



ABI Newsletter

Volume 1, Issue 4

SPRING ISSUE 2011



Spring Retreat: Making Connections

April 2 & 3, 2011 at Park town Hotel in Saskatoon

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The Saskatchewan Brain Injury Association is hosting Spring Retreat 2011 in Saskatoon.

The event is from: noon, Saturday, April 2 to 1 p.m. Sunday, April 3, 2011.

A copy of the registration form is inside this newsletter.

There are sessions for both survivors and caregivers.

✓ Learn how to connect with new and old friends on the internet.

✓ Make a connection to wellness with sessions on:

- self-care for caregivers,
- exercise and
- nutrition for all.

✓ Make and wear a mask to the carnival social .

✓ Enjoy the mini Saskatchewan Express show on Saturday evening.

The Park Town Hotel has a pool, so don't forget your bathing suit!

More information and weekend programming coming at : www.sbia.ca/calendar.asp

In-line Skating and Skateboarding

In-line skating and skateboarding are popular activities.

BE CAREFUL!

These activities can lead to serious injuries to the head, arms and legs. Be smart, wear the protective gear.

For more information contact Health Canada www.healthcanada.gc.ca

SAFETY TIPS

- ☐ Always supervise your children.
- ☐ Make sure all equipment is in good condition and fits properly.
- ☐ Wrist guards will help to prevent wrist fractures in case of falls.
- ☐ Always wear a helmet and replace it every 2-3 years.
- ☐ Cuts and scrapes can be reduced by wearing elbow and knee pads.
- ☐ Teach children to choose a safe location, away from traffic, that has a smooth surface.

Teach and Follow these Rules

- ☐ Learn and teach how to **stop and control speed**.
- ☐ Do not wear headphones.
- ☐ Do not skate or skateboard at night or in wet conditions.
- ☐ **STAY ALERT!** Keep your eyes on the surface ahead; watch for other people, cars and hazards such as cracks and rocks.
- ☐ Respect others on the path.

Brain Walk

Is your school interested in learning about the brain in a fun, interactive way?

If so please call:

842-8315

for more information.

Enhancements to the Registered Disability Savings Plan

On March 4, 2010, the Government of Canada, through its Budget 2010, announced two enhancements to the Registered Disability Savings Plan (RDSP), grant and bond. We are pleased to advise that the legislation to enact these changes received Royal Assent on December 15, 2010. The carry forward and roll over provisions will provide Canadians with disabilities and their families with more flexibility when saving for the future. Please find below some questions and answers that we hope will assist you in helping your members and clients to understand and benefit from these new provisions.

What is the carry forward?

As people with disabilities and their families may not be able to contribute regularly to their RDSP's, the carry forward allows beneficiaries to claim unused grant and bond entitlements for a 10-year period (starting from 2008, the year RDSPs became available). In order to claim unused grant and bond entitlements, the beneficiary must be eligible to receive the grant and bond (at the time of the claim, the beneficiary must be aged 49 or under).

Grant and bond entitlements are based on the beneficiary's family income. The grant amount also depends on how much is contributed to the RDSP. For unused grant entitlements, the matching grant rate will be the same as what would have applied in the year the entitlement was earned.

When does the carry forward come into effect?

The carry forward comes into effect on January 1, 2011. As it will take time to develop the electronic system to process these transactions, the functionality to administer the carry forward will not be available immediately. Therefore, 2011 carry forward entitlements are expected to be paid into RDSPs in early 2012.

Is there a special application form for the carry forward?

Whether an individual already has an RDSP, or opens an RDSP in January 2011 or thereafter, a special application form will not be required for the carry forward. Grant and bond entitlements will be calculated automatically.

What is the roll over?

The proceeds (or a portion thereof) from a deceased individual's Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF), and Registered Pension Plan (RPP) can be rolled over, tax free, into the RDSP of a financially dependent child or grandchild with a disability. The amount of money rolled over into an RDSP will form part of the \$200,000 lifetime contribution limit. For example, if there is already \$50,000 in private contributions in an RDSP, the amount rolled over from an RRSP, RRIF and RPP cannot exceed \$150,000. A matching grant will not be paid on RRSP, RRIF and RPP contributions.

When does the roll over come into effect?

The roll over comes into effect July 2011. This measure will be effective for individuals who pass away after 2007.

BACKGROUND

The RDSP is a long-term savings plan that helps people with disabilities, and their families, save for the future. To be eligible, a person must be:

- under the age of 60;
- a Canadian resident with a social insurance number; and
- eligible for the Disability Tax Credit (Disability Amount)

There is no annual contribution limit to the RDSP, but there is a lifetime contribution limit of \$200,000. To help people save, the Government of Canada will pay a matching grant of up to \$3,500 a year, depending on the amount contributed and the beneficiary's family income. There is a lifetime limit of \$70,000 in grant payments. The Government of Canada will also pay a bond of up to \$1,000 a year into RDSPs of low- and modest-income Canadians. There is a lifetime limit of \$20,000 in bond payments. No contribution is necessary to receive the bond. Grants and bonds will be paid until the year the beneficiary turns 49.

