

# Sharing OUR Recovery

A quarterly newsletter published by Picking Up Pieces designed to support victims, survivors, caregivers and loved ones of motor vehicle collisions.

FALL EDITION 2018

ISSUE 4

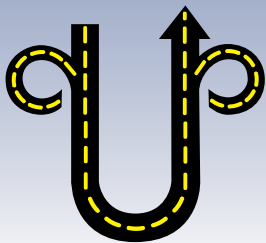
## PIECES IN THIS ISSUE:

- |   | page |
|---|------|
| * Hello Fall .....                          | 1    |
| * Cannabidiol (CBD) .....                   | 2    |
| * Long Term Disability (LTD) Benefits ..... | 3    |
| * Concussion or Whiplash? .....             | 4    |
| * Halloween Tips.....                       | 5    |
| * What is Project Crash? .....              | 6    |
| * Devastating and Invisible Injury .....    | 7    |

Haven't signed up for Sharing Our Recovery?

[Sign up here!](#)

Brought to you by:



Picking up Pieces



## Hello Fall!

from Sharing Our Recovery

We hope you survived the summer! This summer has been extremely hot and unfortunately with those kinds of humid & fluctuating temperatures, it also brought out tremendous pain to survivors that are recovering from a collision. Our thoughts have been with you and realize it hasn't been easy.



Fall is on its way and change is in the air. Cooler temperatures, the beautiful changing colors of the season, fall decorations and long shirts are on the horizon. Labour Day is also upon us and that means the roads are about to get busy again. Children are returning to school and that means we all have the responsibility to be watchful on the roads. Children can move quickly and are often excited and energetic when getting on or off a school bus. It is so important to slow down as you approach a school zone and watch for children who may be in harm's way.

We are happy to announce that *Sharing Our Recovery* has over 100 subscribers *thank you!* We are continuing to work hard at bringing awareness to our newsletter by using our social media outlets and connecting with some wonderful Organizations and Businesses. We have over 200 followers on [twitter](#) where we share updated news and informative articles to support survivors of collisions. If you see an article that interests you, please show your support by re-tweeting.

On October 17, 2018, Canadians will be able to legally purchase and consume recreational marijuana. In this issue you will find some informative information about Cannabidiol (CBD) and how it is becoming recognized in the rehabilitation industry.

We have introduced a 10-Part Series of Blogs on our website [www.pickinguppieces.net](http://www.pickinguppieces.net) which we encourage survivors to follow. These blogs are written by a survivor to bring more awareness to the struggles that victims deal with after surviving a crash and can be found under our "Survivor Stories" section.

Picking Up Pieces would like to take a moment to grieve the loss of lives and those that were injured in the Danforth incident that took place on July 22, 2018. Our thoughts go out to everyone affected.

Our heartfelt concerns also go out to our communities who have been impacted by the devastating fires in British Columbia where air quality alerts have also been issued.

Many thanks to our 2018 Sponsor: [Iacobelli Law Firm](#). We couldn't have done it without your support!

As always, *Sharing Our Recovery* wishes everyone safe travels on our roads this fall.



Cannabidiol (CBD) is becoming recognized in the rehabilitation industry as a key tool for improving quality of life and participation in activities of daily living for many patients that have been involved in motor vehicle accidents. What many people don't know is that CBD may be covered under their accident benefits. Many insurers in Ontario are currently covering medical cannabis for those in recovery from accident-related injuries. But why are more patients choosing CBD?

## Non-Psychoactive

CBD is the main non-psychoactive component in medical cannabis. Unlike traditional pharmaceutical interventions, CBD does not feel intoxicating or sedating, allowing for functionality while still providing relief. Many patients find that CBD is more effective for their pain management due to the lack of side effects. Without the sedation, patients are able to participate more fully in therapies and activities of daily living, allowing them to gain independence and a better quality of life.

## Anti-Inflammatory and Muscle Relaxant

CBD is best known for its anti-inflammatory and muscle relaxant properties. CBD is used by many patients that suffer from chronic pain from accident-related injuries. CBD receptors all throughout the body use CBD to assist in minimizing the amount of inflammation in joints and to reduce the stiffness in muscles.

