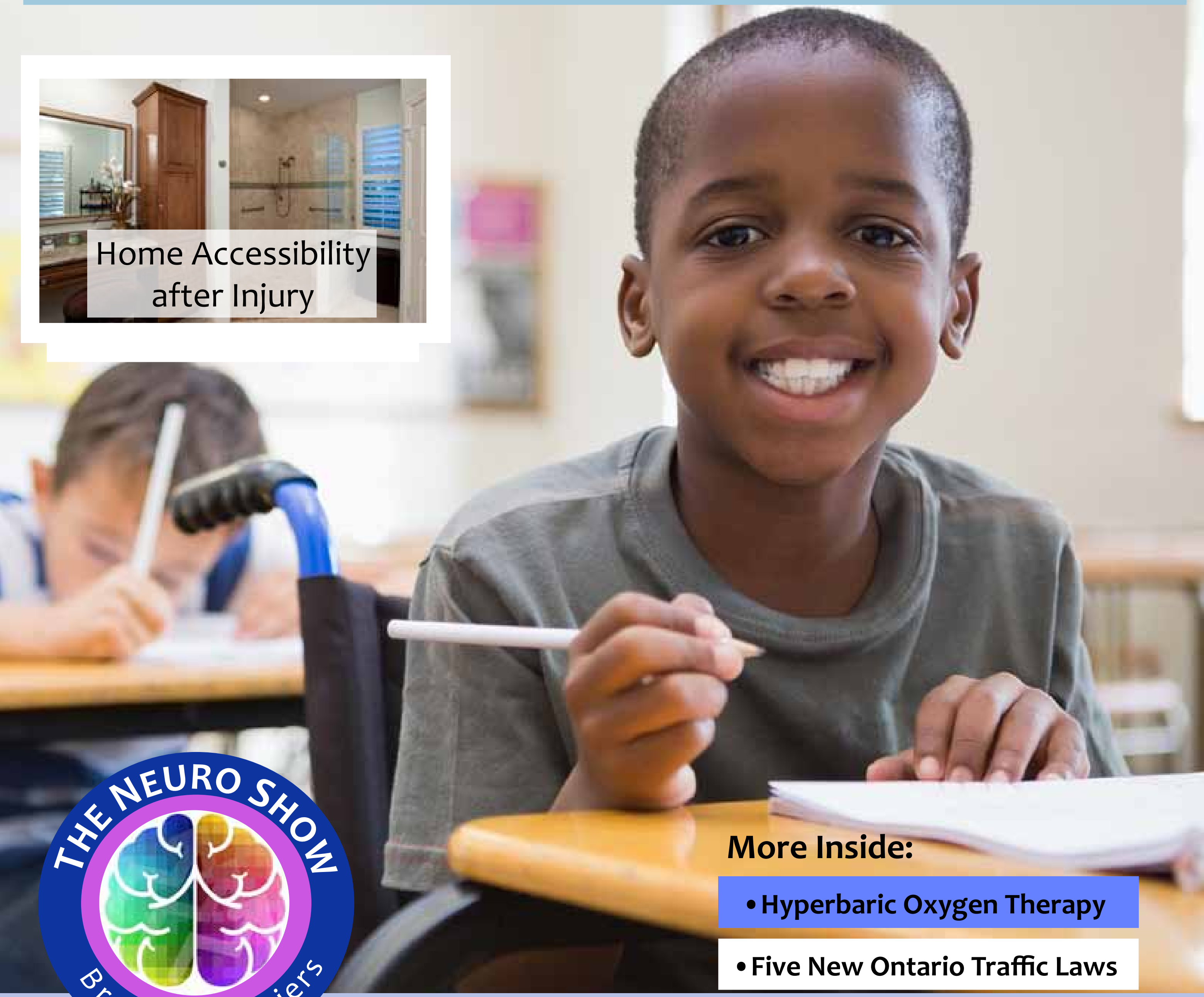
Volume 7 Issue 3

The Disability Channel: ***Showcasing Abilities***

NEUROCONNECT

Brain Injury & Rehabilitation Magazine



Home Accessibility after Injury

THE NEURO SHOW
Breaking Barriers

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ASSOCIATION OF VICTIMS
FAIR
FOR ACCIDENT INSURANCE REFORM

Fall 2015

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NeuroConnect

Edited by David Lackman. David Lackman is senior counsel with Gluckstein Personal Injury Lawyers P.C. in Toronto. He also chairs the Editorial Board of the Journal of the Ontario Trial Lawyers Association. Our thanks to David Lackman for generously donating his time to editing our publication.

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TBI Factsheet: What Teachers Should Know

By KidsHealth®

A severe traumatic brain injury (TBI) is damage to the brain caused by an injury that changes the way the brain normally works. Concussions are sometimes called mild TBIs, and most have temporary effects on brain functions. Severe TBIs usually have longer-lasting effects.

Severe TBIs can be:

- closed — caused by movement of the brain inside the skull (from falls, automobile crashes, or being hit with hard objects, for example)
- penetrating — caused by an object entering the skull (bullets or sharp objects, for example)

TBIs contribute to nearly one third of all injury-related deaths in the United States. Nonfatal TBIs can cause temporary or permanent impairments in:

- memory and attention
- coordination, balance, and mobility
- language and communication skills
- hearing, vision, touch, smell, and taste
- emotions, resulting in depression, anxiety, aggression, poor impulse control, and personality changes

Severe TBIs can affect all aspects of students' lives, including:

- relationships with family, friends, classmates, and teachers
- their abilities to learn and participate in classroom and extracurricular activities

Students with a TBI may:

- have short- and long-term memory loss
- need frequent breaks due to inability to concentrate for long periods of time
- require seating accommodations or assistive devices in the classroom
- need help and/or additional time getting to other classes
- struggle with writing, reading, and other academic tasks they used to be able to do
- have seizures or other neurological changes

