

THE BRAIN HEALTH

MAGAZINE

LIFE COMES FULL CIRCLE

For Domestic Violence Survivor
Janice Podzimek

Domestic Violence:
Harmful to Women & the Fetus

Any Form of Abuse is an
**ACT OF
VIOLENCE**

THE
DOMESTIC VIOLENCE
ISSUE

JAN/FEB 2021
VOLUME 3 | ISSUE 1

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The Brain Health Magazine® (ISSN 2688-6065) is a bi-monthly publication with 6 issues each year. To order a subscription, visit www.thebrainhealthmagazine.com. For address changes or advertising information, please email: hello@thebrainhealthmagazine.com.

2000 Forest Street | Hastings, MN 55033 | www.thebrainhealthmagazine.com

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FROM THE EDITOR

**AMY ZELLMER,
EDITOR-IN-CHIEF**

This month we are covering an important topic: domestic violence . . . also commonly referred to as Intimate Partner Violence. This issue may feel too “heavy” to some readers, but please understand that this is an incredibly important topic. Reading this issue may just help you save your or someone else’s life.

Violence can come in many different forms, and isn’t always physical. It can be emotional and controlling. It often starts off subtly, trying to cut you off from your family and friends. Maybe they push you around a little bit, or they want to argue with you and put you down. Regardless of how it happens, it is never OK.

When I look back at my younger self, I can see the ridiculous relationships I allowed myself to be a part of. He was always funny and charming, and had a lot of friends. He was smart, and kind, and always knew the right thing to say. However, once he had a drink or two in him and everyone had left for the night, he turned into a completely different creature.

He would tell me I was nothing without him. I was worthless. I was ugly. I was fat (I was 120 pounds at the time), that I should be thankful for him, because no other guy would ever want me. If another guy talked to me, or even said “Excuse me” in the grocery store aisle, he would puff up his chest and tell me to quit flirting with other men. Then one night, he actually hit me.


I was surprised and caught off-guard, I punched him back, right in the face. The look on his face was sheer shock. He couldn’t believe I had fought back. But all the while he had been demeaning me, I knew deep down that I

wasn’t the person he tried to make me think I was. I knew my self-worth and I knew that if he ever hit me, I would hit back.

I left that relationship a few weeks later, only to wander into another similar situation. Fortunately, I realized it a lot quicker this time and left him with a ring in the palm of his hand and a confused look on his face.

I’m many years older now, and I realize none of it was my fault. These men had their own issues, and each most likely went on to treat the next woman in their life the same way — though I am hopeful that perhaps they realized the error of their ways.

Most women in abusive relationships are not as lucky as I. They feel trapped and don’t have the emotional or physical energy to leave. They have likely received a brain injury at some point from the constant physical abuse and aren’t thinking clearly. They have no idea where to run or who to turn to. These men are very good at what they do — controlling their partner, and they have likely been cut off from those who can help them.

If you are in an abusive relationship, or have a friend that you want to try to help, please reach out to the National Domestic Abuse Hotline: 800-799-SAFE (7233) 

Peace and glitter,





TRAUMATIC BRAIN INJURIES

in Considerations of *Domestic Violence*

BY JACOB MEYER
LSW, LAC



Domestic violence is an incredibly complex and all too common occurrence in our world. Although “violence” is in the name, domestic violence and abuse includes far more than physical and sexual abuse, and often consists of emotional, verbal, psychological, and financial abuse, and far more. In this article, we will focus on physical violence resulting in traumatic brain injuries, which occur far too often in these environments.

The physical violence that occurs is an escalation of aggression typically experienced after the pathological attachment has taken root, with themes of isolation, doubt in a sense of reality, and escalation in boundary violations.

These relationships very often fall into a cycle of abuse consisting of three phases:

1. *mounting tension*
2. *an acute incident of domestic violence*
3. *a period of re-engagement (or the “honeymoon” or “hook” phase)*

This dynamic will progressively get worse over time with aggressive acts becoming more severe and normalized, with the survivor suffering from more psychological and physical harm. The further the dynamic goes, the harder it is for the survivor to get out, due to many factors, including safety concerns, financial concerns, and the “hook” that happens in the third phase of the cycle of abuse, just to name a few.

As this progresses, the more intense the violence gets, and further complications arise if a traumatic brain injury is suffered.

At Integrated Health Systems, I work with patients who have suffered from traumatic brain injuries and domestic violence. As awareness of domestic violence and the harm it creates enters more into the public consciousness, there is still a lag in the understanding of the effect of traumatic brain injuries and their impact on mental health.

When traumatic brain injuries are suffered in incidents of domestic violence, it can create a negative synergy that further disrupts the survivor’s ability to escape. The recovery period from traumatic brain injury complicates a person’s emotional regulation, thought clarity, balance, and fatigue levels. The mental health impacts of a traumatic brain injury bring out consistent symptoms of anxiety and depression based upon the severity of the injury. So we have a person that is under extreme relational trauma who is also experiencing the physical trauma of a traumatic brain injury. Things have gone from bad to worse, making it more and more difficult to leave the dynamic.

It’s important to discuss some of these special considerations, to help educate further on why domestic violence survivors stay in these environments, often making multiple attempts to fully disconnect.

Human beings are interdependent creatures that need and seek attachments to survive. At the decision point of leaving, a person is confronted with leaving a dysfunctional attachment for no attachment at all. A person who is already experiencing a pronounced fight-or-flight survival

response will typically stay in order to maintain their current level of functioning. Adding a traumatic brain injury that also complicates the person's ability to function and work, makes the person less likely to have the ability to leave.

When we are in survival mode for a long period of time, our body and mind typically will cling to any sense of normalcy, rather than face the threat of the unknown. A dysfunctional system is often interpreted as better than no system at all. Adding in the layer of traumatic brain injuries allows us to see how it further complicates a dysfunctional environment.

Domestic violence continues to be a significant and debilitating issue within our culture. Traumatic brain injuries suffered in these relationships can further impair someone's ability to disconnect and find safety in their life.

If you, a loved one, or someone you know is suffering from domestic violence, please contact a local shelter for support. Even if it feels like there is no way out, these resources can provide safe and practical options for moving forward. ♧

Jacob Meyer, LSW, LAC, is experienced in working with patients who are experiencing chronic pain, chronic illnesses, TBIs, autoimmune issues, anxiety, depression, trauma, addiction, perfectionism, and relational dysfunction. Jacob is passionate about helping his patients become stronger through the therapeutic process and understands that issues present in ways that are unique to every individual. Jacob works to help you find your way through what you are experiencing and on to a path that you want to take.

SHEDDING LIGHT *on Intimate Partner Violence and Brain Injury.*

BY DR. ELIZABETH MCNALLY



One in four. One in seven.

Without any context, those numbers probably mean nothing to you. What happens when you find out that they represent the individuals in the United States who suffer severe physical violence by an intimate partner in their lifetime?

Does one in four women and one in seven men take on a whole new meaning now?

The numbers are staggering. However, the public discussion of this epidemic in our society is nearly inaudible. This type of physical violence, and its associated long-term consequences, impact millions of US citizens, regardless of race, ethnicity, or socio-economic status.

Falling under the umbrella of Intimate Partner Violence (IPV), also known as domestic violence, is "severe physical abuse," which is defined as: "hitting, punching, slapping, kicking, strangulation, and/or the use of weapons/objects to inflict injury on another person." Severe physical abuse is also the most commonly recorded form of IPV, with the lifetime number of victims estimated to be near 40 million.

As a result of severe physical abuse, traumatic brain injuries often occur. They are typically the result of direct mechanical forces, including penetrating vs. non-penetrating injuries, and can occur with or without focal injury (such

as a hematoma or hemorrhage), or via secondary injury at the cellular/molecular level, such as what occurs in ischemic (loss of blood flow) or hypoxic (loss of oxygen) events.

The most common type of traumatic brain injury is referred to as Mild TBI/mTBI, or Concussion. Mild TBIs are most commonly identified as being induced by biomechanical forces, such as with a direct impact to the head/face or neck, or via indirect force, transmitted to the head by impact(s) elsewhere on the body. Other forms of mTBI, related to IPV, are the result of asphyxia (deprivation of oxygen to body tissues), most commonly by strangulation. Strangulation is defined as external pressure applied to the neck, resulting in the closure of some or all of the blood vessels and/or air passages of the neck, which results in the loss of oxygen and compromises blood flow to/from brain tissues. The lack of oxygen immediately begins to induce cellular/metabolic changes. On average, within 6.8 seconds an individual can be rendered unconscious; brain death can occur as early as 62 seconds. Of the one in four women who are victims of IPV, evidence suggests that up to 68% will experience near-fatal strangulation by their intimate partner.