## Anxiolytic

Anxiety is something that many survivors of motor vehicle accidents struggle with during recovery. This is often due to

the traumatic nature of their injuries and the accident itself. CBD has been beneficial to many patients that struggle with their anxiety. Unlike many anti-anxiety medications (also known as anxiolytics), CBD does not sedate the patient. However, CBD does assist with dampening the fight or flight response that is responsible for general anxiety and panic disorders.

## Neuroprotective

CBD has been shown to have some potential as a neuroprotective treatment. Early studies done with patients with Multiple Sclerosis and Parkinson's shows that CBD may help inhibit the progression of these symptoms and encourage healing. With more research, CBD may be used for those with traumatic brain injuries and concussions/post-concussion syndrome from motor vehicle accidents to promote healing and prevent further damage from these injuries.

Motor vehicle accidents are life-changing events for many survivors. Although each survivor has a different goal for recovery, CBD may be helpful in many different cases with many different injuries and illnesses resulting from an accident.

If you or someone you know has questions about CBD or medical marijuana, please feel free to get in touch via email - [kirsten@medmc.ca](mailto:kirsten@medmc.ca) or visit their website at: [www.medmc.ca](http://www.medmc.ca)

---

Picking Up Pieces does not promote illegal sales or use of marijuana in any way.



# Long Term Disability (LTD) Benefits

Submitted by: Andrew Iacobelli, Personal Injury Lawyer

You may have heard of Long Term Disability (LTD) benefits, but aren't quite sure what they are or how to apply for them. LTD benefits are a form of insurance policy that is intended to protect you from income loss, by providing you with a portion of your income if you cannot work for an extended period of time as a result of an injury, accident or illness. LTD benefits are generally provided through an employer as part of your benefits package, but you can also purchase LTD benefits directly from an insurance company.

## Applying for LTD Benefits

To apply for LTD Benefits, you will be required to complete forms and submit them to your LTD insurance provider. Your doctor may also need to complete forms for the LTD provider, which describe the nature of your disability and impairments. It is important to remember to submit your application in a timely manner as there are deadlines that must be met in order to make a successful claim.

## Receiving LTD Benefits

In order to qualify for LTD benefits, you must demonstrate to the LTD provider that you satisfy a 'test' that your injuries or disability prevent you from meeting the requirements of your own occupation. It is important to note that in many LTD policies, the test changes after the first 2 years or 104 weeks of receiving LTD benefits. Often, the LTD provider will require you to provide additional medical documentation to support the position that your ongoing injury/disability prevents you from meeting the requirements of any occupation, for which you are reasonably qualified by education, training or experience or some other similar test. So long as you continue to meet the test, your LTD benefits should pay a replacement income to the age of retirement.

But please note that the wording of these tests are not standardized and therefore may vary from insurer to insurer. You can satisfy the test by providing medical documentation authored by a medical professional, that outlines the extent and severity of your ongoing injury/disability.

LTD benefits are particularly important for victims of Motor Vehicle Accidents because general automobile accident insurance coverage only provides a maximum of \$400.00/

week as replacement for your income if you are not able to work due to the accident. Therefore, LTD benefits may be crucial in order for you to be able to continue paying your monthly bills.

## Denial of your LTD Benefits

Has your claim for LTD benefits been denied? There are a number of reasons why your LTD provider may have denied your benefits. Given that LTD policies are administered by privately owned insurance companies, who are profit-driven, there are times when disputes arise over your eligibility to receive LTD benefits. This can occur even on valid claims, which are frequently denied or delayed.

If your application has been denied, the reason for denial could range anywhere from an incomplete application, to the insurer taking the position that there is insufficient medical evidence to support your claim.

If your LTD benefits provider has been denying or delaying paying your payments, it is important that you speak to a lawyer as to your rights and obligations. Take note that

everything you say or submit to your LTD provider may be used against you to further delay your benefits.

For more information please contact: Iacobelli Law Firm at [www.iacobellilawfirm.com](http://www.iacobellilawfirm.com)

*"Given that LTD policies are administered by privately owned insurance companies, who are profit-driven, there are times when disputes arise over your eligibility to receive LTD benefits."*



The diagnosis of whiplash is commonly made in patients that have been involved in a motor vehicle accident (MVA). It is far less common, however, to see patients who have been diagnosed with a concussion as a result of an MVA. This is concerning, as the symptoms of concussion and whiplash are identical, and there is currently no way to differentiate between these two diagnoses.

