

# ThinkFirst/Pensez d'Abord Canada

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Think First Foundation of Canada  
Charitable Registration # 13927-4302-RR0001

## Annual Report 2009

thinkfirst



pensez d'abord  
CANADA

**Think  
about all  
that goes into  
a helmet.**

Wear and use helmets as recommended by the manufacturer. Helmets cannot prevent all head injuries in all sports. Visit thinkfirst.ca for more information on ThinkFirst Canada Pensez d'Abord and injury prevention including concussion awareness, Sport Smart and education programs.

## MESSAGE FROM THE THINKFIRST CANADA EXECUTIVE

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Keeping children safe should be everyone's concern. Yet few are aware that injury is the leading cause of death for Canada's children and youth. Traumatic brain injuries are among the most devastating of traumatic injuries. And with twice the death rate of injuries overall, 50% of fatal injuries are brain injuries. And it is children who suffer 30% of all traumatic brain injuries in Canada.

Research shows that up to 90% of injuries are predictable and preventable. Protection can be as easy as wearing a properly fitted helmet. The gap between the problem and solutions includes the engrained notion that 'accidents just happen.' As long it is considered fate rather than risk that causes injury, young people, families, and communities will continue to suffer.

A head injury can permanently change the way a child or an adult talks, walks, learns, works and interacts with others. Injury prevention costs little compared to the costs to our health and social system. Each brain injury costs our health system millions of dollars, but it's the emotional burden on survivors, families and communities that is beyond measure.

Building on ThinkFirst Canada's strategic plan, the Executive Committee's shared vision for ThinkFirst includes growing ThinkFirst and injury prevention brand recognition at the grassroots level, further standardizing our programs, messaging, and look as well as drawing on new technologies to broaden our audience, most notably to the tech-savvy generations. The ThinkFirst team continues to work with partners to call upon governments at the municipal, provincial and federal levels to lead by example and enact policies, regulatory and legislative reform which will underscore and implement key elements of a strategy focused on the importance of injury prevention.

The ThinkFirst Canada Executive is proud to share with ThinkFirst's Board, Chapters, Committees and staff and partners a vision for a future free of preventable injuries. Continued effort to reduce preventable injuries includes taking an active lead in encouraging proper safety measures, like helmet use, advocating for safer standards and encouraging public debate and awareness. Given ThinkFirst's expertise and mandate, we are natural leaders in the sector on this important and growing issue. We look forward to continued mission growth in 2010 including expanding on our educational programs such as TD TFFK and Brain Day as well as continued Sport Smart dissemination. We also plan for the ThinkFirst Canada annual Lectureship with inaugural keynote speaker Rick Hansen discussing spinal cord injury and prevention, following ThinkFirst's ThinkTank on helmet use and brain injury prevention.

#### 2009/10 Executive

*Dr. Michael Cusimano, Vice-President*

*Rem Langan, Vice-President*

*Jay Lefton, President*

*Paul Montador, Vice-President*

*Rebecca Nesdale-Tucker, Executive Director*

*Shawna Page, Secretary*

*Dr. Charles Tator, Founder*

*Pam Winsor, Chapters*

*Mike Zenteno, Treasurer*

# THINKFIRST: WHAT WE DO

ThinkFirst Canada is a national charitable organization dedicated to the prevention of traumatic brain and spinal cord injuries in children and youth. Founded in 1992 by renowned neurosurgeon Dr. Charles Tator, ThinkFirst is headquartered in Toronto, Ontario where a small, but mighty team are hard at work developing, implementing and evaluating innovative injury prevention educational programs and heightening public awareness about devastating and preventable injuries. With 19 volunteer-run Chapters, ThinkFirst is at work at the grass-roots level in schools and at community events in every province giving kids, and those who care for them, the knowledge and protective gear needed to keep them safe. Please take some time to learn more about the activities of 2009 in this Annual Report.



## STRATEGIC PLAN

### Strategic Plan Board Committee Structure - 2009/10

**Vision**  
The Elimination of all traumatic brain and spinal cord injuries among children and youth in Canada (C&Y= ages 5-18y)

**Goal**  
A measurable reduction of traumatic head and Spinal Cord among children and youth

#### Guiding Principles

- ◇ The business of ThinkFirst is to prevent brain and spinal cord injuries to children and youth including through education that aims to change behaviour around risk taking.
- ◇ Programming will be based on best evidence i.e. injury data that indicates how serious the issue is and best practice – what really works to change behaviour and prevent injury.
- ◇ Programs are to be evaluated and reviewed. Chapters to conduct and report on programming in standard format.

#### Board Committees

##### Chapter Enhancement Committee

**Objective:**  
Strengthen, renew and develop ThinkFirst Chapters across Canada. Encourage local sustainability and self-sufficiency through one time grants and on-going infrastructure support (programs/ materials). Develop a consistent message and accountability. 5 new and 5 current chapters will be fully self-sufficient by 2009.

##### Program Review and Evaluation Committee

**Objective:**  
Focus and prioritise all ThinkFirst programs. Continue those that have proven impact and direct programming to areas where there is the greatest risk of brain and spinal cord injury. Increase exposure to ThinkFirst programs 20% per annum.

##### Fundraising Committee

**Objective:**  
Grow fundraising capacity to sustain organisation development and programming. Maintain highest standards in donor relations and financial accounting.