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Through many years of research into sports-related concussions, blast-related concussions among military personnel, and concussions suffered as a result of falls or motor vehicle accidents, it has become evident that a large number of these injuries are likely under-reported. The lack of reporting is believed to be a result of a lack of understanding among the public and the medical world, that has gone on for years and years pertaining to both the immediate and long-term diffuse physiological, neurochemical, and functional effects associated with brain injury. As the science has progressed, and research has begun to focus in on the short-and-long-term consequences, public awareness has begun to increase, but not to the level that one would hope.

Consequently, reporting of IPV injuries to medical personnel is minimal in relation to the number of incidents that occur each year. Statistics have shown that a mere 3% of strangulation victims seek medical care, and that in both non-fatal and fatal strangulation cases, only 50% of victims have visible injuries (such as bruising, abrasions, petechiae, swelling, etc.). Of those who do seek medical care, immediately following or in the days-to-weeks following the abuse, the screening and diagnosis of mTBI, historically speaking, has been overlooked by emergency medical personnel, even in instances where visible injuries to the head and face were, in fact, present. As a result, patient education related to mTBI/concussion signs/symptoms, and options for care, have been lacking, yet the frequency of mTBI/concussion injuries among victims of IPV is estimated to be significant. Among survivors, many factors are suspected to play a role in the under-reporting of intimate partner violence, most notably the psychological and emotional manipulation/abuse that the perpetrator also uses to victimize, which often results in downplaying the severity of the situation, or results in fear of the consequences that may be inflicted upon them by the abusive partner.

It is important for survivors to know that there have been significant changes over the years within the medical and legal systems, law enforcement, and among the countless advocacy organizations throughout the United States. These changes have been directed toward improving education of involved personnel, enhancing support and

services for victims/survivors, and effectively establishing cases against perpetrators.

Statistics gathered by the National Intimate Partner and Sexual Violence Survey (2010-2012) indicated that the number of both women and men with a history of IPV was significantly higher in reporting adverse health conditions/symptoms than those without a history of such violence. The most common complaints included frequent headaches, chronic pain, difficulties with sleep, and limitations in activities. Consequently, some of the most commonly identified symptoms associated as sequelae of mTBI/concussion include:

- *Physical symptoms (headaches, dizziness, fatigue, visual changes, noise sensitivity, light sensitivity, pain, etc.)*
- *Cognitive symptoms (attention problems, brain “fog,” memory impairments, difficulty forming thoughts, etc.)*
- *Emotional symptoms (aggression, depression, lability, etc.)*
- *Sleep disruption (difficulty falling/staying asleep, disruptions in normal sleep schedule, etc.)*

Providers with advanced specialty training in concussions and traumatic brain injuries are capable of accurately diagnosing and developing a rehabilitation plan specific to the clinical presentation of each individual patient.

One in four women. One in seven men.

You don't have to suffer in silence. You are not alone. You are a survivor. ♂

Dr. Elizabeth McNally, DC, DACNB, FABCDD, FABBIR, FABVR is the founder and clinician of *MidCoast Chiropractic Neurology*, in Brunswick, ME. As a medical trainer with the *Cumberland County Violence Intervention Partnership*, she is part of a multi-disciplinary team consisting of *Victim's Advocates*, members of *Law Enforcement* and the local *District Attorney's office*. This Partnership Team provides trainings specific to *Strangulation* for other *Advocates*, *Law Enforcement officials* and *Medical Personnel* in the state of *Maine*.

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Domestic Violence: Harmful to Women – and the Fetus

In-Utero Stress May Affect Child Learning



BY DEBORAH ZELINSKY, O.D.

Pregnant women subjected to domestic violence, both physical and psychological, are more likely to give birth to infants with abnormalities in eye-hand and eye-ear coordination, have future difficulties in learning, and problems related to mood and behavior regulation. These children often are given labels on the autism spectrum, including attention-deficit (with hyperactivity) disorder (AD(H)D) and pervasive developmental disorder (PDD).

Women in domestic violence situations are under chronic stress and anxiety, and scientific evidence shows that this stress can significantly impact development of the fetal brain and central nervous system, ultimately retarding maturation of the newborn's visual processing capabilities. Ongoing stress, of course, affects the mother as well. Beyond the physical effects of violence, such as traumatic brain injury and all its related symptoms, living in constant fear and anxiety can lead to neuropsychiatric disorders, depression, and post-traumatic stress disorder (PTSD). Physical violence to a pregnant mother also can startle the unborn baby in a way analogous to a person being rear-ended in a car accident. Out of nowhere, there is a sudden, jolting shock to the brain.

The Mind-Eye Institute is internationally known for its work in stimulating, modifying, and regulating patients' visual processing. The term "visual processing" refers to the brain's almost instantaneous ability, consciously and subconsciously, to take in external sensory signals (from eyesight, hearing, smell, taste, and touch), combine them with a person's internal sensory signals (such as head position and muscle tension), and process the information, allowing a person to react and respond to his or her environment.

When functioning normally, visual processing enables people to understand and interact appropriately to the world around them. When brain circuitry is disrupted due to injury or neurological disorders such as PTSD, people become confused about their surrounding environment and exhibit inappropriate reactions and responses to movement, sounds, and light. For example, someone under stress might catch something moving out of the corner of the eye and visualize a threat, initiating a cascade of body reactions and thoughts. The same movement seen by someone not under stress would either be ignored or investigated more closely to determine the innocuous source. That person's mind would be in "logic mode" rather than "emotional mode," and their body would remain calm.

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Visual processing skills are essential to all aspects of learning, but these are the very skills that can be affected when the fetus is exposed to high levels of environmental stressors. Stressors after birth can hypersensitize peripheral eyesight, putting a newborn into fight-or-flight mode. Stressful factors also can prevent the natural decline of a child's protective mechanisms, such as the Moro (protective) reflex. The lack of integration of those primitive reflexes can often compromise needed development of postural reflexes that, subconsciously, govern posture, body alignment, head control, and eye-hand coordination.

As an infant reaches several months of age, both its binocular visual system — the peripheral eyesight of each eye that starts to synchronize — and its posture, should be noticeably developing. The child learns to sit and hold up its head.

However, studies increasingly indicate that a mother's overproduction of stress chemicals causes higher levels of those chemicals to cross the placental barrier. The result may be a slowing or inhibition of the infant's reflex-maturation process after birth.

The vestibular system is the only system fully developed at birth. Hypersensitivity in that system can affect such factors as a child's balance and eye-hand coordination. Visual-perceptual and eye-ear disorders can be manifested by abnormal eye movements, and stress can induce sensitivity to light and sound, as well as slowed reactions to moving objects. The Mind-Eye team is able to test such reflexes in babies as early as four months of age.

All of these factors can, and do, impact a child's later ability to learn and to interact normally with others. The Mind-Eye Institute combats symptoms of brain injury and neurological disorders and helps develop, or re-establish, patients' visual processing capabilities by using therapeutic eyeglasses and other advanced mind-eye techniques. "Brain" glasses bend light in different ways across the retina, which is composed of brain tissue and is part of the central nervous system.


"Brain" glasses are not about achieving 20/20 clarity. They are designed to improve patient comfort by rewiring dysfunctions in peripheral retina signals. The intent is to resynchronize brain circuitry between motor and sensory systems in order to improve a patient's overall visual processing. The motor and sensory circuitries are meshed with other systems due to interactions of the retina directly with brain stem and limbic functions. In babies,

though, usually simple activities are effective for altering development, without the need for lenses.

Light is the way in which the retina communicates with the brain, and the brain responds. The light is first converted into chemical signals, which then trigger electrical signals that propagate through nerves. In fact, the eye plays a critical role in routing information through multiple pathways to the brain's cortex. Variance in light signals can create new brain signaling pathways that are uncorrupted by injury or disease, or rebuild or, more often, circumvent damaged ones, thereby enhancing a patient's spatial awareness and perception. Of course, in the brain, signaling pathways are two-way streets, and the retina receives signals from the body also.

In one of the latest studies, appearing in a 2019 issue of the Proceedings of the National Academy of Sciences, researchers state that "pregnant women [who are considered] in the top 15% for prenatal anxiety and depression have offspring with an estimated two-fold increased risk for a mental disorder (namely, attention deficit hyperactivity disorder or anxiety), and this effect extends from childhood through adolescence." These same authors also link high fetal stress with lower intelligence scores, language development delays, and autistic traits.

Optometrists are in position to be at the forefront of developing or re-establishing normal brain function by using eyeglasses and/or visual-learning activities to alter patients' nervous systems. We are in an era of neuroscience that is providing us much more knowledge about the interdependence between mind and body. Those continual scientific discoveries are enabling optometrists and other professionals to assess and address symptoms related to brain injury, learning difficulties, and other neurological disorders.

The suffering caused by domestic violence during pregnancy does not have to alter a child's future." 

