



25th Annual Conference
on Neurobehavioural
Rehabilitation in Acquired Brain Injury

May 2-4, 2018

Hamilton Convention Centre
Hamilton, Ontario

The Evolving Landscape of Brain Injury Rehabilitation



25th Annual Conference on Neurobehavioural Rehabilitation in Acquired Brain Injury

Conference Goals

Evidence-Based Management of Concussion

- Gain an understanding of best practices and future directions for concussion care and management

The Evolving Landscape of Brain Injury Rehabilitation

- Reflect on the evolution of brain injury rehabilitation over the years
- Highlight current best practices and emerging advancements that could impact the future landscape of neurobehavioural rehabilitation in brain injury
- Make connections, share experiences, knowledge and practice through networking opportunities

Target Audience

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

Attendance Certificates

Conference attendance certificates will be placed in your delegate kit. Delegates are encouraged to review self-assessment guidelines issued by their professional college/association for continuing education credits. Continuing Medical Education Credits available.

Evaluation Prizes

Delegates who complete an evaluation form will be eligible for a draw. The draws will occur during lunch.

Casual Friday

Show your support for the Hamilton Health Sciences Patient and Family Learning Centre and Camp Down by purchasing a \$5 sticker and dressing casually on Friday May 4, 2018.

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 June Ciampichini at 905-521-2100 ext. 40339.

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.



Plenary Speakers

May 2, 2018 Evidence-Based Management of Concussion

Shawn Marshall MD MSc FRCPC
Department Head Physical Medicine
and Rehabilitation Bruyere Continuing
Care
Division Head Physical Medicine and
Rehabilitation
Professor Department of Medicine
University of Ottawa/Ottawa Hospital

Diana Velikonja Ph.D C.Psych MSc.Cp
Neuropsychologist, Acquired Brain
Injury Program Hamilton Health
Sciences, Assistant Professor,
Department of Psychiatry &
Behavioural Neurosciences,
McMaster University, Co-Director, SVA
Concussion Clinic, Burlington Ontario

Eric Koelink BMBS FRCPC Dip Sport Med
Assistant Clinical Professor, Pediatric
Emergency Medicine McMaster
Children's Hospital Hamilton, Ontario

Laura Purcell MSc, MD, FRCPC, FAAP,
Dip. Sport Med.
Associate Clinical Professor in the
Department of Pediatrics at McMaster
University Hamilton, Ontario

Michel Rathbone MD, CHB, PhD, FRCPC
Professor, Division of Neurology,
Department of Medicine
McMaster University
Hamilton Health Sciences

Rose Giammarco M.D., FRCPC.
Neurologist

Jason Archibald M.D FRSC (C)
Assistant Professor Otolaryngology
and Head & Neck Surgery McMaster
University
St. Joseph's Healthcare,
Hamilton Ontario

Lulu Bursztyn Msc., MD., FRCS(C)
Comprehensive and Neuro-
Ophthalmology
Assistant professor
Western University, London, Ontario

Jennifer Thompson MD, FRCPC, Dip.
Sport Med.
Associate Clinical Professor, Division
of Emergency Medicine, Department
of Medicine
Emergency Physician
Hamilton Health Sciences
and St. Josephs Hospital

Teresa Gambale BScN, RN Neuroscience
Nurse and Study Coordinator
McMaster University, Hamilton

Kate Macnamara RN, BA, BScN, MSN
Public Health Nurse
City of Hamilton Public Health Services
Healthy Environments, Injury
Prevention

Danielle Perkin BA, HSC (hons), RL
Community Intervention Coordinator
Regional Rehabilitation Centre
Acquired Brain Injury Program/
ABI Community Services
Hamilton Health Sciences