#### Membership – Board Committees

**Chairperson:** Pam Winsor

**Staff:** Chapter Enhancement staff including Midori Miyamoto, Deirdre Dimitroff

**Ex Officio:** Executive Director

**Board Members:** Beth Bull

**Co-Chairpeople:** Paul Montador and Shawna Page

**Staff:** National Injury Prevention Program staff including Sandy Wells

**Ex Officio:** Executive Director

**Board Members:** Natalie Auclair, Alison Macpherson

**Chairperson:** Dr. Charles Tator

**Ex Officio:** Executive Director

**Board Members:** Gerald Halbert, Rem Langan, Ron Loucks, Howard Perlmutter, Gary Reinblatt

Committees to meet four times per year, and report to the board quarterly

All Committees are struck and meeting regularly. Each Committee has defined terms of reference

## O P - E D

*In December 2009 Dr. Charles Tator responded to the debate of the role of Violence in Hockey. He was published in the Toronto Star. His op-ed is reprinted below.*

As a brain surgeon, I have had considerable experience in treating athletes with brain and spinal cord injuries, and I know that we can only do so much because we cannot regenerate the brain and spinal cord. Thus, the emphasis has to be on prevention, and that is why I founded ThinkFirst, Canada, a national injury prevention charity in 1992.

We know that prevention is effective as proven by the decline in spinal injuries in hockey following the prevention measures that we and others instituted including education of players about checking and pushing from behind, sewing STOP patches on sweaters and the rules against checking and pushing from behind brought forward by Hockey Canada.

Major head injuries have also been reduced in hockey, and deaths are infrequent mainly because of prevention efforts, especially the use of helmets which protect against blood clots and other major brain injuries.

However, concussions in hockey are another matter, and prevention has been much more difficult for a number of reasons. Helmets do not prevent most concussions. There is no concussion-proof helmet. Concussions in hockey occur in many ways including elbows to the head, shoulders to the head, hits from behind, fighting and other mechanisms. Also, it is harder to detect concussions because they aren't detectable on the basis of obvious signs and symptoms. Most occur without loss of consciousness, and they produce more subtle symptoms such as dizziness, headaches and memory loss. Also, concussions are often under-reported because players want to avoid missing shifts or games. Concussions are of increasing importance because we now know that repeated concussions may cause permanent deficits such as dementia, seizures, movement disorders and depression.

Concussions appear to be increasing, although further research is necessary to determine the exact numbers. Most observations have shown major increases in the number of concussions in both amateur and professional hockey, even as high as 20% of a hockey team each year. I have seen an increasing number of concussed hockey players in my own practice, especially in the 14-



19 years of age group. Increased player size and speed, and increased aggression and violence are factors that increase concussions. Although almost everyone recovers from one concussion, many do not recover from repeated concussions, and there is no proven treatment for concussions although there are ways to enhance likelihood of recovery by accurate detection and expert management. I have been in the very difficult position of having to tell many players that they have had too many concussions, that they have significant symptoms such as memory loss, and that they have to give up the game.

To counteract these terrible statistics, ThinkFirst has spent an enormous amount of time educating players, parents, coaches, leagues and physicians about the diagnosis and management of concussion. In 2002 we distributed about 50,000 copies of Smart Hockey with advice about prevention from stars such as Mats Sundin. In 2004, we formed the Concussion Education and Awareness Committee that I head, and this group of experts has developed a number of guides for concussion management for players, parents,

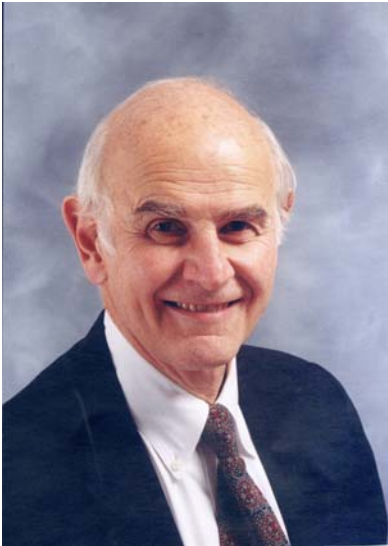
coaches, and others, all on our web-site [www.thinkfirst.ca](http://www.thinkfirst.ca). We have also participated in about 15 concussion education workshops mostly in conjunction with other organizations, especially the Dr. Tom Pashby Sports Safety Fund and Hockey Canada. These workshops provide expert advice on concussion diagnosis and treatment.

Recently, at one of these workshops, I indicated that the rock 'em, sock 'em type of violent hockey espoused by commentators such as Don Cherry can no longer be the culture that dictates our game. We need to depart from "the win at all costs mentality," and return to the game where players had respect for their own bodies and respect for their opponents. This message has been given by many others, such as the McMurtry Report on hockey violence in Ontario in 1975. In my book on sports and recreational injuries published last year, the cost of all sports and recreational injuries in Ontario was estimated at about 3 billion dollars. However, the costs in terms of grieving families and suffering athletes is much more important, and of even greater magnitude than we had imagined as demonstrated by the work highlighted last week from Boston University in the Globe and Mail.

This report showed the case of former NHL player Reggie Fleming whose brain had major brain damage after repeated concussions. Also, in this paper, two weeks ago, our group announced the formation of the Krembil Neuroscience Centre Sport Concussion Project at the Toronto Western Hospital to examine the brains of concussed athletes willed to science. We will attempt to discover the exact mechanisms of the damage, and hopefully ways to treat this terrible disorder that has so many similarities to Alzheimer's Disease.

To me, we are at a watershed as a result of all these events. All hockey people should join the prevention team to abolish hits to the head in hockey. Let's not be deterred by side-shows from those advocating violence and aggression.

## DR. CHARLES TATOR—INDUCTEE IN THE CANADIAN MEDICAL HALL OF FAME



Many have joined us in congratulating world-renowned neurosurgeon and founder of ThinkFirst Canada, Dr. Charles Tator on his induction into the Canadian Medical Hall of Fame. A recipient of the Order of Canada and inductee in the Terry Fox Hall of Fame, Dr. Tator was inducted into the Canadian Medical Hall of Fame on April 29, 2009 in a historic ceremony in Montreal, QC where members of Pensez d'Abord Canada joined in the celebration. Thousands of patients are grateful for his dedication, compassion and skill as one of Canada's leading surgical scientists. Dr. Charles Tator has had a resounding impact on spinal cord injury research in clinical treatment and *prevention*.