Deborah Zelinsky, O.D., is a Chicago optometrist who founded the Mind-Eye Connection, now known as the Mind-Eye Institute. She is a clinician and brain researcher with a mission of building better brains by changing the concept of eye examinations into brain evaluations. For the past three decades, her research has been dedicated to interactions between the eyes and ears, bringing 21st-Century research into optometry, thus bridging the gap between neuroscience and eye care.

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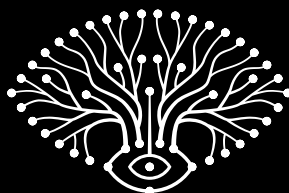


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BY JAMES A. HEUER, PA

DOMESTIC ABUSE and *Traumatic Brain Injuries*

Domestic abuse and TBI have been linked through data; however, very limited research has been conducted because many instances of domestic abuse go unreported. The research that has been done is consistent with the indication of the severity of the issue. Since domestic abuse victims are usually exposed to instances of repeated violence, the effects are incremental. It is difficult to know if symptoms that follow domestic violence situations are a result of a TBI, emotional trauma, or both. A victim may suffer from a TBI without knowing it if she had no severe trauma, did not lose consciousness, did not experience obvious symptoms at first, or received no medical care. In the case of a TBI, some of the symptoms to watch for include most commonly:

- Headaches
- Fatigue
- Memory loss
- Depression
- Difficulty communicating


Changes in behavior, personality, or temperament, such as irritability, difficulty tolerating frustration, and abnormal emotional expression are also strong indicators of TBIs.

Living in an environment of domestic violence can make it more difficult for the victim to recover from a TBI. Head and neck trauma are some of the most common issues in domestic violence and many victims are often blamed for the resultant cognitive impairment. Since many cases go unreported, the data between the link of traumatic brain injury and domestic violence is sparse. What we do know is that women face a greater risk of TBI than men, due to the fact that *women have more delicate cranial bones and neck muscles.*

One in seven women have been injured by their partner. Of the reported instances the number of head injuries is alarming. Leaving a domestic abuse situation becomes even more difficult when a TBI occurs because it largely impacts decision-making abilities, energy levels, and even financial independence.

Traumatic brain injuries occur when the blow to the head causes interruptions to normal brain function. TBI-related symptoms result in women, and men, commonly needing help from legal services, medical, and counseling professionals.

Neurologist Glynnis Zieman, working at the Barrow Concussion and Brain Injury Center, has seen hundreds of domestic violence survivors. In the past couple of years, she found that domestic violence patients are a new chapter of brain injury. Working with victims of domestic violence who have been diagnosed with a TBI isn't easy, but the following strategies can assist a service provider in helping an individual's cognition, behavior, and executive functioning impairment.

- Break down safety planning into smaller steps and sequences
- Reduce distractions, such as bright lights and noises during meetings
- Review safety planning frequently
- Aid in development of goals, time management, checklists
- Coordinate with the individual to help with rehabilitation, support services, and independent living 

James A. Heuer, PA, a personal injury attorney helping individuals with TBI after suffering one himself, is located in Minneapolis, Minnesota.



**Want to learn more about Amy's journey?
Purchase her books on Amazon!**

"Amy is a prime example of how powerful and life-changing combining personal experience, passion, and advocacy can be."

— Ben Utecht, 2006 Super Bowl Champion and Author



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BY ED ROTH
PHOTOS BY PAUL MARKOW



Life Comes Full Circle

For Domestic Violence Survivor Janice Podzimek

While October is set aside as Domestic Violence Awareness Month, every month of the year you can find Janice Podzimek doing everything she can to make sure those in danger are safe. This is particularly pressing as the spread of COVID-19 has led to a surge in domestic and family violence across the country and added extra challenges for those working hard to ensure the safety of those in danger of family violence.

While staying at home has been suggested for avoiding infection, being in close quarters has been an inescapable nightmare for some. Abusive partners are unable to handle the pressures of isolation and escalating financial upheaval, adding stress and trauma to the life of the abused. As a result, some abusers are likely to develop anxiety disorders, depression, and/or suicidal ideation, leading to them acting out violently on those closest to them.

It's important to understand that the abuser has developed a carefully planned bond with their victim: When they have built trust, they can then slowly tear away that trust, but never completely erode it. Control and power over the victim is the ultimate goal.

Before COVID-19 entered our everyday lexicon, survivors of domestic abuse had outlets outside the home, like work, school, or regular visits with friends, where others recognized the signs of mistreatment and friends could notice changes or stress. Without those outlets, there are fewer chances for intervention.

For three decades, Podzimek has been finding resources and community support for victims, which can mean the difference between life and death.

Earlier in her career, Janice worked at the Minnesota Brain Injury Alliance (MNBIA) and volunteered at Tubman Shelters, where she collaborated with MNBIA to customize the HELPS brain injury screening tool for use in domestic violence shelters. It allowed her to build a great foundation for her current role as Interpersonal Violence Liaison at the Brain Injury Alliance of Arizona (BIAAZ) where she continues to use her deep understanding to create solutions, often providing a personal touch. "When your life is in upheaval due to removing yourself from a violent situation, there is a lot on your mind" Janice said. "However, after they are safe, we want people to know it's okay to take care of themselves and talk to someone about the possibility of brain injury."

Many survivors of violence are focused on their day-to-day survival and not focused on their brain health. Studies have shown that in domestic violence situations, 90% of the blows land on the face and the head. The potential to affect the brain, temporarily or permanently, is great. And it doesn't even have to be a blow to the head to cause a brain injury.

"Studies have shown that in domestic violence situations, 90% of the blows land on the face and the head. The potential to affect the brain, temporarily or permanently, is great. And it doesn't even have to be a blow to the head to cause a brain injury."

"Throughout my career, I have been able to work with survivors of violence who don't understand that things like choking or strangulation during an attack can cut off the supply of oxygen to the brain, causing a brain injury," Janice said. Her work with survivors has led to a lot of "aha" moments as the survivors learn about the possible brain injuries that could have occurred.

After relocating to Arizona, Janice started work at the Brain Injury Alliance as the Director of Survivor and Professional Programs, before identifying the need for specialized support for survivors of all types of violence and stepping into that role.

She stresses the importance of careful planning. "Studies show that, for many, leaving the abuser can be one of the most dangerous times," warns the Duluth, Minnesota, native. "If they (the abuser) finds out the victim's plan to leave, their rage and power control turns into increased abuse, and all too often, murder."

So, why do some stay with their abusers?

"There are many reasons," says Podzimek. "There is the fear of children or pets being harmed or killed. Also, many don't have the financial ability to just walk away. They are truly trapped."

Continued ...

What's more, "the constant bumps, blows, and jolts to the head and neck make it hard to think clearly and make any plans. But that's not all. There is the feeling of shame if people knew what was happening, then the fear of starting life over on your own, without the abuser."

She knows from her own personal experience.

In her current role, Janice guides Arizona-based survivors of violence through the maze of medical, legal, neuro, and community resources. The mission is personal. Fifteen years ago, Janice was in need of some help herself. She was, at that time, a survivor of domestic violence. The breaking point came after her then live-in boyfriend brutally attacked her while she was sleeping. "That's when I decided enough is enough, I need to leave him and this abusive relationship" she recalled.

In hindsight, she recognized the signs. "For me, it was the isolation from my friends and family, not being allowed to see or speak to them as much as I wanted.

"Also, he would tell me that he could harm or kill me and no one would find me. When someone tells you that, and you know they are serious, it chills you to the absolute bone."

There were other warning signs that she was in an abusive relationship. "Not only did he control the household finances, but he would humiliate me about various things in front of others.

"He would get raging mad at seemingly little things. Later, he would say he was sorry for hurting me and wouldn't do it again, but of course he did, and the abuse got worse."

Podzimek planned her escape for weeks, making sure he didn't know any of the details, or that she was even thinking of leaving. "I went through days as normal. When the time came, and I knew he would be out of the house for a few hours, I grabbed my important documents, my kids, our belongings, and we fled."

Now she is committed to helping others do the same but acknowledges there are tough obstacles to overcome. However, it is much easier because of organizations that can help with planning and getting people to safety.

"As the Interpersonal Violence Liaison with the Brain Injury Alliance of Arizona (BIAAZ), I connect domestic violence survivors to services that include housing and financial assistance, temporary pet boarding, and medical and psychological counseling for survivors and their children. Our services are always free and confidential."

One innovation she has updated to reflect recent CDC recommendations is the HELPS Brain Injury Screening Tool. Originally developed by M. Picard, D. Scarisbrick, and R. Paluck in 1991, this questionnaire is essential for helping professionals determine if a survivor is suffering from a brain injury.

HELPS stands for:

- **H**ave you ever hit your head or been hit on the head?
- **W**ere you ever seen in the **E**mergency Room, hospital, or by a doctor because of an injury to your head?
- **D**id you **L**ose consciousness or experience a period of being dazed and confused because of an injury to your head?
- **D**o you experience any of the **P**roblems in your daily life since you hit your head?
- **A**ny significant **S**icknesses?

