET, MEG, and EEG have allowed better understanding of the metabolic and functional outcomes of injury to brain function. The talk will review the efficacy and uses of standard imaging in mild TBI, current advances using MRI and PET, and a brief look to the future. The talk will have a focus on the clinical utility of each technique both for diagnosis and prognosis of mild TBI.

Mild TBI and Family Involvement

Mild brain injuries are often considered to be minor at the time that they happen and then ignored as soon as the immediate symptoms subside. Unfortunately, in many cases families are faced with an individual who continues to have symptoms and who has learning, behavioral or cognitive issues. This session will discuss the impact of mild brain injuries on family systems and suggest methods for understanding family dynamics and possible support that may be needed. Family resilience and capabilities will be emphasized. Methods for family education will be presented.

The Major in the Mild: Emotional, Cognitive and Behavioural Problems after Mild TBI

This multimedia presentation will examine the concept of “mild brain injury”, its mechanisms and expand on the issues of how brain injury affects day to day function from an emotional, cognitive and behavioural perspective.

Plenary Sessions continued on page 4 ➤
A1 Raymond Gottschalk  MB ChB, FRCPC
The Effect of Mild TBI on Sleep and Alertness
This talk will consist of a discussion of sleep issues that occur after mild TBI. There will be a review from the early effects to the late effects. The impacts are on sleep and also on alertness irrespective of the sleep issues. There are also secondary sleep disruptions that occur from the injury as the brain is not the only structure that gets hurt.

A2 Odette Tunks  BSc, DC
A Simple Paradigm for Management of Complex Pain Problems
A presentation of a practical paradigm for any professional, to help sort out and manage complex chronic pain in individuals who have suffered a mild TBI. An overview of evidence-based treatments will be presented.

Rob van Reekum  MD, FRCPC
Baycrest Centre for Geriatric Care
Mild TBI: ‘Just a Concussion,’ or Permanent Brain Injury?
A review of the research supporting the probability that permanent brain damage occurs in at least a significant proportion of mild TBI cases, followed by consideration of the probability that this damage contributes to adverse outcomes post-mild TBI.

Diana Velikonja  Ph.D, C Psych
Hamilton Health Sciences
Guidelines for Mild TBI and Persistent Symptoms
The Ontario Neurotrauma Foundation (ONF) initiated this project with the overall objective to create a set of guidelines that can be used by healthcare professionals to implement evidence-based, best practice care of individuals who incur a mild TBI and experience persistent symptoms. Currently, the best practice for treatment of those who do not experience spontaneous recovery is not clearly defined. Can an approach be devised to screen for and identify patients that are at high-risk of persistent symptoms and, once identified, can a management plan be developed to treat the symptoms commonly associated with the disorder.

Mark Bayley  MD FRCPC
Toronto Rehabilitation Institute
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Managing Concussions in Children/Youth: A Multi-disciplinary Approach to Care

With an increase in awareness regarding the incidence and impact of concussion, referrals to the Pediatric Acquired Brain Injury Community Outreach Program (PABICOP) have increased substantially over the past several years. Investigation of these referrals has revealed some interesting trends, suggesting gender and age differences with regard to both rates of concussion and complexity of the recovery process. In addition to presenting this data, this presentation will explore the unique aspects of concussion for children and adolescents, including the impact on school performance and psychosocial wellbeing. An outline of the multi-disciplinary management principles employed by PABICOP to support clients and their families will be presented.

A4 Rob van Reekum MD FRCPC
Are the Brain and the Mind the Same Organ?
A review of biopsychosocial determinants of mental health outcomes post-mild TBI, along with consideration of the assessment, treatment and systems implications of the possibility that the brain and the mind are indeed the same organ.

B1 Odette Tunks BSc, DC
A Simple Paradigm for Management of Complex Pain Problems
See Session A2 for full description.

B2 Raymond Gottschalk MB ChB, FRCPC
The Effect of Mild TBI on Sleep and Alertness
See Session A1 for full description.

B3 Susan Goode OCT, B.Ed., B.A. (Hons)
Assistive Technology in the Classroom – Building Success Through Innovation
Assistive technology has had a tremendous impact on the academic success of students with ABI. This presentation will explore current assistive technology used with ABI students in the classroom, highlighting advantages and possible applications, but also recognizing the pitfalls that are often associated with lack of training or background knowledge. Emphasis will be placed on the importance of creating a sound knowledge base for students before the introduction of assistive technology to a student’s existing repertoire of compensatory strategies.