## HIGHLIGHTS: THINKFIRST CHAPTERS

ThinkFirst Canada's Chapters constantly astound us with all the injury prevention activities that they manage to accomplish throughout the year. Chapter Coordinators and Directors wear multiple hats as champions for injury prevention— as fundraisers, educators, program disseminators, advocates and researchers.

In November of 2009 ThinkFirst held its second annual Chapter ThinkTank in Toronto. Eight Chapter representatives came together with staff and board members to network, share best practices, and celebrate successes. Feedback from Chapters indicated that this event was important and worthwhile to the success of their chapter. One participant

said, "awesome two days ...great info sharing, ideas, action plans...learnt a lot." Another said, "it is wonderful to get together and meet face to face. We need to do this once a year." In coming years, we aim to gather together even more Chapters for best practice sharing.

The Chapter Enhancement Committee (CEC) was also working hard to develop, maintain, and sustain best practices over 2009. With leadership from Pamela Winsor, CEC Chair and Beth Bull, Committee member, the CEC built on our framework for the enhancement and sustainability of our injury prevention action. The CEC works to effectively maintain Chapter consistent messag-

ing, and accountability. In 2009 the CEC revisited and redeveloped goals for chapter development with input from the Chapter ThinkTank. Goals for 2009/10 include collaborating to ensure chapter sustainability and providing high quality products and aligned messaging.

The key objectives of the CEC are to create an optimal framework and to provide a suite of materials for Chapters.

Thanks to the ThinkTank and the work of the CEC, Chapters and our supporters continue to strive to reduce preventable injury through 2010 and beyond.

### ThinkFirst Hamilton

ThinkFirst Hamilton is a collaborative Chapter that works hard to deliver the injury prevention message with the City of Hamilton Public Health Services, Hamilton Safe Communities, local school boards and community groups.

For example, in June of 2009, Chapter Coordinator, Michelle Gregory Brooks created an alliance with a skateboard school in Burlington and held a community style booth and helmet fitting clinic for the school's open house.

Additionally, on October 24th, 2009 at the Smithville

Arena Hall, ThinkFirst Hamilton participated in a concussion seminar hosted by the West Lincoln Minor Hockey Association. ThinkFirst Hamilton Director, Dr. Ed Kachur, presented on the seriousness of concussions and their long-term health effects.

### ThinkFirst London

Lead by expert neurosurgeon Dr. Wai Ng, ThinkFirst London reached 1400 students in over 50 classrooms for ThinkFirst Brain Day in 2009.

### ThinkFirst Kingston

ThinkFirst Kingston headed a highly successful bus campaign, with six buses sporting the tagline "1, 2, 3, Injury Free" (pictured below).

Fund and awareness raising is the name of the game for ThinkFirst Kingston. In 2009 Kingston held two major fundraising events: A Perch Derby and their highly successful Lobster Fest. The 2009, 4th annual Lobster Fest raised over \$4000 for injury prevention.

Kingston Bus Campaign:  
"1, 2, 3, Injury free"



### ThinkFirst Ottawa

Here are just some of the highlights from ThinkFirst Ottawa in 2009.

-Through this chapter 525 kids had their helmets properly fitted for sports including horseback riding and cycling.

-As well, 3155 children across grades K-8 have taken part in first rate TD TFFK presentations on playing safe and injury prevention

-ThinkFirst Ottawa distributed Helmets including hockey helmets to the Robert Bateman School.

- They raised \$5000 when team "ThinkFirst" composed of CHEO Physicians cycled between Ottawa and Kingston (and back) to help raise awareness for head injury prevention.

And that's just the tip of the iceberg for Ottawa. Of course none of this could have been possible without the tireless effort of Director Dr. Michael Vassilyadi and Coordinator Tassy Lyras.

### Pensez d'Abord Quebec

Under the expert direction of Natalie Auclair and team, Pensez d'Abord has expanded across the province with the addition of 5 more regional offices. Bravo!

A major success story for the Quebec Chapter in 2009 was VIP Enrico Quilico's participation in a triathlon to raise over \$5000 in support of Pensez d'Abord's injury prevention work. The money



was used to provide bicycle helmets to students in Montreal.

### ThinkFirst PEI

Sally Lockhart, PEI coordinator, launched Operation Headway in 2009 in conjunction with the PEI police force. With partners, ThinkFirst PEI was able to mobilize the police force to give tickets for not wearing helmets and rewards to helmet wearers (ice cream shops, like Dairy Queen, donated coupons for free treats for those wearing helmets). Those ticketed had the option of going to an education seminar on head injury and

helmet use in lieu of paying fines. Read more about Operation Headway in the pages that follow.

### ThinkFirst Nova Scotia

Operation Headway also continued in Nova Scotia through the work of Lynne Fenerty, ThinkFirst Nova Scotia Chapter Coordinator. Read more about Operation Headway in the pages that follow.

In spring of 2009 ThinkFirst Nova Scotia, together with Dalhousie University, visited 15 grade nine classrooms with brain awareness and injury prevention presentations.

Additionally, the Division of Neurosurgery at Queen Elizabeth II Health Sciences Centre and volunteers teamed up to promote the use of helmets in skating at ice rinks and included the donation of helmets.

Pictured left: ThinkFirst Ottawa Director, Dr. Michael Vassilyadi presents an award to a dedicated volunteer

Pictured below: Pensez d'Abord Quebec VIP, Enrico Quilich



### ThinkFirst British Columbia

ThinkFirst BC had it's pilot year over 2008-2009 and to say the least, they have had tremendous success. In 2009 alone they recruited 4 Voices of Injury Prevention (VIPs), trained 11 volunteers and attended 11 community events, including Campbell River Presentation to Skaters, Summer Fun Day, and Safety and Security Sunday.

On average in 2009, ThinkFirst BC presented to 3-4 schools per month in Vancouver and the Fraser Valley. They networked with 242 teachers, educated 5066 students in 24 different schools and have provided over 50 helmets. BC coordinator, Shannon Piedt

and coauthor Silvia van Dooren contributed to an article in Headline magazine entitled *The Importance of Injury Prevention According to Four Brain Injury Survivors*. The article is featured in this report.