Working closely with Carrie Collins-Fadell, Executive Director of BIAAZ, and others, Janice is developing workshops throughout the state to train professionals how to use this tool.


"What is incredible about the trainings and screenings that Janice is building is that she has an entire team of resources and supports for survivors of violence behind her," said Carrie Collins-Fadell. "Janice and her team don't want you to just tell someone at a domestic violence shelter that they probably have a brain injury, they want you to refer them to us so they have the help and resources to allow them to thrive while living with a brain injury."

Podzimek agrees. "We're living through uncertain times and we must rise to the occasion. We can do better. Abusive partners are using this coronavirus to make a bad situation even worse. Nobody should have to live like this."

**"We're living through uncertain times
and we must rise to the occasion.
We can do better. ... Nobody
should have to live like this."**

"If I have one message to those suffering at their hands, it is that people and organizations are here to help. You don't have to go through this alone.

"There is hope."

The organization expects the ripple of instability that 2020 has brought to families to impact domestic violence cases for years to come. We know right now in Phoenix, domestic violence cases and deaths are up 150%," said Carrie Collins-Fadell. "We also know that the stress and financial instability will impact families for months or years to come, which causes more stress and more violence." 

Ed Roth was raised in Chicago and has had a long and diverse career in the entertainment and media industries. He currently resides with his family in Scottsdale, Arizona, where he enjoys playing tennis year-round.

Post-Traumatic GROWTH



BY DR. AYLA WOLF DAOM, L.AC.

On almost a daily basis, it is not uncommon to overhear someone declare, often casually, “I have PTSD!” PTSD has erroneously become a common vernacular term to describe the average person who feels overwhelmed and anxious by life, continuously living in a state of burnout, which, these days, is practically everybody. The danger in this casual adoption of a serious condition is that the people who truly do have a disorder — a post-traumatic stress disorder, likely feel that the severity has been downplayed by a society where everyone feels free to adopt the title.

The upside to this cultural dilemma, however, is awareness. Society as a whole is now highly aware of PTSD and acknowledges that traumatic events can have long-term severe consequences. The fact that conversations are happening is much better than the alternative of the past, which was to shove your feelings and emotions down, and to please not talk about it. Or as country singer Miranda Lambert so eloquently mocks the sentiment, “Hide your crazy and start acting like a lady.” Luckily, we live in a society where openly talking about traumatic experiences is now acceptable.

Is the glass half empty or half full?

When we talk about resilience, it is often the innate ability to see the glass as half full. The more resilient a person is, the more likely they are to quickly bounce back after difficult experiences.

Post-traumatic growth is different. Post-traumatic growth happens after someone has experienced trauma that shattered that proverbial glass into a million pieces, leaving them not knowing what half full even looks like. The very foundation they thought they stood on was ripped out from under them.

Post-traumatic growth happens during the dark night of the soul, the epic journey of darkness and struggle, of battling your demons, facing your biggest fears, of wanting to give in and give up but somehow continuing to claw your way through the sludge. It is the frightening realization that you do not feel equipped to deal with the trauma at hand, and if you don’t figure it out, and fast, you will drown.

We can all agree that trauma creates stress. For many, though, the conversation stops there. The trauma and the stress are perseverated on, identified with, and labeled. Who is focusing on the growth? The reality is that trauma, as uninvited as it is and will always be, forces growth.

Stress forces growth.

The kind of growth we are talking about here is spiritual growth: valuing yourself enough to walk away from those who value you less, jumping into the abyss of the unknown, rather than staying in a known version of misery and pain. Taking a leap out of a bad situation into the unknown isn’t necessarily rewarded with life getting instantly easier. It just gets different, and ideally, the post-traumatic growth allows for a more soulful experience moving forward. 🧡

Dr. Amy Ayla Wolf is a Doctor of Acupuncture and Oriental Medicine specializing in neurological disorders, concussions and traumatic brain injuries. She is a faculty member of the Carrick Institute of Clinical Neuroscience and Rehabilitation. She teaches courses for healthcare practitioners across the country on neuroanatomy, neurophysiology, functional neurological exam techniques, and neuro-rehabilitation utilizing acupuncture and Chinese medicine. She also offers advanced courses on concussion recovery. Her online courses and additional resources can be accessed at www.acupunctureneurology.com

A woman with short brown hair and blue eyes is looking directly at the camera. She is holding her right hand up, palm facing forward, with a small black dot drawn on her palm. She is wearing a dark-colored top.

Any Form of Abuse is an **ACT OF VIOLENCE**



BY KELLY HARRIGAN

THE BLACK DOT CAMPAIGN is to enable victims who cannot ask for help verbally to ask for help with a simple black dot and people recognize this and help. This is a campaign to help the most vulnerable victims of domestic violence. They simply draw a black dot on their hands and agencies, family, friends, community centers, doctors, hospitals can recognize this person needs help but cannot ask for it.

SAFETY MUST ALWAYS COME FIRST. If you see a black dot or are approached by someone for help, if safe to do so take them to safety and get them in contact with the relevant agency. Intervention and support should only be done by professionals.

During a once-in-a-century pandemic, we are told we are safer at home. Yet “home” is all too often the place where abuse occurs, be it physical, emotional, psychological, or an ugly combination of all forms of abuse.

“Every time we impose our will on another, it is an act of violence.”

Don’t you think Gandhi said it best? Emotional and psychological abuse is as real as physical violence. Generally, abuse stems from a rejected partner. Once rejected, whether it’s a perceived rejection or The War of the Roses, a person may become obsessed and allow their obsession to morph into abusive behavior, which is often so insidious to the victim that they aren’t aware of what’s happening to them.

Grab some comfort snacks, the same leggings you’ve worn since the pandemic started, and a comfy chair, while you read a list of some of the ways these creeps can peep.

Jeepers, Creepers, what’s behind those peepers?

The violator can be a gregarious and charming individual, oozing charm, competency, intellect, and kindness. The reality is the face they present in public is a façade, a mask to hide low self-esteem and a narcissistic personality disorder—in other words, they feel like they are the most important person in the universe. These emotional vampires will extol their virtues, their services, and how they are the best at everything. Just ask them.

Subtle, manipulative devices . . .

The classic victimizer has their vices, like manipulation. Wearing the victim down or “stonewalling” them is a prime technique. The manipulator gets their target to agree to something, but once there is an agreement, yet another condition or issue arises that needs resolution. Stonewalling

is a startlingly effective tactic. If victims defend themselves, they may hear such adjectives as “selfish,” “dramatic,” and “chaotic” hurled at them.

A manipulator is a big believer in the carrot-and-stick technique or emotional blackmail. They ask for something they want in the now and make vague promises of future benefits to the victim. A manipulator will not hesitate to use their kids as a carrot, which is particularly destructive to the victim. Perhaps they offer the victim more time with the kids. Then they later tell the victim the offer is rescinded because the victim did not respond fast enough, or plans have changed again. Naturally, this would happen after the victim has already rearranged all their plans to accommodate this request. Maybe the carrot the abuser offers is not to harm the children if the victim agrees to their demands. A perpetrator will also use the carrot-and-stick technique on third parties to alienate and isolate the victim, including promising gifts, money, or trips to a victim’s children, family members, or friends.

Respect my authority!

Perpetrators are often keen to be the figure of authority, aka “a drill sergeant” (which disparages the drill sergeants I knew . . .). Abusers enjoy power and control and feel they are entitled to it. They do not admit to failure and use spectacles, or theatrical displays, to detract from, and overshadow, their mistakes.

Offenders frame their personal wishes as right or wrong and, naturally, their preferences, opinions, and viewpoints, are—quelle surprise—the “right” ones, which changes with their current viewpoints and moods. They perceive themselves as being in the right, stalwart in their stances, and confident others believe the same. They always have plausible deniability and choose their words carefully.

Violators also tend to believe they are qualified lawyers and replacement cops. This is particularly difficult in a separation/divorce case where the violator makes vague threats to the victim about what a court would make them pay or do, or where the cops are consistently called or threatened to be called. This authoritarian manipulation is particularly devastating against victims who have a strong sense of duty and doing what it is right.

Show me the money!

Only not nearly as cool as Jerry Maguire. Financial abuse happens frequently. Maybe the perpetrator is a “player,” where they sponge off the victim to accommodate their lifestyle, refusing to deal with expenses honestly. Perhaps the abuser complains of poverty but has a stash of cash in offshore accounts. Or, perhaps, they cut off access to the victim’s bank and credit card accounts. However the money tree is shaken, the fallout is the idea that the

victim needs to contribute and pay for more. Abusers do everything they can to ensure that money ebbs away from the victim: the control, flow, and access to money should only go to the abuser and ensures compliance from the victim. Money makes people crazy.

