

THE **C**HALLENGE!

BROKEN GIRL: A MEMOIR OF LIFE BEFORE & AFTER TBI

SEE OUR EXCLUSIVE INTERVIEW WITH
AUTHORS BRADLEY TREVOR GRIEVE
AND CAROLINE LANER BREUERE

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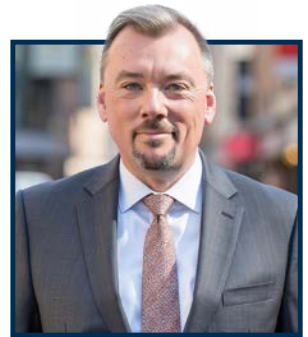
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Greetings,

We know that brain injuries can happen to anyone, at any time. They don't discriminate. But the fact of the matter is, there are certain populations that are at a greater risk of brain injury – and of poorer long-term outcomes. This issue of THE Challenge! examines many of these groups, including military service members and veterans, people living in rural areas of the country, and racial and ethnic minorities.



These health disparities in brain injury risks and outcomes are just one reason why the Brain Injury Association of America is leading the charge in calling for a Brain Injury National Action Plan. The current state of brain injury is fragmented, inconsistent, and leaves many survivors behind. In the United States, there are no national standards for brain injury. Proven treatments like cognitive rehab and care coordination aren't always covered by insurance, leaving thousands of survivors without follow-up care, a recovery plan, or support. And unequal access to care often leaves older adults, veterans, rural communities, and survivors of intimate partner violence facing some of the biggest barriers to care.

Earlier this year, we launched the Brain Injury Action Coalition, a new convening of experts with the goal of identifying and prioritizing the most promising solutions and approaches to accelerating advancements in brain injury treatment and prevention. This coalition was formed in response to the challenges we're currently facing within the brain injury community. In addition to the health disparities we see among brain injury survivors, we're also facing insufficient federal funding for brain injury programs and research, a lack of FDA-approved TBI therapeutics or diagnostics, and coordination challenges among federal agencies involved in brain injury.

The Brain Injury Action Coalition is prioritizing the adoption of our National Action Plan, and we are hopeful that its efforts will help to reduce these health disparities among the groups that are most at risk of adverse outcomes as a result of their brain injury. As we look ahead to our 2026 National Brain Injury Conference and Awareness Day, we hope that those of you who feel as strongly as we do about ensuring that everyone in the U.S. who sustains a brain injury is recognized, treated, and accepted will join our efforts to make the care and lives of brain injury survivors a national priority.

Sincerely,



Rick Willis, President and CEO
 Brain Injury Association of America

TBI Reauthorization Act Reintroduced in the Senate

U.S. Senators Markwayne Mullin (R-OK), Andy Kim (D-NJ), John Cornyn (R-TX), Alex Padilla (D-CA), and Catherine Cortez Masto (D-NV) introduced the Traumatic Brain Injury Program Reauthorization Act of 2025 to ensure numerous critical grant programs are able to continue to provide essential care and resources for those with traumatic brain injuries.

“We commend Senator Mullin and Senator Kim and other cosponsors for their leadership in introducing the Traumatic Brain Injury (TBI) Reauthorization Act in the United States Senate,” said Rick Willis, President and CEO of the Brain Injury Association of America. “This critical legislation supports the continuation of federal programs that provide life-changing services, prevention initiatives, and research opportunities for the millions of Americans living with brain injury and their families.”

This year’s reauthorization makes important strides to better reflect the reality of brain injury. For the first time, the legislation expands the definition of TBI to include all acquired brain injuries (ABI), ensuring that survivors of anoxia, tumors, infections, and other acquired causes are recognized and served. The TBI Reauthorization Act positions the United States to better serve survivors, strengthen data, and advance policies that address the true scope of brain injury.

BIAA Announces Newly Formed Brain Injury Action Coalition

The Brain Injury Association of America is excited to announce the launch of the Brain Injury Action Coalition, a new program with the goal of identifying and prioritizing the most promising solutions and approaches to accelerating advancements in brain injury treatment and prevention. Michael S. Jaffee, MD, FAAN, FANA, has been appointed chairperson of the Brain Injury Action Coalition.

The Brain Injury Action Coalition was formed in response to the challenges faced by the brain injury community, including insufficient federal funding for brain injury programs and research, a lack of FDA-approved TBI therapeutics or diagnostics, and coordination challenges among federal agencies involved in brain injury.

The Brain Injury Action Coalition will prioritize the adoption of a federal Brain Injury National Action Plan, which will prioritize brain injury prevention, research, and care coordination while also determining mechanisms to enhance data collection and federal funding.

Brain Injury Organizations Release Joint Statement on Improving Communication about Brain Injury

The Brain Injury Association of America and a group of brain injury organizations and advocates have released a joint statement aimed at improving how brain injuries are discussed and understood. The guidance document, titled Communicating about Brain Injury, was developed collaboratively by healthcare providers, researchers, and people with lived experience of brain injury.

The statement provides a definition of brain injury and its causes, that it can develop into a long-term chronic health condition, and that it can sometimes lead to disability. The statement also includes 12 things to consider when talking about brain injury.

We’re *Accelerating* Advancements in Brain Injury Treatment and Prevention



To read more about these stories, visit biausa.org/news or scan the QR code.



RACE, ETHNICITY, & TRAUMATIC BRAIN INJURY IN AMERICA

By Kelly Sarmiento, Director of Outreach Programs, Brain Injury Association of America, and Jill Daugherty, PhD, Director, Innovation Center, National Association of State Head Injury Administrators

Every year in the United States, millions of people experience a traumatic brain injury (TBI). But not everyone is affected in the same way. A new systematic review published in *Injury Prevention* shows that race and ethnicity play a large role in who gets injured, who survives, and how often these injuries occur.

In general, the authors found that American Indian/Alaska Native children and adults were found to have the highest rate of negative outcomes related to TBI than other race/ethnic groups. In fact, studies show that TBI-related deaths may be as much as 380 percent higher among American Indian/Alaska Native children and adults than other race and ethnic groups.¹⁻⁴

However, biological differences do not explain the disparities. Lead author Vincent Gia-Bao Doan and colleagues emphasize that race and ethnicity are social categories, not biological ones.⁵ Prior research shows that when people are provided with the same access to healthcare, outcomes do not vary by race or ethnicity.⁶

After a review of more than two decades of research on TBI among different racial and ethnic groups, the authors were able to piece together a clearer picture of which factors are most likely linked to disparities in TBI care and outcomes.

