BRAIN INJURY ASSOCIATION OF AMERICA | Volume 19, Issue 3

THE CHALLENGE!

Finding Cures for Chronic Brain Injury

PAGE 3

Better Care, Better Outcomes

PAGE 8

PAGE 13

Donor Profile: A Marathon, Not a Sprint

PAGE 14

Concussion Awareness Now News

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Publication designed by Ratkaj Designs LLC
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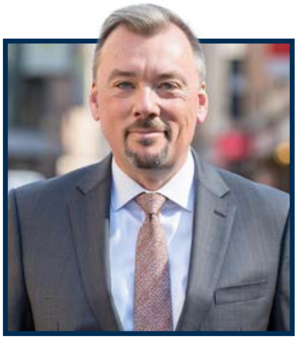
TABLE OF CONTENTS



Greetings,

An estimated 64 million adults in the U.S. have experienced a traumatic brain injury (TBI) and millions more have experienced brain injury as a result of a stroke, tumor, oxygen loss, or overdose. It's a complicated and dynamic disease process – no two brain injuries are alike, and no two individuals will have the same brain injury journey – making research for treatment and cures equally complicated.

Our community is fortunate to have dedicated experts and researchers committed to understanding the long-term effects of brain injury. A crown jewel in our national brain injury research efforts is the TBI Model Systems program, a network of 16 medical facilities funded by the National Institute on Disability, Independent Living, and Rehabilitation Research. In addition to conducting innovative, high quality research – including the largest longitudinal TBI data set in the world – the TBI Model Systems provide patient care, and offer other services to improve the health and quality of life for individuals with TBI.

Yet there's an argument to be made that funding for brain injury research is not on par with its prevalence – or its impact on a person's life. In 2024, federal funding for TBI research was a reported $201 million – that's $3.14 per person affected by TBI. Less than the price of a cup of coffee.

But rather than adequately funding brain injury research, we are seeing it dismantled here in the U.S., with drastic budget cuts that have already eliminated critical federal brain injury programs and left others hanging in the balance. It's why our policy and advocacy work is so important, and why the Brain Injury Association of America is working to build support for a National Action Plan focused on expanding our investment in federal research dollars, rather than slashing it further.

Despite all of this the Brain Injury Association of America is leading the charge in supporting life-changing research. In this issue of THE Challenge!, you can read about the work funded by our Brain Injury Research Fund that is searching for cures for chronic brain injury, and how we're involved in the creation of a new, better classification framework for TBI patients.

We hope you'll join us as we continue to advocate for more funding and support for critical brain injury programs and research. Visit the BIAA website to learn more about how you can get involved with advocacy efforts or support the Brain Injury Research Fund.

Sincerely,

Rick Willis

Rick Willis, President and CEO
Brain Injury Association of America

FINDING *cures* FOR CHRONIC BRAIN INJURY

By Lauren Moore, Marketing and Communications Manager, Brain Injury Association of America

For many people who sustain a brain injury, they are able to fully recover. They return to the lives they lived before their injury – their relationships, their careers, their hobbies. But many others cannot return to business as usual. They may have to leave the workforce, abandon beloved hobbies, and in some cases, change the trajectory of their lives entirely. Some individuals continue to live with the effects of their injuries – physical, cognitive, psychological, and emotional – for the rest of their lives.

But what if they didn't have to?

Imagine a world where people no longer have to live with the lifelong effects of brain injury. Where rather than accelerating a disease, doctors were able to slow its progression – or stop it in its tracks outright.

That's the vision of the Brain Injury Research Fund, the Brain Injury Association of America's grant program. Established in 2019, the Brain Injury Research Fund's theme and overall goal is finding cures for chronic brain injury. While little is known about the nature, extent, and mechanisms that allow a brain injury to affect a person's health and functioning later in life, we do know that brain injuries can evolve into lifelong health conditions that impair not just the brain, but other organ systems as well, and may persist or progress over a person's lifespan. And every year, through the Brain Injury Research Fund, the Brain Injury Association of America is able to provide funding for researchers who are working towards the shared goal of finding cures for chronic brain injury.

> We hope to achieve a better understanding of the relationship between contact sport participation and long-term brain health to help current athletes make decisions to maximize the benefits of sport while minimizing the risks and to help identify former athletes at risk for future cognitive decline to facilitate earlier intervention and improved outcomes.
>
> **DR. JAMES ECKNER**

> Although my role is on the preclinical side, I am motivated by the real-world impact this research could have, especially for vulnerable groups often left out of medical research.
>
> **BRENDA LUJAN**

University of Michigan Alumni Brain Health Study Adds Biomarkers

There have been many studies about the effects of sports on brain health, but much of that research has been focused on professional athletes, or other people who have extreme lifetime exposures to head injury. But an ongoing study at the University of Michigan is taking a different approach.

Seed grant recipient James Eckner, MD, is part of a team exploring the effects of early-life contact sport participation – former high school athletes – on long-term brain health. The research funding he received from the Brain Injury Association of America is allowing his team to include the use of blood biomarkers in their study.

"In this context, blood biomarkers hold a great deal of promise and may be able to help identify former athletes at elevated risk for future cognitive decline before any overt changes appear," Dr. Eckner explained. "If successful, this may facilitate earlier intervention and improved outcomes."

Understanding the effects of early-life contact sport participation on long-term brain health is of critical societal importance, Dr. Eckner added. "We know there are a ton of physical, cognitive, psychological, and social benefits associated with sport, but there is growing evidence that for at least some former athletes repetitive head impacts sustained during contact sport play can have negative long-term consequences on brain health as well. Unfortunately, these complex relationships are still poorly understood."

The new knowledge that Dr. Eckner's research generates has the potential to help young athletes and their families make better decisions to maximize the benefits of playing sports, while minimizing the potential risks.

Exploring Treatment Options for Newborns with Hypoxic Brain Injuries

Hypoxic-ischemic encephalopathy (HIE), a person's brain doesn't get enough blood and oxygen, is a leading cause of lifelong neurological disabilities such as cerebral palsy and cognitive impairment. While HIE can affect people of all ages, it typically occurs in newborns, and is one of the most serious birth complications affecting full-term infants.

Though advances have been made, many children with HIE still face significant challenges as they grow, and effective pharmacological treatments remain limited, explained grant recipient Xiaodi Chen, MD, PhD, who received a seed grant for his research project "Syn3 Effects on Chronic Inflammation and Neurodevelopment in Neonatal HIE."

Syn3, Dr. Chen explained, is a novel compound that enhances brain-derived neurotrophic factor signaling and reduces inflammation — two processes central to brain recovery after injury. "Preliminary studies in our lab have shown that Syn3 can reduce acute brain injury in neonatal models," he explained. This inspired Dr. Chen to investigate whether early intervention with Syn3 could also alter chronic inflammation and support better neurodevelopmental outcomes long-term. "Ultimately, I hope this research will pave the way for more effective treatments and improved quality of life for children and families affected by n eonatal brain injury," he said.

Examining the Effects of TBI Across Generations

Survivors of domestic violence (DV) and intimate partner violence (IPV) are at a high risk for brain injury, yet they are frequently overlooked. However, DV and IPV often include head and facial trauma, with about 90 percent of survivors experiencing persistent concussion symptoms. Being pregnant can amplify both the severity and frequency of such assaults.