**Hamilton Health Sciences would
like to thank the Ontario Brain
Institute for their contribution
towards the day.**

Plenary Sessions cont'd p. 5 >

Wednesday, May 2nd: Evidence-Based Management of Concussion

11:15–12:30	Registration/Lunch Exhibits	
12:30–12:45	Announcements Welcome	John Zsofcsin, Carolyn Galand
1:00–1:45	Diagnosing and Treating Physical Symptoms Following Concussion <i>Clinical Practice Guidelines for Concussion – Adults (Updated ONF Guidelines – Version 3)</i>	Dr. Shawn Marshall
1:45–2:15	Assessment and Management of Cognitive, Mental Health and Emotional Sequelae Following Concussion <i>Clinical Practice Guidelines for Concussion – Adults (Updated ONF Guidelines – Version 3)</i>	Dr. Diana Velikonja
2:15–2:45	Refreshment Break: Posters and Exhibits	
2:45–3:30	Initial Diagnosis and Treatment of Concussion in Children <i>Pediatric Clinical Practice Guidelines</i>	Dr. Eric Koelink
3:30–4:15	Management and Prognosis of Persistent Symptoms of Concussion in Children <i>Pediatric Clinical Practice Guidelines</i>	Dr. Laura Purcell
4:15–5:30	The Role of the Specialist and Specialty Clinics in Concussion Neurological Management: Headache Management: Dizziness and Vertigo: Vision:	Dr. Michel Rathbone Dr. Rose Giammarco Dr. Jason Archibald Dr. Lulu Bursztyn
5:30–6:15	Navigating Patients Through the Concussion Landscape: A Collaborative Approach	Dr. Jennifer Thompson Danielle Perkin Teresa Gambale Kate Macnamara
6:15	Wine and Cheese Sponsored by Himelfarb Proszanski	Entertainment featuring Mike Mosher, Gary Blake, Sandra Sanmartin, Larry Zvonar

Plenary Sessions

Al Condeluci PhD

Building Community Through Social Capital

Brain Injury rehabilitation has been a viable discipline for many years, but it wasn't until the early 1980's, with the advent of the family and survivor movement, that focused attention has been paid to notions of everyday life. All individuals with brain injuries and their family members (as well as professionals who are involved with the family) are now interested in seeing themselves or their son/daughter/relative be successful in life. In fact, one of the biggest fears individuals and families have is that their loved one might be lonely or at serious risk as time goes on. Although none of us can predict the future, we can look at ways and means to better prepare for the future by understanding the impact of

friendships in our lives. Sociologists call this "social capital" and it is amazing what our relationships do for us. This session will review the progress to date in brain injury and examine more deeply how friendships can be better developed over time, and, in turn, build a more inclusive community.

Objectives:

Participants will understand the historical treatments experienced by people/families experiencing brain injuries.

Folks will be introduced to a community approach

Major aspects of friendships and social capital will be overviewed
4 key steps to developing more friendships will be explored.

Judy Gargaro BSc, MEd

John Zsofcin

Kelley Anstey

Carol Di Salle

Bringing a CPG into practice: Spotlight on implementation projects across the province

The INESSS-ONF Clinical Practice Guideline (CPG) for the rehabilitation of adults with moderate to severe TBI covers all major impairments following brain injury and provides the latest evidence-based practices. Twelve sites across the province are implementing selected guideline recommendations with implementation support from ONF. Three projects will be highlighted that address specific recommendations from the CPG: Coordination and collaboration with mental health and addiction services (HNHB LHIN); Building capacity across the province to prevent and manage challenging behaviours (West Park Healthcare Centre); and improving contextualized cognitive communication assessment and intervention

(Health Sciences North). Challenges and next steps in implementation will be presented.

Angela Colantonio PhD., OT. Reg.

(Ont.), FCAHS, FACRM. Director, Rehabilitation Sciences Institute. Professor, Occupational Science and Occupational Therapy, Dalla Lana School of Public Health. CIHR Research Chair in Gender Work and Health. University of Toronto Senior Scientist, Toronto. Rehabilitation Sciences Institute

Traumatic Brain Injury: Why We Need to Consider Sex and Gender in Research and Practice

This presentation will provide an overview of the concepts of sex and gender in relation to traumatic brain injury research and practice. Relevant research will be reviewed across levels of injury severity. New Canadian research initiatives addressing in equities in research on traumatic brain injury, mental health and addictions with a sex and gender focus are presented. Recommendations for practice and knowledge exchange will be discussed.