TBI disparities likely reflect a mix of factors related to access to care, socio-economic conditions, and cultural and systematic barriers.

Access to care: Some groups face longer waits, longer distance to emergency medical care, fewer referrals to specialists, or lower odds of receiving

rehab after a TBI.⁷ For example, the authors found that non-Hispanic Black and Hispanic patients are less likely to receive follow-up care and rehabilitation following a TBI compared to non-Hispanic white patients.⁷⁻¹³ Racial and ethnic minorities are also more likely to have poor psychosocial, functional, and employment-related outcomes after sustaining a TBI than non-Hispanic white individuals.¹⁴⁻¹⁸

Socioeconomic conditions: Poverty, unstable housing, and lack of insurance all shape how often people seek care for a TBI and how well they recover. Higher exposure to violence and unsafe roads or driving practices increase the risk for TBIs. Studies found that rates of motor vehicle crashes and suicide, as well as difficulties in accessing appropriate healthcare among American Indian and Alaska Native communities, are linked to higher rates of TBI.¹⁹

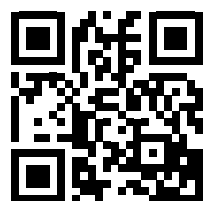
Cultural and systemic barriers: Stigma, mistrust of the medical system, and communication gaps can all reduce care-seeking after an injury. Research on disparities in the incidence of TBI and healthcare-seeking behaviors found that white children were more likely to seek care for TBIs than children from other racial/ethnic groups.²⁰

Addressing these gaps will take research that is more inclusive and efforts to tackle the social and economic forces that put certain groups in harm's way.

The review by Doan and colleagues makes clear that some communities — especially American Indian and Alaska Native people — carry disproportionately negative outcomes as a result of brain injury. Yet these groups are often underrepresented in studies, making it harder to design targeted solutions. The authors call for oversampling these populations in future research to better understand their needs. They also urge researchers and policymakers to look beyond sports concussions, which dominate current studies, and consider the full spectrum of causes: motor vehicle crashes, falls, and violence. And critically, future studies should explore the “why” behind the disparities, not just the “what.”

The key takeaway

Understanding racial and ethnic differences in TBI is not just about numbers. It's about justice, prevention, and making sure that everyone, regardless of background, has access to evidence-based care for TBI.



Scan the QR code to see a list of cited sources.

Health Disparities in TBI

Health disparities are differences in health outcomes and their causes among groups of people. Groups can be defined by factors such as race, ethnicity, sex, education, income, disability, geographic location (e.g., rural or urban), and sexual orientation. The Centers for Disease Control and Prevention examined disparities in TBI, and have outlined which groups are most affected by TBI. While anyone can be at risk of getting a TBI, some groups have a greater likelihood of dying from a TBI or living with long-term health problems as a result of their injury, including:

OLDER ADULTS:

People aged 75 years and older have the highest numbers and rates of TBI-related hospitalizations and deaths. According to the CDC, this age group accounts for about 32 percent of TBI-related hospitalizations and 28 percent of TBI-related deaths.

MILITARY SERVICE MEMBERS AND VETERANS:

Since 2000, more than 500,000 service members have been diagnosed with a TBI. Studies suggest that service members and veterans who have sustained a TBI may have ongoing symptoms, experience co-occurring health conditions such as post-traumatic stress disorder and depression, have difficulty accessing healthcare, and report having thoughts of suicide.

SURVIVORS OF INTIMATE PARTNER VIOLENCE:

An estimated 36 percent of intimate partner violence (IPV) survivors have sustained injuries to the head, neck, or face.²¹ Survivors of IPV who have a TBI due to an assault are also more likely to be diagnosed with post-traumatic stress disorder, insomnia, and depression, and report worse overall health.

PEOPLE WHO EXPERIENCE HOMELESSNESS:

Compared to the general population, people who experience homelessness are two to four times more likely to have a history of any type of TBI, and are up to 10 times more likely to have a history of a moderate or severe TBI.

FAR FROM CARE: BRAIN INJURY IN RURAL AMERICA

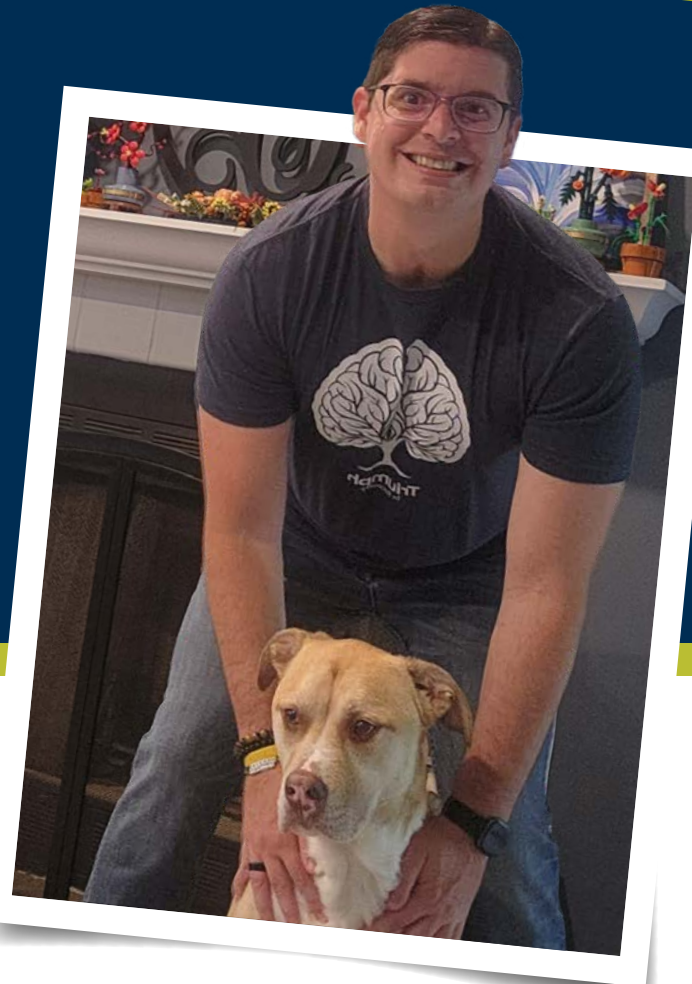
When brain injuries occur in rural communities, rapid care & treatment is not always a guarantee

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

In November 2021, Tim Chiarolanza was settling into his new role as the strength and conditioning coach at Lycoming College – a private, liberal arts college nestled in a rural part of central Pennsylvania among the Appalachian Mountains. Lycoming was Chiarolanza’s alma mater, situated in a small town called Williamsport that had come to feel like home for him.