"As someone from a historically marginalized background, I have always been drawn to research that center on underrepresented and overlooked populations," said grant recipient Brenda Lujan, who hopes to close the gap in literature surrounding how TBI affects fetal brain development, an area she said has been largely overlooked in both clinical and preclinical research, with her project "The Pathophysiology of TBI Crosses Generations in Pregnancy."

So far, Lujan has conducted a range of behavioral assays on offspring at key developmental timepoints to assess the effects of TBI compared to controls. Currently, she is analyzing data related to her second and third aims, which focus on behavioral and structural outcomes in the offspring. Lujan is also preparing to move forward with the first aim, which will examine gene expression changes in fetal brain tissue collected after injury.

"Although my role is on the preclinical side, I am motivated by the real-world impact this research could have, especially for vulnerable groups often left out of medical research," Lujan said. "By identifying the molecular, structural, and behavioral consequences of in-utero exposure to TBI, this project aims to build a foundational understanding of how early-life injury may contribute to long-term neurodevelopmental outcomes. Ultimately, I hope this work serves as a call to action for increased research and awareness around TBI during pregnancy and its implications for offspring health."

Studying Comorbid Contributors to Alzheimer's Disease

"If you've seen one brain injury, you've seen one brain injury." It's an often repeated phrase in the brain injury community, and one that resonated with dissertation grant recipient Elise Webber.

"There are a lot of different factors that contribute to outcomes, but we don't necessarily know on a molecular basis what alters the course of brain injury," Webber said. Understanding the real world modifiers that affect a brain injury patient's outcome – their age, health, prior brain injuries, drug or alcohol use, or mental health issues, to name a few – may be a key component in determining a patient's prognosis.

"Something I was curious about was how chronic stress can change the outcome of brain injury, particularly when derived from social isolation," Webber said. "That was the driving force in developing this project, with the end goal of being able to better treat people down the line."

In her research project "Traumatic Brain Injury and Chronic Stress, Comorbid Contributors to Alzheimer's Disease," Webber aims to understand the drivers of neurodegeneration after TBI, potentiated by environmental or lifestyle factors such as chronic stress. In understanding how those drivers work, she hopes to look at real world applications and explore what can be done after TBI to reduce the risk of poor outcomes.

"It's important to understand the driving factors after TBI, and I hope to contribute to that understanding with my work," Webber said.

Exploring New Uses for Existing Drugs

Naltrexone is an FDA-approved drug that treats opioid use disorder and alcohol use disorder, and is currently in clinical trials testing its effectiveness at treating neurological and autoimmune diseases.

Through her project "Low Dose Naltrexone as a Rehabilitation-Relevant Therapeutic to Promote Recovery after Severe TBI," grant recipient Ashley Russell, PhD., at the University of Pittsburgh, is exploring the possibility that low dose naltrexone could also be effective in treating severe TBI.

TBI causes chronic neuroinflammation and accelerated brain aging, which is linked to cognitive and psychological health disorders with few effective treatment options for the post-acute setting.

This proposed project will test the efficacy of low dose naltrexone on reducing microglia-specific inflammasome induction to promote neurobehavioral recovery after severe TBI.

When selecting research projects to fund, the Brain Injury Research Fund's research committee considered applications that focused on one of five established research priorities:

1. **Progressive Degenerative Processes:** Chronic brain injury can cause neurodegenerative diseases, such as Parkinson's Disease, Lewy Body Dementia, Chronic Traumatic Encephalopathy, and possibly Multiple Sclerosis and Alzheimer's Disease. Typically, there is a marked delay from injury to disease onset. What neurological processes are triggered by brain injury that cause these chronic, progressive diseases and how can the progression from injury to neurological disease be halted?

2. **Late Consequences of Childhood TBI:** Childhood traumatic brain injury (TBI), even when mild, is associated with adult problems of behavioral regulation, (i.e., addiction, criminal behavior, socially inappropriate behavior). Is this relationship causal or does TBI mediate other bio/psycho/social processes? What factors create the risk of adult consequences from childhood TBI and how can that risk be diminished?

3. **Excess Mortality:** Moderate and severe TBI reduces life expectancy by nine years. Even after living to one year post-injury, persons with this severity of injury are 50 percent more likely to die than age-, sex- and race/ethnicity-matched members of the general population. Causes of death involve all organ systems, not just those associated with behavioral or neurological pathology. What biological processes are responsible for this excess mortality and how can these relationships be ameliorated?

4. **Chronic Health Condition Management**: Brain injury is recognized as a chronic health condition that, for some, requires proactive medical management. More research is required to inform evidence-based disease management protocols, including studies addressing these questions:
   - Which brain injuries increase risk for negative outcomes?
   - What pre-existing conditions require management?
   - What conditions develop post injury that could be prevented or detected early?
   - How can the individual participate in their self-management?
   - How can access to medical and rehabilitation care be used to reduce negative outcomes?
   - How can community-based resources be accessed to improve function and reduce institutionalization?

5. **Social Determinants of Health**: Disability is a product of both impairments in brain function and environmental factors that create barriers to health and independence. What community characteristics exacerbate or minimize the manifestation of impairments due to brain injury? How do social determinants of health affect brain injury outcomes? What community interventions are effective in ameliorating the influence of environmental factors on brain injury outcomes?

Interested in being a champion for brain injury research? There are several ways for you to support the Brain Injury Research Fund.

Scan the QR code or visit https://biausa.org/support/support-research to learn more about how you can support critical research about finding cures for chronic brain injury.

BIAA PUBLISHES 2024 IMPACT REPORT


Brain Injury Association of America

Impact Report 2024

The Brain Injury Association of America (BIAA) has published our 2024 Impact Report. This report documents not only the activities, offerings, and accomplishments that BIAA celebrated in 2024 but also the ways that our organization had an impact on the brain injury community.

"As we reflect on the impact that the Brain Injury Association of America had on the brain injury community in 2024, we keep coming back to one word – growth," President and CEO Rick Willis and 2024 Board Chair Page Melton Ivie wrote in a joint letter. "Growing our organization – extending our reach, amplifying our advocacy efforts, expanding our professional education programs, generating awareness about living with brain injury – is a key pillar of the three-year plan we introduced at the end of 2023, and 2024 saw us move confidently in that direction."

In 2024, BIAA added new professional certification and certificate programs, mobilized more than 4,000 brain injury advocates, awarded nearly $85,000 in research grants through the Brain Injury Research Fund, and addressed more than 6,000 requests through the National Brain Injury Information Center. The 2024 Impact Report also features testimonials from individuals who participated in or utilized BIAA's programs, services, resources, and events.

To download a copy of the Impact Report, scan the QR code or visit http://bit.ly/456OSYz

> Thanks to organizations like the BIAA, brain injury is no longer the sentence it once was. Research has come so far in helping those who have suffered from brain injury recover and lead fulfilling, successful lives. Lives like the one I have been blessed to have led myself.
>
> **DANIELLE BRAZANT,**
> *brain injury survivor*

2024 BY THE NUMBERS

923k+
Visits to our website

6.5m+
Social media impressions

72k+
Email subscribers

6,468
Request addressed by the National Brain Injury Information Center

4,280
Actions taken by brain injury advocates

$84k+
Awarded in grants through the Brain Injury Research Fund

1,500+
Survivors, caregivers, and professionals educated through our webinar series

6,769
Professionals certified through the Academy of Brain Injury Specialists

794
Professionals and support staff certified through our certificate programs

BETTER CARE, **BETTER OUTCOMES**

NEW TBI CHARACTERIZATION SYSTEM AIMS TO IMPROVE DIAGNOSES AND TREATMENT

By Lauren Moore, Marketing and Communications Manager, Brain Injury Association of America

The medical community has taken another step toward implementing a new, more robust traumatic brain injury (TBI) characterization system.