Chanth Seyone M.D FRCPC
Assistant Professor University
of Toronto

Managing Mental Health and Acquired Brain Injury in the Community

Managing individuals with mental health and acquired brain injuries in the community can pose significant challenges in diagnosis, treatment and intervention. Brain injury and mental health are often seen and treated as two entirely separate diagnoses or can be confused as being the same thing. It is often difficult to get mental health services for individuals with acquired brain injuries and acquired brain injury services for those with mental health issues.

Individuals who have experienced a brain injury may develop mental health issues. Some individuals may have had mental health issues prior to the injury that then become exacerbated as a result of the brain injury. Which came first? What needs to be treated first? Regardless of the cir-

cumstance, it is necessary to understand the overlap in symptomatology in individuals with dual diagnosis and how best to optimize care for these individuals. These will be the facets of this presentation.

Alison Madden PhD Psychology
Registered to practice as a
psychologist in the UK, South Africa
and Australia. Teacher certification
Certified Canadian Life Care Planner

The Cradle of Humankind: Take heed...

How do we heal or do we?

This talk will introduce the fundamental values of humanness embodied in the sub-Saharan morality as represented by the word “Ubuntu”. The Philosophy of Ubuntu emphasizes caring, connectedness, community and relationships between people, which are foundational to the brain injury rehabilitation model in South Africa.

A brief illustration of how this humanistic approach is practically implemented in a rural brain injury

program will be provided. How does it impact the day to day activities that make up the rehabilitation curriculum? How can it influence programs in other parts of the globe?

We will further discuss how this rehabilitation model has impacted our involvement in working with people with altered brains over the past 25 years; what we have lost, and what we have gained.

The purpose of this presentation is to provoke introspection, to re-assess a value system in rehabilitation and generate an essential curiosity in how we learn from other countries.

Alison Madden PhD Psychology
Alice Bellavance C.E.O.
Brain injury Services of Northern
Ontario

Exploring the Challenges of Working in Remote Areas with Individuals with the Effects of Acquired Brain Injury.

Individuals who have experienced a brain injury often have complex needs. In remote areas, geography,

culture and legislation may pose further challenges in supporting individuals with brain injury. In this presentation, complicating factors will be explored. Innovative approaches will be shared to highlight resourcefulness and resilience in remote areas.

Poster Presentations

There are several abstracts that will be presented as posters.

We encourage delegates to participate in judging the posters. Please make sure to view

the posters and have your selection entered by the refreshment break on Friday, May 4, 2018.

Selected posters will be acknowledged on Friday at the Farewell Lunch.

Concurrent Sessions

A1 Jeff Chartier Executive Director,
Brain Injury Association of Durham
Region

Katie Manikas Brain Injury Association
of Durham Region

Poverty and Brain Injury: Exploring Issues of Poverty and Brain Injury from a Community Based Agencies

53% of Toronto's homeless population report a history of traumatic brain injury and 70% of those individuals were not homeless prior to their injury. Through this presentation we will explore the challenges and barriers faced by people with brain injury struggling with poverty. We will outline our Transitional Support Coordinator Project and Homelessness Prevention Project which has been designed to explore these issues and investigate potential solutions related to cognitive impairment and poverty.

We will travel the path of poverty and homelessness and its impact on people with brain injuries. We will explore the maze of challenges, bar-

riers, and services through the lived experience of those involved in our programs. Our priority is to enhance the understanding of poverty cycles and how they relate to Brain Injury, and explore the cost of our current approach. We will explore the impact brain injury has on income, homelessness, and long term health. We then examine whether direct accommodation of this barrier will result in stability. Currently no housing support system exists to accommodate the specific barriers associated with brain injury despite evidence that a majority of the homeless population has experienced a brain Injury. It is understudied and lacks a comprehensive strategy that exists in other sectors (mental health and addictions). Through this presentation our hope is to develop and enhance community partnerships, in order to coordinate services that focus on poverty reduction.