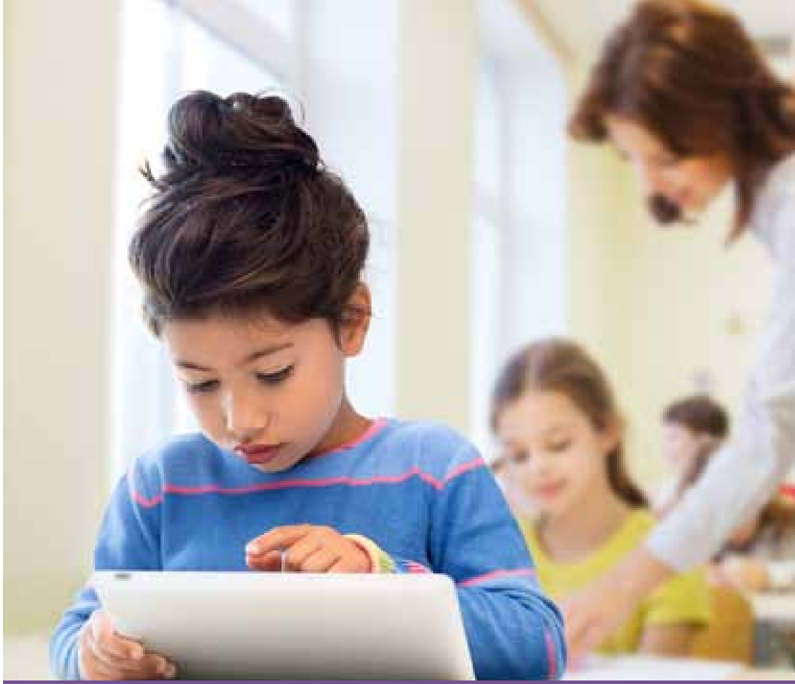
- seem depressed, anxious, or show aggressive or inappropriate behaviors
- miss classroom time for medical appointments and to visit the school nurse for medication
- benefit from individualized education programs (IEPs) or 504 education plans
- need extra time to complete homework and assignments

What Teachers Can Do

Students with TBIs often face a long-term healing process. Because the effects of a TBI vary from person to person, it's a good idea to talk with your student's parents or guardians — as well as the school counselor or psychologist and special education staff — to find the best ways to customize your instruction.

To help students with problems related to concentration, organization, and memory, you can:

- reduce distractions in the classroom
- break assignments into smaller tasks
- repeat and review assignments and have students write them down
- provide a checklist of tasks to complete each day
- give extra time for tests and assignments
- help the student stay organized



Individual Education Plans (IEPs): For Parents

By Sarah Palmer

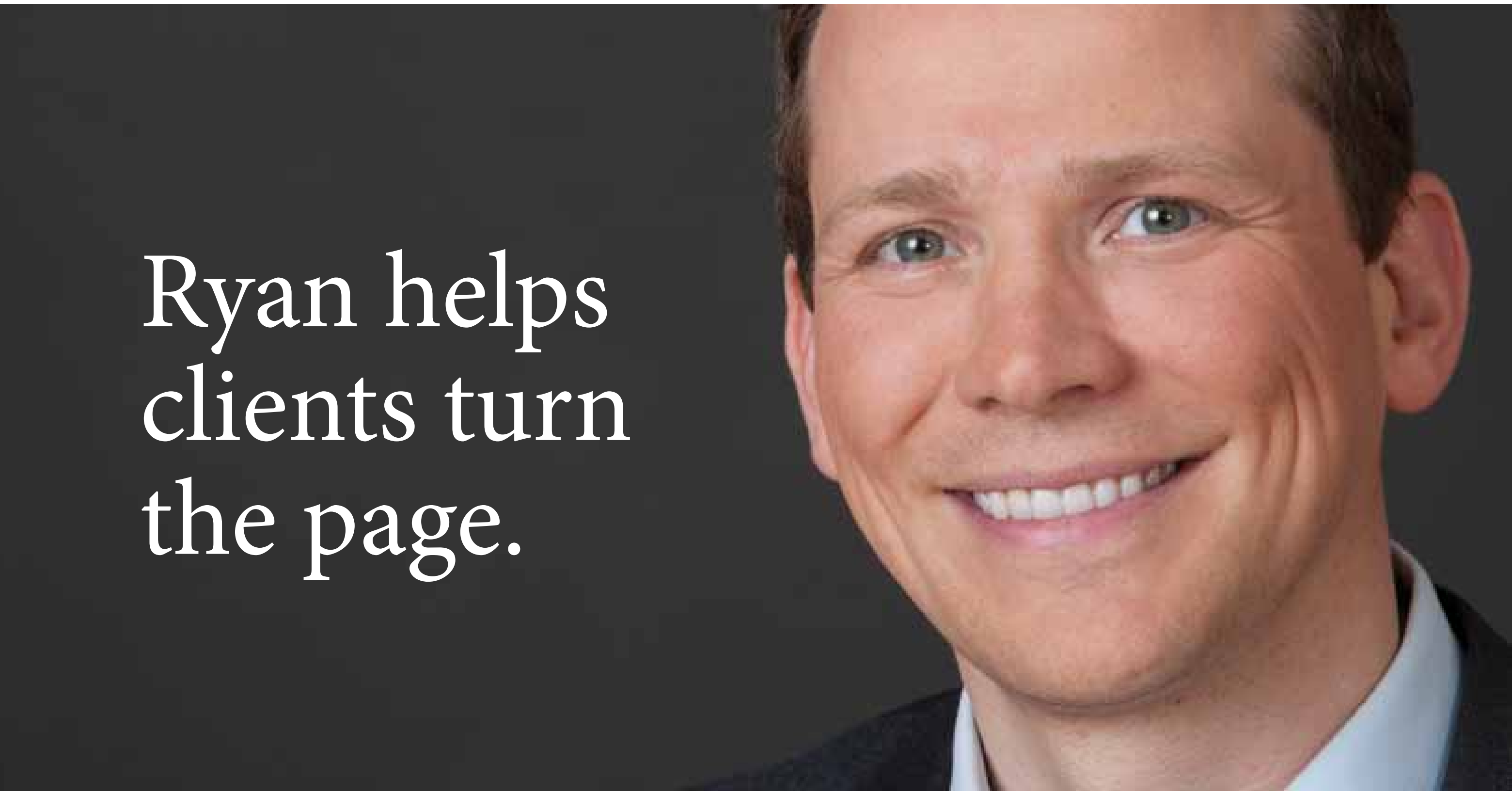
In Ontario, students who have behavioural, communication, intellectual, physical or multiple exceptionalities and who have educational needs that cannot be met through regular educational practices, may have needs met through accommodations or a modified educational program.

The Education Act requires that school boards provide special education programs and services for students identified as "exceptional" by an identification, placement and review committee (IPRC).

Students identified as exceptional must have an Individual Education Plan (IEP). This is a written plan describing the special education program and/or services required by this individual student based on assessment of strengths and needs.

If a parent thinks that their child requires an IEP but the school board does not agree, the parent can request to meet with an IPRC for further discussion.

For more information please visit http://www.edu.gov.on.ca/eng/general/elemsec/speced/ontario.html



Ryan helps clients turn the page.

Ryan Murray wishes he could rewrite the past for his clients, before tragedy changed their lives forever. Before studying law, Ryan received a B.A. majoring in history. This 20th century history buff understands the importance that past events can have on future outcomes.