In May, a coalition of experts from 14 countries proposed a new way to evaluate TBI patients that is expected to lead to more accurate diagnoses and more appropriate treatment plans. The proposed TBI characterization system, referred to as the CBI-M framework and published in Lancet Neurology, expands the assessment beyond a patient's immediate clinical symptoms. In addition to assessing clinical symptoms (the C in CBI-M), new assessment criteria include blood-based biomarkers (B), imaging such as CT and MRI scans (I), and modifiers (M) – factors such as a patient's age, sex, preexisting medical conditions, and environmental influences.

"This new approach to characterizing traumatic brain injury will advance our ability to understand the initial injury," said John D. Corrigan, PhD, National Research Director for the Brain Injury Association of America and professor in the Department of Physical Medicine and Rehabilitation at The Ohio State University. "People who have had a traumatic brain injury will welcome our abandonment of the overly simplistic 'mild, moderate, severe' because for many that nomenclature mischaracterized the lived experience of these injuries."

For more than 50 years, trauma centers have used the Glasgow Coma Scale (GCS) to assess and categorize

TBI patients as having sustained a mild, moderate, or severe TBI. While the GCS remains an important tool for assessing brain injury patients, the classification of patients based solely on the patient's GCS score has been criticized as outdated, inaccurate, and ineffective.

In 2022, the National Academies of Sciences, Engineering, and Medicine published a report calling for the creation and implementation of an updated classification system for TBI. The report cited the need for a more nuanced, personalized, and evidence-guided taxonomy for TBI that uses clinical and biological markers to support more effective assessment, treatment, prognosis, and rehabilitation.

Geoffrey Manley, MD, PhD, Chief of Neurosurgery at Zuckerberg San Francisco General Hospital and Professor and Vice Chairman of Neurological Surgery at the University of California, San Francisco (UCSF), and a lead author of the Lancet Neurology report, pointed out that other disease states, such as cancer, are not classified or categorized using similarly crude framework, and decades ago created a framework similar to CBI-M – the TNM Staging System, which describes the size of the tumor and any spread of cancer into nearby tissue; spread of cancer to nearby lymph nodes; and metastasis, or the spread of cancer to other parts of the body – that is still utilized to this day.

"Who would ever develop a drug or treatment for 'severe' cancer? And yet here we are, trying to develop drugs and treatment for 'severe' TBI," he said. "Would we be where we are with cancer treatment today if we had not taken a more rigorous and detailed approach to describing these patients? I think the answer to that is, if we were still out there saying everyone had mild, moderate, or severe cancer, I'm 99.9 percent sure we wouldn't have the treatments we have today."

Dr. Manley said the crude categorization of TBI patients has been a problem for years, and is often not reflective of a patient's long-term recovery.

"We began hearing from patients. They were saying, 'Somebody told me I had a mild TBI, but I can't work anymore, I'm tired all the time but I can't sleep, my cognition isn't very good,'" he said. He pointed to the TRACK-TBI research initiative and CENTER-TBI, two large observational studies conducted in the U.S. and Europe, respectively, which both found that nearly half of patients diagnosed with mild TBI had not fully recovered after one year. "There's a disconnect there," he noted.

That disconnect is not limited to mild TBI patients who experience chronic symptoms. "Today, 'severe' is often misinterpreted as a death sentence," Dr. Manley explained, pointing out that approximately half of people who die from severe TBI die because someone withdrew life support. However, a study published in JAMA Neurology found that one in five people who were diagnosed with a severe TBI had recovered to their pre-injury function after 12 months.

By developing a new characterization system for TBI patients, the hope is to create a framework to describe patients that does not create terms of bias. And, Dr. Manley added, "I think that mild, moderate, and severe are terms that are fraught with bias for individual patients."

The CBI-M Pillars

CBI-M consists of four pillars: clinical, biomarker, imaging, and modifiers.

CLINICAL: The clinical pillar retains the GCS score – which evaluates a person's level of consciousness along with pupil reactivity – as a central element of the assessment. The framework recommends including the scale's responses to eye, verbal, and motor commands or stimuli, presence of amnesia, and symptoms like headache, dizziness, and noise sensitivity.

BIOMARKER: The biomarker pillar uses biomarkers identified in blood tests to provide objective indicators of tissue damage. Low levels of these biomarkers determine which patients don't require CT scans, helping to reduce unnecessary radiation exposure and health care costs. Biomarkers can also identify patients to enroll in clinical trials to develop new medications for TBI.

IMAGING: CT and MRI imaging are important in identifying blood clots, bleeding, and lesions, particularly in patients with more severe injuries, that can point to present and future symptoms.

MODIFIERS: While the C, B, and I pillars look at what a brain injury does to a patient, the modifiers pillar looks at what the patient brings to the injury. This can include things like age, sex, and preexisting conditions, such as medications a person is taking, their health care access, history of prior TBI, substance abuse, or mental health issues.

> Every journey starts with a first step, and I think that this is the first step to rethinking things, and getting out of this rut that we've been in for the last 20 to 30 years.
>
> **DR. GEOFFREY MANLEY**

"With the four pillars, we hope for a better characterization, which will then lead to improved understanding of the disease in a particular patient or group of patients, and allows for more targeted interventions," said Andrew Maas, MD, PhD, emeritus professor of neurosurgery at Antwerp University Hospital in Belgium and co-author of the Lancet Neurology report.

Dr. Maas noted that the idea is not to follow a rigid sequence – that is, collecting clinical data, then biomarker data, then imaging, then looking at modifiers. "It can be mixed up. Or if someone's condition mandates a quick CT, that takes preference, by definition," he explained. "For instance, biomarkers do have an added value in the sense of a patient's prognosis, but does it mean you need to do it? No. But it gives you insight. Which of the pillars or various components will be the most relevant? We don't know yet. There's more work to be done."

Dr. Manley provided an example of how collecting information based on the pillars would help him determine a treatment plan: "By using CBI-M, rather than talking about a patient with mild TBI, I would be able to say, I have a patient a with GCS score of 14, a GFAP [glial fibrillary acidic protein, a biomarker that indicates damage to a specific brain cell] of 1,000, and frontal lobe contusions. Here's the way this patient should be treated. And that treatment may be modified based upon their modifiers."

Using this more detailed framework, Dr. Manley believes, will allow for better patient care and, ultimately, better outcomes.

An Ongoing Process

People have had a lot of questions about what this new framework means.

Dr. Corrigan noted that while there is a general consensus that the brain injury community needs to move past the language of "mild, moderate, severe," there are questions about what language will be used moving forward. "We used to say mild TBI, now what do we say? Is 'concussion' now going to be used where we used to say 'mTBI'? There's some trepidation as the field is trying to decide how it's going to talk," he said. That, I see as something that is imminently addressable."

Dr. Manley pointed out that the work is far from finished, and that CBI-M is not meant to be a finished product at this point.

"This is the first iteration," he explained. "This is meant to be the first step in the evolution of a better characterization of TBI. To try to have better treatment."

