



**Brain Injury  
Alliance**  
NEW JERSEY

**2019 ANNUAL PROFESSIONAL SEMINAR**

# **MOVING FORWARD IN BRAIN INJURY: EVIDENCE IN ACTION**

Tuesday, May 14, 2019 | Pines Manor | 2085 Route 27 | Edison, NJ 08817



**Keynote Speaker: Daniel P. Perl, MD**

Director, Center for Neuroscience and Regenerative Medicine  
Neuropathology Care, Uniformed Services University of Health Sciences

*The Long-Term Effects of Military TBI:  
Is it Like Playing NFL Football, or is it Something Else?*

***New Jersey's Premier Brain Injury Seminar for Professionals***

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# FACULTY



## KEYNOTE

Dr. Daniel P. Perl was born and raised in New York City and received his BA and MD degrees from Columbia College and the State University of New York. He then took postgraduate training in anatomic pathology and neuropathology at Yale University, following which he served for two years as a pathologist in the US Public Health Service, stationed at the Centers for Disease Control in Atlanta, Georgia. He served on the faculty of the Brown University Medical School and then the University of Vermont College of Medicine. It was at Vermont that he began working on Alzheimer's disease and other age-related neurodegenerative disorders. In 1986, Dr. Perl joined the Mount Sinai School of Medicine in New York, where for 24 years he served as Director of the Neuropathology Division and was Professor of Pathology, Psychiatry and Neurosciences. Dr. Perl has received numerous awards for his contributions to research and medical education.

Dr. Perl has authored over 290 peer-reviewed publications and book chapters and is co-author, with Professor Margaret Esiri, of the 3rd edition of Oppenheimer's Diagnostic Neuropathology, a leading textbook in his field. He is highly regarded for his work on various aspects of the neuropathology of age-related neurodegenerative disorders, especially the role of environmental factors in their induction. In September, 2010, Dr. Perl left Mount Sinai to join the faculty of the Department of Defense Uniformed Services University of the Health Sciences, F. Edward Hébert School of Medicine, in Bethesda, MD. In conjunction with the Congressionally mandated Center for Neuroscience and Regenerative Medicine, he has established a state-of-the-art neuropathology laboratory dedicated to research on the acute and long-term effects of traumatic brain injury (TBI) among military personnel. This culminated with his recent landmark publication in Lancet Neurology (15: 944-953, 2016) describing a distinctive and unique constellation of lesions in the brains of military personnel who had been exposed to blast TBI.

### **Sheryl Berardinelli, PsyD, ABPP**

*Bancroft NeuroRehab*

### **Jill Brooks, PhD, RYT-200**

*Head to Head Consultants*

### **Peii Chen, PhD**

*Kessler Foundation*

### **Nancy Chiaravalloti, PhD**

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### **Danielle George, JD**

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### **Ekua Gilbert-Baffoe, MD**

*Hackensack Meridian Health, JFK Johnson Rehabilitation*

### **Yelena Goldin, PhD**

*Hackensack Meridian Health, JFK Johnson Rehabilitation*

### **Thomas F. Grady, MPA, DTM**

*Brain Injury Alliance of New Jersey*

### **Jared Hammond, MA, RYT-200**

*Head to Head Consultants*

### **Victoria Harding, PhD, CCC/SLP, MA, CBIST**

*NeuroRestorative*

### **Jacquelyn Masciangelo Hines, PT, DPT,**

**MPT, C/NDT, CST-T**

*Connectivity Therapy Holistic Health*

### **Emmanuel Hriso, MD**

*Emmanuel Hriso, MD*

### **Hilary Murphy, PhD**

*Center for Neurological and Neurodevelopmental Health*

### **Daniel P. Perl, MD**

*Uniformed Services University, F. Edward Hébert School of Medicine, Center for Neuroscience and Regenerative Medicine Brain Tissue Repository*

### **Arielle Resnick, PT, DPT, NCS**

*Kessler Institute for Rehabilitation*

### **Derek Shendell, DEnv, MPH**

*Rutgers University, School of Public Health*

### **Luke D. Tomycz, MD**

*New Jersey Pediatric Neuroscience Institute*

### **Tina Trudel, PhD**

*Northeast Evaluation Specialists*

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# WORKSHOPS

The overall objective of this seminar is to provide an educational opportunity to professionals working with individuals affected by brain injury through workshops related to research, clinical innovations and strategies, rehabilitation, and advocacy.