What’s your password?

Big brother is watching you. Some research shows that people higher in narcissistic traits are likely to engage in cyberstalking. If an abuser and a victim are or were married, or lived together, and the abuser knows the victim’s personal details (think past taxes and marriage or birth certificates), they may try to gain access to the victim’s accounts, whether it’s emails, banks, or cell phone plans. They may call a government agency like the Social Security Administration or the victim’s workplace to gain information. They will be at their utmost sweet and charming selves and always have a “valid” reason for why they do it. What if, one bright and sunny day, the violator’s email and phone number is in the victim’s bank profile? What if the abuser calls the cell phone company, pretends to be the victim, and gains access to the victim’s account? Perhaps the offender is obsessively checking the victim’s social media? Suddenly, photos are missing from the victim’s iCloud. Lest you think otherwise, the perpetrator may insist on knowing the minor children’s IDs and passwords for Apple, phones, or email, and may try to access a victim’s cell phone, email, or cloud storage.

Double down on your passwords and security. Don’t share your Apple ID with anyone, including your kids. (Think of it as the “Golden Apple” of mythology. When it gets into the wrong hands, it tends to wreak havoc and discord.) Do not link your credit card to other people’s Apple ID, Amazon, eBay, or PayPal accounts if you think your abuser is accessing your accounts. And remember, social media (side eye at Facebook) is a wealth of information for your stalker, so you might consider taking a vacation from the social spotlight.

You Think I am Crazy.

Watch the movie “Gaslight”—Ingrid Bergman is always a treat and you learn something. Bonus. Gaslighting is generally employed by sophisticated abusers like narcissists, cult leaders, and dictators. And it is not just done in tweets and “fake news.” An abuser wants to gain power and control by making their victim question reality. They will tell blatant lies, confuse the victim, get the victim to believe something else, all of which allows the culprit to feel superior and powerful. Predators will project to deflect from their own behavior and put a victim in a constant state of self-defense.

Continued ...

They will deny, deny, deny, and tell lies.

Gaslight evildoers will align with people the victim knows to isolate the victim from support. This tactic is third-party-proxy stalking. This is seen when the stalker becomes friendly with the victim's friends, family, co-workers, ex-spouse, or even the victim's children. Who knows? Maybe your ex becomes friends with your new lover's ex? Or was that an episode on "The Real Housewives" . . . This form of psychological abuse can lead to a victim's feeling a loss of self as their self-confidence is destroyed little by little, until they are beaten down into accepting the abuser's version of reality.

TBI inherently makes victims more vulnerable.

Cognitive, behavioral, communication, and on-going physical issues allow people with TBIs to be susceptible to victimization.

Unfortunately, cognitive deficits or behavioral changes caused by a TBI make it hard for individuals to perceive and avoid risky situations involving abuse, while also causing the victim to think that no one will believe their account(s) of abuse. Communication issues associated with TBI may make it difficult for victims to report abuse.

These same deficits related to TBI often cloud caregivers' and providers' belief in a person's ability to accurately report physical abuse, let alone identify the symptoms of emotional and psychological abuse, which are invisible to the naked eye. Further, the perpetrator may tell medical professionals or law enforcement that a victim should not be taken seriously due to their TBI-related issues. Treatments and therapies prescribed by medical professionals that are demeaning or abusive due to misperceptions about TBI, or treatments that involve improperly monitored or inappropriate medications, can create behavioral or cognitive deficits in the victim, and further complicate the situation and endanger a person with TBI.

A person is also at risk of abuse due to financial stress resulting from their TBI. Medical bills? Job loss? Savings gone? Check, check, and check. As a result, victims may choose to remain silent because they have nowhere else to go, particularly if custody of children is involved.

All of these factors obfuscate the identification of persons with TBI as victims of abuse. Education, training, and other community resources are not designed to assist people with disabilities, while law enforcement or healthcare professionals are often uninformed about victimization of persons with TBI. It is imperative that our family law, domestic violence, and criminal courts, as well as child protection and other social services have readily accessible information and training on TBI and its subsequent

conditions to assist persons with a TBI to navigate these systems. It is important for caregivers and providers to know their patients and treat the whole patient, so they can recognize early symptoms of abuse.

Service providers should help domestic violence victims with TBI to learn how to assess danger, how to prepare and remember safety plans, and assist with instructions on how to access services. If a victim with TBI is entering a shelter for victims of violence, providers need to realize that a domestic violence victim with TBI who experiences this upheaval and stress may become confused and anxious, requiring additional assistance to understand and remember shelter procedures.

Victims of emotional and psychological abuse, or stalking, often fear that it will never stop. They may be stressed, feel on edge, anxious, depressed, fearful, confused, and isolated. Problems with sleeping, eating, and symptoms of post-traumatic stress disorder are commonplace. These victims may withdraw from friends, family, or other activities they normally enjoy because the stalker engaged in smear campaigns and proxy stalking. Finances could be impacted due to moves, job changes or job loss, therapeutic and medical treatments, property repair costs, and increased security measures.

There are more challenges and barriers in the era of coronavirus: lack of shelter, food, transportation, childcare, employment, and delays in court proceedings involving financial support, which force the victim to return to the abuser, to live near them, or to become homeless and destitute.

If someone you know is being abused, listen, be compassionate, and don't blame them. If you are the victim, know you are not alone and take action. If knowledge empowers you, a simple Google search on dealing with narcissists or narcissistic abuse will lead to a wealth of books written on the topic by various authors. Take a self-defense class, add extra cybersecurity on your accounts or place them in "locked" mode where only you have access. Keep a log: Write down when and how incidents occur and take photographs of damage to you or your property. Talk to someone about the situation, whether it is a friend, family member, the police, or a therapist.

Every human being has an inherent right to safety.

**The National Domestic Abuse Hotline is
800-799-SAFE (7233). **

Kelly Harrigan is a veteran, a writer, a TBI survivor, and a single mum of a girl child and a Frenchie, often found with oolong tea in one hand and humor in the other. She lives near Annapolis, Maryland.

Domestic Abuse, Traumatic Brain Injury,

and the

Hidden Enemy of Time



BY JONATHAN CHUNG, DC



Survivors of domestic violence are one of the highest risk populations for traumatic brain injury. As many as 30% of adult women will report an episode of intimate partner violence at some point in their lives. A study from the Barrow Neurological Institute has shown some stunning statistics about this population:

- **88% will suffer injuries to multiple body regions**
- **81% will report a loss of consciousness**
- **84% report psychiatric disease or mental illness**

Here is the number that prompted me to write this article:


- **Just 21% will seek help at the time of injury**

When we consider that many of these patients are likely suffering from forms of traumatic brain injury, the idea that fewer than a quarter of these patients are seeking help at the time of injury is heartbreaking.

- *We know that patients who begin rehabilitation earlier are likely to have better outcomes.*
- *We know that the stress and anxiety of living in an abusive household will worsen cognitive, psychiatric, and musculoskeletal pain outcomes.*
- *We know that repeated trauma to the head is likely to lead to more structural changes in the brain.*
- *And we know that the longer someone endures post-concussive symptoms, the odds of recovery from their brain injury symptoms goes down precipitously.*

It is hard enough to help patients with prolonged symptoms after traumatic brain injury when we do everything correctly. The injuries sustained from victims of domestic violence have to battle the enemy of time as well. There's no question that the mechanism and sociological factors that lead to these brain injuries introduce more challenges than a sports-related concussion.

While there are many obstacles to overcome in the recovery from a brain injury, there is still hope for improvement with the right treatment. The key is that these patients more than any other need a multi-disciplinary approach to care. Many clinics that see sports-related concussions will have therapies in place to address cervical, vestibular/oculomotor, and physiologic elements of rehabilitation. However, patients that come from the trauma of domestic violence will likely benefit from psychological/psychiatric interventions, movement disorder specialties, occupational therapy, and speech therapy.

There's no question that any delay in proper treatment can affect clinical results in traumatic brain injury, but that doesn't mean that there can't be hope for improvement in pain and quality of life. Patients with brain injury from a domestic abuse situation are in a bind that may prevent them from getting the necessary care, but understanding some of the potential long-term consequences may be a factor that can help these patients survive and escape a terrible situation. 

Jonathan Chung, DC is the founder and upper cervical chiropractor at *Keystone Chiropractic and Neuroplasticity* in Wellington, Florida. Learn more about their cervical vestibular rehabilitation program at www.chiropractickeystone.com





... continued from previous page.

Traumatic brain injuries often result in memory and multitasking difficulties, and cognitive fatigue. Memory (the ability to recall) is the product of numerous discrete actions along the neural pathway and is complicated. First, information must be received, auditory or visual, then processed, stored, located, and ultimately retrieved for use. A brain-injured individual may have a disruption anywhere along that route. Executive functioning, multi-tasking and decision-making, is the ability to engage in many tasks simultaneously, and is frequently impaired following a traumatic brain injury.