### ThinkFirst Calgary

Headed by Director Dr. John Hurlbert and Coordinator Darrell Herrick, ThinkFirst Calgary kept itself busy throughout 2009. It's hard to believe, but Darrell found the time for 60 classroom presentations, a presentation to the Canadian Association of Neuroscience Nurses and a two day ThinkFirst conference in Chicago.

### ThinkFirst Saskatoon

ThinkFirst Saskatoon ran another successful 'Brain Blast' and also provided 60 helmets to kids in 2009. Thank you ThinkFirst Saskatoon.

### ThinkFirst Manitoba

Coordinated by expert ThinkFirst lead Jodi Dusik-Sharpe, ThinkFirst Manitoba is all about reaching the masses. In 2009 ThinkFirst Manitoba delivered 28 TD ThinkFirst for Kids presentations, presented to 1400 students, distributed 480 helmets and attended 6 community events all in the effort of protecting the nations most precious resources—Children and Youth.

## HIGHLIGHTS: EVENTS AND PROGRAMS



### OPERATION HEADWAY

Operation Headway, in a nutshell, is a rewards program for helmet wearing in both Nova Scotia and PEI. Those wearing helmets receive rewards such as coupons for coffee or ice cream from law enforcement. Those not

wearing helmets receive tickets, however the tickets can be canceled if the person consents to attending a seminar on injury prevention. This program was originally introduced in Nova Scotia and expertly coordinated by ThinkFirst Nova Scotia Chapter lead, Lynne Fenerty. Later, Sally Lockhart from ThinkFirst PEI, caught onto the program and coordinated it's inaugural run in 2009.

The program works because of the involvement of community members at all levels. In PEI, community members included EMS, Police, Island Network for Injury Prevention, ThinkFirst, and the local Brain Injury Coalition. For 2010, the program hopes to include RCMP and the De-

partment of Transportation and Public Works. Another key to the success of the program is including a VIP spokesperson at the injury prevention seminars. In PEI, non helmet wearers listened to a family speak about their 12 year old son who sustained a traumatic brain injury from a cycling accident.

Initial results indicate that the program has been successful. Not only was there a huge media draw, but pre and post helmet counts indicate an increase in use following the implementation of Operation Headway. Congrats to Nova Scotia and PEI on this initiative.

## TD THINKFIRST FOR KIDS

TD ThinkFirst for Kids continues to be ThinkFirst's longest-running and best known program. Designed as a teacher's resource, *TD ThinkFirst for Kids* is a well-evaluated, award-winning school-based program for students in grades K-8. Thanks to generous funding from **TD Bank Financial Group**, an update was completed to the Kindergarten and Grade 1,2,3 manuals in December 2008 to include recent changes in Canadian law around booster seat use

as well as the national playground standard (CSA). CDs/ Binders have since been shipping out to schools and public health agencies across the country throughout 2009. In the fall a ThinkFirst for Kids themed newsletter was distributed to announce the availability of the enhanced program. Further, CD-ROM versions have been distributed to all schools and public health agencies who ordered the resource over 2007 and 2008 to ensure they have access to the most up to date information. *TD Think-*

*First for Kids* is available bilingually free of charge to Canadian schools and public health units. To order your copy, please visit [www.thinkfirst.ca](http://www.thinkfirst.ca)



## Message from ThinkFirst Canada's Executive Director on TD ThinkFirst for Kids

We are delighted that so many schools across Canada have integrated ThinkFirst Canada's life-saving injury prevention information in their classrooms. TD ThinkFirst for Kids is an award winning school-based program for students in grades K-8 that teaches students how to think first and play safely to prevent brain and spinal cord injuries. Tying basic neuroanatomy to injury prevention lessons that cover vehicular, pedestrian, cycling, and playground safety. TD ThinkFirst for Kids teaches students the importance of critical thinking and managing risks.

Students are empowered to use their minds to protect their bodies; while also understanding the life-altering consequences traumatic brain and spinal cord injuries can have on a life, a family and a community.

Injury is an invisible epidemic in our country. It is the leading killer of young people. Moreover, researchers estimate that 90% of injuries are predictable and preventable. Beyond high costs to our health and social systems, the emotional burden to families is beyond measure. Our vision is to help every child develop and maintain safety habits that will minimize their risks of sustaining a serious brain or spinal cord injury. We strive

to make this learning experience fun and meaningful. That's why a component of our program involves parents and caregivers—with home activities for discussing each lesson and information to help ensure families develop healthy habits that will last a long lifetime.

At ThinkFirst Canada we believe that the best defense against injury is prevention. This does not mean hibernation. It means getting trained, wearing the gear, and using wisdom to navigate risks.

Rebecca Nesdale-Tucker  
Executive Director, Think-  
First Foundation of Canada



## ThinkFirst's BRAIN DAY

In 2009 Brain Day exceeded expectations by reaching over 10 000 students with the help of 685 volunteers. This fun and interactive half-day program for grade 5 and 6 students is growing at an astounding rate and shows no signs of slowing down in 2010. The growth of the Brain Day program is sustained by the volunteers in each city who commit to participating in Brain Day each year, and to the past volunteers who take on the challenge of coordinating, growing and improving each city's Brain Day program. Further the 2009 program would not have had the same reach without the generous support of Aviva Canada, the Kemble Foundation and Medtronic Foundation. Brain Day 2009 saw a few changes to the program in-

cluding the reintroduction of the "Thinking First Cap," but most significant was the development of the Brain Day Coordinators Manual. The Manual provides a background of Brain Day, a timeline of events and a critical path for coordinators to follow in planning Brain Day. Each Manual comes with a CD containing electronic versions of all documents in the Manual, a DVD of the Brain Day Training Video which was developed in 2008, a sample Teacher's Manual, and a sample Brain Day student workbook. This manual will be reviewed annually, along with the student workbook and teacher's manual.