**7:30 AM - 8:30 AM**                      *Registration, Exhibits, and Continental Breakfast*

**8:30 AM - 9:15 AM**                      *Opening Remarks*

**9:15 AM - 10:30 AM**                      *Keynote Presentation*

## The Long Term Effects of Military TBI: Is it Like Playing NFL Football, or is it Something Else?

**Daniel P. Perl, MD**

Since 2001 approximately 2.6 million U.S. service members have been deployed to the Middle East in the war on terror. Allied forces have encountered numerous attacks with high explosives that often resulted in mild traumatic brain injuries (mild TBIs, concussions). For current military conflicts, these blast TBIs have been called the “invisible wound” since numerous service members suffer from debilitating persistent neurologic and behavioral symptoms in the absence of detectable abnormalities on routine neuroimaging.

We have identified a distinct and previously undetected pattern of damage to the human brain in blast-exposed cases (see *Lancet Neurol.* 2016 15:944-953). We found astroglial scarring in a distinctive pattern occurring at the interfaces of tissues with differing densities. These data suggest that the clinical phenotype of persistent neurologic/behavioral symptoms, particularly as seen after blast exposure, may be due to specific pathophysiology, and significantly differs from what is seen in non-blast forms of impact TBI. Following this presentation, attendees will be able to explain the difference between the consequences of civilian TBIs and those seen in military personnel exposed to high-explosive blasts; discuss how the history of how the neurologic/behavioral effects of participation in warfare has molded our current approaches to this problem; describe the implications of new findings of the effects on the brain of blast TBI for explaining the long-term behavioral-neurologic sequelae of this form of injury.

**10:30 AM - 10:45 AM**                      *Break and Exhibits*

**10:45 AM - 12:00 PM**                      *Morning Workshops*

## 1. Consistently Inconsistent: Executive Dysfunction in Pediatric Traumatic Brain Injury

**Hilary Murphy, MD**

Executive functioning encompasses a myriad of higher order cognitive skills required for goal-directed activity. This network of abilities is frequently disrupted by TBI, resulting in deficits in adaptive, academic, and social domains. This workshop will focus on identifying individual facets of executive functioning as well as how these deficits may manifest in daily life. In addition, appropriate assessment techniques and available treatment protocols will be reviewed. Following this presentation, attendees will be able to identify the skills encompassed by the term “executive functioning”, discuss common deficits in these areas associated with pediatric TBI, and describe potential interventions to address these deficits.

## 2. Neuropsychiatric Issues in Brain Injury

**Emmanuel Hriso, MD**

This presentation will provide an overview of neuropsychiatric issues such as PTSD, pain, anxiety, and substance abuse as they relate to brain injury. Treatment modalities including neuropharmacology, inpatient and intensive outpatient programs, and individual counseling will be covered in the context of individual case examples. Following this presentation, participants will be able to list four neuropsychiatric issues common among individuals with brain injury, describe challenges inherent in neuropsychiatric treatment of patients with brain injury, and explain treatment planning according to clinical implications utilizing case examples discussed in the presentation.