Some of the common symptoms we see reported in these patients include:

- \* Blurred vision
- \* Dizziness
- \* Headache
- \* Neck pain
- \* Difficulty concentrating
- \* Memory problems
- \* Nausea/vomiting



Because of these similarities and the inability to distinguish between the two diagnoses, best practice principles would dictate that those patients diagnosed with whiplash should in fact be managed in the same manner as a concussion patient.

## What's the Difference?

The difference between the diagnosis of concussion and whiplash lies in the physiological changes that occur within the brain during a concussion. A concussion is a neurologic injury that causes a temporary disturbance in brain cells as a result of an acceleration or deceleration of the brain within the skull. The common misconception is that you must be hit in the head to suffer a concussion. Because a concussion is the result of acceleration or deceleration of the brain, a concussion can happen with a significant blow to anywhere on the body, provided sufficient force is transmitted to the brain. This force to the brain leads to stretching and shearing of the brain cells, which causes the cells to discharge and send signals to each other uncontrollably.

The massive discharging of brain cells will likely resolve in a very short period of time and the patient may even feel better after a few minutes to an hour after injury. Don't be fooled by this improvement, as there is a second phase to a concussion known as "Spreading Depression." The initial brain cell discharge creates a chemical imbalance within the cells of the brain that ultimately leads to an energy deficit as the cells frantically use up all of their energy stores to reset the normal balance. These energy stores will continue to decline over the next 3-7 days.

The second phase of a concussion is when an individual is most vulnerable. When someone is in this low energy state, another blow, even one of much lower magnitude, can cause another concussive episode. Because the energy levels of the brain are already severely depleted, subsequent concussions can cause extreme energy depletion, which may cause permanent death of the involved brain cells, potentially causing permanent disability or, in some instances, death of the individual.

However, research has shown that if the brain has a chance to fully recover, and is no longer in the low energy state when the person receives another concussion, there is no evidence of an additive effect. This means that it may not be the number of concussions an individual suffers, but rather the way each injury is managed that is the major determining factor for long-term problems due to concussions.

The pathophysiology of a concussion deems it essential to ensure that the demand placed on the brain during recovery matches the current level of energy availability. We follow a multi-stage rehabilitative process that is designed to safely progress patients through their recovery from concussion and return them back to activity when it is safe to do so.

The first step in management is often a short period of relative rest where the patient avoids aggravating factors. This is only recommended for 1-3 days, after which the patient needs to start to gradually expose themselves to the activities of daily living. Treatments for concussion commonly involve management of irritated tissues in the neck, rehabilitation for the visual and vestibular systems to address issues with balance and tracking and focusing of objects, as well as gradual exercise exposure to address the changes in cardiovascular function. Our final clearance tests involve monitoring the patient's heart rate during specific exertion tests, while monitoring for any recreation of symptoms, to ensure that the body has fully recovered from the effects of the concussion.

Occasionally, patients will also suffer post-traumatic features as a result of their accident. This can complicate their recovery and can lead to the development of post-concussion syndrome. Often those with higher ratings of anxiety related to their injury are at greater risk of prolonged symptoms.

It is critical that MVA patients with symptoms of whiplash and concussion are managed appropriately to prevent serious long-term problems.

For more information please contact Sports Medicine and Rehabilitation at: [www.sportsmedicine.on.ca](http://www.sportsmedicine.on.ca)



# Halloween Tips

Submitted by: Dawne McKay, Online Support & Recovery Group for MVA Survivors

Survivor  
Advice  
Piece



Halloween will be here before you know it and if you are at home recovering you may not be up to the festivities.