The program continues to be well received by educators with 95% indicating that they would like to have Brain Day back in their classrooms for 2010. Below are just a few

of the positive comments from teachers:

*"Very interactive for the students while also providing them with interesting scientific information and terms. Good balance between activities and informational components"*

*"The program was well-paced, with student activities that increased their attentiveness. The students were able to easily connect with concepts presented through the activity booklet."*

*"This program was extremely educational, well planned and directed by wonderful volunteers who related very well with the students."*

In addition to our reach in the classroom and with university volunteers, in 2009 we were able to reach thousands more Canadians with a related brain awareness campaign.

## CONCUSSION EDUCATION AND AWARENESS SEMINAR

In the winter of 2009, ThinkFirst teamed up with the St.

John's Minor Hockey Association to put on a concussion and education awareness program to its 500 members. ThinkFirst founder, Dr. Tator spoke to the importance of concussion education, awareness and treatment via video conferencing. St. John's Minor Hockey Association Volunteer and program organizer, Sergeant Joe Boland, had this to say about working with Dr. Tator and ThinkFirst:

*make [the seminar] such a huge success. It was an honour for me to work with you on the delivery of Concussion Education and Awareness to our coaches, trainers, parents and other sport organizations. [The seminar] was a real eye opener for most people and the information passed on will certainly benefit them and our young athletes for many years to come...we were all winners tonight, thanks to you, the true heroes in our society."*

*Thank you for taking time from your busy schedules to*



## THINKFIRST SPORT SMART

ThinkFirst Canada wants to see children and youth participating fully and safely in all the healthy activities of childhood. We recognize that many popular sports and recreation pastimes like skiing and snowboarding, hockey, ice skating, bicycling and soccer carry a degree of risk. In fact, injuries to the head are common injuries among children and young people who participate in sports and recreation. ThinkFirst Canada addresses this head on with Sport Smart programs that focus on safety in skiing and

snowboarding, hockey, soccer, and diving and in our concussion information. The good news is that the simple act of “thinking first” can save a life.

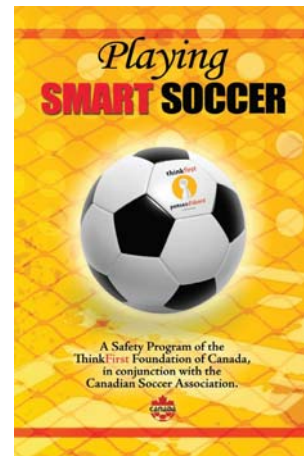
**See what you can do to help get our message out!**

The ThinkFirst Sport Smart series was designed as an educational resource to help encourage and inform dialogue about head injury and concussion in sport throughout Canada. It includes the videos *A Little Respect... ThinkFirst!*, with its focus on safety in ski and snowboarding, *Smart Hockey, Dive*



*Smart/Sudden Impact*, and our booklet *Playing Smart Soccer*.

Thanks to the generous funding from Kemble Foundation, Imperial Oil and Ronald McDonald House Charities, all of these programs have been made available at [thinkfirst.ca](http://thinkfirst.ca).



## HARD HEADS: A Lesson plan on bike helmet safety for kindergarteners

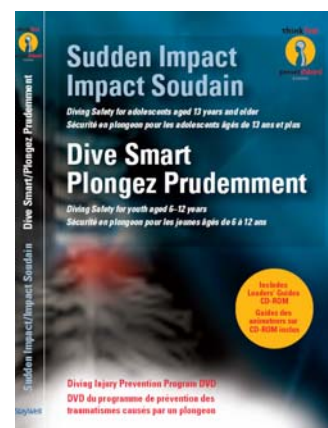
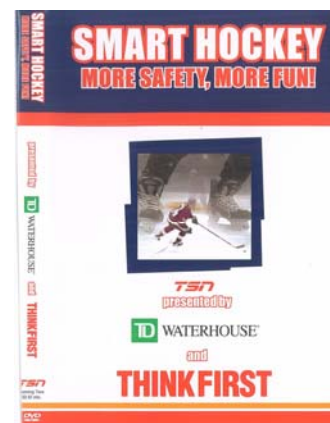
The “Hard Heads” educational unit is an augmentation to TD TFFK’s “Kindergarten Wonderers” by the Island Network for Injury Prevention (INIP) and ThinkFirst PEI. This bicycle helmet safety program teaches youngsters about the importance of head protection while cycling. According to the data, 50, 000 children are injured in bicycle incidents annually. There is good news: bicycle helmets can prevent up to 88% of

brain injuries when used properly. The goal of the “Hard heads” program is to teach kindergarteners about the importance of the brain and spinal cord as well as the principles of thinking first when cycling. These lessons help children develop positive safety habits that will last a lifetime.

Delivered to more than 1200 students in Prince Edward Island by kindergarten teachers since it piloted in 2005, the “Hard Heads” program was recently evaluated in a research study led by Dr. Michael Cusimano from St. Mi-

chael’s Hospital in Toronto. This study found that knowledge increased significantly between the pre and immediate post test following the program and that this knowledge remained for at least one month following instruction. Findings from this research have been presented at Canadian and International injury prevention conferences.

This important educational unit will be available online as an enhancement to the ThinkFirst for Kids program in 2010.



## EDUCATION AT A GLANCE

- ThinkFirst Concussion Road Shows and seminars in Burlington, Halton Hills, St. John's NFLD, and Regina in 2009.
- ThinkFirst Committee on Concussion Education and Awareness.
- ThinkFirst Hockey Helmet Selection/Fitting Video completed in 2009 for distribution in 2010.
- ThinkFirst Dissemination of training/education resources such as Coaches/Trainers video on concussion and Smart Hockey.
- ThinkFirst approaches to CFL, NHL, and NHLPA for football concussion education opportunities.
- On thinkfirst.ca - concussion specific information/educational material for physicians, coaches, parents, and players.
- Concussion Pamphlet for parents and caregivers.
- Concussion Seminar for teens in development.