As a personal injury lawyer, Ryan takes pride in helping his clients move beyond a life-changing injury. To do this, Ryan strives to present a compelling narrative about each client. That narrative helps the court and insurance company get to know the client and truly understand the difficulties that they now face.

Giving his clients the tools to live their lives to the fullest after an injury, gives Ryan immense satisfaction. He works hard to ensure his clients emerge in a position where they don't have to worry about the future. While history can't be changed, the future is ours to write.

To learn more about Ryan visit
www.oatleyvigmond.com/ryan

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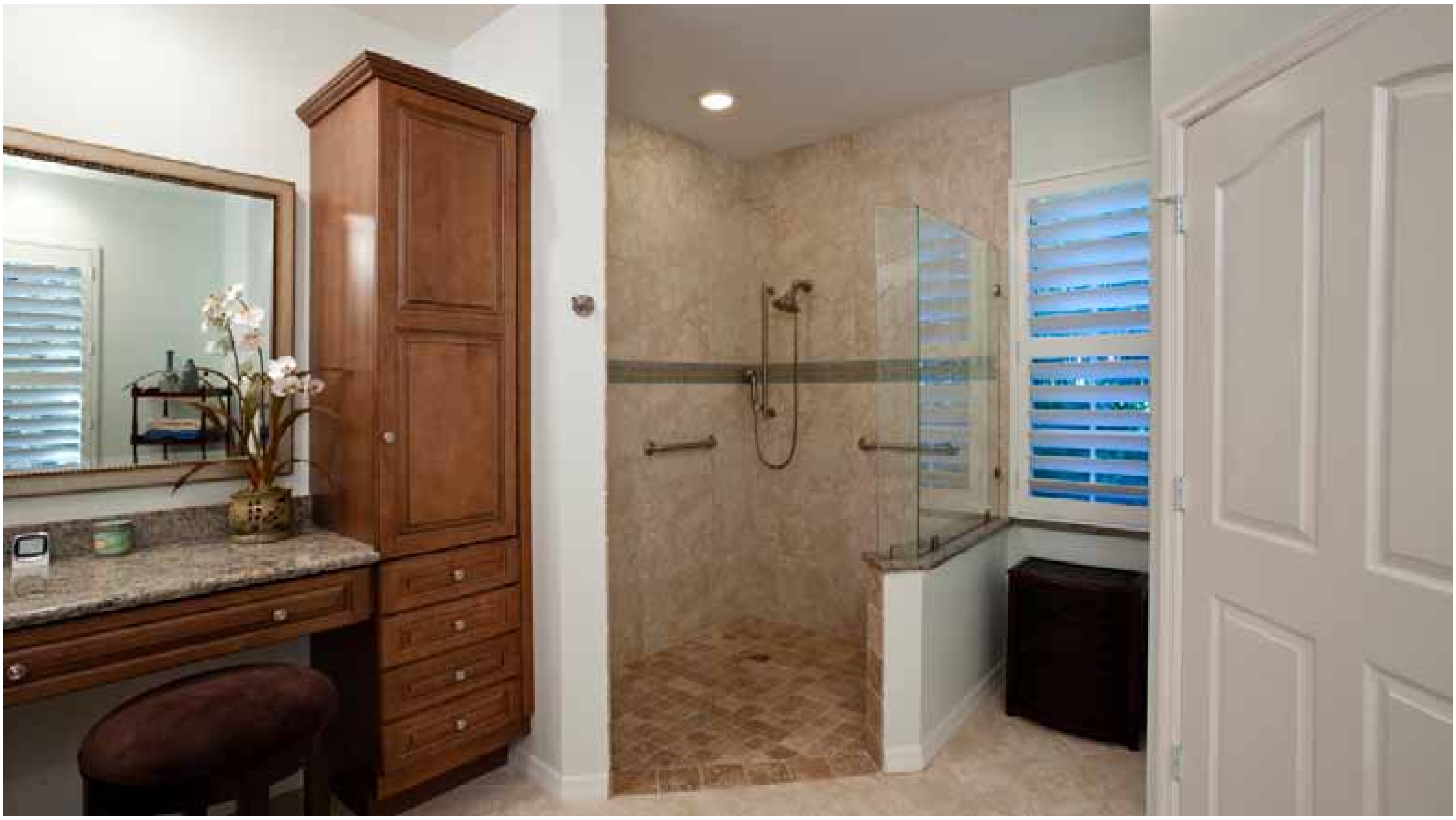
Home Accessibility for an ABI Survivor

By John Groe



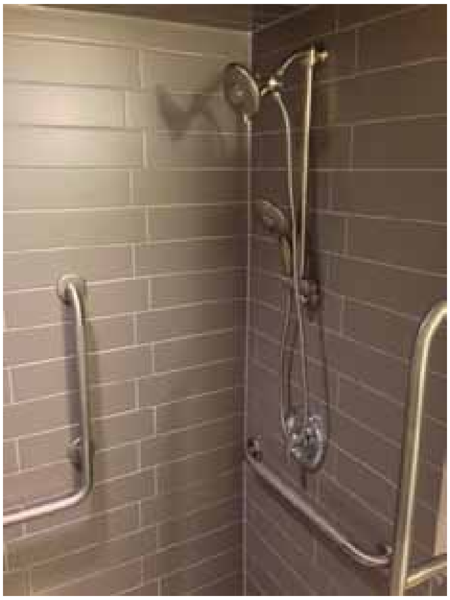
The effects of an acquired brain injury (ABI) are not the same for everyone. An individual's response will vary from that of another. Cognitive deficits, issues with proprioception, balance or coordination, mobility, ambulation, weakness, tiredness, paralysis, pain, numbness and problems with bladder or bowel control can all change the way a person functions in the home. These are all true of an ABI survivor. Medical intervention along with rehabilitation are essential components in order for an ABI survivor to reach their goals and function safely in the home and in the community.

The impact of a traumatic experience on an ABI survivor's living environment may prove significant. Some deficits may not be noticed until the ABI survivor returns to daily tasks. Changes to the home are most effective when they meet one's specific needs. An Occupational Therapist along with a Home Modification Specialist can help to determine the most suitable and cost effective solutions that will address any safety issues that may exist and provide solutions for barrier free living.

If addressed immediately, it is a good idea for the ABI survivor to have a trial visit at home before he/she is discharged from the hospital. If changes and corrections to modifications are required, they can be made before the individual return's home permanently. In any case or situation, home safety and accessibility should be an active component of a discharge plan.