A2 David F. MacDonald B.A. (Hons),
LL.B., Thomson Rogers, Personal
Injury Lawyers

Dinesh Kumbhare MD, MSc, FRCP(C),
Associate Clinical Professor,
Medicine/Physical Medicine and
Rehabilitation and Rheumatology

Innovation in Recognizing, Diagnosing and Treating Individuals with ABI is Essential

With reduced funding for community based services both in the public and community based spheres, innovation in recognizing, diagnosing and treating survivors is especially essential.

Building on the work of HHSC's own Dr. Michael Noseworthy and Dr. Dinesh Kumbhare, the coalescing of authoritative studies and peer reviewed journal articles confirm that Functional MRI testing is providing ground-breaking certainty and "positive findings" demonstrating the presence of and impact upon neurological functioning of concussion/mild ABI to moderate and severe ABI.

*Concurrent Sessions continued
on page 10 >*

Thursday, May 3rd: The Evolving Landscape of Neurobehavioural Rehabilitation in ABI

7:30–8:30	Registration & Continental Breakfast	
8:30–8:45	Announcements Welcome	John Zsofcsin, Carolyn Galand Theresa Smith, Rob MacIsaac
8:45–9:45	Building Community Through Social Capital	Al Condeluci
9:45–10:45	Bringing a CPG into practice: Spotlight on implementation projects across the province	Judy Gargaro, John Zsofcsin, Kelley Anstey, Carol Di Salle
10:45–11:15	Refreshment Break & Exhibits	
11:15–12:15	Traumatic Brain Injury: Why We Need to Consider Sex and Gender in Research and Practice	Angela Colantonio
12:15–1:30	Lunch & Exhibits	
1:30–2:00	Plenary Survivor Story	Jay Dukeshire
2:15–3:15	Concurrent Sessions A (Select One)	
	A1 Poverty and Brain Injury: Exploring Issues of Poverty and Brain Injury from a Community Based Agencies	Jeff Chartier Katie Manikas
	A2 Innovation in Recognizing, Diagnosing and Treating Individuals with ABI is Essential	David F. MacDonald Dr. Dinesh Kumbare
	A3 Legal Corner: Medical Marijuana – Going out on a Leaf: Legal Implications and Clinical Considerations	Troy Lehman, Deborah Tang
3:15–3:45	Refreshment Break & Exhibits	
3:45–4:45	Concurrent Sessions B (Select One)	
	B1 The Evolving Nature of Inter-Professional Collaboration for Successful Brain Injury Rehabilitation	Leslie Birkett, Diedre Sperry
	B2 Successful Transition: Finding a New Pathway to a New Community Home For Individuals with Acquired Brain Injury and Complex Needs	Perry Scott Jamie Mashford
	B3 Managing Persistent Symptoms after Concussion: The Parkwood Institute Experience	Shannon MacGuire
7:00	Celebrate with Friends Cocktails food stations and music 2 East Ball Room Sheraton sponsored by PIA Law: Oatley Vigmond, Thomson Rogers, & McLeish Orlando	

Friday, May 4th: The Evolving Landscape of Brain Injury Rehabilitation

7:45–8:45	Breakfast & Announcements	John Zsofcsin, Carolyn Galand
8:45–9:45	The Cradle of Humankind: Take heed...	Alison Madden
9:45–10:30	Concurrent Sessions C (Select One)	
C1	“The Neuroplasticity of the Community”: Building Community Support for Individuals with Acquired Brain Injury in Peel ,Halton and Dufferin	Deborah Tang
C2	Destructive Interference: Understanding the role of pre-existing PTSD as a factor in the diagnosis and treatment of TBI	Stacey L. Stevens, L. Craig Brown Sarah Baker, Sherrie Biemans-Copland
C3	Easing the Strain on the Brain: How to Effectively Teach Pain Management Skills to Brain Injury Survivors Through a Collaborative Family and Caregiver Supportive Group	Bronwen Moore
10:30–11:00	Refreshment Break & Exhibits	
11:00–11:45	Managing Mental Health and Acquired Brain Injury In the Community	Dr. Chanth Seyone
11:45–12:30	Exploring the Challenges of Working in Remote Areas with Individuals with the Effects of Acquired Brain Injury	Alice Bellavance, Allison Madden
12:30	Farewell Lunch	

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Functional MRI neuroradiological testing can visualize the functional and physiological sequelae of minor, moderate and severe ABI. Identification of functional impairments using fMRI testing results can enhance proper diagnosis of these injuries and help identify appropriate rehabilitation and treatment interventions.