Further building out this system will require thinking about pathways of care based on the CBI-M framework, Dr. Manley explained. "For example, when you come into an acute care setting, how are we assessing your clinical pillar? How are we using the blood-based biomarkers? How are we implementing the imaging content? How are we starting to collect modifiers?"

He acknowledged this will be a big hurdle – particularly collecting a patient's modifiers. While many medical facilities are already assessing a patient's GCS or collecting imaging like CTs, modifiers are rarely collected – especially in a busy emergency room.

"Now, we're not going to ask an ER physician to collect 40 modifiers," he said, adding that research can help determine which modifiers are the most important to collect. "There's the understanding that, if we collect the top five, we're going to miss the other 35, but if we at least collect those top five, that will be better than what we're doing today, which is often none."

There is also a need to develop better systems of follow-up care, Dr. Manley said, explaining that most TBI patients do not receive any follow-up care. "They might go to acute rehab for a week or two if they're lucky, and then after that, who takes care of them? We've got a lot of things to create and build and develop in order to do a better job with this, but every journey starts with a first step, and I think that this is the first step to rethinking things, and getting out of this rut that we've been in for the last 20 to 30 years."

Using Research to Move Forward

Dr. Maas said conducting a retrospective analysis of existing datasets, such as TRACK-TBI and CENTER-TBI, to see how well the CBI-M model performs, as well as identifying associations between the pillars, will be an important next step. "This will provide an evidence base on which the concept can be refined," he explained.

Collectively, TRACK-TBI and CENTER-TBI have detailed, granular data on more than 6,000 patients of all severities. "Most of the elements of the pillars were collected in those data sets," Dr. Maas noted. "We have a unique opportunity to look at how those elements are associated with clinical decision making, how they can be combined, associated with outcome, and put that into models to classify patients and predict outcomes."

In addition to exploring the CBI-M framework through retrospective data analysis, Dr. Maas believes the new framework can help existing TBI survivors retrospectively, particularly those whose initial categorization does not reflect their long-term journey.

"It's not only researchers and clinicians who say we need to move toward a more detailed characterization – it's the patients themselves," he explained. "In a patient who is seen in the ER with a 'mild' injury, is sent home, and is not able to return to work because of a number of issues – he was given a stamp of 'mild' at the moment he left the ER. He never gets rid of that stamp. So during the course of this disease, doctors, friends, lawyers – they don't take him seriously. And that's a major obstacle to the recovery of such patients."

Conversely, this label can be harmful to patients who are diagnosed as having a severe TBI yet make an excellent recovery. "People will always look at him or her and say, 'You had a severe brain injury, are you sure you can do this?' If they apply for a new job, will they be accepted or will they be turned down? This stamp of severe TBI totally disregards the situation of the patient at the time. The stamp given at the hospital remains with them for rest of their lives, and indeed impacts the rest of their lives, mostly in a negative way," Dr. Maas said.

BRAIN INJURY ASSOCIATION OF AMERICA

LEAVE A LASTING LEGACY

A bequest is a gift from your estate – a transfer of cash, securities, or other property made through your estate plans. You can make a bequest to the Brain Injury Association of America by including language in your will or living trust to leave a portion of your estate to the Association or by designating BIAA as a beneficiary of your retirement account or life insurance policy.

Remembering the Brain Injury Association of America with a bequest from your estate will help sustain and strengthen the Association in years to come. Some of the advantages of creating a bequest include:

- Retaining control and use of your assets during your lifetime
- The ability to modify your bequest if your circumstances change
- Tax exemptions as gifts to BIAA from your estate are exempt from federal estate taxes

Let Us Thank You: Futures Fund Legacy Society

If you have included the Brain Injury Association of America in your estate plans, please let us know. We would like to thank you for your generosity, make sure the purpose of your gift is understood by the Association, and recognize you as a member of the Futures Fund Legacy Society.

Futures Fund Spotlight: Dr. Robert Sbordone

The world of brain injury lost an authority and leader in research and education when Dr. Robert Sbordone passed away in 2015. Dr. Sbordone continues to help others through his generous bequest to the Brain Injury Association of America (BIAA).

The bequest provides an unprecedented opportunity for BIAA to invest in strategic revenue growth and long-term stability. In honor of Dr. Sbordone's generosity, BIAA created the Robert Sbordone Memorial Lecture series on mild traumatic brain injury (mTBI) and concussion. These online lectures are led by licensed social workers, medical doctors, and other professionals in the field of brain injury.

Learn more by contacting the development department at development@biausa.org **or 703-761-0750 ext. 645 or visiting** biausa.org/futuresfund.

A MARATHON, NOT A SPRINT

By Lauren Moore, Marketing and Communications Manager, Brain Injury Association of America

In 2023, Walter Gahagan went to the hospital for a routine, outpatient ablation procedure. But unexpected complications resulted in a need for emergency open-heart surgery, an estimated 10 minutes of oxygen deprivation to his brain, and multiple strokes, leaving the husband and father of three with an anoxic brain injury.

"He was in a coma when he first came out of surgery. It took a few days for him to regularly open his eyes. He couldn't speak, and didn't really engage with us for about a month," recalled his daughter, Lili Gahagan.

The Gahagans had to rapidly adjust to a new reality – one where they became full-time caregivers to Walter.

"We had no familiarity with brain injury, no firsthand knowledge of what that care looked like," Lili said.

Walter spent a month in intensive care as he gradually regained consciousness, then four months in a brain injury unit relearning basic movements and how to speak.

During that time, Lili – who had always been an active person – took up running as a way to cope. She ran her first half-marathon while still caring for her dad. After he passed away in September 2024, Lili wanted to find a way to honor him and his life, and signed up to run the Paris Marathon in April 2025.

As part of her participation in the marathon, Lili wanted to fundraise for an organization that supports and advocates for people with brain injury. In doing her research, she found the Brain Injury Association of America.

"One thing that drew me to BIAA was the scope of work that they were doing," Lili said. "I was looking for a charity that supported caregivers, because that was such a part of my experience. And I felt really heartbroken not just for what my family was going through, but imagining other people going through this. I wanted to fund a charity that was focused on supporting caregivers as well as advocating for people with brain injury."

Lili was impressed with the work BIAA does to bring awareness to brain injury, from advocating in Washington D.C. to providing resources and support to people reaching out for help. "It feels important to support BIAA, and to be able to support those in need. I think BIAA is one of the best charities in doing that – getting the resources and advocacy to people who need it the most," she said.

Lili's experience as a caregiver to her father gave her a deeper understanding of brain injury – that no two journeys look alike, and that there is no defined roadmap of what recovery and daily functioning looks like. "It really demands this open-heartedness and open-mindedness," she said. "It takes a village to work with brain injury, to support people with brain injury. The more layers of support there can be, the better."

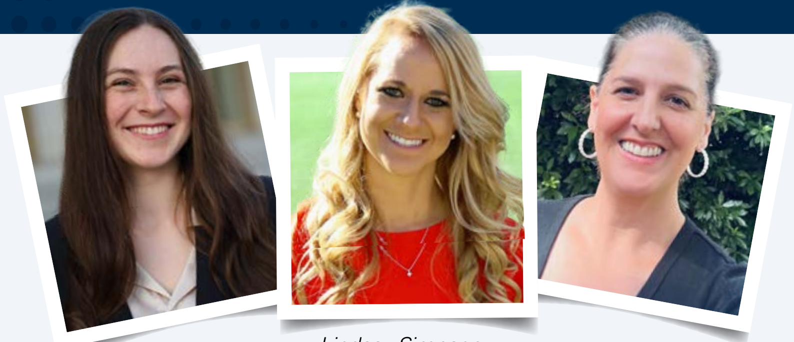
She also acknowledged the need for caregivers to seek support for themselves. "You can't keep these things to yourself, and it's really crucial that caregivers are getting support," she said. "Depending on the scope of the person's brain injury, it can be a full-time job that takes an emotional toll. I've seen a lot of people take on a caregiver role really well, but it's a marathon, not a sprint."