# WORKSHOPS

## 3. What Helps the Most in Functional Recovery: A Mixed Methods Study of the Specific Variables within a Post-Hospital Interdisciplinary Brain Injury Rehabilitation-Residential Program

**Victoria Harding, PhD, CCC/SLP, MBA, CBIST**

The presentation will describe original research which looked to answer the question: "What are the components of a Post-Hospital Brain Injury Rehabilitation-Residential program that may contribute to making the greatest gains in function?" This information can be used for clinicians' development of best practice programming in rehabilitation care, for consumers to make informed decisions, and for regulatory bodies to consider as mandatory programming component inclusions. A secondary goal of the presentation is to provide a method by which clinicians and other stakeholders can identify who are those individuals who make the greatest gains in function while participating in a Post-Hospital Brain Injury Rehabilitation-Residential program. The presentation is participant-interactive and will provide a forum for consideration of the building of optimal after hospital rehabilitation programs to drive superlative outcomes for people who have experienced brain injury. At the conclusion of this presentation, participants will be able to: identify at least five contributors to successful outcomes provided by post-hospital interdisciplinary brain injury rehabilitation programs, describe means for assessing top performers versus lowest performers, and explain a mixed methods research paradigm useful in assessing brain injury rehabilitation programs' environment of care variables.

## 4. Yoga and Meditation for TBI: Evidence, Innovations, and Ways Forward

**Jill Brooks, PhD, RYT-200; Jared Hammond, MA, RYT-200**

Yoga and meditation have been shown to improve outcomes in a broad array of clinical populations, yet have not been used widely among the TBI population. Several studies have demonstrated the benefits of yoga for TBI (i.e., in attention skills, memory, mental fatigue, and quality of life), yet yoga specifically designed for TBI is often inaccessible. Given the potential impact of yoga for TBI rehabilitation, better understanding of the evidence and recent innovations in this area is warranted among TBI survivors, caregivers, and rehabilitation professionals. This interactive presentation will describe the evidence-based benefits of yoga and meditation for TBI rehabilitation and key modifications to improve the safety and accessibility of these practices for TBI. Participants will be guided through examples of TBI-friendly yoga and meditation practices. An overview of the research evaluating yoga and meditation for TBI along with implications on the delivery of community-based yoga rehabilitation services throughout New Jersey will be provided. Following this presentation participants will be able to describe the benefits of community-based TBI-friendly yoga and meditation, explain techniques for adapting yoga and meditation for the TBI population, and discuss the evidence-based benefits of yoga and meditation for TBI rehabilitation.

**12:00 - 1:00**

**Lunch**

**1:00 - 1:15**

**Break and Exhibits**

**1:15 - 2:30**

**Afternoon Workshops**

## 5. Neurotoxicity

**Tina Trudel, PhD; Daniel George, Esq.**

Modern life subjects all of us to neurotoxin exposure. Contact with substances such as heavy metals and solvents occur in the workplace, and at home. Neurotoxins can impair neurological functioning from subtle changes at the DNA level to major abnormalities in brain development and functioning, impacting the central and peripheral nervous system. Diagnosis of functional impact through neuropsychological testing can be an important part of the assessment, treatment and recovery process. Unfortunately injuries and illnesses stemming from exposures to neurotoxic substances often go undetected and untreated, which sometimes requires significant advocacy on behalf of patients seeking remedy and/or funding for treatment and rehabilitation. Physicians, nurses, physical therapists and other health providers may not inquire about environmental risk factors when presented with patients complaining of symptoms that may have a neurotoxic etiology. Informed health care providers can serve as important resources for patients seeking information on whether there is a toxic etiology to their illness. Following this presentation, attendees will be able to identify substances and risk factors for neurotoxin exposure, explain the role of neuropsychology in assessment and treatment related to neurotoxin exposure, and discuss how health professionals can serve as a bridge between their patient's treatment and legal advocates.

# WORKSHOPS

## 6. CranioSacral Therapy and Brain Injury: A Pathway to Healing

**Jacquelyn Masciangelo Hines, PT, DPT, MPT, C/NDT, CST-T**

In this course, participants will learn what CranioSacral Therapy (CST) is and how it can impact the nervous system and brain health. This course will review anatomy as it relates to this manual therapy treatment and participants will gain an understanding of how CST can be beneficial. Participants will learn how both structural changes on the superficial, as well as into, the glial matrix can be altered and the effect that emotional trauma can have on physiological functioning. Research from the Upledger Institute's Concussion Intensive research study, as well as case studies will be reviewed. A hands on demonstration will be offered as participants are interested. At the conclusion of this presentation participants will be able to describe the anatomy that makes up the craniosacral system, explain what the CranioSacral Therapy Treatment can do and how it can help, and explain the impact CranioSacral Therapy has on the physical and emotional healing following a trauma/brain injury.