The opportunity for identification of brain injury sequelae with the fMRI means fMRI costs may be appropriately funded by benefit providers.

For survivors of ABI arising from car accident trauma, once these positive findings are correlated with Extended Glasgow Coma Scale test results, ABI survivors, working with skilled clinicians and counsel may gain access to funding for rehabilitation and treatment they require for their catastrophic and non-catastrophic ABI impairments.

A3 Troy Lehman LL.B, Partner Oatley Vigmond, Personal Injury Lawyers

Deborah Tang B.Sc, Ph.D., C. Psych, Clinical Director, Clinical Psychologist with Specializations in Neuropsychology and Rehabilitation, Mind Forward Brain Injury Services

Legal Corner: Medical Marijuana – Going out on a Leaf. Legal Implications and Clinical Considerations

In 2018, marijuana will become legal in Canada. Legal and clinical considerations will be discussed. From a legal perspective, legislation, risks and benefit and legal implications of marijuana use in rehabilitation will be reviewed.

Emerging research that suggests that medicinal marijuana may be an effective treatment for individuals with traumatic brain injury during the recovery process, and may have neuroprotective effects on the brain. A case study presentation will explore the impact of medical marijuana as an effective treatment for some individuals with chronic ABI.

B1 Diedre Sperry Speech Language Pathologist

Leslie Birkett Occupational Therapist

The Evolving Nature of Inter-Professional Collaboration for Successful Brain Injury Rehabilitation

In today's rehabilitation reality, it is well known that successful inter-professional collaboration improves the accessibility and quality of programming offered. Also, with today's fiscal restraints, collaboration is essential in order to best meet patient needs and aid in achieving optimal outcomes.

However, there remains a lack of knowledge and understanding regarding effective collaborative models. This continues to challenge educators, health care providers and health organizations. While collaboration is considered a "gold standard", how we do that is not as well identified.

People living with the effects of acquired brain injury have complex presentations and for decades the literature has identified that reha-

bilitation requires input from a broad spectrum of allied health care professionals working in partnership with the patient, their family and support system. With current knowledge related to brain connectivity and the need to focus on meaningful functional goals after brain injury, the need to work together is even more important.

Although it is understood that the team approach is beneficial, it requires strong knowledge of various health disciplines and their philosophical underpinnings. Given the complexity of real world rehabilitation, an integrated overlap between disciplines is inevitable. The territorial approach to rehabilitation is redundant and ineffective.

This presentation will review the key elements of effective inter-professional collaboration and share "the magic ingredients" necessary for success. Case studies will be shared that illustrate successful inter-professional collaboration.

Building collaborative alliances that go beyond traditional role categorization is a process that, when done properly, improves patient satisfaction and outcome.

B2 Perry Scott Manager, Brain Injury Services

Jamie Mashford Case Facilitator, Brain Injury Services

Successful Transition: Finding a Pathway to a New Community Home for ABI Individuals with Complex Needs

Brain Injury Services (BIS) is one of two (tbc) agencies in Ontario serving people with acute, chronic acquired brain injuries. Since there is no “cookie-cutter” approach to care planning for people with the most complex brain injuries, BIS uses a number of patient-centered approaches to help clients achieve both short and long-term goals. Two case studies will be shared to demonstrate how a multidisciplinary, collaborative approach to care is making a difference for ABI clients and their families. As people with

ABI live longer with more complex chronic conditions, including mental health, collaboration between health providers is an urgent priority. With a priority to ensure access to care for people with ABI where they live, innovative collaborations are paving the way to ensure access to acute care when it is required, with the safety net of comprehensive community support for continuity of care.