Not all modifications have to be extensive and expensive. For example, a simple, but properly built ramp or grab bar can provide significant independence to an ABI survivor. Also, before spending a lot of money on modifications, remember function can continue to return and what may be required in rehab may not be what is ultimately needed a year or two post-injury. The basics, like ramps, usually top the list of immediate needs after discharge from rehab.

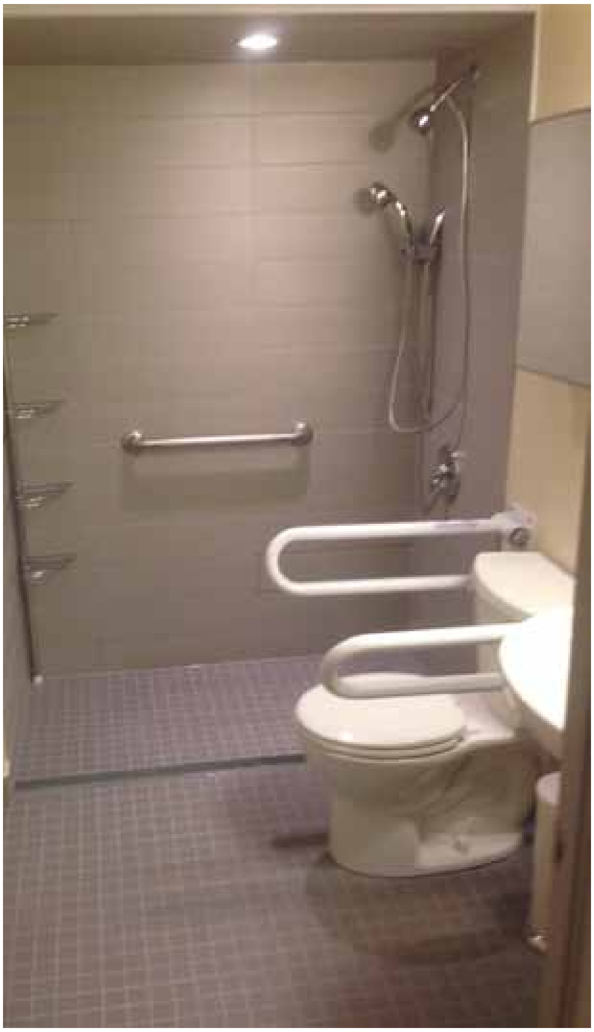
How dangerous is the Bathroom?



In our first segment we will review and determine needs within the bathroom. Although not always apparent, the bathroom can be the most dangerous place for people with physical or cognitive disabilities. Without the proper layout and non-slip materials on floors and walls, one may slip and fall causing further injury. Your typical bathroom modification usually consists of converting a conventional bathtub to a walk-in or roll-in shower.

The following is a list of a standard bathroom modifications:

- Remove bathtub and convert to roll-in shower sloped shower base allowing proper drainage
- Install 2″ x 2″ non-slip tiles to bathroom and shower floor
- Install 6″ x 8″ matt tiles to shower walls
- Update all faucets to posi-temp single lever faucet
- Install hand held shower wand
- Install comfort height toilet
- Install GFI electrical outlet
- Install water tight light in shower area
- Install ceiling exhaust fan
- Widen entry door to min. 34″
- Install wall mount sink/roll under sink
- Insulate exposed piping
- Install water resistant gypsum board
- Seal all tiled areas
- Install towel bar, toilet holder and tilting mirror
- Install chrome shower bar with vinyl curtain
- Install 3 to 4 chrome garb bars



Many safety issues come into play when having to use the toilet. We recommend installing a grab bar or a P.T. rail. A grab bar is usually installed along the side of a toilet and also across the back wall of the toilet.

A P.T. rail is a wall or floor mounted grab bar with pivot support design. This product gets installed beside the toilet, and will allow you to fold the rail to a 45 degree position. Grab bars will help individuals stabilize themselves when sitting or getting up from toilet. Changing the height of the toilet is also an option. A “comfort height” toilet reduces the distance from standing to sitting position.

This may prove beneficial to an individual with an ABI as there may be balance and strength issues.

In the event that a wheelchair is required for ambulation, the ABI survivor may find it difficult reaching a standard sink. The perfect solution is to install a wall mounted sink or a "roll-under" sink.

Wall mounted bathroom sinks are not only space saving but are ideal for people with restricted movement.

A "roll-under" sink usually has a bigger counter but works in the same way as the wall mount.

All exposed pipes should always be covered or insulated to prevent leg burns.

The above is a standard guideline (Bathroom), which provides insight to barriers that may exist for an ABI survivor. No two individuals will respond the same to a heady injury. Recommended modifications will vary from person to person and from living environment to living environment.

John Groe is an Accessibility Consultant and Managing Partner for Accessible Daily Living in Vaughan.

Ontario Auto Insurance: A Legacy of Debt for Taxpayers

By Rhona DesRoches

Ontario is patting itself on the back for the success of the ParaPan Am games. We celebrated the brave and talented athletes from all of the participating countries who have overcome many obstacles to reach their moment of success.

The cost of the 2015 Pan Am and Parapan Am games combined is an estimated $2.5 billion for what is considered to be the largest multi-sport event Canada has ever hosted.

For the world, Ontario has put on a great show of support for the disabled community and really got behind the ParaPan athletes who demonstrated to the world what can be done despite the many challenges these athletes face.

But now that the games are over, the harsh truth of what it is really like to be disabled in Ontario stands in sharp contrast to the glorious public picture we have projected throughout these games.

In public the government is supportive of the disabled, but in private, in the real world and at Queen's Park, it is a whole different story.

That reality is about to hit home for Ontario's motor vehicle accident (MVA) survivors. Victims will find out that in the June 2015 Budget the $2 million in auto insurance coverage for medical/rehabilitation and attendant care for catastrophically injured car crash victims has just been slashed by $1 million dollars.

The Ontario government has also agreed to allow insurers to cut the combined coverage for other significantly injured motorists going forward from $86,000 for med/rehab to $65,000.

There are roughly 60,000 people injured in Ontario every year and about 80% of those claims already fall under the Minor Injury Guideline (MIG) with a med/rehab cap of $3500, minus the cost of the insurer's medical assessment. Many thousands of injured victims already find themselves without necessary treatments and adequate coverage every year, despite paying the highest insurance premiums in Canada.

The more acute injury, the more serious it becomes when the treatment and rehabilitation isn't there when needed.

It's already a tough go in Ontario for those who suffer from catastrophic brain injuries or life-altering physical injuries. These are the auto accident victims who often struggle to survive on publicly funded supports such as the Ontario Disability Support Program (ODSP) or Ontario Works (OW) and CPP disability when their insurers don't pay as promised. These programs provide funding that is far below the poverty line and none cover the specialized treatments that many victims, especially those with brain injuries, require for maximum recovery.

