September is National Traumatic Brain Injury Awareness Month

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Traumatic brain injury (TBI), a form of acquired brain injury, occurs when a sudden trauma causes damage to the brain. TBI can result when the head suddenly and violently hits an object, or when an object pierces the skull and enters brain tissue. Symptoms of a TBI can be mild, moderate, or severe, depending on the extent of the damage to the brain. A person with a mild TBI may remain conscious or may experience a loss of consciousness for a few seconds or minutes. Other symptoms of mild TBI include headache, confusion, lightheadedness, dizziness, blurred vision or tired eyes, ringing in the ears, bad taste in the mouth, fatigue or lethargy, a change in sleep patterns, behavioral or mood changes, and trouble with memory, concentration, attention, or thinking. A person with a moderate or severe TBI may show these same symptoms, but may also have a headache that gets worse or does not go away, repeated vomiting or nausea, convulsions or seizures, an inability to awaken from sleep, dilation of one or both pupils of the eyes, slurred speech, weakness or numbness in the extremities, loss of coordination, and increased confusion, restlessness, or agitation.

Is There a Cure?

Anyone with signs of moderate or severe TBI should receive medical attention as soon as possible. Because little can be done to reverse the initial brain damage caused by trauma, medical personnel try to stabilize an individual with TBI and focus on preventing further injury. Primary concerns include insuring proper oxygen supply to the brain and the rest of the body, maintaining adequate blood flow, and controlling blood pressure. Imaging tests help in determining the diagnosis and prognosis of a TBI patient. Patients with mild to moderate injuries may receive skull and neck X-rays to check for bone fractures or spinal instability. For moderate to severe cases, the imaging test is a computed tomography (CT) scan. Moderately to severely injured patients receive rehabilitation that involves individually tailored treatment programs in the areas of physical therapy, occupational therapy, speech/language therapy, physiatry (physical medicine), psychology/psychiatry, and social support.
Approximately half of severely head-injured patients will need surgery to remove or repair hematomas (ruptured blood vessels) or contusions (bruised brain tissue). Disabilities resulting from a TBI depend upon the severity of the injury, the location of the injury, and the age and general health of the individual. Some common disabilities include problems with cognition (thinking, memory, and reasoning), sensory processing (sight, hearing, touch, taste, and smell), communication (expression and understanding), and behavior or mental health (depression, anxiety, personality changes, aggression, acting out, and social inappropriateness). More serious head injuries may result in stupor, an unresponsive state, but one in which an individual can be aroused briefly by a strong stimulus, such as sharp pain; coma, a state in which an individual is totally unconscious, unresponsive, unaware, and unarousable; vegetative state, in which an individual is unconscious and unaware of his or her surroundings, but continues to have a sleep-wake cycle and periods of alertness; and a persistent vegetative state (PVS), in which an individual stays in a vegetative state for more than a month.

Because Traumatic Brain Injury (TBI) cannot be cured, steps must be taken to prevent an injury from occurring. Advice for the prevention of TBI is often common sense.

**TBI Prevention Methods Include:**

- Always wear a seat belt in a motor vehicle
- Use an appropriate child safety seat or a booster
- Never drive under the influence of alcohol or drugs
- Always wear a helmet when on a bicycle, motorcycle, scooter, snowmobile and other open unrestrained vehicles
- Wear a helmet when participating in contact sports
- Wear a helmet when horseback riding
- Wear a helmet while skiing, snowboarding, skating and skateboarding

**Fall Prevention Methods:**

- Use the rails on stairways
- Provide adequate lighting, especially on stairs for people with poor vision or who have difficulty walking
- Place bars on windows to prevent children from falling
- Sit on safe stools
- Do not place obstacles in walking pathways

**Gun Safety:**

- Keep guns locked in a cabinet
- Store guns unloaded
- Store ammunition apart from guns

Back to school? Time for a safety check. Use this list to prevent your kids from harm at school, at home, and at play.

**Playgrounds**

Each year, more than 200,000 kids are treated in U.S. hospital emergency rooms for playground-associated injuries. Most of these injuries occur when a child falls from the equipment. Take a look at the surfaces of your local playground. There should be a 12-inch depth of wood chips, mulch, sand, or pea gravel, or mats made of safety-tested rubber or fiber material (This surface will prevent possible head injuries in case of child falls). Here are more tips for checking the safety of public playgrounds.