B3 Shannon MacGuire BHSc(PT), St. Joseph's, London, ON

Managing Persistent Symptoms after Concussion: The Parkwood Institute Experience

With the increased awareness and recognition of concussion many more people are seeking treatment after sustaining an injury. It is estimated that 20% of injuries result in persistent symptoms that impact an individual's ability to participate in work, school, sporting and social activities. In those cases treatment from a multidisciplinary team is the recommended

standard of care but there are limited publicly funded options available for multidisciplinary treatment. Over the past seven years, the Acquired Brain Injury Outpatient Team at Parkwood Institute has developed expertise treating individuals with persistent symptoms after concussion/mTBI. This presentation will review the Parkwood Institute model of care including an overview of our treatment groups and favourite treatment strategies.

C1 Deborah Tang B.Sc, Ph.D., C. Psych, Clinical Director, Clinical Psychologist with Specializations in Neuropsychology and Rehabilitation, Mind Forward Brain Injury Services

“The Neuroplasticity of the Community”: Building Community Supports for ABI in the Regions of Peel, Halton and Dufferin

Background and Aims: Acquired Brain Injury (ABI) is complex, requiring the support of many, including caregivers, professionals and much more. Of particular importance is the maintenance

of independence and the ability to live independently. As brain injury can often impact an individual's independent activities of daily living (iADL), this can make achieving the goal of independence extremely difficult.

The purpose of this study is to take a detailed look at how community support services can enhance the lives of individuals living with ABI and to create a forum for discussion on ABI, difficult clients and how to help them. It is the synergies and unexpected ‘connections’ that occur that open up discussion to wonderfully creative new conceptions of community ‘connectedness’.

Individuals living with ABI in the community were provided time limited supports through supported living assessment program, respite/functional assessment program. Through data and case presentation, the impact of these interventions will be shared which reveals that these programs are effective at

supporting those living with ABI, giving caregivers and individuals living with ABI, the tools they need to live as independently as possible. This brief discussion also opens 'pathways' to unexpected connections within, and between the partners in, our communities!

C2 Stacey L. Stevens LL.B, Partner,
Thomson Rogers Personal Injury
Lawyers

L. Craig Brown LL.B, Partner, Thomson
Rogers Personal Injury Lawyers

Sarah Baker Ph.D., C.Psych, Psychologist

Sherrie Biemans-Copland B.Sc., Ph.D.,
C.Psych. Neuropsychologist

Destructive Interference: Understanding the role of pre- existing PTSD as a factor in the diagnosis and treatment of TBI

Pre-existing trauma and PTSD present significant challenges when it comes to diagnosis, assessment and treatment of a traumatic brain injury. Patients with PTSD quite often develop strong adaptations and vulnerabilities that can subsequently

complicate their response to TBI. They may present with symptoms of autonomic hyperarousal, hypervigilance, over-focus and, in extreme certain cases, disassociation. They are also much more vulnerable to being retraumatized by events that others may find frightening but not traumatizing.

This leads to a significant number of TBI patients experiencing a prolonged, complicated, or incomplete recovery. From a rehab perspective, their outcomes are disproportionately worse than what is predicted by the objective facts of the traumatic brain injury. As a result their recovery trajectories may be atypical.

If the impact of PTSD is not appreciated and effectively managed, there will not only be a lack of progress over time but deterioration which leads to further misunderstanding of injury-related needs, a higher risk of misdiagnosis and allegations of malingering resulting in a denial of treatment and financial compensation.

C3 Bronwen Moore Occupational
Therapist, University Health Network
– Toronto Rehab

Easing the Strain of Pain on the Brain: How to Effectively Teach Pain Self-Management Skills to Brain Injury Survivors

Pain is very common after sustaining a brain injury: up to 70% of brain injury survivors have long term pain concerns. Pain can be a significant barrier to function and progress towards treatment goals. Research shows that pain self-management education can be an effective intervention. However, clients with a brain injury can have unique learning needs related to cognitive impairments and the neurological aspects of their pain. The Toronto Rehab Brain and Spinal Cord LEAP Service has created a pain self-management education group that is specifically tailored to teach strategies effectively to clients with neurological conditions including cognitive impairment, and a research study is in progress to evaluate this model's effectiveness.