CAN CORNER

If you're a Concussion Awareness Now Champion, you already know that concussions are a type of traumatic brain injury (TBI). But most Americans don't know that. In fact, a national public opinion poll from the Brain Injury Association of America found that 81 percent of adults are unaware that concussions are a kind of TBI.

With National Concussion Awareness Day right around the corner – September 19 – it's the perfect time to let people know that concussions are a type of brain injury. Concussion Awareness Now (CAN) has put together a great toolkit, including an interactive quiz, to help our CAN Champions spread the word about the importance of concussions and that they are, in fact, a brain injury. Check out the toolkit at **concussionawarenessnow.org/ncad**

On September 9, Concussion Awareness Now hosted a webinar, "Is Concussion a Brain Injury?", featuring concussion awareness advocates and survivors who shared critical information everyone needs to know about concussion.



Sarah Goody *Lindsay Simpson* *Kelly Sarmiento*

WEBINAR SPEAKERS

The webinar welcomed a dynamic panel addressing why concussions are a serious injury, what makes awareness — and early diagnosis — so critical, and how everyone can help spread concussion awareness. Presenters included Kelly Sarmiento, Director of Outreach Programs, Brain Injury Association of America; Sarah Goody, college student and concussion survivor; and Lindsay Simpson, founder of the Champion Comeback Foundation and concussion survivor.

Watch a recording of the webinar on CAN's YouTube channel, **youtube.com/@concussionawarenessnow**, or scan the QR Code below.

SCAN THIS QR CODE TO WATCH THE RECORDED WEBINAR.

CONCUSSION AWARENESS NOW

SURVIVOR STORIES

Concussions are brain injuries, and for some people, their concussion symptoms can linger for weeks, months, even a lifetime. Through the Brain Injury Association of America's "My Brain Injury Journey" campaign, several concussion survivors, including Sarah Goody, one of our webinar panelists, shared their concussion stories with us.

Sarah Goody:
Concussions Have Reshaped My Purpose

In 2021, I was involved in a surfing accident that led to my first concussion, caused by a collision with an empty kayak and my surfboard. Since then, I've experienced five concussions and continue to navigate the realities of post-concussion syndrome and chronic migraines. These experiences have been deeply debilitating and isolating, but they've also reshaped how I see myself, my purpose, and my relationships.

Today, as a student at the University of California, Berkeley, I've realized how widespread concussions are among young adults. Coming to college, I hoped to leave my history of head injuries behind. But almost immediately, I noticed signs of a concussion epidemic on campus. Whether it was a classmate arriving at lecture in sunglasses with a doctor's note, overhearing someone in the dining hall mention a recent injury, or witnessing a peer hit their head at a crowded fraternity party, it became clear that head injuries were everywhere.

Perhaps I was more attuned to it, having lived through it myself, but I couldn't have predicted how many people would reach out to me. Friends began texting me: "I think I have a concussion, what do I do?" At a picnic with my five new roommates, I learned two of them were recovering from recent head injuries.

Being an 18-year-old navigating independence for the first time is difficult enough. Doing it while managing a brain injury adds another layer of challenge. Yet, in this hardship, I found connection. It was both terrifying and comforting to realize I wasn't alone. Once I started speaking openly about my experiences, I became a resource for others. People around me began to ask for advice, share their own stories, and lean on each other for support.

I've learned that I don't have full control over what happens to me, but I am capable of persisting. I've learned to exist, to ask for help, and to offer it. And I've come to realize that there's a whole community of young people quietly navigating the same journey. If you are struggling with a concussion or brain injury, know this: **you are not alone.**

Isabel Dwyer:
A Concussion is a Serious Injury

For the longest time before I suffered my two concussions I thought differently. In competitive and sideline cheerleading, I was taught to push through it, finish out strong and to always do what's best for your team.

My first concussion occurred in the sixth grade during gym class. My symptoms were not that bad. I experienced a headache and sensitivity to light for a couple of weeks and then was pushed back into cheer before nationals in Florida.

My second concussion on the other hand was nowhere near how I felt with my first one. I got injured during cheer practice. The next morning, I had a bruise on my forehead. I felt dizzy and nauseous. The lights in my room felt too bright. The familiar sound of the tv, my dog barking, and my family talking were suddenly much too loud. I was determined to get through the school day with sunglasses to cheer at that evening's football game. I made it through the first period before I got sent home. I was diagnosed with a concussion at urgent care and by my pediatrician.

My days were plagued with constant headaches, sensitivity to light, loud noises, and trouble concentrating at school. Teachers did not understand that my thinking was slow and focusing made my head pound. Accommodations varied from class to class which only increased my confusion and anxiety. Some teachers simply did not understand why I could not turn in my work after a week's extension. My teammates called me a "faker" and stopped talking to me.

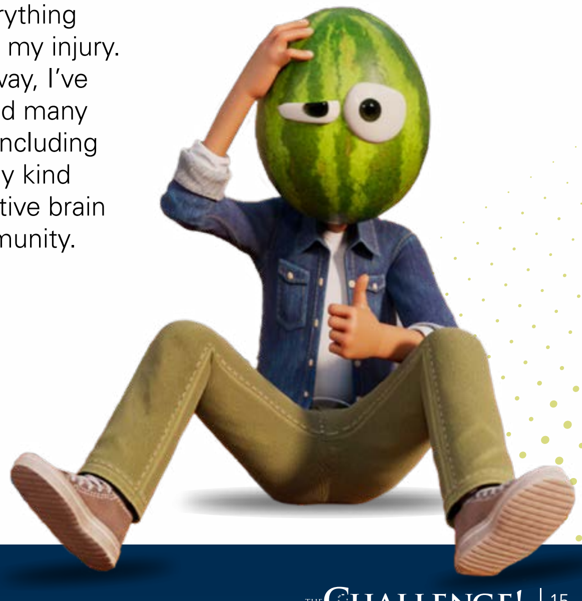
Concussions are difficult for some to understand because there are no casts, scars, or crutches to show people that you are hurt. I was accused of lying to get out of practice. That was so hurtful because it was so far from the truth. I was so desperate to get back to cheering that I visited the pediatrician weekly to reassess how I was doing. My recovery was slow compared to the recovery from my first concussion.

Now that I have experienced a concussion, I decided to turn a negative experience into a positive. I strive to advocate for those who are or have struggled with a brain injury. I want to share my story as many times as I can to make a meaningful impact for those who are struggling.

Christina Scheltema:
Nothing 'Mild' About It

Every nine seconds, someone in the U.S. sustains a brain injury. I became one of these people in November 2019, when I had a really bad fall, hitting my head in four places and passing out briefly. I was diagnosed with a concussion, a "mild" traumatic brain injury. Trust me, there was nothing mild about it. I lived in my very own private special effects world for months with changes to my vision and hearing.