For more information about the RDSP, grant and bond, please visit www.disabilitysavings.gc.ca

or call 1 800 O-Canada (1 800-622-6232). TTY users may call 1-800-926-9105.

Survivor Story: Don

It all started Easter Monday morning.

I got out of bed and had a hard time walking. My balance was not as good as it usually was. I sat around the house for a while, then I went to the hospital emergency department. I was sent home with an inner ear infection. It got worse and worse, two days later a friend of mine took me to the hospital again and my family doctor sent me to Regina hospital.

They took me to the emergency department in Regina where I waited an hour for somebody to see me. They were not sure what was my problem was. Later that day they did several tests.

I had a **STROKE!**

I have high blood pressure and I am diabetic. I was bed ridden at Wascana Rehabilitation Centre (WRC). My right side, eye arm and leg would not work. I spent three months at WRC where I learned to use my arm and leg. I did physiotherapy for those 3 months until I finally got to go home to Weyburn. With a lot of help from my wife and daughters I stayed home. For almost a year, I took the taxis twice a week to the Weyburn therapy at Tatagwa View Physiotherapy Department.

To drive again I had to take a driving test in Regina. They told me I had to put a left foot accelerator attachment in my vehicle. Again I took a driving instructor for two hours then I had to take a Weyburn so go I driving test again as the one in Regina wasn't good enough for SGI. I got me lessened back lots of time and money. Finally I could to drive myself to therapy.

I went to Weyburn therapy for another two years they were GREAT. I do not go to therapy anymore as I now have my own tread mill and exercise machine at home. Because I exercise at home, I don't have to fight for place to park and the biggest thing is I do not have to put up with icy sidewalks.

I got a medical scooter three years ago. We, the Weyburn Brain Injury Support Group, had put on 8 scooter awareness programs in Weyburn last year. This year we are hoping to plan a scooter rodeo in summer.

Remember the signs of stroke and get to a doctor that knows the signs as well. If you need help the Brain Injury Support Group is there. A special thank you to my wife for all the help and helping where I need it.

Good health to everyone.

Don

Stroke Warning Signs

Trouble speaking - Sudden difficulty speaking or

understanding or sudden confusion, even if temporary.

Weakness - Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.

Headache - Sudden severe and unusual headache.

Vision problems - Sudden trouble with vision, even if temporary.

Dizziness - Sudden loss of balance, especially with any of the above signs.

If you experience any of these symptoms, CALL 9-1-1 or your local emergency number immediately.

" I Didn't See Him Until I Was Right On Him!"

How many times have you heard a driver say these words or even said them yourself? When you're driving at night, or in conditions of reduced visibility, pedestrians can be extremely difficult to see. It's a terribly dangerous situation that too often ends in injury or death.

In fact, in North America around **5000 pedestrians die** in fatal traffic collisions each year and more than **70,000 are injured**. And the real tragedy is, many of these casualties could easily have been avoided.

Children Are Most at Risk



Unfortunately, **children under 15** account for **23% of all pedestrian injuries** annually, while children between the ages of 5-9 account for **20% of all pedestrian deaths**.

That's because children lack the full cognitive and sensory awareness to understand the rules of the road and give their full attention to the vehicles sharing the road with them.

They're far more likely to run out between parked cars to chase after a ball or cross the road even though they see a car approaching, because they assume that since they can see the car, the car can see them.

Most Accidents Happen at Night

Statistics show that **67% of fatal pedestrian crashes** peak between **5 p.m. - 11 p.m.** Needless to say, along with other contributing factors such as excessive speed or alcohol consumption, reduced visibility plays a significant role in these crashes.

But it's not just the darkness of night that reduces a driver's visibility.

Rain, snow, fog, the limited light of dusk or dawn-all of these elements can also make it extremely difficult for drivers to see what's on the road ahead of them.

Urban Pedestrians at the Greatest Risk

Contrary to what you might think, pedestrians are most at danger in urban environments, not only in rural areas where there are fewer street lights. In fact, traffic collision statistics clearly show that a higher percentage of pedestrian injuries and fatalities occur on well-lit city streets.

Just because there are street lights, that doesn't mean drivers can see you. Weather conditions such as fog and rain can drastically reduce your visibility. And slick roads make it harder for drivers to stop their vehicles quickly, increasing the distance they need to avoid hitting a pedestrian by two to four times.