The latest slashes to auto insurance coverage means that an even greater number of auto accident victims will no longer have the financial support they need for recovery.

The government has allowed Ontario's wealthy insurers to cut benefits so severely to Ontario's injured auto accident victims that they have virtually guaranteed that many among Ontario's disabled population may not have the opportunity to participate in the ParaPan Am games in the future.

Going forward, people seriously injured in car accidents in Ontario simply won't have the resources to reach maximum recovery or to be productive and active members of our society; they will be impoverished and isolated from the mainstream without adequate funding or support. And with the cuts to funding attendant care, seriously injured people will have to choose between the medications and treatment they need and whether they can afford the home care necessary for their safety and day to day function.

Ontario's insurers are no longer providing financial support for victims to travel to their treatments and rehabilitation. There is no longer funding for treatment providers to reach those victims who are unable to get to their necessary treatments. Attendant care has also become increasingly difficult to access or to qualify for and, as a result, a victim's care has more often fallen to family members who must now shoulder the burden of full-time care.

For traumatically injured or cognitively impaired victims, the first 2 years post-accident is a critical window within which to reach maximum possible recovery.

But if victims can't access the treatment, or don't have the funds, the recovery window is lost. It is a terrible thing to know what it is you need to recover, but to not have the tools or the funding to get there.

Many auto accident victims will simply be left behind or left to their own devices to reach recovery as best they can. Without supports, the more injured the person is, the more likely he or she will live in poverty the rest of their lives, without hope of ever getting what they need to regain control over their lives.

By slashing benefits in the name of lower premiums, Ontario's insurers will save millions of dollars on the backs of the disabled and seriously injured. Since we have seen little reduction in our premiums, and benefits have been so deeply cut, we should be asking where has the coverage gone and why is our government failing to protect consumers.

Insurers stand to save more than $600 million a year through these cuts. The expenses of MVA victims will be added to Ontario's already ballooning deficit because when Ontario's insurers don't pay, the taxpayer does through the publicly-funded healthcare system.

The Financial Services Commission has not addressed the revelation in the Ontario Auditor General's 2011 report that about half of all accident victims must take their insurer to court to get the coverage they paid for, so there is already a considerable burden on our public systems due to government inaction and failure to regulate this sector.

Recent StatsCan figures revealed that there are over 61,000 auto insurance related cases in Ontario's civil courts and tens of thousands more unpaid victims are at the Financial Services Commission of Ontario waiting to have their cases heard.

That so many injured auto accident victims have been denied, and that many of those people will wait a decade or more to hold their insurer accountable, begs the question of how so many claims were denied in the first place. There are bigger problems in the system that speaks to the quality of the medical evidence that insurers use to deny their customers access to coverage, and this in turn has clogged our court systems.

As consumers we need to care about our auto insurance coverage before we get in an accident and before it's too late to do anything about it. Can an injured person live on $400 a week income replacement, and where will we find the money for treatments if insurers can't be counted on to pay for a victim's recovery?

After 25 years of No-Fault insurance, Ontario's nine million drivers will have to decide in the next provincial election whether it is worth our while to continue with private insurance that has become overpriced and unavailable to the people who need to use it. Do we want a society that punishes those, who through no fault of their own, require care and assistance, or do we want reasonably priced insurance with coverage we can count on? Pressure needs to be put on our government to do the right thing for consumers and hold insurers accountable.

It's time to have a dialogue about what privately run auto insurance really costs Ontario taxpayers and where to go from here.

Rhona DesRoches is the Board Chair of FAIR Association of Victims for Accident Insurance Reform (FAIR), a not-for-profit organization that supports auto accident victims through advocacy and education. You can visit the FAIR website at http://www.fairassociation.ca