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## RESEARCH AT A GLANCE

- Canadian Hockey Spinal Injuries Registry. See publication in Clinical Journal of Sports Medicine 2009.
- International Hockey Spinal Injuries Registry
- Compliance with Advice about Concussion Management. See publication in Canadian Journal of Neurological Sciences 2009.
- Kemble Neuroscience Centre Sports Concussion Project at Toronto Western Hospital. Clinical-neuropathological correlation after recurrent concussion. Co-investigators: Drs. Charles Tator, Richard Wennberg, Lili-Naz Hazrati, David Cassidy.
- Hockey-Role of violence in causing injury among hockey players with Michael Cusimano Carolyn Snider and Alun Ackery.
- Editorial on Concussions. See publication in Canadian Journal of Neurological Sciences 2009.
- In discussion with Ontario Camping Association of Research on injuries at summer camps (no Canadian data on camping injuries is available currently).

## TD TFFK RESEARCH PROFILES

### Ottawa Pilot Study on TFFK Navigators:

The ThinkFirst Ottawa chapter led by Dr. Michael Vassilyadi, together with the Children's Hospital of Eastern Ontario and the University of Ottawa recently completed an evaluation of the TD ThinkFirst for Kids Navigators, the program geared at grade 7 and 8 students. The study is entitled "A pilot Program Evaluation of the TFFK Injury Prevention Educational Curriculum for Grades 7 & 8." While the effectiveness of TD ThinkFirst for Kids curriculum for younger students has been

established through formal evaluations, the effectiveness of the grade 7 & 8 program had been untested before this pilot study. This study examined whether students receiving the program reported: 1) increases in their knowledge of the brain and spinal cord; and 2) changes in attitudes and behaviors with respect to participating in potentially risky activities. The favourable results of this evaluation were presented in a platform presentation at the Canadian Journal of Neurological Sciences.

### ThinkFirst / Pensez d'Abord Quebec Survey

ThinkFirst/Pensez d'Abord Quebec surveyed teachers

using the TD TFFK curriculum on knowledge outcomes following both TD TFFK school presentations and follow-up lesson plans implemented in classrooms. The presentations covered the basic neuroanatomy and an injury survivor who spoke about their experiences before and after injury. The respondents indicated that attending the presentation stimulated students' interest in the functioning and importance of the brain and the spinal cord, which allowed teachers to enhance this learning with TD TFFK classroom lessons and activities.

For more information on program evaluations please visit [www.thinkfirst.ca/research](http://www.thinkfirst.ca/research).

## HIGHLIGHTS: COMMUNICATIONS

### Thinkfirst.ca

In November 2008 ThinkFirst launched the first phase of its new website. Since the launch, ThinkFirst has initiated phase two of the redesign to include the fully translated French version of the site. Work on the French version continues as we strive to maintain current information. We have also introduced more downloadable assets including injury prevention fact sheets by sport and recreational activity that have been summarized from Dr. Charles Tator's book *Catastrophic In-*

*jury in Sports and Recreation: Causes and Prevention*. More tip sheets will be available throughout 2010.

Since the redesign and launch of the new website improvements have been made: thinkfirst.ca can be largely updated in-house which allows us to continue to be a dynamic and relevant experience for returning visitors.

Throughout 2010, ThinkFirst will continue to track website usage and apply that information to making useful adjustments to the website.

### Snapshot of Website Statistics for 2009

**Most popular page:**  
Programs

**Most visits from:**  
Canada, USA, and United Kingdom

**Average time spent on site:**  
3:00 minutes

## THE IMPORTANCE OF INJURY PREVENTION ACCORDING TO FOUR BRAIN INJURY SURVIVORS

Written by Shannon Piedt and Silvia Dooren

Charles Ottewell's life has not been the same since he suffered a brain injury playing rugby when he was seventeen. Charles does not want anyone else to through what he did, so he decided to help ThinkFirst BC spread the message of brain and spinal cord injury prevention. As a ThinkFirst 'Voice of Injury Prevention' (VIP), Charles talks to elementary students about what life with a brain injury is like. He explains how after being in a coma for 3 and a half weeks, he had to re-learn how to walk, and will never be able to run or ride a bike again. Though now he lives independently and works with other brain injury survivors, Charles demonstrates young students that he has difficulty with balance as well as tying his shoes. He teaches them that their skulls are only 3 pennies thick and that they have to wear helmets for all sports that require them. Charles says, "if one of you walks out of here and decides to wear your helmet while biking, I will have done my job."

In addition to Charles' story, ThinkFirst presenters engage students through the use of stories and props. They tell a true story about a boy who chooses not to wear his helmet while cycling to his friend's house. The children are confronted with the unexpectedness of an injury, when the boy wakes up in a hospital bed, suffering from serious brain injury after falling off his bike.

The 'egg drop' is a highlight of the presentation. Presenters drop an egg wearing a specially manufactured mini-helmet, then drop the same egg without a helmet. This demonstration shows the "physical" consequences of not wearing a helmet when experiencing a fall. A pink



Pictured above: ThinkFirst BC Voices of Injury Prevention

gelatin brain is also a big hit with the students as they can see and feel the consistency of a brain.

However, the stories of the actual brain injury survivors have the most impact. Shara's (33yrs) life was forever changed when she was hit by a drunk driver at the age of 13. A nurse present at the scene managed to keep her alive and after having two brain surgeries she awoke from a coma 20 days later. In a Vancouver rehabilitation hospital she slowly started to remember, learn how to stand, walk and talk, learned the alphabet and numbers again—slowly. Now, 20 years after the terrible hit and run, Shara lives with her parents. She had to give up doing a lot of things she used to love, like swimming and skiing; she can only play the piano with one hand. She hasn't been able to get a job and she acknowledges to the students during her presentation: "I will never be a teacher, which was my dream."