## 7. New Jersey Traumatic Brain Injury Model Systems Centers Progress Update

**Nancy Chiaravalloti, PhD; Yelena Goldin, PhD**

NIDILRR funds 16 TBI Model Systems Centers (TBIMS) throughout the US. Two centers in New Jersey serve as TBIMS centers: JFK-Johnson Rehabilitation Institute and Kessler Institute for Rehabilitation/The Northern New Jersey Traumatic Brain Injury Model System. JFK-Johnson's site-specific research project focuses on examining the ability to complete activities necessary for daily functioning throughout the first year of injury and before and after outpatient brain injury cognitive rehabilitation with the goal of better understanding the needs of patients during different stages of their recovery and across different settings. Kessler's site-specific research project focuses on evaluating a novel treatment intervention to address impairments in new learning and memory with the goal of improving everyday functioning. In this workshop, the project director of each center will present the current state of progress of these research projects, including preliminary findings and their implications. Following this presentation, participants will be able to explain activity limitation in individuals with traumatic brain injury, describe the impairments and treatment of new learning and memory in individuals with traumatic brain injury, and list the two current TBIMS centers focus of research.

## 8. Neurosurgical Solutions to Seizure Management

**Luke D. Tomycz, MD**

Approximately 3 million people are affected with epilepsy in the U.S. and as many as 50 million globally, and as many of a third of these patients have drug-resistant epilepsy (DRE) which cannot be controlled medically. Unfortunately, multiple studies have demonstrated a profound "treatment gap" such that less than one percent of appropriate candidates will receive potentially curative surgery. While vascular malformations, migrational abnormalities, and other causes lead to epilepsy, we will focus on surgical strategies for post-traumatic epilepsy. Following the presentation, attendees will be able to describe post TBI epilepsy, list two surgical strategies to treat epilepsy, and describe services offered by multi-disciplinary epilepsy centers.

**2:30 - 2:45**

***Afternoon Snack Break and Exhibits***

**2:45 - 4:00**

***Afternoon Workshops***

# WORKSHOPS

## 9. Research Panel:

### New Jersey Online Adolescent Concussion Injury Surveillance: Lessons Learned 2015-2018 and Indoor/Outdoor Environmental Exposure Pilot Studies 2017-2018

**Derek Shendell, DEnv, MPH**

This presentation summarizes what we examined from reported student-athlete concussions from our statewide pilot study with a convenience sample of participating public high schools 2015-2018. Improving the understanding of causes and mechanisms of injury, and disparities among affected groups, can inform public health prevention efforts and future research on environmental and human factors.

### Impact of End Stage Renal Disease on Outcomes at Acute Rehabilitation Discharge

**Ekua Gilbert-Baffoe, MD**

End Stage Renal Disease (ESRD) and its treatment can compromise medical and functional recovery of individuals with new traumatic brain injury (TBI) by limiting treatment options and physiological response to medical interventions. It can also limit participation and engagement in rehabilitation therapies. The impact of ESRD on acute TBI recovery and discharge disposition are unknown. We aim to characterize individuals with ESRD at the time of TBI Model System database enrollment and examine their recovery trajectory during their inpatient rehabilitation stay and disposition from inpatient brain injury rehabilitation compared to a control group matched on age, education, sex, and injury characteristics.