On November 16, Chiarolanza was walking his dog, Finn, through Williamsport, when he ran into a few Lycoming students who were on their way to watch a basketball game at nearby Lock Haven University. The students stopped to talk to “Coach Tim,” but as they started to leave, Finn chased after them. His leash broke, and Finn darted into oncoming traffic. Chiarolanza instinctively chased after his pet, and was struck by a car traveling 40 miles per hour. “The dog is completely alright,” Chiarolanza is quick to point out when sharing his story.

Chiarolanza, however, was not. The collision launched him into a parked pickup truck and left him with several injuries, including a ruptured aorta, several broken bones, a separated pelvis, a collapsed lung, and a severe traumatic brain injury. The students he had been speaking with sprang into action, diverting traffic as best they could and calling 911. An ambulance brought Chiarolanza to the nearest hospital – University of Pittsburgh Medical Center-Williamsport, about two miles away from the site of the accident. At the time, UPMC-Williamsport was a non-trauma hospital; it



Tim Chiarolanza and Finn

lacked the necessary specialists and resources to treat Chiarolanza’s extensive and life-threatening injuries. The nearest hospital with those resources – Geisinger Medical Center in Danville – was more than 35 miles away, far enough that Chiarolanza would not have survived the ambulance ride. Fortunately, he was able to be airlifted by Guthrie Air, a medical air transport service that provides critical care helicopter services. “Without them, I would not be alive today,” Chiarolanza said.

Chiarolanza’s circumstances are not unusual. Twenty percent of the U.S. population lives in a rural area, according to 2020 census data. As many as 30 million Americans do not have access to a Level I or Level II trauma center within an hour of where they live. As a result, people living in rural areas are more likely to die from a traumatic brain injury than those living in urban or suburban areas. There are a number of reasons for this disparity, including the increased time needed to travel to emergency medical care, less access to Level I trauma centers (the highest level of medical care), and difficulty accessing services like specialized TBI care.

“We also see a huge amount of provider shortages, especially neurologists and neurosurgeons,” noted Peggy Reisher, MSW, executive director of the Brain Injury Association of Nebraska and member of the Brain Injury Association of America Board of Directors, speaking at a recent webinar, “How Air Medical Transport Saves Lives After Traumatic Brain Injury — and What Rural Hospitals Risk Losing,” hosted by the National Rural Health Association. “They’re not in our rural communities. They’re not in our rural hospitals.”

While the common causes of brain injuries in these areas are not unlike those in urban or suburban areas – motor vehicle accidents are a leading cause of TBI – the need for residents to travel longer distances than their urban or suburban counterparts are contributing factors. And because rural areas often have poor broadband access, telemedicine and remote monitoring can be difficult or even impossible.

Further limiting rural Americans’ access to care are hospital closures. Between 2005 and 2023, 146 hospitals in rural U.S. counties closed or stopped providing inpatient services, according to the United States Department of Agriculture. The main driver of hospital closures was financial stress, with contributing factors including their smaller size, lower occupancy rates, and greater susceptibility to economic fluctuations than urban hospitals.

For patients like Chiarolanza – those in rural areas who are prohibitively far from a Level I trauma center and whose injuries require immediate, specialized care – medical air transport can mean the difference between life and death. For those who have sustained a TBI – as well as those who sustain anoxic brain injuries as a result of stroke or a cardiac issue – the faster they receive care, the better their chances are of surviving the injury and preserving brain function.

To be sure, air ambulances play a critical role in responding to patients who have sustained a brain injury. Yet the air medical industry faces challenges, including high costs of operation and outdated rates for Medicare and Medicaid reimbursement, that put their ability to serve rural populations in jeopardy.

“On the day of my accident, Guthrie Air was actually third or fourth down the list. They weren't first. But all the other helicopters were on calls already,” Chiarolanza shared. “So, if you don't have those air ambulances ... like I said, I wouldn't have survived without it. I wouldn't have survived a 45-minute ambulance ride to my Level I Trauma Center to have my surgeries.”

STATES WITH HIGHEST RATES OF TBI-RELATED DEATHS*



ALASKA

34.8



WYOMING

32.6



MONTANA

29.5



SOUTH CAROLINA

27.3



IDAHO

26.4

* Per 100,000 population per year
Source: CDC

STATES WITH ZERO LEVEL I OR LEVEL II TRAUMA CENTERS

ALASKA

IDAHO

MONTANA

WYOMING

SOUTH DAKOTA

* Source: Annals of Emergency Medicine



STUDY FINDS TRAUMATIC BRAIN INJURIES **LINKED TO FASTER AGING** IN POST-9/11 VETERANS



DID YOU KNOW?

Since 2000, **more than 500,000** service members have been diagnosed with a TBI.

**Source: Centers for Disease Control and Prevention National Concussion Surveillance System Pilot Summary*

Post-9/11 veterans who sustained one or more traumatic brain injuries show faster biological aging compared to veterans without a TBI, according to research published earlier this year in the *Journal of Head Trauma Rehabilitation*. In more than 1,000 veterans studied, deployment-related TBIs had stronger links to accelerated aging than injuries outside military service, particularly among women. More recent injuries also showed stronger associations with aging than injuries prior to military service.

“This is one of the first studies to examine whether traumatic brain injury is associated with biological aging broadly, and the results suggest experiencing a TBI, including a mild concussion, may help identify veterans at risk of faster aging,” said lead author Kyle Bourassa, Ph.D., staff psychologist in Research Service at the Durham Veterans Affairs Health Care System and senior research fellow in the Department of Psychology at Georgetown University.