Here are some tips for the survivor in recovery:

- \* If you have a child or children and they have decided to dress up and go out, ask a family member or friend to take them out if you don't feel up to it. Explain to them that you would normally take them out but you don't want to slow them down by not feeling well. Your child or children will just be happy that they are able to go out and get their goodies even if mommy or daddy isn't there.
- \* If you are staying home and aren't mobile enough and you still want to participate, ask a family member or friend to come over to answer the door and hand out your goodies. You would be surprised how many people just want to hang out together at home on Halloween.
- \* Don't feel guilty if you are not up to the task and you decide to turn off the lights and find yourself tucked away in bed resting. The constant knocking on your door can be overwhelming and your recovery needs to come first.
- \* If you have been invited to a Halloween party, make sure you are up to this task. Not only to dress up but to show up. If you do not feel up to dressing the part and attending the party, do not force yourself to go in order to avoid hurting the host(s) feelings. Thank them graciously for the invite and decline. Your friends and family will understand.
- \* If you decide to dress up and attend a party, pace yourself accordingly. Past experience with survivors of collisions shows that if you overdue it one day, you could pay for it for days after. Set enough time aside to dress into your costume and remind your family member or friend that you may only stay for a short period of time as you will need to monitor your energy and pain level.

## Tips for Trick-or-Treaters

- \* Children should wear sturdy walking shoes that fit properly.
- \* Provide children with flashlights to carry for lighting.
- \* Remind children of pedestrian safety and rules of the road. Trick-or-treating should be made along one side of the street first and then the other, and that it's best to cross the street only at intersections or crosswalks. Walk and don't run.
- \* Make your home safe for trick-or-treaters. Remove all objects around the outside of your house that could cause children to trip or fall. Turn your outside light on so children will know they can visit your home.
- \* Children should not eat any goodies until you see them. Make sure to have dinner before you go out, so they'll be less tempted to eat their goodies along the way.
- \* Children should stay in well-lit areas and should only visit homes that have their outside lights turned on. Remind your children to never go inside homes.
- \* Before your children begin to eat their goodies make sure you examine it first. Throw out any treats that are not wrapped, those in torn or loose packages, or any that have small holes in the wrappers.
- \* Keep pets inside and away from trick-or-treaters, especially if they are easily frightened or become over-excited in the presence of strangers.
- \* Go trick-or-treating with your children each year until they are old enough to go with a friend. When they are old enough, make sure they go with two friends or in a group, and know the routes they will be taking. Make sure they wear a watch that they can read in the dark. Give your child a cellular phone if possible and establish a return time.
- \* If you are driving on Halloween, be aware of children, drive slowly and enter and exit driveways and alleyways with extreme caution.



# What is Project Crash?

Submitted by: Maggie & Emmily Bradley

In October 2016, we were asked by our police foundations professor what we could do to promote road safety in our community. We decided that a constant visual image, such as a road sign, would be an effective strategy to target drivers, reminding them to drive with care. We designed a road sign, and created several social media platforms under the name Project C.R.A.S.H., and acronym which stands for “cherish roads and safe highways”.

We are now a non-profit organization, with aims to save lives by promoting road safety, and enhancing the public’s awareness of the big 4 driving errors: distracted driving, aggressive driving, impaired driving and no seat belts. We currently have our road sign posted at the Georgian College campus in Orillia, and three road signs to be posted at the Georgian College campus in Barrie.

There are thousands of preventable deaths due to vehicle collisions in Ontario every year. With your help and support, we hope to reduce that number to zero.

For more information on Project Crash please visit their website at [www.projectcrash2016.com](http://www.projectcrash2016.com) and feel free to follow them on Instagram [@projectcrash2016](https://www.instagram.com/projectcrash2016), and twitter [@projectcrash16](https://twitter.com/projectcrash16) for road safety tips.

Maggie is currently a first class constable with York Regional Police who graduated from police foundations in April of 2017. Emmily is currently a correctional officer in northern Ontario who graduated from police foundations in 2017 and holds a Bachelors Degree in Psychology.



# Devastating and Invisible Injury

Submitted by: Shireen Anne Jeejeebhoy, Author

Survivor  
Support  
Piece



I was like you once -- living a full life, enjoying dinners with friends, laughing at my pets' antics, helping out and being helped by family, beavering away at my goals, dreaming of more. And then two drivers behind the car I was riding in, my husband at the wheel, decided to tailgate and speed,

and, well, my life shrunk to medical appointments, friends vanished like a slowly fading painting, my pets died, family all but left me behind, goals eluded my reach, dreams died. You see, I had suffered a "closed head injury." Mild traumatic brain injury. Concussion. My brain had been flung back and forth, back and forth, back and forth as the two drivers slammed their cars into ours and pushed us into the car in front of us. Our cars looked more banged up than we did.