This presentation will begin with an overview of research about pain concerns among clients with brain injury, risk factors for persistent pain, and evidence supporting the value of pain self-management education. Best practice approaches for self-management of pain will be outlined, including: 1) teaching patients about pain science in an understandable way; 2) teaching stress management, breathing and relaxation techniques; 3) encouraging task persistence by adapting movement and activity through pacing principles and therapeutic approach; 4) working with difficult thoughts and feelings through cognitive-behavioral and acceptance based techniques; 5) addressing sleep concerns through lifestyle change; and 6) enhancing assertive communication skills. A resource list will be provided and reviewed with helpful books, websites and apps for clinicians to use in their work.



Celebrating 25 years
of Hamilton
Health Sciences
Annual Conference
on Neurobehavioural
Rehabilitation
in Acquired Brain Injury

PIA
Celebrates with friends
Thursday May 3rd
at the Sheraton Hotel
East Ballroom – 2nd floor

7 pm – Cocktails, food stations
& appetizers

Music by Karla Crawford

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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 and just past Bay St., turn left at Summers Lane for the Hamilton Convention Centre parking garage.

From Toronto and Beyond

Take the QEW West to Hwy 403 Hamilton. Exit at Hwy 8 West/Main Street exit in Hamilton. Follow Main Street and just past Bay St., turn left at Summers Lane for the Hamilton Convention Centre parking garage.

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. Follow King Street just past James Street and the MacNab Street Bus Terminal. There is an entrance to the Hamilton Convention Centre parking garage off of King Street on your left.

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 St. W.
905-529-5515 or 1-800-514-7101
- Staybridge Suites
Hamilton - Downtown
20 Caroline St. S., Hamilton, ON,
CA, L8P 0B1
905-527-1001 or 1-877-600-8550

*A limited number of rooms have been block booked at the conference rate and are available on a first come first served basis until April 4, 2018.

For further information please contact

June Ciampichini

ABI Conference

Phone 905-521-2100 ext. 40339

Email ciampich@hhsc.ca

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conference social media YES NO

Confirmation of registration

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

Registration includes breakfasts, lunches, refresh-
ment breaks, reception, and delegate kits.

Concurrent Session Selection

I will attend (please circle):

Session A1 A2 A3

Session B1 B2 B3

Session C1 C2 C3

Please indicate any dietary requirements:

- Gluten Free
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 Vegetarian
 Other _____

Delegate Registration Fees

Pre-Conference: Evidence-Based Management of Concussion

Early Registration before April 13, 2018

- Single \$150
 After April 13, 2018 \$200
 Caregivers/Full-time students \$75

The Evolving Landscape of Brain Injury

- Single Registration \$350
 After April 13, 2018 \$400
 Caregivers/Full-time students \$150

**Evidence-Based Management of Concussion/
The Evolving Landscape of Brain Injury**

- Single Registration \$450
 Caregivers/Full-time students \$200
 After April 13, 2018 \$500

Exhibit space

(Available on a first come first serve basis)

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 **09:00-10:30 a.m. on May 2, 2018. Alternate set up time is Thursday May 3 from 6:30-7:30 a.m. Removal time** is from **2:00-3:00 p.m. on May 4, 2018.**

Exhibitor Requirements

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

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

I CONSENT to having pictures of me shared on conference social media YES NO

Exhibitor Registration Fee

Exhibitor Registration includes display area and registration for one exhibitor. Additional persons must register at the delegate rate.

- Early Registration** \$800
Includes one registration
- Registration** \$900
After April 13, 2018

Exhibitor Registration

Name

Organization

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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 23, 2018 will be refunded. No refunds will be issued for cancellations received after this date.

Payment

On-Line Registration:

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If paying by cheque, please make cheque payable in Canadian funds to **Hamilton Health Sciences Foundation Fund 4774**

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June Ciampichini

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