### Predicting the Need for Supervision Following Traumatic Brain Injury

**Arielle Resnick, PT, DPT, NCS**

The objective of this study was to determine the relative contribution of motor and cognitive aspects of functional status to predict the need for supervision at one year post-TBI. A local Traumatic Brain Injury Model System (TBIMS) database was analyzed. The FIM™ Instrument at admission and discharge, and the Supervision Rating Scale (SRS) at 1-year follow-up were completed for all participants. A hierarchical regression was conducted with the Supervision Rating Scale as the dependent variable. 402 participants, between 16 to 94 years old, comprised this sample. Functional Independence Measure (FIM)™ Motor at discharge was entered in Step 1. The addition of FIM™ Cognitive at discharge in Step 2 accounted for a significant portion of the variance over and above the other variables. Inspection of the squared semi-partial correlation indicated that the variance uniquely accounted for by FIM™ Motor in Step 1 was reduced from 14.9% to 5.4% when FIM™ Cognitive was added to the model. Functional cognition predicted the need for supervision at 1-year post injury, accounting for unique variance over and above the contribution of motoric aspects of functional status, controlling for age at injury, pre-morbid functional limitations, and injury severity.

Following this panel discussion participants will be able to summarize preliminary results from the New Jersey Online Adolescent Concussion Injury Surveillance project, explain how ESRD can compromise recovery for patients with TBI, and describe the effect of motor and cognitive function at the time of discharge from acute Inpatient Rehabilitation Facility (IRF) on predicting the supervision needs at one year post TBI.

## 10. Prism Adaptation Treatment for Improving Functional Vision and Functional Movements in Patients with Spatial Neglect

**Peii Chen, PhD**

Spatial neglect prolongs functional recovery and impedes rehabilitation progress in stroke and brain injury survivors. Providing effective treatment approaches to address spatial neglect specifically is crucial to improve outcomes. An overview of the basic principles of prism adaptation treatment will be provided. The workshop will include a video-assisted lecture on spatial neglect, a summary of literature reviewed on the effectiveness of prism adaptation treatment, and a hands-on demonstration of common treatment procedures. Anyone who would like to learn spatial neglect and/or prism adaptation treatment is welcome to attend the workshop. Following this presentation attendees will be able to explain the ramifications of spatial neglect and how it impairs functional vision and functional movement, describe the clinical impact of spatial neglect, and list two potential benefits of using prism adaptation treatment.

# WORKSHOPS

## 11. Sexual Functioning and Intimacy After Brain Injury

**Sheryl Berardinelli, PsyD, ABPP**

Although changes in sexual functioning and intimacy issues are common after a brain injury, it remains largely unaddressed and most rehabilitation providers find it uncomfortable to address sexuality issues in treatment. This could further negatively impact post-injury adjustment and overall well-being. In this workshop, rehabilitation healthcare providers will learn the changes in sexual functioning that can occur after a brain injury, review the various assessment and treatment strategies to promote sexual health, learn how to address sexuality from a culturally competent biopsychosocial perspective and to discuss ideas how to integrate sexual healthcare in rehabilitation care. Following this presentation, participants will be able to identify the challenges faced by individuals with brain injury due to changes in sexual functioning, intimacy and relationships, describe assessment and treatment strategies to promote sexual health after a brain injury, and discuss ideas in integrating sexual healthcare into rehabilitation care.

## 12. Persuasion: A Cornerstone for Effective Advocacy

**Thomas F. Grady, MPA, DTM**

People with brain injury are often in need of services and supports. Professionals in the field of brain injury need to advocate on behalf of people with brain injury; particularly to secure supports and services. To advocate effectively, professionals need to be persuasive. The aim of this workshop is to provide tips so that professionals can maximize their ability to be persuasive in advocating for persons with brain injuries. Following this presentation, attendees will be able to define persuasion messaging, explain where it can and should be used, and describe how to help the participants to hone in on the questions they ask themselves when preparing a persuasive message and substantiating a claim.

# SEMINAR COMMITTEE

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## Registration Fees:

Early Bird Registration	2/15 - 4/21	BIANJ MEMBER Early Bird	\$220	NON MEMBER Early Bird	\$240
Regular Registration	4/22 - 5/13	BIANJ MEMBER	\$240	NON MEMBER	\$260
On Site Registration	5/14	BIANJ MEMBER On Site	\$260	NON MEMBER On Site	\$280
Student Registration	2/15-5/14	BIANJ MEMBER Student	\$50	NON MEMBER Student	\$50

**ACCREDITATION INFORMATION:** Certificates will be awarded to those participants who attend the conference, sign the session rosters, and complete an evaluation form. The number of continuing education units (CEU/CE) awarded will be based upon the number of conference hours attended.