I'd had health challenges before, I'd suffered devastating losses before; I could recover from this mild injury and get back to writing *Lifeline*, a book I had finished researching and had begun writing. I just needed to work hard. Be positive! Have a goal and hope!!

Yeah, well, with the standard so-called evidence-based medical care, that was never going to happen. This kind of care is filled with euphemistic names like cognitive therapy, which as one doctor put it is no better than tea and cookies. It works in silos: doctors don't collaborate; no one in the medical system talks to psychologists outside it; no one recognizes the certain-to-fail system of relying on the person with the injured brain to act as coordinator. Standard outpatient care is the wholesale abandonment of people with any kind of brain injury.

After five years of this getting-me-no-better care, I doubled down on searching for treatment that actually healed my neurons, like what doctors do for broken bones. They don't leave it up to your body to reconnect broken bone shards. So why do that do that for neurons?

Riffing off of Dr. Norman Doidge's definition, I wrote in *Concussion Is Brain Injury: Treating the Neurons and Me*: "I theorize the brain's function is to change its neural networks in response to mental and physical experience and activity within a web of relationships."

"Brain injury is like a massive plough that trenches through your established networks. Sheared axons blink useless electrical signals into voids of pooling blood and

biochemical chaos. Interrupted networks with nowhere to send their signals feed noise into your brain. Since the basic function of the brain is to change, the brain changes itself to accommodate this injury while some cells begin the sloth-like process of regeneration. But it's tough bringing order into chaos. It would be like you with the worst case of laryngitis standing between two armies telling them to stop shooting at each other. They wouldn't hear you over the volley of bullets and bombs, whistling missiles and lobbing grenades.

"Standard brain injury treatment keeps you stuck between the grenade-lobbing armies with not even a bullhorn to amplify your futile requests for peace. It relabels the armies as mysterious aliens and still doesn't toss you a lozenge. It may even label you as someone with a personality disorder or depression who should stop screaming. That'll help your throat.

*"My journey was about quieting down the armies."*

I shared some of that journey in the original edition of *Concussion Is Brain Injury*. Then I benefitted from an experimental treatment I kickstarted; thought about how brain injury ought to be treated; thought about and tried to restore my reading, devising a theoretical program in the process that worked a little, but have now discovered a reading comprehension program; learnt much more about living with this "mild" injury that kaboomed my life; and decided to share the social and emotional devastations. I revised my book, structuring it to be easier for people with brain injury to read and to include both my story and Learnings so that readers could read either or both. I was invited to blog on *Psychology Today*; there, I focus on what I've learnt and am still discovering about this devastating and invisible injury that's far more prevalent than most people realize.

I'm thrilled to have this opportunity to tell you about my journey because it will mean more people can learn there is real treatment available and it is possible to restore your life.

For more information please contact Shireen at:  
[www.jeejeebhoy.ca](http://www.jeejeebhoy.ca)

---

*Shireen Jeejeebhoy is a Toronto-based author who shares her own discoveries of the ups and downs of concussion recovery.*



*Would you like to be part of Sharing Our Recovery?*

We are always looking for articles or stories, and we would love to hear from you!

Email us: [info@pickinguppieces.net](mailto:info@pickinguppieces.net)

**MANY THANKS TO OUR SPONSOR!**

IACOBELLI **LAW** FIRM

We are always looking for *Sharing Our Recovery* sponsors. Interested in sponsoring?

**Click here!**



**Picking  
Up  
Pieces**

**Picking Up Pieces**

[www.PickingUpPieces.net](http://www.PickingUpPieces.net)

Follow us on twitter: [@PUPieces](https://twitter.com/PUPieces)

---

All information in *Sharing Our Recovery* is not intended as medical advice or treatment. *Sharing Our Recovery* has been created for informational purposes only. Please consult with your family physician if you have concerns about your health. The views and opinions expressed in any part of this newsletter are not necessarily those of the Publisher (Picking Up Pieces) or any contributor. The Publisher accepts no responsibility for errors in articles, contributors' pages or advertisements.

---

© 2018 pickinguppieces.net – all rights reserved