Jake (37yrs) helps ThinkFirst BC with community events. Jake's friendly nature and experience with brain injury make him a great volunteer to stand with the ThinkFirst booth and answer questions from the public. Jake lived a healthy, active life, enjoying and taking care of his little boy and owning a successful business when he found himself in a completely different life from one day to another. As a passenger in a friend's car, the unexpected crash was so bad that they needed to be rescued by the fire department. After two months in a hospital and moving back home to Vancouver, Jake is trying to regain a sense of balance in his life. He has relearned how to walk and speak, but still has difficulty with memory and other cognitive functions. He is passionate about learning new things and trying to make other aware of the importance of injury prevention. He says: "having my brain working keeps life fun!"

Dean Gagnon (34 yrs) is developing a high school presentation for ThinkFirst BC. His brain injury occurred in the Dominican Republic while riding his motorcycle without a helmet. After partying and drinking all night, he did not realize that Hurricane Ivan had arrived earlier than expected. The storm threw Dean and his bike into a pile of rocks beside the highway. Dean had to wait 4 hours for an ambulance to arrive as a result of the storm. After being in a coma for 4 days, he eventually arrived in Canada, where an intense rehabilitation process began. Two constant aspects in his life since the accident are memory and pain. Dean puts it as follows: "there are no weekends or holidays in my world of living with a brain injury." To this date he has recovered to a point where he no longer needs 24/7 care, he lives in an apartment specifically for people with brain injury and has therapies 3-4 days a week. He is very grateful for his recovery so far and he really wants to get the message across: "make educated decisions!"

Elementary students learn from the stories of the VIPs that getting a traumatic brain injury can result in life-changing physical, cognitive and emotional consequences. By courageously sharing their stories, these four brain injury survivors contribute uniquely to injury prevention with children and youth.

ThinkFirst BC presentations have been offered in Vancouver and the lower Mainland since 2003. ThinkFirst BC is hoping to expand to other parts of BC through the recruitment of volunteers.

## CANADIAN INJURY CONFERENCE—2011

### Canadian Injury Prevention and Safety Promotion Conference (CIPSPC)

This national conference on injury prevention and safety promotion is jointly organized by Safe Kids Canada, the Safe Communities Canada, SMARTRISK, ThinkFirst Canada and the Canadian Red Cross.

This year **The Canadian Injury Prevention and Safety Promotion Conference 2011 Vancouver** is being planned by an energetic and focused program planning team, with members from all sectors across Canada. They will be defining the theme and the structure for the Conference. Their expertise and participation will ensure a successful 2011 conference.

### SAVE THE DATE: November 16-18, 2011

We look forward to seeing you in Vancouver in 2011.

Previous themes for this conference have included:

Evidence, Action, Innovation: Moving to End Injury, Violence and Suicide in Canada, 2007, Toronto.  
Evidence to Action: Injury, Violence and Suicide Prevention, 2005, Halifax.

## T.I.P.S.Y.

The ThinkFirst Injury Prevention Strategy for Youth (TIPSY) at St. Michael's Hospital is an injury prevention program that is offered to high school students in the Greater Toronto Area. The program includes tours of the trauma resuscitation room in the Emergency Department and the Alan T. Lambert Trauma/Neurosurgical Intensive Care Unit (TNICU). The program is taught by an inter-professional team of nurses, physicians, and representatives from Toronto Police Services, Mothers Against Drunk Driving (MADD) and a Voice of Injury Prevention (VIP). The VIP is a trauma survivor who has sustained a brain or spinal cord injury and recounts first-hand the events leading up to their injury, its consequences and lasting effects.

- TIPSY is a half day injury prevention program offered throughout the academic year to high school students in the Greater Toronto Area
- Begins with the understanding that motor-vehicle crashes are the leading cause of injury and death for young Canadians
- The focus is on helping youth understand how inexperience, lack of restraint use, drinking/drugging and driving can result in tragedy on the roadways



*Chris Parker: T.I.P.S.Y.  
Voice of Injury Prevention*

# SPINAL INJURIES REGISTRY

## Registry of Spinal Injuries in Ice Hockey Players –

### Research suggests that injury prevention is working!

Since 1981, ThinkFirst Canada has collected information on spinal injuries in ice hockey players, with the goal to reduce the incidence of these tragic injuries. Our strategies have been to document carefully, through a survey, the way the injuries occur and then to devise targeted prevention programs to counteract the mechanisms of injury.

Our last report covered up to December 31, 2005, and data spanning from 1943-2005 was recently published in the *Clinical Journal of Sport Medicine* 2009; 19(6): 451-456. We want to share the

good news with you. **There has been a recent decline in spinal injuries in Canadian ice hockey that may be related to improved education about injury prevention and/or specific rules against checking/pushing from behind.**

The latest surveys identified 40 new cases of spinal injury due to ice hockey that occurred in the 2000-2005 period, representing a decline in annual injuries and bringing the total registry cases to 311 during 1943-2005. Of these 40 new cases, 12.5% were severe, which includes all complete and incomplete spinal cord injuries, and is a decline from the previous 23.5% in this category. The most common mechanism of injury overall was impact with the boards at 64.8%, and the most common cause overall was check/push from behind at 35.0%, although this has declined in the recent period.

We are in the process of preparing for collection of data on spinal injuries in hockey in Canada for the 2008-2009 period. Our surveys are disseminated to all practitioners in Canada who may treat spinal injuries in hockey players and includes specialists in neurosurgery, orthopaedic surgery, physical medicine and rehabilitation and sports medicine.

Continued help from our participants and supporters with this program is greatly appreciated.

#### ORIGINAL RESEARCH

### Spinal Injuries in Canadian Ice Hockey: An Update to 2005

Charles H. Tator, MD, PhD,\*†† Christine Provvidenza, MSc,\* and J. David Cassidy, PhD, DrMedSc§¶

**Objective:** Measure incidence of spinal injuries in Canadian ice hockey for the 6-year period 2000-2005 and examine trends from 1943 to 2005.