Nearly 5 million Americans have served in the armed forces since September 11, 2001, participating in combat operations in Iraq and Afghanistan. This post-9/11 population faces increased risks for TBIs, psychiatric disorders, and suicide, compared to earlier generations of veterans. Research has shown that brain injury can evolve into a lifelong health condition that impairs the brain and other organ systems and may persist or progress over a person's lifetime. Previous research has linked TBI to poor brain health in the form of cognitive decline and dementia risks, but scientists still aim to understand why these problems develop. The new study examined whether accelerated biological aging could help explain these health consequences.

Biological aging measures the rate at which a person's body declines over time, but some people age biologically faster than others. Researchers used blood samples to assess aging markers that predict future health problems, including chronic disease and early death. The findings suggest TBIs, particularly those sustained during deployment, may put veterans at a higher risk for age-related health complications as they grow older.

Researchers conducted a cross-sectional study analyzing blood samples from 1,152 post-9/11 veterans with an average age of 37 years enrolled in a long-term study with the Veterans Affairs VISN 6 Mid-Atlantic Mental Illness research, Education and Clinical Center. In this multi-site study, participants underwent clinical interviews about their history of TBI, including when and how the injuries occurred. Scientists used blood samples to measure epigenetic changes – chemical modifications to DNA that respond to environmental factors – to assess biological aging rates. Unlike permanent genetic traits, these epigenetic changes can be influenced by factors like injuries or stress, making them potentially reversible. The aging measure, called DunedinPACE, predicts future health outcomes.

Bourassa believes the findings could help identify approaches to improve health for people with a traumatic brain injury saying, "We know more work is needed, but our findings highlight the importance of integrating TBI screenings and tailored interventions into veteran health care frameworks, which could help address the long-term health consequences associated with military service-related brain injuries."

"This study provides further evidence that TBI can be a risk factor for abnormal aging, but what is important is what we can do about it," observed John Corrigan, National Research Director for the Brain Injury Association of America and editor-in-chief of the Journal for Head Trauma Rehabilitation.

Scientists noted several important limitations to the research. Because it was a cross-sectional study, the findings cannot prove that TBI caused faster aging,



KEY FINDINGS

TBI PREVALENCE: More than half (51.2 percent) of the 1,152 veterans studied experienced at least one TBI, with 299 reporting multiple injuries.

DEPLOYMENT-RELATED INJURIES: Among the 590 veterans with TBI, more than one in four (27.3 percent) sustained an injury during military deployment.

CO-OCCURRING CONDITIONS: Nearly one-third of all participants (31.6 percent) had received a post-traumatic stress disorder diagnosis, and veterans with multiple TBIs were more likely to have developed PTSD.

DEPLOYMENT VS. NON-DEPLOYMENT ASSOCIATIONS: Deployment-related TBIs were associated with accelerated aging, whereas traumatic brain injuries experienced outside of military service were not.

GENDER DIFFERENCES: Women veterans showed significantly stronger links between deployment-related TBIs and accelerated aging compared to men.

only that the two are linked. Additionally, researchers assessed a participant's TBI history through self-reported clinical interviews, which can be subject to recall bias. Bourassa noted their study team is conducting a new study using a more detailed method of assessing TBI to attempt to address this limitation.

The study also focused on post-9/11 veterans, which may limit how the findings apply to other veteran populations or civilians with traumatic brain injuries. Future studies should examine whether the findings can be replicated in other groups and explore what biological processes lead to accelerated aging following a TBI. Scientists also need to better understand why deployment-related injuries might show stronger associations with aging for women veterans.



INTEGRATING BRAIN INJURY-INFORMED PRACTICES INTO THE CHILD WELFARE SYSTEM

By Drew Nagele, PsyD, ABPP, FACRM, CBIST, CESP

Brain injuries are often undiagnosed or misdiagnosed, creating challenges for child welfare providers, as well as families. Brain injury can bring with it cognitive challenges for parents within the system, including difficulty remembering information and appointments, slowed information processing speed, and increased impulsivity. Brain injuries can also lower a parent's frustration tolerance, making parenting more difficult.

Impulsivity can present as an inability to control their negative emotions or influence their patterns of misusing substances. Changes in processing speed may impair a parent or caregiver's ability to understand the information provided by courts and the child welfare system. Increased memory loss can cause parents and caregivers to forget court dates, lose track of time, or arrive late to meetings, along with having difficulty remembering information from these court dates or meetings.

Long-term symptoms of brain injury may negatively affect a parent or caregiver's ability to follow directions and succeed within the child welfare system. Executive functioning challenges may impact a parent or caregiver's ability to prioritize and organize to meet their children's basic needs. This difficulty can ultimately lead to legal substantiations of neglect. When we understand the reasons behind the actions of these parents and caregivers, better accommodations can be provided to improve outcomes for children and families.

In children, brain injuries increase the risk of impaired executive functioning and cognitive ability, decreased self-esteem, and increased peer victimization. These factors can potentially affect how children respond to new environments. For example, children removed from their homes may appear defiant or unable to form healthy attachments. The presence of an unknown brain injury may help explain and/or exacerbate these common symptoms. Along with difficulties in adjusting to environments, brain injury can have long-lasting cognitive effects. These impacts might be noticed in the child's academic performance or in symptoms that could lead to placement disruption or a mental health concern. The full impact of a brain injury occurring in childhood may not be known until young adulthood and may be a risk factor for homelessness, substance use or involvement in the justice system. Early identification and interventions for brain injury can help decrease the likelihood of these long-term effects.

Without screening for possible brain injuries, it is not feasible to provide comprehensive support to families involved in the child welfare system. Recognizing the symptoms of brain injury will enable child welfare professionals to provide appropriate support for children and parents/caregivers with a brain injury.

The Administration for Community Living State Partnership Program's Child Welfare and Brain Injury Workgroup has developed the "Brain Injury and Child Welfare Best Practice Guide: Information and Tools for State Agencies." The guide focuses on promising practices to help state child welfare systems identify brain injury in parents and children. The guide also provides ways to accommodate for any functional changes to improve success within the system and to help families thrive.