B4 Leslie Birkett B.Sc., OT, OT Reg. (Ont.)
Innovative Community Assessments of Executive Functioning – The I CAN Way!
Assessing individuals with impairments of executive functioning presents clinicians with a myriad of challenges. It is widely agreed that the evaluation of executive functioning may lack ecological validity. This disconnect presents clinical teams, working with individuals with mild TBI, with a conundrum as testing results may not reflect clinical opinion. In 2009 the I CAN was introduced as a tool to bridge this gap. The I CAN is an innovative tool that utilizes real life situations, reminiscent of a reality television scavenger hunt to create clinically relevant experiences. Participants will gain an understanding of the critical need to analyze a person’s ability to function in their environment.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>7:45–8:30</td>
<td>Registration &amp; Continental Breakfast</td>
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<tr>
<td>8:30–8:45</td>
<td>Announcements</td>
<td>Murray Martin, Jennifer Kodis, John Zsofcsin</td>
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<td>Welcome</td>
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<td>8:45–9:30</td>
<td>Survivor’s Perspective</td>
<td>Diana Velikonja and Mark Bayley</td>
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<td>9:30–10:30</td>
<td>Guidelines for Mild TBI and Persistent Symptoms</td>
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<td>10:30–11:00</td>
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<tr>
<td>11:00–12:00</td>
<td>Seeing the Invisible: The Past, Present, and Future of Imaging in Mild TBI</td>
<td>Deborah Little</td>
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<td>12:00–1:15</td>
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<tr>
<td>1:15–2:15</td>
<td>Mild TBI: ‘Just a Concussion,’ or Permanent Brain Injury?</td>
<td>Rob van Reekum</td>
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<td>2:30–3:30</td>
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<td>A3 Managing Concussions in Children and Youth: A Multidisciplinary Approach to Care</td>
<td>Janice Gray, Sara Somers, Jane Gillett</td>
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<td>A4 Are the Brain and the Mind the Same Organ?</td>
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<td>3:30–4:00</td>
<td>Refreshment Break &amp; Poster Presentations</td>
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<td>4:00–5:00</td>
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<td>B4 Innovative Community Assessments of Executive Functioning – The I CAN Way!</td>
<td>Leslie Birkett</td>
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<tr>
<td>5:00</td>
<td>Cocktail Reception &amp; Band</td>
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### Friday, April 29th

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<td>8:45–9:45</td>
<td>Mild Brain Injury and Family Involvement</td>
<td>Roberta DePompei</td>
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<td>The Major in the Mild: Emotional, Cognitive and Behavioural Problems after Mild TBI</td>
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<td>C1 The Proof is in the Pudding: How to Diagnose Mild TBI</td>
<td>Abraham Snaiderman</td>
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<td>C2 Preventing Concussions in Sports: Funding Partnerships Between Brain Injury Associations and Coach Training Programs to Reduce Incidence Rates</td>
<td>Anthony Hutchinson</td>
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<td>C3 Volunteering Back to Competitive Employment</td>
<td>Allison Nicholson</td>
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<td>12:15</td>
<td>Farewell Lunch</td>
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  - Ross and McBride
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  - Michael Lamont
  - ABI Community Services
  - Dr. Fulton
  - Bartimaeus
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  - Neurologic Rehabilitation Institute of Ontario
- **Bronze**
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  - Neurologic Rehabilitation Institute of Ontario
- **Gifts in Kind**
  - Lisa Keith
  - Storrie, Velikonja and Associates

We Thank All of our Sponsors for their Generous Support
C1 Abraham Snaiderman  MD FRCPC
The Proof is in the Pudding: How to Diagnose Mild TBI
This “user friendly” presentation will help understand the way a diagnosis of mild brain injury is arrived at, the complexities of its features and the common challenges facing health care providers.

C2 Anthony Hutchinson PhD
Preventing Concussions in Sports: Funding Partnerships between Brain Injury Associations and Coach Training Programs to Reduce Incidence Rates
The Coaches Association of Ontario (CAO) has identified that coaches can play a more proactive role in preventing traumatic head injuries in sports such as mild TBI, concussions and post-concussion syndrome. Despite advances in awareness campaigns across Canada, there is much room for improvement on the part of sports leaders such as coaches and trainers to be more effective in educating, enabling and empowering players to better protect themselves from mild traumatic brain injuries. Based on an epidemiological approach, this presentation focuses on a centralized “head impact telemetry system” that informs coach training and certification facilitated by local brain injury associations in partnership with applied research institutions such as colleges and universities.

C3 Alison Nicholson Occupational Therapist
Volunteering Back to Competitive Employment
Returning to competitive employment following a mild brain injury is not easy or a certainty. BISHworks enables clients to volunteer and develop relevant job skills under the guidance of a rehabilitation specialist, while giving back to the community. There are many organizations providing employment supports for the disabled, they typically focus on physical disabilities and do not address issues pertinent to someone with a mild TBI.

BISHworks offers three different work experiences: Community Volunteering, Office Team and Catering Crew. Clients are matched by their interests and complementing or challenging their skills. In 2009, in conjunction with McMaster University, Brain Injury Services did a study on the reliability and validity amongst commonly used vocational assessment measures for the ABI population.

The presentation will review the study and the assessment that was the strongest predictor of employment.