Cognitive fatigue is also a common complaint of many individuals with a traumatic brain injury. Cognitive fatigue is to your brain and functioning like a computer with too many open programs. The computer continues to function, but in a protracted manner.

A Concussion Is a Brain Injury

A concussion is more than a bump on the head. The CDC acknowledges a concussion is a brain injury that can have permanent consequences, stating “Medical providers may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, the effects of a concussion can be serious.”

Concussion Symptoms

Every brain injury is unique and can affect victims in very different ways. Individuals frequently have physical, cognitive, emotional or behavioral symptoms following a concussion. This is the “post-concussion syndrome.” Common symptoms include:

1. Thinking/Remembering:

- Feeling sluggish
- Difficulty concentrating
- Difficulty remembering new information

2. Physical:

- Headache
- Nausea or vomiting
- Balance problems
- Dizziness
- Fuzzy or blurred vision
- Feeling tired, having no energy
- Sensitivity to noise or light

3. Emotional/Mood:

- Irritability
- Sadness
- Increased emotional responses
- Nervousness or anxiety

4. Sleep Disturbances:

- Sleeping more than usual
- Sleeping less than usual
- Trouble falling asleep

The Risks of Repetitive Head Trauma

Domestic abuse survivors are frequently victims of repetitive head trauma. These repetitive injuries pose additional risks. A victim is more susceptible to a second concussion if it occurs before there is a full recovery from an initial concussion and there is a higher risk of permanent injury if a second concussion takes place before full recovery from the initial concussion. Repetitive sub-concussive blows may cause permanent brain damage.

Radiology Studies May Not Demonstrate Injury

Attorneys searching for objective evidence to document brain trauma caused by a whiplash-type event may be frustrated. Traditional radiological studies, such as CTs or MRIs, are not sensitive enough to display microscopic stretching, tearing, and shearing of nerve cells. The medical adage, “Absence of proof is not proof of absence,” is important to remember. Newer imaging techniques, such as diffusion tensor imaging (DTI) may offer assistance in demonstrating brain damage previously undetectable by traditional imaging studies. With the present state of imaging technology, however, attorneys must generally rely on the testimony of neuropsychologists and lay witnesses who can establish the victim’s condition prior to physical abuse.

Hospital screening for TBI in Domestic Violence Patients is Inadequate

Victims of domestic violence are not routinely screened for TBI even when they present at the hospital with physical injuries. The majority of domestic violence victims receive no diagnosis of TBI, in part because they do not have visible injuries, and because there is a lack of screening.

If a child comes in from the soccer field or football field with physical injuries or complaining of headaches or nausea, they are worked up for a TBI, but victims of domestic abuse are not. A study of the accuracy of emergency department diagnoses of traumatic brain injury found emergency room physicians fail to accurately diagnose a mild traumatic brain injury 56% of the time, despite the patient exhibiting symptoms that meet the definition.

Screening for Brain Injury in Domestic Abuse Victims

All survivors of domestic violence must be screened for various forms of physical abuse that could lead to brain injury. A special screening tool known as “HELPS” aids in determining whether a victim entering a domestic violence shelter should be seen by a qualified medical provider for further evaluation.

HELPS questions:

- *Did your partner ever Hit you in the face or head? With what?*
- *Did your partner ever slam your head or another object, or push you so that you fell and hit your head?*
- *Did your partner ever shake you?*
- *Did your partner ever try to strangle or choke you, or do anything else that made it hard for you to breathe?*
- *Did you ever go to the Emergency room after an incident? Why?*
- *Did they ask you whether you had been hit on the head or indicate that they suspected a head injury or concussion?*
- *Was there ever a time when you thought you needed to go to the ER, but didn't go because you couldn't afford it or your partner prevented you?*
- *If you did go to the ER, did you think you got all the treatment you needed?*
- *Did you ever Lose consciousness or black out as a result of what your partner did to you?*
- *Have you been having Problems concentrating or remembering things?*
- *Are you having trouble finishing things you start to do?*
- *Are people telling you that you don't seem like yourself, or that your behavior has changed?*
- *Does your partner say you have changed, and use that as an excuse to abuse you?*
- *Have you been having difficulty performing your usual activities?*
- *Are you experiencing mood swings that you don't understand?*
- *Has it gotten harder for you to function when you are under stress?*
- *Have you been Sick or had physical problems? What kind?*
- *Do you experience any reoccurring headaches or fatigue?*
- *Have you experienced any changes in your vision, hearing, or sense of smell or taste?*
- *Do you find yourself dizzy or experience a lack of balance?*

Valuable Information for Working with Victims of Traumatic Brain Injury Caused by Domestic Violence

It is important in working with any brain injury survivor that they be treated with dignity and respect. Understand their injuries and the many ways they can affect and impact your professional relationship. The following are useful strategies to improve communication and develop good rapport with your client.

1. In General:

- Allow extra time
- Accept client will be late
- Schedule appointments early in day
- Encourage note-taking
- Be respectful and supportive

2. Difficulties in Attention and Concentration:


- Minimize distractions
- Keep meetings short
- Avoid bright lights
- Talk slowly
- Repeat important information
- Incorporate short breaks

3. Memory Difficulties:

- Write down information
- Provide a notebook
- Encourage use of a journal
- Give client checklists
- Repeat critical information
- Obtain feedback

4. Processing Difficulties:

- Focus on one task at a time
- Breakdown messaging into smaller pieces
- Get feedback to ensure understanding

Victims of brain injury feel misunderstood. They may look and sound fine, but they may have devastating brain damage that affects their ability to navigate day-to-day life. Because they are judged by their outward appearance, the seriousness of their condition is often not appreciated by legal and medical professionals. Brain injury victims have lost a part of themselves. They struggle every day with their deficits and losses of who they used to be. 

Dr. Sana Khan is an accomplished radiologist, researcher, teacher and entrepreneur. He was the first radiologist in the US with the Stand-Up Weight-Bearing MRI and has contributed significantly to the advancement of this technology. He is a nationally renowned scientist conducting ongoing research with the Departments of Orthopedic Surgery at UCLA, USC, UCSD, and the US Department of Defense. Having developed state-of-the-art MRI techniques, Dr. Khan brings extensive expertise in the medical-legal aspect of imaging musculoskeletal and traumatic brain injuries. www.expertmri.com



3 Powerful

Rose Quartz

Blessings



BY KRISTEN BROWN


HEALTHY LIVING

When life gets hard, you're feeling lost or alone, or there is a challenge with a relationship, there is nothing like Rose Quartz to give you a lift. It's a powerful stone for self-love, self-esteem, connection, inner strength, and protection. I like to call it the Blessings Crystal because it helps you to feel the energy of all the blessings in your life and accept yourself as a true gift too. You are a blessing for others and the world and deserve blessings in return.

Here are three blessings that rose quartz can bring you:

1. **Self-love:** This powerful healing stone boosts feelings of love and respect for yourself. Wear it as a necklace or carry it in your pocket for an energetic boost and a reminder of how awesome and valuable you are to the world and the people around you.
2. **Connection:** When relationships turn negative it can leave you feeling alone and fearful of creating new connections. Place rose quartz around your living spaces and in your car to remind you that you deserve healthy and positive relationships with new and pre-existing friends, family, co-workers, and partners.
3. **Self-esteem:** Self-worth can take a hit when stress or relationship issues take hold. Meditate with a rose quartz to let its energy fill you with a blast of loving confidence that emanates from your heart and out into the world.

Tap into the power of rose quartz when you need a boost of positive energy. It holds a gentle but strong vibration to support you when times are tough, when you need a jolt of self-love, and when you want to maintain a positive state of mind in a stressful world. You have everything you need inside of you for a loving and happy life, and rose quartz can help you showcase your amazing spirit.

Want more info on crystals and energy healing? Connect with Kristen at namaSync.com. 

Kristen Brown is a bestselling author, keynote speaker, and energy medicine practitioner who charges up her clients by syncing their body/mind/spirit for work and life growth.



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YOGA:

CHAIR POSE

Yoga is a powerful tool for recovery after brain injury. Contrary to some beliefs, *everyone* can do yoga — you don't need to be super flexible, have great balance, or even be able to stand up. The beauty of yoga is that every pose can be modified so anyone can be accommodated.

An important aspect of yoga is your breath. Connecting your breath to your body and flow, and getting oxygen flowing to your brain, is what makes it so powerful for recovery. Yoga is also a time to quiet the mind, to let anxiety and distracting thoughts drift away.

Chair Pose (utkatasana) is one of the most powerful poses to find the seat of power within your pelvis. In Sanskrit, utkata means powerful, fierce.

Some of its many physical benefits include strengthening the ankles, thighs, calves, and spine. It stretches the shoulders and chest, and stimulates the abdominal organs, diaphragm, and heart.