The guide outlines a Child Welfare System Engagement Model, revealing opportunities to evaluate entry points to provide brain injury screenings, training, technical assistance and referrals to brain injury services, programs, and resource facilitation. It provides a support and referral protocol and explains how to modify programming for brain injury and how to accommodate for impairments. The guide provides resources for all steps, as well as school-specific resources.

The guide explains a training approach for child welfare personnel and provides links to educational resources for parents/caregivers and children.

Members of the ACL workgroup are available to provide trainings on the overall approach and resources to state brain injury and child welfare programs and to answer questions.

If you are part of a state brain injury program interested in coordinating a training on the guide with your child welfare program, contact Jim Pender at the Iowa Department of Health and Human Services jim.pender@hhs.iowa.gov or Wendy Ellmo with Brain Links at wendy_e@tndisability.org.



Access the Brain Injury and Child Welfare Best Practice Guide: Information and Tools for State Agencies and Supplemental Materials by scanning the QR code or visiting:
nashia.org/child-welfare-guide-supplements



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.

Support Starts Here



Your year-end gift builds visibility and connection for the **64 million people affected by brain injury.**

Give today to ensure that when someone reaches out, help is already waiting.



Scan the QR code or visit biausa.org/supportnow to support BIAA.

CAN CORNER

If you ask most people whether a concussion is a brain injury, the answer you'll hear might surprise you. According to a recent poll from the Brain Injury Association of America (BIAA), 81 percent of adults don't realize that a concussion is, in fact, a traumatic brain injury (TBI).



That statistic set the stage for Concussion Awareness Now's webinar, Is Concussion a Brain Injury? The webinar conversation brought together BIAA Director of Outreach Programs, Kelly Sarmiento, as well as survivors Sarah Goody and Lindsay Simpson, who have turned their own concussion challenges into powerful advocacy platforms.

The result was an hour filled with hard truths, personal stories, and a clear call to action: to commit to starting the conversation by shifting the way we think and talk about concussion symptoms and care.

More Than "Mild"

When we talk about concussions, the word that often gets tossed around is mild. But as Sarmiento said, that label can be misleading. "The term 'mild' is a clinical classification — it means the injury usually isn't life-threatening," she explained. "But people should know the effects of a concussion aren't always mild. They can be very serious, lasting months or even years."

And concussion symptoms don't follow a neat script. "Right after an injury, someone might feel sick, have a headache, or be sensitive to light," Sarmiento said. "But a few days later, it can show up differently — trouble concentrating, feeling more tired, even sadness or anxiety."

The Human Reality

To really understand concussion, you need to hear from the people living with it. Goody's concussion journey started at 16 as the result of a surfing accident. "Immediately, the world went dark and blank," Goody said. "I knew something was wrong."

What doctors initially suggested would take a week to heal stretched into six months away from school. And since that first accident, Goody sustained five concussions in four years.

Each new injury brought fresh challenges. "Concussions and TBI have truly changed the course of my life," Goody said. "Whether it's walking to class and being scared of hitting my head on a door, or just waking up in the morning worried about what might happen, it impacts my everyday routines."

Simpson, a journalist and former collegiate soccer player, was no stranger to concussions, having experienced them a few times as an athlete. But her most devastating concussion came years after she hung up her cleats, when a 40-pound beam fell on her head while at work.

"It was diagnosed as a 'mild' concussion, but my reality was anything but mild," she said. Simpson spent nearly a year unable to care for herself. Basic, everyday tasks became impossible. Years later, the effects of the concussion remain: double vision, memory lapses, fatigue, and a stutter that resurfaces under stress.

Awareness Saves Lives

Both Simpson and Goody said that finding their voices and telling their stories publicly has been cathartic, even when it's been hard.

Sarmiento reminded everyone that concussion prevention and storytelling go hand-in-hand. "I've seen firsthand the power of personal stories and how they can advance the concussion conversation," she said. "Sharing experiences is what has driven real change in prevention, research, and support."



To watch a recording of the webinar, visit Concussion Awareness Now's YouTube page at youtube.com/@concussionawarenessnow, or scan the QR code

**CONCUSSION
AWARENESS NOW**

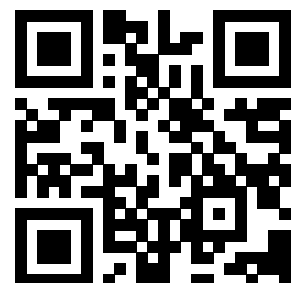
NATIONAL BRAIN INJURY CONFERENCE AND AWARENESS DAY

MARCH 9–11, 2026



Join the Brain Injury Association of America for our annual Awareness and Advocacy Days events in Washington, D. C.

Scan the QR code or visit <https://bit.ly/48t5gnA> to receive registration and event updates.



BROKEN GIRL: A MEMOIR OF LIFE BEFORE AND AFTER TRAUMATIC BRAIN INJURY



Photographer Credit:
Toni Anderson Lemke

“

LIKE SO MANY PEOPLE WITH A TBI I HAVE NO FILTER – I KNOW THE UNVARNISHED TRUTH CAN MAKE SOME PEOPLE UNCOMFORTABLE, BUT THIS IS HOW I AM IN REAL LIFE, AND I DIDN'T WANT TO CHANGE WHO I WAS IN THE BOOK.

CAROLINE LANER BREURE

Caroline Laner Breure was on vacation in Spain when she was struck by a police vehicle. She sustained a Grade 3 diffuse axonal injury – her brain was almost torn in half, and she had a GCS score of 5. Her doctors gave her a 5 percent chance of survival, and no chance of being able to see, hear, speak, taste, or use her arms or legs.

Not only did Caroline defy that prognosis, she went on to share her story in a powerful way. She collaborated with New York Times bestselling author Bradley Trevor Greive (BTG) to write *Broken Girl*, a luminous and captivating memoir that shares Caroline's journey to rebuild her life after her brain injury. The Brain Injury Association of America had the opportunity to interview Caroline and BTG. This interview has been edited for brevity; a full version can be found on the BIAA website.

BIAA: What made you decide that you wanted to share the story of your brain injury experience and write a book?