How Can You Protect Yourself and Your Family?

The good news is, as a pedestrian, there is a simple thing you can do to significantly reduce your chances of being involved in a motor vehicle collision.

You've just got to make yourself more **VISIBLE**.

... And the simplest and most cost effective way to do this is to wear something that is **highly reflective** so that drivers can easily see you at a distance and have plenty of time to react to your presence.

Source: pedestrianreflectors.com

What is Encephalitis?

Acute encephalitis is an inflammatory condition of the central nervous system. It is a complex and severe disease. Acute encephalitis can be caused by a wide variety of conditions, including:

- Bacterial or viral infection in the brain
- Ingestion of toxic substances
- Complication of an infectious disease
- Complication of an underlying malignancy

Symptoms of acute encephalitis can vary, depending on which part of the brain that is most affected. A few symptoms that may be common in patients with acute encephalitis include (but are not limited to):

- Fever
- Headache
- Sensitivity to light or sound
- Confusion
- Poor memory/memory loss
- Disorientation
- Irritability
- Anxiety
- Seizures
- Weakness or numbness of arm or leg.

[Www.hopkinsmedicine.ca](http://www.hopkinsmedicine.ca)

What Is Courage? The dictionary gives the following definition:

*“**courage** is the quality of mind or spirit that enables a person to face difficulty, danger, pain, etc., without fear”.*

Encephalitis requires a lot of courage: courage to continue on through pain and sickness and confusion; courage to try new medications; courage to face the unknown trial-and-error nature of our treatments. For family members and caregivers, courage is needed to keep a brave face when their loved one is struggling, to resist being overwhelmed by frustration when they have many questions, and cannot find the answers. The real test of courage is in our daily lives. Courage is a wonderful thing to see!

Life after encephalitis affords ample opportunity to be courageous in living your life to the best of your ability. When encephalitis causes limitations in your daily life, your choices and decisions become the stuff from which courage emerges.

In the process of meeting life's challenges, you have learned and are continuing to learn how to meet your fears and move beyond them. Perhaps you don't think of yourself as particularly courageous or even confident. Maybe it's time to take a closer look.



<http://www.encephalitis.ca/>

For More Information

Contact:

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We are on the web:
www.suncountry.sk.ca



Acquired Brain Injury Program (ABI)

is a partnership between SGI and Sun Country Health Region. This program implements services and supports for persons with acquired brain injuries and their families. The goal is to provide individual and family support to people with acquired brain injury so that they may live successfully in their communities with improved quality of life.

The ABI program:

- Helps applicants who have a diagnosis of moderate to severe acquired brain injury and are medically stable.
- Gives priority to applicants who are 3 years post-injury.
- Helps people who are willing to participate in and benefit from services.
- Provides services to residents of Saskatchewan and are eligible for Sask Health coverage

Examples of Acquired Brain Injuries include:
Strokes, brain tumors, traumatic injury such as a blow to the head, brain infections (ex: meningitis, encephalitis) or lack of oxygen.

Men's Risks for Traumatic Brain Injury

The differences between men and women are apparent in the emergency room as well: It is estimated that two to three males sustain a traumatic brain injury for every one female (*The National Head Injury Foundation (NHIF)*). Some of the reasons for a higher rate of traumatic brain injuries among men are:

- *Men are more likely to engage in [risky behaviour](#) such as drinking and driving
- *Men are more likely to get into physical fights
- *Men are more likely to play contact sports like hockey and football
- *Men are more likely to have occupations that involve manual labour or the use of heavy machinery

The Facts on Traumatic Brain Injury

“Traumatic brain injury is the number one cause of death and disability for people under the age of 45, and in fact, under the age of 35, men are twice as likely as women to have a traumatic brain injury,” says Dr. Brad Hallam, a neuropsychologist and HealthChoices.ca partner. “The factors related to this are not completely understood, but what's interesting to point out is that the brain doesn't actually fully mature until the age of 25, and the part of the brain that is last to mature is responsible for things like judgement, insight and decision making. “Therefore, people in this age range are more at risk in terms of making poor judgements and poor decisions. Another factor related to that is that this is typically an age group where people are experimenting with the limits of drugs and alcohol.”

Preventing Traumatic Brain Injuries

Every year in Canada, about 11,000 people die as a result of traumatic brain injuries. However, there is good news: these numbers can be reduced.

“One of the exciting things about brain injury is the fact that it's so preventable,” says Dr. Hallam. “It's estimated that eight to nine out of every ten traumatic brain injuries could actually have been prevented. And, there's very practical things that can be done: wearing a helmet if you're skateboarding or snowboarding, knowing your own limits for alcohol, and wearing your seat belt in the car, for example.”

<http://www.healthchoices.ca>