From the yogic view of the body, when your pelvis is centered and aligned with gravity, there is a feeling of stamina and vitality within the pose.



Instructions:

1. Stand in Mountain Pose and raise your arms parallel to the floor, palms facing inward.
2. Bend your knees, keeping the thighs parallel to the floor. The torso will lean slightly forward over your thighs. Press the heads of the thigh bones down toward the heels.
3. Pull your shoulder blades back, and your tailbone down toward the floor to keep your lower back long.
4. Hold for 30 seconds. To come out of the pose, straighten your knees and release your arms to your sides.

BY AMY ZELLMER, EDITOR-IN-CHIEF

Adjustments and modifications:

- You can increase the strength of your thighs by squeezing a block between them during the pose.

If you are interested in learning more about yoga, check out www.loveyourbrain.com and their yoga programs at partner studios throughout the U.S. which are completely free to brain injury survivors and caregivers. 🧘



SAVE THE DATE!

#NOTINVISIBLE
Virtual Event

March 16, 2021
10am-4pm CST

Celebrating **Brain Injury Awareness Day** — virtually!

REGISTER: www.facesoftbi.com/event



Essential Oils: **ROSE**



HEALTHY LIVING

BY AMY ZELLMER, EDITOR-IN-CHIEF

Essential oils are a complementary tool that can help you achieve a healthy lifestyle. They are easy to use, smell great, and are versatile.

All oils are not created equal. Young Living is the only brand I personally trust because I know they have complete control over their product from seed to seal. Oils sold at health food stores can be misleading. They are not regulated by the FDA, so you must look closely at the labels. The labels may say they are 100% therapeutic-grade oils when they are not. If the ingredients list anything other than the plant stated, or if the label has statements like “For external use only,” “For aromatic use only,” and/or “Dilute properly,” the oil inside that bottle may have been cut with other oils, synthetics, or chemicals.


ROSE

Rose oil—the product of one of the most recognizable and culturally significant flowers in the world—has a rich, intoxicating aroma that’s just as beautiful as the bloom itself. Rose essential oil is distilled to gently release the delicate flower’s oil through steam. Because each 5-ml bottle requires 22 pounds of rose petals, Rose oil is one of the most valuable essential oils you can acquire.

Uses for rose oil include topical application to create an inspiring atmosphere and elevated spiritual experiences. Its sweet, rich aroma encourages feelings of positive self-reflection and can create an uplifted feeling when inhaled. Rose oil has also been used topically for thousands of years, and today it can be found in many skin care products, including Young Living’s Rose Ointment™.

You’ll want to run for the roses when you discover the benefits of this oil. Rose oil supports the appearance of youthful, healthy-looking skin, which is why it’s so bloomin’ popular in skin care products. Another effect of rose oil is that it has a balancing aroma that can be used to help create a luxurious atmosphere. It’s also a floral delight when you add it to a carrier oil during massages.

After a long, hard day, a little treat can go a long way. But instead of reaching for a sugary snack, add a little sweetness to your evening by using a few drops of Rose oil in your bathwater.

For more information on how to use essential oils, please visit: www.facesoftbi.com/eo 

Control *Blood Sugar* for **GOOD BRAIN HEALTH**



HEALTHY LIVING



BY SIERRA FAWN GUAY
MS, RDN, LDN, CBIS

The foods that we eat affect the health of our brains in many ways. Diet is one of the primary factors in blood sugar control and can have both short- and long-term consequences for our brains.

Normally, the foods we eat are digested into smaller parts. One of these parts is glucose, which is also known as sugar. Sugar is absorbed from the gut into the blood where a hormone called insulin helps bring it into the body’s cells for use as energy.

Some individuals become resistant to insulin and are not able to effectively use insulin to bring sugar into their body’s cells. To compensate for this, the body releases extra insulin, which accumulates in the blood. An enzyme called insulin degrading enzyme helps clear the extra insulin from the blood.

Normally, insulin-degrading enzyme helps clear a substance called beta amyloid from the brain. When insulin-degrading enzyme is used up during the task of clearing extra insulin from the blood, beta amyloid accumulates and forms plaques. Beta amyloid and the plaques that form are thought to play a role in cognitive decline and the development of Alzheimer’s disease. Also, extra insulin may hinder the function of the neurotransmitters acetylcholine and norepinephrine, which are important for cognition.

One cause of insulin resistance is the chronic consumption of high-sugar foods (also called a high-carbohydrate diet). In the short term, so much sugar can affect memory and cause anxiety, depression, and mood swings. In the long term, it can lead to the development of Type 2 diabetes. Type 2 diabetes is a major health problem in the United States and is a risk factor for many health conditions, including stroke. In order to avoid insulin resistance and Type 2 diabetes, it is important to control blood sugar.

For most people, carbohydrates are an essential part of a healthy diet. Eliminating all carbohydrates from the diet is rarely appropriate and should only be considered under the supervision of a doctor and dietitian. There are many diet-related strategies that can help control blood sugar.

Eat smaller meals every few hours versus one large meal per day. It is normal for blood sugar to go up after eating. Eating smaller amounts of foods more frequently will help avoid large swings from low to high blood sugar.

Eat balanced meals and snacks. Meals and snacks should include carbohydrates, protein, and fat. Eating balanced meals and snacks helps slow the absorption of sugar into the blood and helps ensure an overall healthy diet.


Creating balanced meals does not have to be difficult. Consider a meal of pasta with tomato sauce, which is almost entirely carbohydrates. To add protein, one could add meat to the tomato sauce or serve the meal with meatballs.

Portion control is essential in controlling blood sugar. If you are consistently consuming large portions of carbohydrates, for example, you will consistently have high blood sugar. Consider the pasta meal described above. In order to keep the portion of pasta to an appropriate size, one could decrease the amount of pasta and add roasted vegetables.

To learn more about appropriate portion sizes, visit www.choosemyplate.gov/

Choose healthy carbohydrate options.

Carbohydrates are an essential part of a healthy diet. However, not all carbohydrates are equally healthy. Carbohydrates that come from whole foods such as whole grains, starchy vegetables, and fruits contain important vitamins and minerals. They also contain fiber, which helps slow the absorption of sugar into the blood. Refined sugars, such as those in processed foods, desserts, and soda, provide little nutritional value. Intake of refined sugars should be limited or avoided.

Talk to your doctor to learn more about healthy blood sugar levels, which may vary by individual. Blood sugar can be tested at home with a device called a glucometer. If you do not own a glucometer, you can look for signs of high blood sugar, which includes increased thirst, dry mouth, frequent urination, blurred vision, and fatigue. 

Sierra Fawn Guay is a registered dietitian who works with brain injury survivors in Greenville, North Carolina.

BALANCED SNACK IDEAS to *Help Control Blood Sugar*



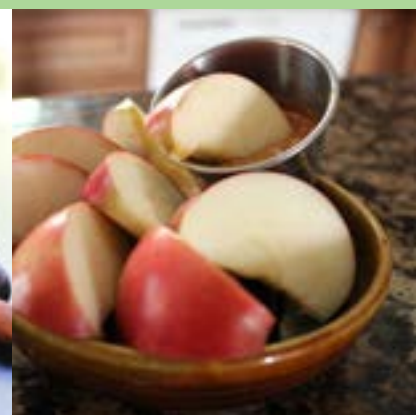
1 CUP OF GRAPES +
ONE HARD-BOILED EGG



2 TBSP HUMMUS + CUCUMBERS
OR WHOLE-GRAIN CRACKERS



1 CUP BLUEBERRIES +
ABOUT 15 ALMONDS



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DOMESTIC VIOLENCE: *Not Just a Mental Health Disorder*



DR. SHANE STEADMAN,
DC, DACNB, DCBCN, CNS

As the world around us is stressful with a pandemic and stay-at-home orders, the incidence of domestic violence (DV) has increased. An article titled, “Alarming trends in US domestic violence during the COVID-19 pandemic,” notes an increase in DV during the pandemic and provides data on this topic. According to the CDC, one in four women and one in ten men experience intimate partner violence (IPV). There have been more conversations this year about those spending more time with their partner, working from home and with limited social interactions. Before the start of the pandemic, there were a few talking about this issue but over the last year it has become a topic of discussion in many small circles. With domestic violence being discussed and written about, the goal is to bring awareness, but also understanding of the impact it has on people’s health. Mental health is one of the major areas that articles and studies focus on but little is mentioned about the neurological and physiological changes that occur.

Survivors of IPV can have brain injuries as a result of one or multiple blows to the head, a head pushed into objects, a person pushed downstairs or severely shaken. Survivors can also suffer oxygen deprivation due to strangulation. Brain injuries and decreased levels of oxygen can have profound effects at the time and for the rest of their lives. Along with head injuries, the physiological changes due to cortisol

elevation can affect the physiology of other systems in the body. Over the years, I have worked with patients who have concussions/TBIs related to DV. These patient present similar to athletes who suffer a head injury, with additional signs and symptoms of PTSD. In addition to the injuries sustained, many of these patients are also on disability and/or unable to acquire or maintain employment.