Recovery was incredibly slow, with visits to specialists I didn't know existed and months of speech therapy, vestibular therapy, and vision therapy. That said, I am feeling much better, like my old self. Although I still tire easily, I can now do almost everything I did before my injury. Along the way, I've encountered many blessings, including an incredibly kind and supportive brain injury community.



STATE **AFFILIATE** NEWS

Arkansas

The Brain Injury Association of Arkansas (BIAA-AR) hosted its first Brain Injury Awareness Day at the Capitol. This event in March served as a powerful platform for education and advocacy, emphasizing the importance of raising awareness for traumatic brain injury (TBI) and bringing together survivors, family members, advocates, and professionals from the brain injury community to raise awareness of the challenges faced by those impacted by TBI.

With the motto, "I Am a Voice for TBI Awareness," participants united to amplify the voices of individuals affected by brain injuries, demonstrating the need for greater support and understanding. Advocating for policy change was an aspect of this event. Brain injury survivors and professionals testified to the Arkansas House Hearing Committee regarding HB 1583, which was passed unanimously. HB 1583 was signed by our governor and is now Act 348, an act to mandate coverage for acquired brain injury.

Brain Injury Awareness Day at the Capitol not only educated but also empowered individuals to become advocates within their communities, reinforcing the message that every voice matters in the fight for awareness and understanding.

Indiana

Over the past few months, the Brain Injury Association of Indiana (BIA-IN) has launched exciting initiatives, raised awareness on critical policy issues, and strengthened community connection, laying a strong foundation for the busy fall season ahead.

In May, we hosted the second event in our "Stroll for Your Lobes" wellness series at the OrthoIndy YMCA. We were honored to welcome Karen Thompson, a certified LoveYourBrain yoga instructor, who led a specialized session designed to support individuals living with brain injury. Her adaptive approach to yoga and breath work focused on rebuilding strength, reducing stress, and enhancing cognitive recovery.

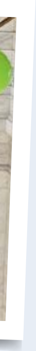
After her engaging and empowering presentation, participants took to the track in the upper gym for a refreshing stroll and meaningful social time. The event offered an inclusive, uplifting environment highlighting the importance of movement, mindfulness, and connection in the recovery journey.

On a beautiful summer evening in July, BIA-IN — alongside our partners at the Light for Levi Foundation — hosted the annual Polo at Sunset event at Hickory Hall Polo Club in Whitestown. This signature fundraiser brought together survivors, families, medical professionals, advocates, and generous sponsors for a night filled with fun, food, and FUNraising!

With incredible attendance and heartfelt support from corporate sponsors, including healthcare partners, legal advocates, and local businesses, the evening was a joyful celebration and a powerful reminder of our shared mission: to improve awareness, access, and resources for Hoosiers impacted by brain injury.

We're already gearing up for one of our most anticipated events of the year: the fourth annual BIA-IN Wiffleball Tournament on Saturday, October 25! This year's tournament promises a full day of action-packed games, costume contests, raffles, local vendors, crafts, and our silent auction. Teams from across the state will come together to compete in the name of community and recovery — and we hope you'll join us!

Whether you've strolled with us, celebrated at Polo, or are planning to swing for the fences in October, thank you for being part of the BIA-IN community. Together, we're creating a more informed, inclusive, and empowered Indiana for all those affected by brain injury!



Louisiana

The Brain Injury Association of Louisiana (BIA-LA) was honored to participate in the first Disability Awareness Day at the Louisiana State Capitol, hosted by The Split-Second Foundation and the Governor's Advisory Council on Disability Affairs.

This powerful event united individuals with disabilities, caregivers, advocates, and organizations from across the state with one mission: to elevate the voices of the disability community and educate lawmakers on the critical need for inclusive policies and systems of support.

Disability Awareness Day served as a compelling reminder that disability can happen to anyone, at any time, and often changes life forever. Events included direct engagement with legislators, storytelling, and policy discussions highlighting the need for better accessibility, inclusion, and resources across Louisiana.

A special highlight of the day was a panel discussion exploring how disability inclusion fuels economic growth and strengthens communities. In a proud and meaningful moment, the governor issued a proclamation officially declaring June 2 as Disability Awareness Day in Louisiana.

BIA-LA was proud to stand alongside partners and champions to advocate for a future where everyone, regardless of ability, has the opportunity to thrive.

Maine

On September 15, the Brain Injury Association of America, Maine Chapter (BIAA-ME) will host the 16th Annual Defining Moments in Brain Injury Conference in Portland. The conference will include a keynote on Life after Brain Injury: Navigating the Journey of Recovery with Resilience, the Beverley Bryant Memorial Lecture, and 11 breakout sessions for professionals, survivors, and caregivers.

BIAA-ME also hosted the first Northern Maine Brain Injury Conference in Presque Isle on May 20. Nearly 70 professionals, survivors, and caregivers gathered in Maine's northernmost county to connect, learn, and engage with the brain injury community. Maine brain injury survivor and advocate, Jenn Williams, delivered the keynote.

In collaboration with the Maine Office of Aging & Disability Services and under the Administration for Community Living grant awarded to Maine, BIAA-ME continues several projects to address the intersection of brain injury and pediatric health needs, behavioral health, and substance use disorder (SUD), including supporting a session on brain injury and SUD at the recent seventh annual Opioid Response Summit held in Augusta.

Massachusetts

On July 23, the Brain Injury Association of Massachusetts (BIA-MA), disability advocates, allies, and community members gathered to mark the 35th anniversary of the Americans with Disabilities Act (ADA) in Boston at the ADA35 Rally. Getting the ADA passed into law took years of persistent advocacy and demanding work by people with disabilities and their allies from across the country, who fought tirelessly to ensure equal rights and access for all.

The event began with a flag raising at Boston City Hall Plaza. Participants marched along Tremont Street calling for accessibility, equity, and justice for people with disabilities. The march concluded at The Embrace Memorial, a fitting site to reflect on the intersection of disability rights, civil rights, and the ongoing fight for equity for all. The Embrace Memorial honors Dr. Martin Luther King Jr. and Coretta Scott King. The memorial depicts two pairs of arms in a hug, inspired by a historic photo of the Kings embracing after Dr. King won the Nobel Peace Prize in 1964.

Speakers at the rally called on policymakers to strengthen disability rights protections, fully fund accessibility initiatives, and prioritize inclusion in every aspect of society.

BIA-MA was a proud partner for the event.

Missouri

The Brain Injury Association of Missouri (BIA-MO) held their annual Bowling for Brain Injury events in June. Teams in Springfield, Kansas City, and St. Louis enjoyed bowling with other teams. "Spare the Alley, Join the Rally" teams helped fundraise with no bowling. The event raised more than $45,000 to increase awareness and provide services for persons with brain injury. The Top Fundraising Team was Sargent Strike Club, led by Renee Sargent-Harrison.

In September, BIA-MO One-Day Regional Outdoor Camps will be held in Kansas City, St. Louis, Springfield, and Columbia. Activities will include tie-dyeing shirts, yard games, bingo, music, and arts and crafts. Survivors of brain injury and families will also enjoy nature, meet others, and have fun.

The BIA-MO 21st Annual Statewide Conference will take place October 21-22 in St. Louis. This is a great opportunity for professionals to learn, network, and earn continuing education credits.

On November 8, the BIA-MO Survivor and Family Seminar and Awards Luncheon will be held in St. Louis. Seminar topics include Brain Injury 101; Discovering Hobbies and Passions; Embracing Music for Memory, Coping, and Healing; and Managing Mental Health in Life with Brain Injury. These sessions and discussions are meant to help survivors and their families manage the impact of brain injury.