Caroline: Ignorance is not bliss. It's awful to feel that something is wrong with you but not know what that is. For a year I had no idea that I'd suffered a serious brain injury. When my stepfather explained what had happened to me, I didn't know what to think. But I could see the way people stared at me whenever I tried to walk or speak.

Initially, I simply wanted to share my story so people would know I was a warrior, to show everybody how far I'd come. I felt I needed to prove something to all the people who treated me differently. But gradually I became aware that my life was not as I remembered and that, by extension, I was not who I thought I was.

Ultimately, I wanted to shed light on the fact that a brain injury is not just a broken mind; it's also a broken heart and a broken life. For better or for worse, I wanted to talk about the impact of the people who mattered most to me, those who left, and those who stayed.



Bradley Trevor Greive

BIAA: How did you first connect with Caroline? What was it about her story that made you want to be part of this book?

BTG: Caroline reached out to me via Instagram after watching Penguin Bloom [a Netflix film adaptation of another book written by BTG]. Her request really stood out for me because, in spite of her communication difficulties, she

had already started to investigate her own brain injury and was relentless in her search for the truth.

To say that I admired Caroline's tenacity is a gross understatement, she is truly amazing. I was immediately drawn to the staggering injustice of her story. I was also inspired by the creative challenge of trying to tell Caroline's story through the lens of her brain injury, rather than merely writing about her brain injury. The result, I hope, is a powerful true story that is deeply emotional and full of shocking twists, which is exactly what Caroline experienced in real life.

BIAA: You don't hold back on the painful aspects of your brain injury. Why was it important to you to be as frank and honest as you were in conveying these experiences?

Caroline: Like so many people with a TBI I have no filter – I know the unvarnished truth can make some people uncomfortable, but this is how I am in real life, and I didn't want to change who I was in the book. I love Disneyland, but having a brain injury is not a

Disney movie with a magical happy ending – recovery is complex, messy, embarrassing, and painful. So few people have any idea what a brain injury is actually like – I know my mom and I didn't know anything about TBI before it happened to us.

BIAA: What do you hope that people who are living with a brain injury take away from Broken Girl? Additionally, what do you hope that people who don't have a brain injury learn from Broken Girl?

Caroline: For those with a brain injury I'd say always listen to your inner voice, and never simply accept what others tell you that you can't do. The people in your life may always mean well, and sometimes what they say is both important and correct, but I found that I still needed to trust my inner voice and push my boundaries if I wanted to improve. I had wonderful doctors, but they told my parents that I'd be in a wheelchair for my entire life. My stepfather bought me the best wheelchair ever. But a few months after I left the hospital, I saw this fancy wheelchair waiting for me and thought "no, I wanna walk"! It wasn't easy – I tripped and fell down a lot – but eventually I did it.

Brain injuries are still a big unknown – there is a lot of wonderful research going on, but we still don't have a cure for TBI. So, listen to trustworthy medical advice, and surround yourself with good people, but always listen to yourself as well.

[For those who don't have a brain injury,] Just be present. It's that simple. In my experience, the greatest casualty of a brain injury is friendship, the defining symptom of TBI is loneliness. It really hurts to be left out, trust me. Everything feels worse when you're on your own with no one to talk to. Just being included in social activities makes such a positive difference to mental health and overall confidence. This is especially important for people like me, because the more I am around people, the better I become at communicating and relearning social cues. So please don't shut us out or try to forget about us. We never want to upset or embarrass anyone – we want you to enjoy our company as much as we enjoy yours – it just takes us time and practice to do the little things most people take for granted in social settings.

BIAA: This might seem like a crazy question given that you just published an entire book about it, but if you had to sum up your brain injury journey in one word or sentence, what would it be?

Caroline: In a sentence I would say that a brain injury doesn't erase who you are, you may see the world differently, but you still matter, and what you do with your life matters. If I had to use a single word, I would choose Resilience. Our brains are naturally resilient; they are designed to heal, just like every molecule in our body is designed to heal, which is a wonderful thing to remember. I choose to be resilient.



Scan the QR code to read the full interview, or visit:
bit.ly/4qMpp0F

STATE AFFILIATE NEWS

Colorado

Summer camp season has wrapped up in Colorful Colorado, and the Brain Injury Association of Colorado (BIA-C) is celebrating another great year of fun and community in the great outdoors. Participants enjoyed adaptive cycling, climbing, paddling, arts, and more in beautiful Breckenridge. BIA-C is passionate about keeping the great outdoors accessible for survivors of a brain injury, and seeing these survivors thrive at camp is always wonderful to see.

Following the success of our sold-out 2025 conference, BIA-C is excited to announce our "Care Across the Ages" brain injury conference on March 12, 2026, in Denver! This event is specifically designed for professionals working with survivors. Keynote and breakout sessions will focus on best practices for working with youth, adults, and seniors living with brain injury. Registration is open at biacolorado.org.



Rouge Rehabilitation Hospital, united survivors, caregivers, and healthcare professionals, for a day of inspiration and mutual support.

North Louisiana participants enjoyed a community museum day, offering a chance to relax, learn, and simply be together. Many attendees expressed how meaningful it was to step out of their daily routines and reconnect with others who understand their journey.

More events are planned through the end of the year and into next, continuing our mission of improving the quality of life for those we serve. We are deeply grateful for the grant funding that makes these moments of healing and connection possible.

Thanks to a generous charitable gift from the Oscar J. Tolmas Charitable Trust, we have been able to assemble and distribute over 200 caregiver resource bags. Our state TBI camp received enough for all of their caregiver attendees. Each bag includes essential information and guidance on navigating a new injury, caring for oneself as a caregiver, and, most importantly, offering hope and reassurance that they are not alone.

Louisiana

The Brain Injury Association of Louisiana (BIA-LA) is proud to bring meaningful, statewide events to the brain injury community thanks to a recent grant. We know that healing isn't just medical. It's also about connection, support networks, and the simple joy of shared experiences.