Poster Presentations
Beth Ellis Recreation Therapist, CTRS
Acquired Brain Injury: Using Therapeutic Recreation for Optimal Outcomes
Galit Liffshiz Occupational Therapist
The Role of an Occupational Therapist in the Catastrophic Assessment
Bruce Linder Psychologist
Determiners of Rehabilitation Success and Motivation in Adults with Acquired Brain Injuries
Louis Zavodni Occupational Therapist
Occupational Therapy Tools and Techniques in the Catastrophic Assessment for Individuals with Mild TBI
Jennifer Hendry BA, Psych
Hoarding and ABI: A Growing Concern
Delegate Registration

Name

Profession

Agency or Organization (please specify)

Address

City  Prov./State  Postal/Zip

Bus. phone  ext.  Fax

E-mail

I CONSENT to having my name appear on a published registrant list  YES  □  NO  □

Payment
Please make cheque payable (in Canadian funds) to Hamilton Health Sciences – ABI Conference and return your completed form(s) with your cheque to:

Joyce Lambert
ABI Conference
Regional Rehabilitation Centre
Level 1 North, Room B1-106F
237 Barton Street East
Hamilton, ON L8L 2X2

For further information contact Joyce Lambert  905-521-2100 ext. 40833 jlambert@hhsc.ca

Concurrent Session Selection
I will attend (please circle):
Session  A1  A2  A3  A4
Session  B1  B2  B3  B4
Session  C1  C2  C3

Please indicate any dietary limitations:

Delegate Registration Fee

Early Registration on or before March 18, 2011
☐ Single  $325
☐ 3 or more  $300 ea
☐ Caregivers or Full-time student  $150

Group Rate: A minimum of three registrations received together from the same organization is required. Subtract $25 from each registration.

Registration after March 18, 2011
☐ Single  $400
☐ 3 or more  $375 ea
☐ Caregivers or Full-time student  $150

Confirmation of registration
A written acknowledgement of your registration will not be sent to registrants prior to the event. Receipts will be provided in your registrant package.

Registration includes breakfasts, lunches, refreshment breaks, reception (excluding beverages) and delegate kits.
# Exhibitor Registration

Send your completed registration to:

**Joyce Lambert**

ABI Conference  
Regional Rehabilitation Centre  
Level 1 North, Room B1-106F  
237 Barton Street East  
Hamilton, ON L8L 2X2

**Phone** 905-521-2100 ext. 40833  
**Email** [jlambert@hhsc.ca](mailto:jlambert@hhsc.ca)

## Cancellation policy

Hamilton Health Sciences reserves the right to cancel this event due to insufficient registration or circumstances beyond our control. Cancellations received before April 17, 2011 will be refunded. No refunds will be issued for cancellations received after this date.

## Exhibit space

Exhibitor space is available to agencies who wish to share information about their programs at the conference. Display area includes: an 8’x10’ space; draped table; one chair. The exhibitor’s room has limited provision for electrical outlets. The Exhibitor Registration includes a display area and one registration for the exhibitor. To reserve exhibit space, please complete the Exhibit Space form. Your space is confirmed upon receipt of the completed form. Exhibit setup time for the conference is from 06:00–07:45 a.m. on April 28th 2011. Removal time is from 2:00–2:30 p.m. on April 29th 2011. For further information:

**Joyce Lambert** 905-521-2100 ext. 40833  
[jlambert@hhsc.ca](mailto:jlambert@hhsc.ca)

## Exhibitor Registration Fee

- **Early Registration** $750  
  Postmarked on or before March 18, 2011
- **Registration** $850  
  After March 18, 2011

## Exhibitor Requirements

- I will require a table
- I will require an electrical outlet

Exhibitor Registration includes a display area and registration for one exhibitor.
Driving Instructions

From London and Beyond

Follow the 401 East to Toronto. Take Exit 235 and merge onto Hwy 403 East to Brantford/Hamilton. Exit at Hwy 8 East/Main Street in Hamilton. Follow Main Street to Summers Lane. Turn left on Summers Lane. The Hamilton Convention Centre will be on your right hand side. Underground parking is on the left hand side.

From Toronto and Beyond

Take the QEW West to HWY 403 Hamilton. Exit at Hwy 8 East/Main Street exit in Hamilton. Follow Main Street to Summers Lane. Turn Left on Summers Lane. The Hamilton Convention Centre will be on your right hand side. Underground parking is on the left hand side.

From Niagara Falls and Beyond

Take the QEW West to Hamilton. Take Exit 89 Burlington Street. Turn left at Wellington Street. Turn right at King Street. Turn left at Caroline Street. Turn left on to Main St. Follow Main Street to Summers Lane. Turn Left on Summers Lane. The Hamilton Convention Centre will be on your right hand side. Underground parking is on the left hand side.

Accommodations

There are several hotels within walking distance or a short drive of the conference site. Please call the hotels directly for conference rates:*

- Sheraton Hotel*
  116 King Street West
  905-529-5515 or 1-800-514-7101

- Staybridge Suites
  118 Market Street
  905-977-3475

- Courtyard by Marriott Hamilton
  1224 Upper James Street
  905-383-7772

*A limited number of rooms have been block booked at the conference rate and are available on a first come first served basis until March 6th, 2011.