Neurologically, people who suffer brain injuries can have signs and symptoms of sensitivity to light and sound, decreased short-term memory, insomnia, anxiety, decreased cognitive function, decreased executive function, alterations in mood, and potential changes in personality. Changes in brain function can lead to changes in endocrine, immune, and the gastrointestinal system. Many patients will discuss changes in sleep, digestion (i.e., heartburn, constipation, bloating), hormones, and weight to name a few. Brain injuries also cause neuroinflammation or microglial activation. Microglia are cells in the nervous system that mediate the immune system, clear debris, and maintain health in the central nervous system. If this system is repeatedly activated, the cells become primed, making it easier to activate with trivial injuries or inflammation. Most common complaints with neuroinflammation is brain fog or “walking through mud.” Decreased oxygen levels in the brain can lead to symptoms such as fatigue, migraines, shortness of breath, insomnia, anxiety, and confusion. Microglia are activated with this process and can lead to neuroinflammation similar to what is experienced with brain injuries.

Immune and physiological changes are seen due to IPV. First, cortisol is a hormone that is produced because of stress, inflammation and during acute reactions.



Cortisol has influence on many processes within the body. Neurologically, cortisol impacts many areas of the brain, with one of the biggest being the hippocampus. The hippocampus is densely populated with receptors for cortisol and can lead to altered function. Hippocampal dysfunction in the brain can lead to a decrease in learning and memory, alteration in the circadian rhythm, as well as interactions with the amygdala (emotions). Metabolically, cortisol inhibits and alters function of digestion, hormones, and the immune system. A DV patient will complain of gas and bloating, indigestion, heartburn, food sensitivities, and constipation. Cortisol can also have a negative impact on hormone regulation. This is seen with alterations in menstrual cycles, abnormal hormone levels, and thyroid function. When changes in gastrointestinal and endocrine function are noted, other metabolic and immune changes are seen as the body compensates to maintain survival in a fight-or-flight response.

As a survivor or a caregiver, it is important to not only look at the mental health aspect of recovery but the brain and metabolic system. Finding a qualified practitioner that specializes in concussion/TBI rehabilitation is essential in the healing process. The brain is an intricate system that regulates emotions, executive function, cognitive, and metabolic processes. The healing process should also include a practitioner that is well versed in functional medicine. Such practitioners are trained to look at the whole person and evaluate the interactions of metabolic

systems. Even though the person suffered a brain injury, addressing the compensation and imbalances is vital when looking toward long-term recovery. Traditional medicine and mental health providers are an essential aspect of recovery, but often, holistic care is not discussed or is underestimated. In our office, all areas are addressed and considered when developing a treatment plan. There is a time and place for each and navigating this alone can be difficult. There are practitioners who can be an advocate and offer care while on this journey.

The hope is that more people, organizations and medical professionals are recognizing IPV and how underserved this community is. The pandemic has brought this closer to the top of mind for many. More education, screening, and awareness is needed for everyone to better understand how to recognize victims of IPV, especially law enforcement officers and medical providers, but also family, friends, co-workers, and neighbors. Strategies for mental health are not the only area for care but understanding the integration of the brain and body is important in the healing and rehab process for the victims of intimate partner violence. 🌱

Dr. Shane Steadman, DC, DACNB, DCBCN, CNS, *is the owner and clinic director of Integrated Brain Centers. To learn more about how they can help with concussions, stroke, and TBIs, please visit www.integratedbraincenters.com. For a free consultation, please call 303-781-5617.*



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The Questions That I Missed:

From Social Worker to Brain Injury Survivor



BY SAM BLACK



Help me understand ... This aggressive behavior is completely new ... has been increasing over the past couple of months ... and you have been together over ten years?” That was me, years ago, when I was working in Child Protection. It was not just one incident or investigation. In fact, I can recall more than a few. I proceeded to do the usual checks ... Alcohol? No. Drugs? No. Job Loss? No.

Why did I never ask about brain injury? Working with hundreds of families and countless other professionals, how did we miss that? And I wonder now how I could have supported families differently had my awareness of brain injury been in my scope of knowledge.

Fast forward a few years later. “Why are you so angry? I didn’t do anything.” It was not a conversation with a client. It was a conversation between my husband and me. I was furious and did not have the words to express what was wrong or even how I had allowed the fire within me to become a raging inferno. I took the dog for a walk in the woods and came home feeling much better but needing a nap immediately. How had I become this angry spitfire?

The answer is simple. I have a brain injury and, with it, a host of symptoms, including what seems like a short fuse but is really an accumulation of sensitivities that I was not used to carrying around with me. The “old me,” the one “before brain injury,” was known for having patience and being steady and calm in all situations. During the first few years of recovery: not so much.

I am blessed that prior to my brain injury, I worked to help people de-escalate violence and manage their reactions. I worked with people from all walks of life and had solutions for those with different abilities and learning styles. This blessing saved my family on many occasions. It saved me from taking anger to the next level and someone getting hurt. Most people who suffer a TBI do not have that luxury or skill set. They are left with an erupting volcano and no exit strategy for climbing out of it. Domestic violence is a real issue and should never be minimized. Everyone should feel safe in their lives and homes.

There are strategies that can help someone with a TBI manage emotions safely to prevent a frustrating situation from becoming a violent situation:

1. One strategy is to **label, or name feelings**, so when they come forward we can identify them and match them with a solution. Giving feelings a name can help us to step back

from the situation and see a new perspective. (“When I feel that angry, it reminds me of ... and the name that comes to mind is ...”). We all have beliefs: “Anger is bad,” “Men hide emotions,” or “Big girls don’t cry.” Most of these beliefs are unconscious so addressing them, especially in a heated situation, is challenging! These beliefs will very likely expose themselves during the healing process.

2. **Be accountable.** You are still responsible for your actions, even when you have a disability. Caregivers and survivors both need to have an outlet that will safely hold them accountable and listen objectively. Both are dealing with new stresses and power dynamics. Things to watch for in preventing domestic violence are co-dependency and avoiding truth.
3. During your most rested time or clearest time (for me it was late at night), **make a list of things that help** to distract you from the reaction, and solutions for moving past it (walks in nature, a funny joke, moving to a different room, eating a healthy snack, etc.).
4. **Check in with your senses!** How is your environment — the lighting, noise level, stress level, heat or cold, the people around you? Bright lights, children running around, a loud television in the background, a pile of bills on the kitchen table, a messy home because you cannot physically clean it, lack of support, job loss due to injury, mounting guilt because you’re not able to care for your family, a new worker or nurse in your home ... all of these can accumulate and create an atmosphere that is difficult to thrive in.
5. **Meditate** ... however that looks for you.
6. **Tell all of your care providers and professionals that you have had a brain injury!** The families that I worked with saw me as someone coming to deal with a parenting issue or an incident that needed investigating. That fall in the parking lot or the hit to the head in hockey practice did not seem relevant to them or to me. As a professional ... as a survivor ... it is relevant and yes, you can heal and gain strategies!

There are supports for caregivers as well as the survivors of domestic violence due to TBI. Nothing can be more sensitive than disrupting a home and children. You and your family are worth the investment of asking for help. 🧡

Sam Black is an International psychic medium and master coach, with a passion for helping others find the gems inside of them so they can shine them to the world!

Life Lessons Learned from a **TBI**



BY AMY ZELLMER, EDITOR-IN-CHIEF

Many of us will agree that 2020 has been a crummy year for a plethora of reasons, and we are all hoping that 2021 will mark a new beginning.

For me, I lost my beloved Pixxie in July, developed heart arrhythmia issues in August, discovered a cataract in my right eye in September, and then — the doozy — my mom broke her hip in October.

Many of you already know I have been living with my elderly parents the past two years, and was already acting as a caregiver to my mom with help from my dad (who also needs help on occasion). When I first decided to move in, it was because mom had heart failure, shortly after she was diagnosed with blood cancer, and now a broken hip.

To say it's been a lot would be an understatement. Being a caregiver when you yourself still need self-care is overwhelming. Throw in dealing with your own heart issues and spending all of your extra time scheduling doctor appointments for yourself, your mom, and your dad. It's a lot. A lot a lot.

The moral of the story: it's important — critical — to practice self-care.

You cannot help others when your own cup is empty. I have had to learn how to balance time helping my parents with time practicing self-care for myself, whether it's a few minutes of meditation, a quick yoga practice, working with my crystals and essential oils, or — my favorite — going for a walk while listening to a good podcast or audiobook. Find ways to make self-care a part of your daily routine. Your mental health will thank you. 🧘

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