Nebraska

On the morning of May 31, the Brain Injury Association of Nebraska (BIA-NE) laced up, stretched out, and hit the ground running with our annual Blazing Trails for Brain Injury event. With our highest turnout since COVID, the event had great momentum — minus the shin splints. From live music and our not-so-intimidating obstacle course to brainy swag and sunshine, the event kept spirits high and step counts higher. Survivors, families, and supporters went the distance — raising awareness, raising funds, and proving once again that Nebraska shows up strong.

This wasn't just a walk in the park (though technically it was), it was a morning full of purpose, joy, and community connection. The finish line may have been literal, but the impact goes far beyond it. Together, we're blazing brighter trails for brain injury survivors.

Save the Dates

Luminary of the Year 2025

Friday, November 14, 2025

National Press Club
Washington, D.C.

presented by

CNS Centre for Neuro Skills®

Mark J. Ashley

ScD, CCC-SLP, CCM, CBIST
Founder and Executive Chairman of the Board, Centre for Neuro Skills

For more information, contact Kelly Garman, kgarman@biausa.org

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Friday, October 10, 2025

Crystal Ballroom at The Rice
Houston, Texas

Luminary of the Year Texas 2025

Dr. Cindy Ivanhoe

Director of the Spasticity and Associated Syndromes of Movement (SPASM) Program at TIRR Memorial Hermann

For more information, contact Melissa Nicewarner Daly, mnicewarnerdaly@biausa.org

New York

The Brain Injury Association of New York State (BIA-NYS) continues to be a strong voice for individuals living with brain injuries and their families. This year, BIA-NYS amplified its advocacy efforts on both the state and national levels, working to ensure the needs of the brain injury community remain front and center.

In March, BIA-NYS hosted its annual Advocacy Day at the New York State Capitol, where survivors, caregivers, and professionals met with lawmakers to share their stories and advocate for essential services and supports. In addition, BIA-NYS made two trips to Washington, D.C., joining national partners in pushing for policies that protect Medicaid access, strengthen rehabilitation services, and promote research and prevention efforts.

To keep the community informed and engaged, BIA-NYS introduced a Weekly Advocacy Newsletter, offering timely updates on legislation, action alerts, and ways to get involved. The Association also hosted four Community Conversations, bringing together advocates and healthcare systems across the state to listen, learn, and mobilize around shared priorities.

Through these efforts, BIA-NYS continues to lead with purpose, building momentum, empowering voices, and working to create real change for the brain injury community.

Ohio

After a busy spring of advocacy work and meetings with state representatives and senators in Ohio, the Brain Injury Association of Ohio (BIA-OH) was thrilled to be awarded additional state funding this year to help expand programs and help more brain injury survivors and caregivers. This summer, BIA-OH will partner once again with Cleveland State University to offer a three-day "NeuroSparks: Sparking Hope & Healing" camp. CSU graduate students from departments including occupational therapy, physical therapy, speech therapy, nursing, and more volunteer their time and work directly with brain injury survivors who are two to five years post injury and have plateaued in their skills. The camp also provides opportunities for caregivers to learn about community resources and make new connections. Thanks to local grant funding, community donations, and amazing volunteers, the camp is completely free for all participants.

Pennsylvania

The Brain Injury Association of Pennsylvania's (BIA-PA) 2025 Conference, "Celebrating an Empowered Brain Injury Community: A Conference for Survivors, Care Partners, and Professionals," took place June 30-July 1 in Lancaster, and was filled with energy, connection, and inspiration.

This year's event brought together survivors, care partners, professionals, and advocates, along with many informative exhibitors. From inspiring stories to impactful sessions and meaningful conversations, the spirit of learning and community was felt in every corner.

Due to the generosity of those who supported the David L. Strauss Memorial Scholarship Fund, we were able to provide conference scholarships to many survivors and caregivers.

Congratulations to the recipients of the 2025 BIA-PA Awards, honored for their outstanding contributions to the brain injury community:

- Meaghan Wright: Barb Dively Advocacy Award
- Meghan Chemidlin: Dan Keating Pioneer in Brain Injury Award
- Lady Sharper Rennie: Direct Service Award
- Claire Larson: John Sears Inspiration Award
- Stefani Eichelberger: Leadership Award
- Elayne Masters: Service to the Brain Injury Community Award

We are grateful to everyone who made this year's conference a success. We look forward to continuing this journey of empowerment together!

BIA-PA is excited to announce the expansion of our ReDiscover U program to include in-person, community-based classes and events, made possible through a new four-year contract with the Pennsylvania Department of Health. Originally founded by the Council on Brain Injury (CoBI), ReDiscover U was developed to support individuals living with brain injury through education, empowerment, and meaningful connection. In 2023, BIA-PA took the helm of the program, continuing its mission while seeking new ways to grow its impact. This latest development marks a significant milestone in that effort. The expanded program will go beyond virtual learning to offer engaging, in-person opportunities across Pennsylvania, designed to promote recovery, resilience, and reintegration into community life. Activities will be diverse and thoughtfully curated to meet the unique needs of individuals with brain injury.

South Carolina

The Brain Injury Association of South Carolina (BIA-SC) collaborated with the South Carolina Brain Injury Leadership Council to host the annual Life With Brain Injury Conference on August 1 in Columbia. Leading sponsors included the S.C. Developmental Disabilities Council and S.C. Department of Health and Human Services. We highlighted the soundtrack, "Headstrong Hits," during the conference. This soundtrack was developed during Brain Injury Awareness Month, in partnership with the S.C. Department of Disabilities and Special Needs (SCDDSN), our state's lead agency on TBI. "Headstrong Hits" is an inspiring soundtrack curated by brain injury survivors, with each song symbolizing a unique aspect of their recovery journey. From moments of struggle to breakthroughs of resilience, this soundtrack represents the healing power of music and the strength of the human spirit. Every track reflects the personal experiences, emotions, and triumphs of those who have faced and overcome life-altering challenges. Headstrong Hits can be found at biaofsc.com/press/headstrong-hits.

Our keynote speaker, Wynn Godbold, founder of Bee Sharp Professional Training, engaged audiences with energy, authenticity, and active learning. Wynn blends sweet Southern charm with bold honesty to help people break barriers and turn vision into action with his keynote address "I'm Possible: Redefining Limits After Brain Injury."

EVENTS AND WEBINARS

September 30, 2025, 3 p.m. ET

Behavior Changes in TBI: Therapeutic Strategies

CHRYSTAL FULLEN, PSY.D.

This session equips healthcare providers with evidence-based strategies to assess and manage behavioral changes in individuals with TBI across clinical settings. Participants will explore common post-TBI behavioral challenges, including impulsivity, emotional dysregulation, and executive dysfunction, while learning targeted intervention strategies. The presentation will also address how to collaborate effectively with interdisciplinary teams and caregivers to ensure continuity of care and reinforce therapeutic gains beyond the clinic. Emphasis will be placed on individualized treatment planning, progress monitoring, and adaptive strategies to optimize patient outcomes.

October 23, 2025, 12 p.m. ET

Caring for the Caregivers: Making it E.A.S.I.E.R.

MARK BAYLEY, MD, FRCPC AND JUDY GARGARO, M.ED.