Hackensack Meridian Health, JFK Johnson Rehabilitation Institute is approved by the American Psychological Association to sponsor continuing education for psychologists. Hackensack Meridian Health, JFK Johnson Rehabilitation Institute maintains responsibility for this program and its content.



Hackensack Meridian Health, JFK Johnson Rehabilitation Institute is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for up to 0.5 ASHA CEUs (Intermediate level, Professional area).



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The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

This activity has been submitted to New Jersey State Nurses Association for approval to award contact hours. New Jersey Nurses Association is accredited as an approver of continuing education by the American Nurses Credentialing Commission on Accreditation.

Approval status does not imply endorsement by the Brain Injury Alliance of NJ, NJSNA, or by ANCC of any commercial products discussed/displayed in conjunction with the education activity.

This activity is pending approval from the National Association of Social Workers--New Jersey (NASW-NJ)

Applications for CE Credits have additionally been made to the following accreditation bodies:

- New Jersey State Board of Physical Therapy Examiners
- Certification of Disability Management Specialists
- Commission for Certified Rehabilitation Counselors
- Commission for Case Manager Certification
- The American Occupational Therapy Association
- The Professional Counselor Examiners of New Jersey

Please contact Joy Melendez at 732-745-0200 or via email to [jmelendez@bianj.org](mailto:jmelendez@bianj.org) for information about continuing education credits for social workers.

The Brain Injury Alliance of New Jersey (the Alliance) encourages all individuals with disabilities to attend and participate in its events, and follows the regulations outlined in the Americans with Disabilities Act. If you anticipate needing any type of accommodation or have questions about the physical access for this event, please contact the Brain Injury Alliance of New Jersey by phone at 732-745-0200 or email at [info@bianj.org](mailto:info@bianj.org) prior to this program. Every effort will be made to provide reasonable accommodations in an effective and timely manner.

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NEW JERSEY

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Please choose one presentation per session that you would like to attend.

**Morning (10: 45am - 12:00pm)**

- Executive Dysfunction-Pediatrics (1)
- Neuropsychiatric Issues (2)
- Interdisciplinary Brain Injury Rehab (3)
- Yoga and Meditation (4)

**Afternoon 1 (1:00pm- 2:15pm)**

- Neurotoxicity (5)
- CranioSacral Therapy (6)
- NJ TBI Model Systems (7)
- Neurosurgical Solutions-Seizures (8)

**Afternoon 2 (2:30pm - 3:45pm)**

- Research Panel (9)
- Prism Adaptation-Spatial Neglect (10)
- Sex and Intimacy (11)
- Persuasion-Advocacy (12)

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**Questions? Contact Joy Melendez at 732-745-0200 or [jmelendez@bianj.org](mailto:jmelendez@bianj.org)**

*Cancellations and Substitutes: Cancellations will be accepted in writing, postmarked no later than May 3, 2019. There is a \$25.00 cancellation fee. You may transfer your registration to another person with 24 hour advance notice. If the seminar is cancelled in part or in its entirety for an unforeseen circumstance a partial or full refund will be provided.*

*Complaints and Grievances: During the seminar attendees or participants can ask to speak with Joy Melendez or staff for the Brain Injury Alliance of NJ. Staff can be found at registration. After the seminar you can reach Joy Melendez by phone at 732-745-0200 or email at [jmelendez@bianj.org](mailto:jmelendez@bianj.org)*

*Special Needs and Accommodations: Please check this box if you will be in need of special assistance or an accommodation and we will contact you prior to the seminar. If you are in need of assistance the day of the seminar, please ask to speak with Joy Melendez or staff for the Brain Injury Alliance of NJ.*