The Art of Advocacy

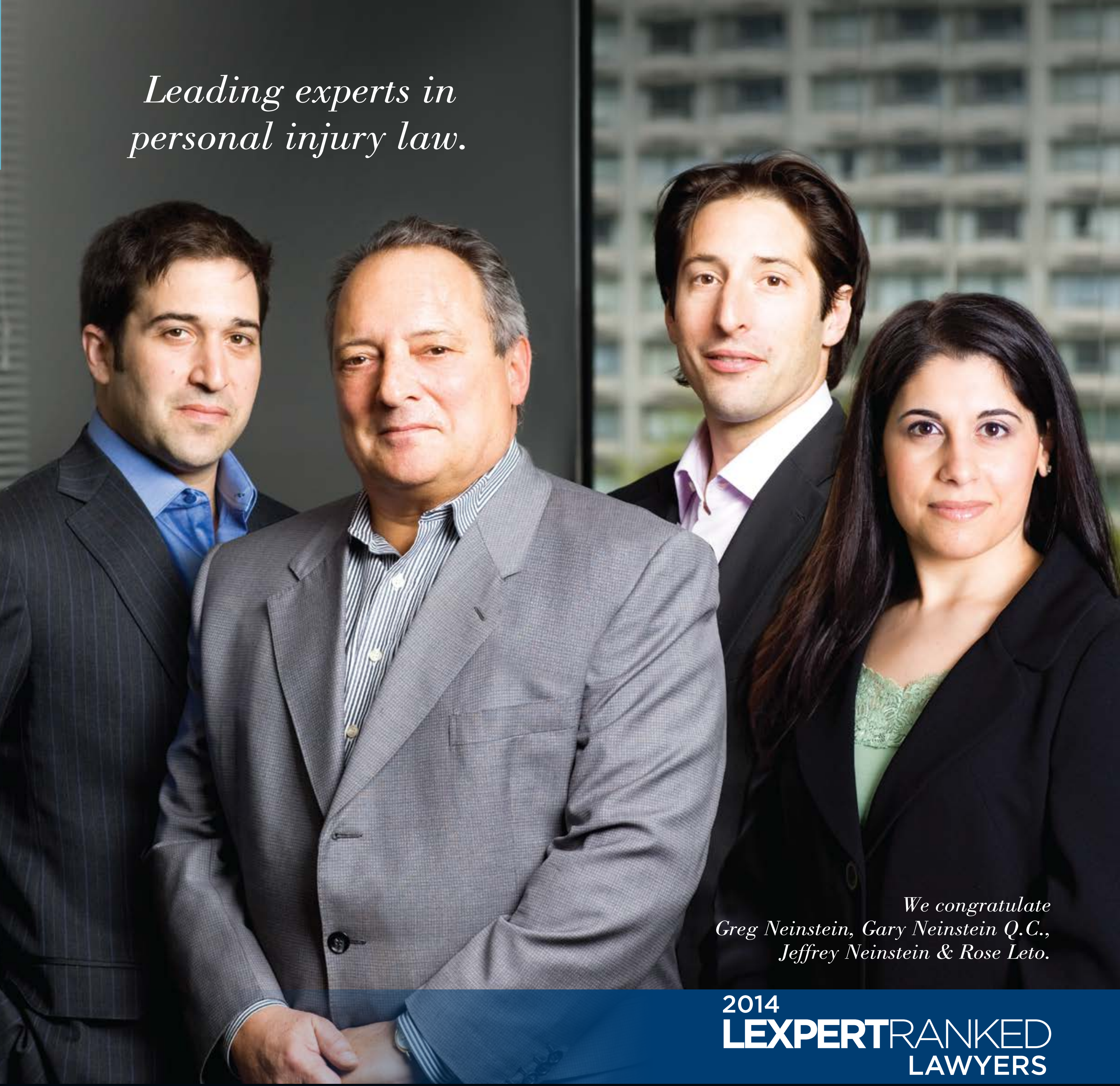
By Sandra Roy

I have met many families through the years at events, hospitals, programs and therapies. We all have one thing in common: we are looking for help for our sons and daughters with exceptional needs. I have found our stories to have a familiar thread – getting a diagnosis and then the feeling of helplessness and struggling to find information and options to help prepare our children for some semblance of a normal life.

Many parents have commented on how lucky I am that my daughter (diagnosed with Cerebral Palsy around 7/8 months old) is so high functioning. My response is usually the same – don't worry you'll get there one day! Some have hope and agree but many can't believe it's possible. They seem almost afraid of getting their hopes up in case it doesn't happen.

Recently I met a parent from the U.S. and her response was "I hear that from other parents, but I just don't see it." We didn't have a chance to talk more, as they were coming out of therapy as we were going in. The schedule was so hectic you had to take the few minutes of break and enjoy whatever vice you might indulge in. Hers was Starbucks and she running out to get some.

I gave her a copy of NeuroConnect magazine which featured an article I had written about our struggles in hopes it would help her see that time and continued pursuit of these thera-



pies does make a difference. Her daughter is now three years old, two years earlier than when I started alternative therapies with my own daughter. I left my email and phone number with reception so they could pass it on to her. I really wanted to keep in touch. It's been just over a month and I haven't heard from her. I hope they're doing well.

When I hear parents talk like this it breaks my heart. To me advocacy starts from the get go. It's about your faith, mindset and beliefs. After all, the road to success is paved with many tears and doubts!

What parents need to remember, especially those with children with exceptional needs, is that everything is relative. Never allow someone else's preconceptions and perspective to limit your child's opportunities. Do not allow other people's definition of "what should be", define your outlook for your child. Instead, hold fast to your faith, beliefs and positive outlook!

The truth is, no one can really predict what the future holds. Doctors and medical professionals base their outcomes on clinical information. There is no accounting for individuality, environment, faith and belief. They do, however, agree that a positive mindset is beneficial to a positive outcome.

I was told that my first child, diagnosed with Down Syndrome, would not function more than an 18 month old and I should put her in an institution where "qualified people" can give her the care she needs. I would not hear of such things. She is an individual, I thought, full of potential. I set no limits. I had expectations of her as I would have for any child of mine. I chose not to focus on the diagnosis, but to focus on the person. I watched and observed. I used the things she loved to help her learn. I was patient and I just loved her. You should see her today – she travels back and forth to her programs, she can tell you all about her favourite bands and singers, she helps take care of her younger sister, she prepares meals, cleans and cares for herself. She has hopes and dreams and goals she wants to ac complish. Above all, she is loved tremendously! Did we work hard? Absolutely! Was it challenging? Hell, yeah. Was it worth it? Without a doubt!

Imagine for a moment that I had given in to the doctor's recommendation, placed her in an institution where her future was already determined – she would not function any higher than an 18 month old. There would be no hopes, no dreams, just a clinical prediction that would surely come to pass because that is what was expected. I get sick to my stomach every time I think about that.

You're probably thinking that perhaps I got lucky. And that my child has no physical hurdles to overcome. That's true. But guess what, let's fast forward 17 years. My third and last child is born. Delivery was a nightmare but she finally came. I immediately felt something was wrong. I didn't have anything concrete, but just a feeling. I told my family doctor several times about my feelings and the little things I noticed that seem to be "off" in some way.

Do you know what he told me? That it was all in my head. "New mother's syndrome" he called it. Because so much time had lapsed since my last child. That made me question myself, my beliefs and my instincts. I shouldn't have questioned myself as not long after that my daughter was diagnosed with Cerebral Palsy.

Again we worked with early intervention and then another organization took over. We were doing therapy every day. Whatever the doctors and professionals recommended we did. We were up, we were down. Three years passed and we got as far as teaching her to commando crawl. Other than that, all she did was lay on her back. She couldn't even roll over without help. She did not like being on her stomach. She could not speak. This is when the news was delivered, just before she turned three. Make accommodations they said, install a lift or elevator in your home, put a ramp and start looking at wheelchairs.

I worked with my daughter every day so I knew she was strong. She showed me how strong she is when she was upset, she would push herself in ways that I was unable to lift or carry her. She would push away and I couldn't hold her. She hated taking baths. I remember thinking, if only we could find a way to use all this strength and energy for good!

When they told me she would never walk or stand or function more than she did at that time, my mind was reeling. I remember thinking, she's just three. If we go ahead and put her in a wheelchair and made ramps and installed lifts, what are we telling her? That we will never walk, that she will spend her life being strapped down and not be able to do anything. ABSOLUTELY NOT! There was no way I was going to do that. If she had so much strength to fight me during bath time, she had strength to do more! All I needed was to find the right therapy, the right environment and the right people! So I set off to research what was out there.

I found thousands of alternative therapies all around the world. That was not helpful! What I needed to do was to get a better understanding of how her condition affected her cognitive, gross and fine motor, social and emotional development. Because I understand how it hindered her abilities, I was able to find a therapy that I thought could help her.

Of course time, as it does, passed real quickly. My daughter was five when I finally found a therapy I thought might help her. It was a five-week intensive program called Conductive Education mixed with Hyperbaric Oxygen Therapy. It was an intense program. I thought of it as boot camp for kids. For the first two weeks I heard my daughter cry every day. It made me cry. I questioned everything I did that brought us here. I questioned my motives, everything that I knew. It was a most difficult time. I contemplated taking my child and leaving! But I thought of all my family members who thought I was crazy to try this. I sold my house to pay for this, how can I just leave and go back and face them? I was so torn.