In Baton Rouge, BIA-LA presented an art session showing the healing qualities of art after a brain injury. BJ Smith, with the Brain Art Alliance, found this therapeutic after his injury and loves sharing the experience with others. The event, held at Baton

Maine

On September 15, the Brain Injury Association of America-Maine Chapter (BIAA-ME) hosted the 16th Annual Defining Moments in Brain Injury Conference in Portland. The conference included a keynote on Life after Brain Injury: Navigating the Journey of Recovery with Resilience, 11 breakout sessions for professionals, survivors, and caregivers, and the Beverley Bryant Memorial Lecture, which was given by Maine brain injury survivor, artist, and musician, Amy Stacey Curtis.

Preparations for Brain Injury Awareness Month are already underway, and BIAA-ME's 2026 Maine Brain Injury Resource Fair will take place on Thursday,

March 19, 2026, at the Augusta Armory. This annual event highlights resources, services, and supports for the Maine brain injury community.

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.



Missouri

The Brain Injury Association of Missouri (BIA-MO) held their four One-Day Regional Outdoor Camps in Kansas City, St. Louis, Springfield, and Columbia in September. Activities included bingo, yard games, tie-dying shirts, music, and arts and crafts. It was an opportunity for survivors of brain injury and their families to enjoy a few hours of outdoor fun.

On October 21 and 22, BIA-MO held their 21st Annual Statewide Conference. Session topics included Job Development and Reasonable Accommodations to Support Survivors Returning to Work; Enhancing Connections Through Social Media and Staying Safe in the Digital World; Concussion Research and Management Updates; and Is TBI a Chronic Disease – What is the Data? Professionals attended the event to learn, share research, and network with others.

On November 8, the BIA-MO Survivor and Family Seminar was held in St. Louis. Topics included Build Understanding for Better Communication; Embracing Music for Memory, Coping, and Healing; and a Survivor Panel – My Path to Community Involvement. This event helped facilitate discussions and help survivors and families manage the impact of brain injury.

The BIA-MO Annual Awards Luncheon was held the same day. Survivors of brain injury, as well as supporters, organizations, and volunteers, were recognized for their efforts in the brain injury community.



New Hampshire

The Brain Injury Association of New Hampshire (BIA-NH) held our 42nd Annual Golf Tournament on Wednesday, August 6, at the Pembroke Pines Golf Course. It was a beautiful day of friendly competition with 23 golf teams. Our speaker was veteran Jon Worrall. Jon was in the US Navy and member of the NH Army National Guard. He sustained a TBI during a roadside bombing in 2004. In 1986, Jon started a respite camp known as



Warriors@45 North specifically for veterans and other military members to rest, spend time outside, and participate in different activities like fishing, hunting, paddling, boating, ATV rides, and time at the shooting range.

Our 19th annual Caregiver's Conference was held on Friday, November 7, at the Grappone Conference Center. This year's keynote speaker was Annie Kuster, former Member of Congress (2013-2025). The event is put on by the Coalition of Caring. The coalition, created in October 2006, has a mission to promote and strengthen the well-being of caregivers who provide care for a disabled or ill child, adult or senior. This coalition is comprised of organizations that support the elderly, adults, and children living with disabilities.

New York State

On September 13, the Brain Injury Association of New York State (BIA-NYS) proudly hosted the annual March On for Brain Injury, uniting communities in the Hudson Valley, Long Island, and Rochester. At noon, all three regions joined in a synchronized ribbon cutting, stepping forward with one mission: raising awareness and critical funds to support New Yorkers impacted by brain injury.

The walk was a celebration of resilience, connection, and hope. Survivors, families, caregivers, professionals, and supporters came together to show that while every brain injury journey is different, no one walks alone. The morning was filled with energy, purpose, and camaraderie as participants honored the strength of the brain injury community.

This year's honorees were true leaders in that mission. In the Hudson Valley, Sheila Durkin inspired her community with dedication and spirit. On Long Island, Aneeta Rai brought passion and determination to the cause. In Rochester, Chauntell Feeney shared her story and rallied support with courage. Through the collective efforts of teams, individual walkers, community partners, organizations, donors, and supporters, these remarkable women and their families helped raise more than \$125,000 to fund the programs



and services that thousands of New Yorkers rely on through BIA-NYS.

At several sites, the day was marked by visits from lawmakers and the presentation of proclamations recognizing the importance of brain injury awareness. Even Governor Kathy Hochul shared her support with a special letter acknowledging the impact of March On and the strength of New York's brain injury community.

The success of March On is a testament to the power of community. Each year, the event grows stronger thanks to the unwavering commitment of the BIANYS community. March On is more than a fundraiser. It is a movement that unites New Yorkers in strength, solidarity, and hope.

Pennsylvania

The Brain Injury Association of Pennsylvania (BIA-PA), through the Pennsylvania Department of Health's Community Support Initiative, is proud to support the brain injury community through both community organization grants and support group mini-grants. These initiatives expand opportunities for recovery, connection, and community engagement.

Community grants of \$5,000 were recently awarded to Camp Cranium, the Fighting Back Scholarship Foundation, and Synapse Brain Injury Retreats — organizations that provide vital resources and experiences for individuals living with brain injury.

In addition, mini-grants of up to \$500 each were awarded to five brain injury support groups. Even modest financial assistance can make a meaningful difference, helping groups enhance their gatherings and provide activities that foster social connection and healing.

Support groups across Pennsylvania have used these funds in a variety of creative ways. Outings have included an equine-focused activity, a LEGO building night, a nature trip with paddleboarding and kayaking, and other recreational opportunities that promote both fun and recovery. One group used its grant to obtain a Zoom account — essential for holding meetings — and

purchased assistive technology such as digital notepads, allowing members to stay connected and supported even from a distance. These community and mini-grants highlight how both large-scale and small-scale funding can enrich lives, strengthen support networks, and create powerful moments of healing and connection for individuals living with brain injury and their care partners.

The Conference Committee is pleased to announce the theme for BIA-PA's 2026 Conference: Brain Injury Rehabilitation Across the Lifespan: Achieving Outcomes and Strengthening Community. The annual conference, serving professionals, survivors, and care partners, will be held in Lancaster on June 22-23, 2026. In addition to its full program of regular sessions, the conference will again feature specialized pediatric content designed for both professionals and caregivers.