In this caregiver webinar, Mark Bayley and Judy Gargaro will review the current research literature examining the impact of caregiving on the health of caregivers and interventions designed for caregivers. Findings from a recent collaborative project that codesigned solutions to better support the caregivers of people with brain injury will be discussed. Participants will have an opportunity to ask questions and review online resources. Next steps for implementing the E.A.S.I.E.R. recommendations will also be discussed.

AD INDEX

Advertiser	**Page**
Save Our Air Resources	11
Luminary of the Year	19
NBIIC	23

Contact Peter Knockstead,
Director of Corporate Partnerships
pknockstead@biausa.org
703-761-0750, ext. 640

November 6, 2025, 3 p.m. ET

Tips for Caregivers: How to Support Common Post-TBI Symptoms

DAVID ROTHMAN, PHD, ABPP

Individuals living with traumatic brain injury may experience a variety of post-injury symptoms. For caregivers, navigating these symptoms and understanding how best to support individuals experiencing them can be challenging. This caregiver webinar will focus on developing strategies related to common post-TBI symptoms.

November 13, 2025, 3 p.m. ET

Improving Outcomes for Adults Through Meaningful Activity and Community Integration Following Traumatic Brain Injury

STEPHEN WHEELER, PHD, OTR/L, CBIS, FAOTA

Traumatic brain injury may result in a decrease in community integration, including meaningful employment, social participation, home management, and leisure pursuits. In this evidence-based caregiver webinar, Dr. Steven Wheeler will explore factors impacting successful and satisfying community participation and identify person-centered intervention approaches to support functional independence. Emphasis will be placed on the role of executive cognitive functions in TBI recovery.

December 3 & 10, 2025, 12 p.m. ET

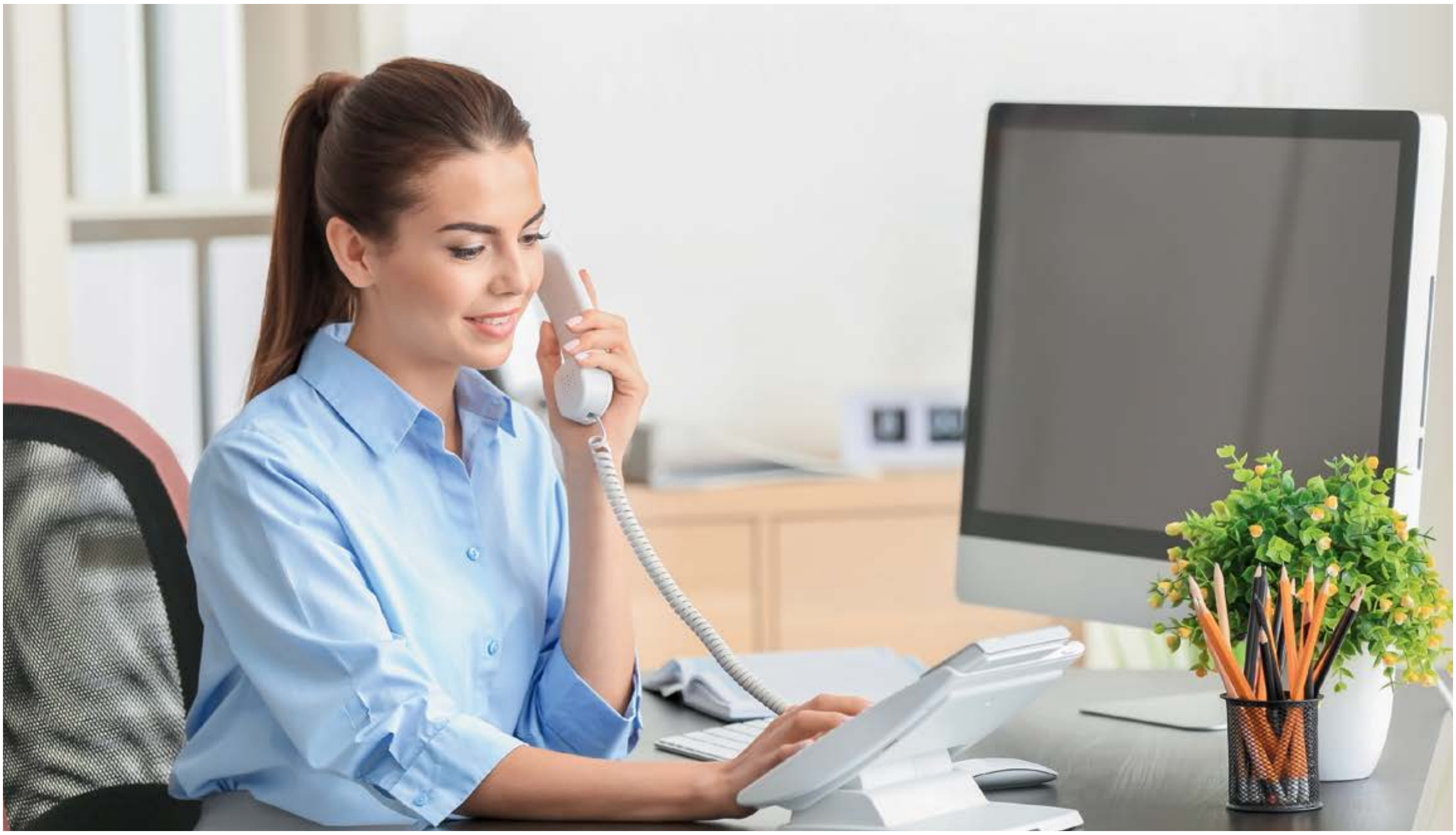
Brain Injury Fundamentals Virtual Training Program

STEPHEN WHEELER, PHD, OTR/L, CBIS, FAOTA

The Brain Injury Association of America will hold a live virtual training for people who are interested in earning their Brain Injury Fundamentals certificate. The course is designed to equip participants with the essential skills and knowledge to support individuals with brain injury. This live training, led by Brain Injury Fundamentals instructors over Zoom, is designed for non-licensed direct care staff, individual caregivers, and licensed professionals who interact with individuals with brain injuries in their line of work and want to build their foundational brain injury knowledge base. No prior experience or education is required.

To register for one of our webinars or virtual trainings, scan the QR code or visit learn.biausa.org

Have you or a loved one had a brain injury?



We know how overwhelming and confusing it can be when you or a loved one is adjusting to life with a brain injury. It's not uncommon to have questions about treatment and rehabilitation options, coping with changes in personality or physical capabilities, access to counseling or legal assistance, and so much more.

Our brain injury specialists are here to help, and can provide you with individualized, confidential resources and support, Monday through Friday, from 9 a.m. to 5 p.m.

Call the National Brain Injury Information Center

1-800-444-6443

BRAIN INJURY ASSOCIATION OF AMERICA
3057 Nutley Street, #805
Fairfax, VA 22031-1931

BRAIN INJURY ASSOCIATION OF AMERICA

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THE VOICE OF BRAIN INJURY

The Corporate Partners Program gives rehabilitation providers, long-term care facilities, attorneys, and other leaders in the field a variety of opportunities to support the Brain Injury Association of America's advocacy, awareness, information, and education programs. BIAA is grateful to the Corporate Partners for their financial contributions and the many volunteer hours their companies devote to spreading help, hope, and healing nationwide.

For more information on how to become part of the Brain Injury Association of America Corporate Partners Program, please visit biausa.org/corporate or contact Peter Knockstead at (703) 761-0750, ext. 640, or email pknockstead@biausa.org.

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