Then it happened, just I was ready leave, not caring who said what. I was gonna leave after this very day. So the door opened and all the kids were making their way from the class as they always do. The conductors were singing. Then I saw my daughter coming out, not crawling but walking with the aid of a K-walker. The conductor was behind her but not supporting her (just there in case she needed it). She walked all the way to where I was standing. The tears just rolled down, I couldn't stop them. By the time she got to me I was practically whaling. But not from frustration or sadness or questioning, no, these were tears of joy!

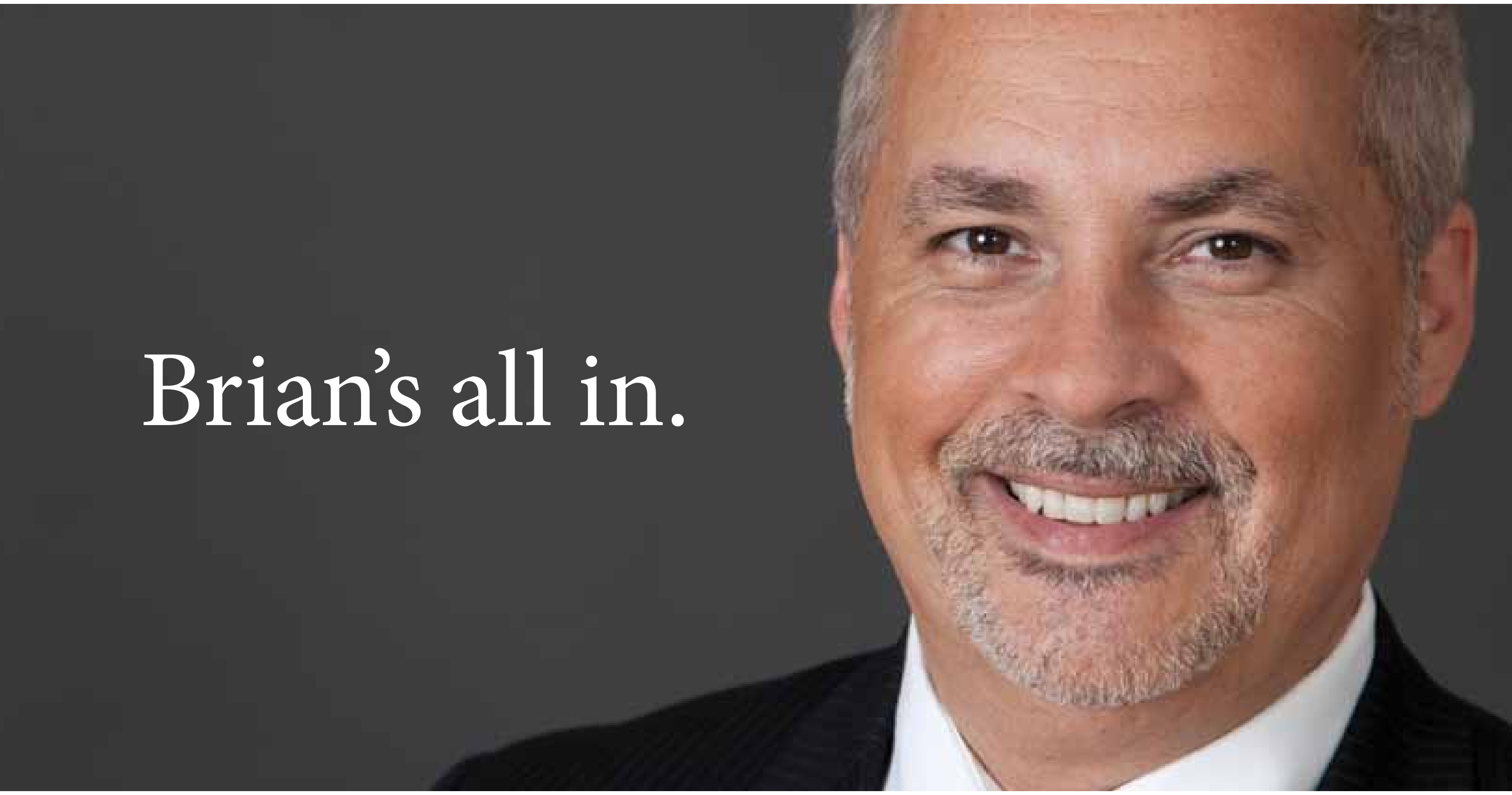
This was the first time I ever saw her bear weight on her own and walk. I knew she could do it! I just knew it! And there she was, doing it. The tears are welling up, even now, as I remember that moment. I will never forget it. Even as I look at her today, she has come so far. I know that I am blessed. No one would recognize the girl fully strapped in her chair who couldn't do much but flail around.

No one who sees her today can possibly imagine that she never walked or couldn't sit up without full support and body straps. This past summer we went to therapy every day without a wheelchair. We took her walker and she just walked everywhere.

Our secret is simple. Take one part faith and belief, one part knowledge and understanding and sprinkle all over with love and patience. This is a great recipe for creating truly amazing kids.

The art of advocacy is to truly believe in your child from the get-go. Seek to understand how their diagnosis might affect or hinder their development. Focus on the practical, functional aspects of daily living and be patient. Beyond everything – love and embrace them for who they are.

By the way, these few words of wisdom are just the beginning, but they are the start of the *right* beginning.


Brian's all in.

THE NEURO SHOW

Breaking Barriers

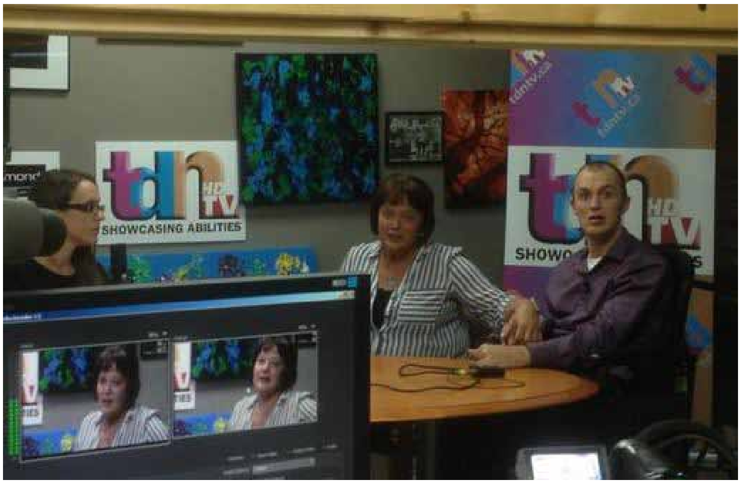
by Sarah Palmer

The Disability Channel is a new digital cable network “showcasing abilities”, and can be found online at thedisabilitychannel.ca. Part of its mission is to “produce television and online content for persons with disabilities” and to “continue building awareness of persons with disabilities within the arts and life”.