South Carolina

The Brain Injury Association of South Carolina (BIA-SC) began a weekly morning online support group in January called Tuesdays at 10. This was developed to accommodate people with brain injuries who were unable to attend evening meetings due to fatigue or other effects from their injury that prevented them from joining at a later time. This group transformed in July to Thrive Together to coincide with the purpose of the group, which is to provide a wellness program designed for brain injury survivors, caregivers, and families across South Carolina. This program has created an impact by bringing together a community of people with shared experiences, challenges, and given them the ability to help one another in a peer-to-peer atmosphere.

Each week a unique meeting takes place. On the first Tuesday a guest speaker who is often a professional in the brain injury community such as a speech therapist, music therapist, recreational therapist, or other discipline is invited to educate the members on a topic of their interest. This in itself has opened the door to new partnerships within our community by educating our group of survivors and making the organization known to providers. The following week is an Adaptive Yoga class led by a CBIS Yoga Instructor who truly

understands brain injury. The third and fourth weeks are a peer support group facilitated by a BIA-SC staff member that brings the group together where they open and share with one another about the challenges and successes they face. In addition, on a quarterly basis an artistic opportunity is led by a concussion survivor who uses painting as a tool for emotional regulation and other benefits. Each week our group meets to spend this time together. We learn, we share, we cry, and we support one another. It's truly a supportive family with a professional undertone.

More events are planned through the end of the year and into next, continuing our mission of improving the quality of life for those we serve. We are deeply grateful for the grant funding that makes these moments of healing and connection possible.

Thanks to a generous charitable gift from the Oscar J. Tolmas Charitable Trust, we have been able to assemble and distribute over 200 caregiver resource bags. Our state TBI camp received enough for all of their caregiver attendees. Each bag includes essential information and guidance on navigating a new injury, caring for oneself as a caregiver, and, most importantly, offering hope and reassurance that they are not alone.

2025 Affiliate Leadership Conference and Awards of Excellence Winners

The Brain Injury Association of America held the 30th annual Affiliate Leadership Conference: Learning From Each Other, October 6-8 in Charlotte, North Carolina. Leaders from nearly 30 state chapters and affiliates came together to network, share experiences, learn, and celebrate their accomplishments. During the conference, the 2025 recipients of the BIAA Awards of Excellence were recognized for their outstanding work in advocacy, engagement, fundraising, innovation, leadership, and visibility. The President's Award was also presented.

Congratulations to this year's recipients!

ADVOCACY: Brain Injury Association of Arkansas

ENGAGEMENT: Brain Injury Association of Pennsylvania

FUNDRAISING: Brain Injury Association of North Carolina

INNOVATION: Brain Injury Association of South Carolina

VISIBILITY: Brain Injury Association of Louisiana and Brain Injury Association of Michigan

LEADERSHIP: Brain Injury Association of Nebraska

PRESIDENT'S AWARD: Brain Injury Association of Massachusetts



EVENTS AND WEBINARS

January 14, 21, & 28, 2026 | 11 a.m. to 4:30 p.m. ET

CBIS Virtual Prep Course

Interested in earning your Certified Brain Injury Specialist certification? Sign up for our CBIS Certification Prep Bundle! This exclusive all-in-one package includes access to live virtual trainings led by Certified Brain Injury Specialist Trainers; the CBIS application fee; a hardcover copy of the new The Essential Brain Injury Guide 6.0 and study companion workbook; and a one-year subscription to the Journal of Head Trauma Rehabilitation. This program is ideal for professionals working in acute care, post-acute rehab, behavioral health, social work, vocational rehab, or education.

January 15, 2026 | 3 to 4 p.m. ET

Mind in Motion: Bridging Cognition and Motor Recovery

MICHELLE WEINBERG, OTR/L, MSOT, CBIS, CSRS.

This webinar emphasizes evidence-based strategies that therapists can immediately integrate into clinical practice. It explores the powerful relationship between cognition and motor recovery in neurorehabilitation. Participants will review current evidence on how attention, executive function, and motor planning shape functional outcomes after brain injury, and use case examples to connect research to practical, occupation-based interventions that promote neuroplasticity and participation.

January 22, 2026 | 3 to 4 p.m. ET

Advances in Understanding the Outcomes of Pediatric TBI: Implications for Practice and Policy

STACY SUSKAUER, MD AND

KEITH OWEN YEATES, PHD, ABPP, FCAHS, FRSC

This webinar will review progress in understanding the outcomes of pediatric traumatic brain injury (TBI) since the Journal of Head Trauma Rehabilitation special issue on "head injury" in children appeared in 1986. The webinar will highlight the critical role that prospective, longitudinal cohort studies have played in advancing knowledge about both mild and moderate-severe pediatric TBI and describe conceptual and methodological innovations that the past 40 years of research has spurred, along with implications for practice and policy. The webinar will also summarize remaining challenges, including the need for comparative effectiveness and randomized controlled trials to determine what interventions are effective, as well as for implementation science to translate research into clinical practice, with the goal being to provide better care and improve outcomes for children with TBI and their families.



Register for BIAA webinars and virtual trainings through our new learning management platform at learn.biausa.org

February 4-6, 2026 | 3 p.m. ET

2026 Neuro Rehab Leadership Summit *Sonesta Resort, Fort Lauderdale Beach, Fla.*

The BIAA Neuro Rehab Leadership Summit is the premier national conference for executives and professionals in neurorehabilitation. The multi-day summit is packed with educational sessions and networking events focused on industry trends, best practices, human resource management, and legislative topics. Learn more at biausa.org/summit

February 18 & 25, 2026 | 11 a.m. to 4:30 p.m. ET

Brain Injury Fundamentals Virtual Training Program

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.

March 9-11, 2026 | Washington, D.C.

National Brain Injury Conference and Awareness Day

The Brain Injury Association of America's 2026 National Conference and Awareness Day will bring together the brain injury community to inspire action, drive advocacy, celebrate achievements, and strengthen our collective impact through dynamic sessions, networking, and opportunities to advocate on Capitol Hill. Whether you are a person living with a brain injury, a caregiver, or a healthcare provider, this conference will offer tools, resources, and networking opportunities for leaders (and emerging leaders) in the brain injury community to inspire action.

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Director of Corporate Partnerships

pknockstead@biausa.org
703-761-0750, ext. 640

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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.