**Bike Helmets**

Since a growing number of kids are riding their bikes to school, make sure your kids always wear their helmets. All bike helmets manufactured or sold in the U.S. are required to meet federal safety standards. Helmet use can reduce the risk of head injury by up to 85 percent. There is one exception: Kids shouldn’t wear bike helmets when playing - especially on playground equipment.

**Weigh the Risks of Backpacks**

If your kids are carrying too much weight on their backs and shoulders, they may stretch or strain their muscles, cause direct injury to the spine, and get really tired.

Kids shouldn’t carry more than 10 to 15 percent of their weight over their shoulders and on their backs.

Decrease their risk of injury with these tips:

- Help your child sort through everything before packing up and see what can be left home that day. Place heaviest items in first; the closer they are to a child’s back, the less strain they’ll put on those muscles.
- Buy an appropriate-size backpack, one that ends just a few inches above the waist. Use a backpack that has soft, padded straps to maximize comfort.
- Look for a pack with compartments that help distribute the weight. Or, try one of the new models with wheels, that your child can pull.
- Even though it is hipper to carry a pack over just one shoulder, encourage your kids to carry theirs over both shoulders. This will better distribute the weight.
- Make sure your kids bend their knees when they first lift their packs, to avoid further strain on their back muscles.

Sources: http://school.familyeducation.com
Have you heard about Exclusive Care’s Group Lifestyle Balance (GLB) Program?

The Group Lifestyle Balance (GLB) program is a 10-months, 22-sessions, or 5-months, 11-sessions program. This comprehensive lifestyle behavior change program is designed to help you make gradual and sustainable change in your well-being.

As a participant in the GLB Program, you will learn to self-monitor your weight and what you are eating. You’ll spend time figuring out how you can increase your activity level. It is worth noting here that by activity level, this does not mean you have to go to the gym (but of course that would be great!). Taking a brisk walk is exactly the kind of activity we are trying to do more of in this program.

This program uses food diaries. The effectiveness of food diaries is getting us to honestly assess what we are eating, the use of pedometers, and learn a bit about exercise. We help you figure out how to stay motivated, how to problem-solve, and how to plan for success.

We work as a team because group participants are all coming together for the same reason. You’ll come to count on your fellow group members, and they will count on you. You’ll receive individual feedback because no one will be facing exactly the same challenges as you. You and every member of your group will have ups and downs in the months we share together, but by the time it is done you will be having many more ups and the tools to quickly recover from the downs.

To learn more about this program or to sign up, please contact DeNeen Culberson at 951-955-0234 or via email at dculberson@rc-hr.com or Ryan Wann at 951-955-0023 or via email at RWann@rc-hr.com.
Overnight Oats

**Basic recipe:**

- 1/2 cup Old Fashioned Whole Oats
- 1/2 cup milk, any kind
- 1 tsp pure honey
- 1 Tbsp. chia seeds or ground flax

Mix all ingredients together in a mason jar, seal and refrigerate overnight. Oats can be stored in refrigerator for up to three days.

**Additions:**

**Berry Almond Oats**

Mix in 1/2 cup frozen berries prior to refrigerating. Add almonds right before eating (for a variety, try using V8 Splash instead of milk in this recipe).

**Pumpkin Pie Oats:**

Mix in 1/4 cup pumpkin puree, 1/8 tsp pumpkin pie spice and a dash of cinnamon prior to refrigerating. Add walnuts right before eating.

**Peanut Butter and Banana Oats:**

Mix in 2 Tbsp. powdered peanut butter prior to refrigerating. Add chopped, fresh banana right before eating.

**Apple Cinnamon Oats:**

Mix in 1/2 unsweetened applesauce and 1 tsp. cinnamon prior to refrigerating. Add chopped, fresh apple right before eating.

You can also just make jars of the base recipe and then add fresh fruit, nuts, trail mix or granola right before serving.
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www.exclusivecare.com

and

www.exclusivecare.com/healthyhighways/

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