I met with the producer and was a guest on the show a few times over the summer before taking a position as a host and producer of The Neuro Show, a show all about brain injury and breaking the barriers, which we began in mid-September. We will now be creating weekly programs for all those affected by brain injury.

The purpose of this show is to continue with what we do with NeuroConnect- share information with families like my own whom were introduced to the world of brain injury and in need of more information. We will showcase inspiring survivors and their work, discuss issues regarding rehabilitation, caregiving, research, advocacy, politics, news and share local events.

We recently taped the first two shows. Our first guest was Ben Sloetjes and his



A still shot from our first show

Sarah, Ben and Anita in front of some of Ben’s work

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SHOWCASING ABILITIES

mother, Anita. Ben had suffered a traumatic brain injury several years earlier.

Needless to say we had a few glitches that day. In fact, both elevators were out of service for one day and one day only…on the day of our first show. And they were required as Ben uses a wheelchair. Our team was resourceful and we had a few strong arms on deck. I prefer to give this story a hard stop here. Let's just say our guests were great sports.

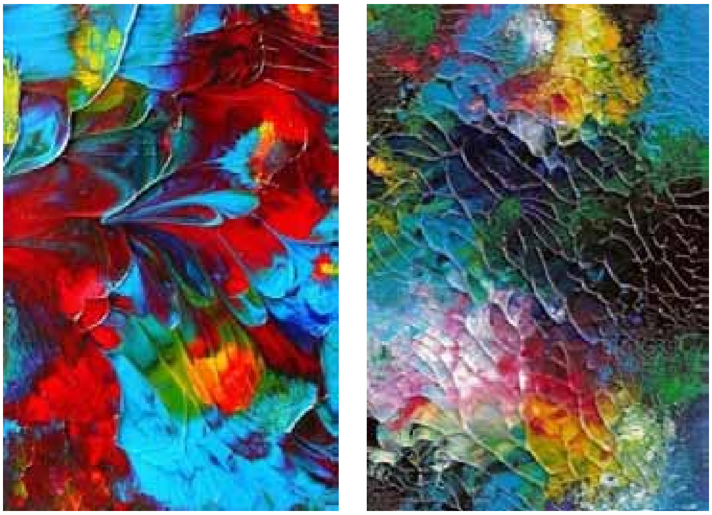
It didn't take long for me to become a fan of Ben's work which I have seen in several corporate offices and hospitals over the years. The medium is acrylic and the style is abstract with great texturing. It can be found online at bensloetjes.com- worth checking out.

The guest for our second show was Sandra Roy, a mother of three girls, two of whom have exceptional needs. The eldest of Sandra's daughters has Down Syndrome and the youngest has Cerebral Palsy. Sandra spoke about her experience parenting children with exceptional needs and will be a regular guest on the show. She wrote an article in the previous issue of this magazine and her second can be found in this issue.

Upcoming shows will include guests from FAIR Association (Tammy Kirkwood and Rhona DesRoches) and Daniel Bax who recently celebrated 10 years in recovery and is a motivational speaker.

To stay up-to-date on the program you may follow our Twitter handle @TheNeuroShow, and if you'd like more information about the show, have comments, questions, or ideas for the show, you may email me at info@neuroconnect.ca or call 416-999-2383.

The Neuro Show is sponsored by:



Ben's art can be bought online at www.bensloetjes.com

Ben and his family

Sandra Roy, her daughters Christina and Alexandra and family

Five New Traffic Laws in Ontario

By Sarah Palmer

As of September 1st, a new set of traffic laws is in effect in the province of Ontario under the "Making Ontario Roads Safer Act" or Bill 31:

Distracted driving: The ante has been upped on the recently introduced distracted driving law which used to be a fine of approximately $200 if caught looking at your phone, texting or talking on the phone while driving. The fine has been increased to $490-$1,000 and three demerit points if caught and G1 and G2 licenses could be suspended on the spot. Waiting until you land to retweet or respond to a text could not only save you a good chunk of change but, more importantly, could save a life. It's really not worth it.

Pedestrian crossovers: One more reason I'm glad I don't live in the city (I'm not known for patience). Drivers now have to wait until pedestrians have completely crossed the road at crossovers and school crossings before proceeding. This change will take effect in January.

Cyclists: Drivers will have to give cyclists at least one metre of room wherever possible and risk facing a minimum fine of $110 if they fail to do so.

Opening the door of a vehicle into the path of a cyclist without checking will cost you a minimum fine of $365 and three demerit points. Check that blind spot.

Fines for cyclists themselves have also increased. Those who ride without proper bike lights and reflectors can now be fined a minimum of $110, previously $20.

Moving over for emergency vehicles: Drivers are now required to slow down and move into the next lane whenever they see a stopped emergency vehicle with its lights flashing. The cost of breaking this new law is $490 and three demerit points.

Don't do drugs and drive: Just when you thought they were decriminalizing marijuana…they introduce a law that really makes good sense. Those caught driving under the influence of drugs will now face the same penalties as drunk drivers. This would include between a three and 90-day license suspension and vehicle impoundment.

Hyperbaric Oxygen Therapy

by Sarah Palmer

Hyperbaric oxygen therapy involves breathing pure oxygen in a pressurized chamber. The air pressure is increased to three times normal. In these conditions, your lungs can collect more oxygen than they could by breathing pure oxygen at normal air pressure.

Your blood then carries the oxygen throughout your body which then fights bacteria and stimulates the release of growth factors and stem cells, which in turn promotes healing.

These benefits to your body's tissues (which require even more oxygen when injured and trying to heal) make hyperbaric oxygen therapy potentially beneficial to those recovering from brain injury, orthopaedic injury, infection, and more. It is a popular therapy in the treatment of children with cerebral palsy.

According to Sandra Roy, a mother of two children with disabilities (one with cerebral palsy), this therapy is beneficial to the wellbeing of any oxygen breathing individual. Being one myself, I took her up on the challenge of testing the treatment and writing about it.

The Revivo Neurology Treatment Centre was nice enough to let me use their chamber.

This is a good time to mention some potential risks of the treatment (as no medical treatment is without risk):

- Fatigue
- Light headedness
- Build-up of fluid or rupture of the middle ear
- Damage to sinuses
- Oxygen poisoning

All in all, Sandra really raves about the benefits of the hyperbaric oxygen chamber for her child and I think its worth looking into for those it might benefit.

Thank you Stan and Nelly from Revivo for kindly allowing me to try out this therapy.