**Design:** Data about spinal injuries with and without spinal cord injury in ice hockey have been collected by ThinkFirst's Canadian Ice Hockey Spinal Injuries Registry since 1981 through questionnaires from practitioners, ice hockey organizations, and media reports.

**Setting:** All provinces and territories of Canada.

**Participants:** All Canadian ice hockey players.

**Assessment of Risk Factors:** Age, gender, level of play, location, and mechanism of injury.

**Main Outcome Measures:** Incidence and nature of injuries.

**Results:** Forty cases occurred in 2000-2005, representing a decline in annual injuries and bringing the total registry cases to 311 during 1943-2005. Five (12.5%) of these 40 cases were severe, which includes all complete and incomplete spinal cord injuries, and is a decline from the previous 23.5% in this category. In the 311 cases, men comprised 97.7%, the median age was 18 years, 82.8% of the injuries were cervical, and 90.3% occurred in games in organized leagues. The most common mechanism of injury was impact with the boards (64.8%), and the most common cause was check/push from behind at 35.0%, which has declined. The major provincial differences in injury rates persist, with the highest in Ontario, British Columbia, New Brunswick, and Prince Edward Island and the lowest in Quebec and Newfoundland.

**Conclusions:** There has been a recent decline in spinal injuries in Canadian ice hockey that may be related to improved education about injury prevention and/or specific rules against checking/pushing from behind.

Submitted for publication January 10, 2009; accepted August 19, 2009. From the \*ThinkFirst Canadian Ice Hockey Spinal Injuries Registry, ThinkFirst Canada, Toronto, Ontario, Canada; †Division of Neurosurgery, Department of Surgery, Toronto Western Hospital, Toronto, Ontario, Canada; ‡University of Toronto, Toronto, Ontario, Canada; §Centre of Research Expertise in Improved Disability Outcomes, Toronto Western Hospital, Toronto, Ontario, Canada; and ¶Division of Epidemiology, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada.

This study was presented by Charles Tator as the Tom Pasby Sport Safety Fund Lecture at Sport Med 2007 sponsored by the Ontario Medical Association, January 26, 2007, Toronto, Ontario.

The authors state that they have no financial interest in the products mentioned within this article.

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**Key Words:** Canadian ice hockey, spinal injuries, incidence, prevention

(*Clin J Sport Med* 2009;19:451-456)

#### INTRODUCTION

Recognition of sports and recreational injuries as a significant public health concern is increasing. The sports injuries of major importance from a public health perspective are those that are common, severe, debilitating, or costly, and from the perspective of the individual participant, important injuries impact personal and family relationships and limit personal goals.<sup>1,2</sup> In many countries, sports and recreational activities are common causes of catastrophic injury, particularly spinal cord injury, although the types of activity leading to injury differ among countries.<sup>3,4</sup> In Canada, diving is the leading cause of catastrophic spinal injury among all types of sports and recreation activities, whereas ice hockey was a rare cause until the early 1980s.<sup>5,6</sup>

In the 1980s, spinal cord injuries in ice hockey rose dramatically,<sup>7</sup> and in 1981, we established the Canadian Ice Hockey Spinal Injuries Registry, now operated by ThinkFirst-SportSmart. In 1984, we reported that checking/pushing from behind into the boards was the most common cause of spinal cord injury in ice hockey. Other factors were increased aggression, player size, and speed.<sup>8</sup> We found that an axial loading force applied to the helmeted head from striking another object, especially the boards, was the most common mechanism of spinal injury in ice hockey. In 1985-1986, the Canadian Amateur Hockey Association (now Hockey Canada) acted on these data and introduced the first specific penalty against checking from behind. Subsequently, several other important prevention strategies were introduced.<sup>9</sup> The purposes of this report were to present an update of incident injuries from the registry and to examine emerging trends in spinal injury in ice hockey.

#### METHODS

##### Identification of Cases and Sources of Registry Data

Since 1981, we have conducted national surveys every 2 to 3 years in Canada to document the incidence and associated factors of spinal injury in all forms of ice hockey in Canada, including games, practices, and unorganized play. The surveys examine demographic features of the injured players, level of play, extent of neurological deficit, type of bony injury, type of play, use of protective equipment, specific mechanisms of injury (eg, check/push from behind), and the object struck (eg, boards/ice). With the assistance of the professional specialty

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## ACTS OF KINDNESS

At ThinkFirst we hope that we are making a difference in the lives of Canadians. It's always a pleasure to receive feedback from our supporters and hear the ways in which our work has affected their lives.

Below is correspondence that we received from Sara Thorne Van Damme:

*"Every year my extended family gets together at Christmas, just like many other families, and because I have four sisters and they all have families, this amounts to 27 people alto-*

*gether. Now you may ask why this is important...Well, instead of exchanging gifts we donate to the charity selected by the host family and this year that's us!*

*We have selected ThinkFirst Canada as the charity for this Christmas because we know how important concussion education and research is to prevention of concussions and it has touched the lives of our children far too many times. In fact our son Jack, who is now 13, received another concussion a couple of weeks ago and we have decided that he can no longer play competitive*

*hockey. It was a sad day for him when he had to return his jersey so that someone else could take his place. But it is the right thing to do for Jack's long term health and well being.*

*The children from the host family also have the opportunity to select their own charity to donate to at Christmas rather than exchanging gifts. This year my children have also chosen ThinkFirst Canada. It is a testament to the work that you and all the other people associated with ThinkFirst do every day."*

## THINKFIRST CANADA'S ANNUAL AWARD WINNERS

### ThinkFirst Awards

A highlight of each year's Annual General Meeting is the announcement of the ThinkFirst Award Winners. In 2009 we presented six awards to exceptional volunteers who are cele-

brated for their immense contributions to promoting child and youth injury prevention across Canada. ThinkFirst presented three **Awards of Excellence** with gratitude to Michelle Gregory Brooks, Tyler Keith and Normand Newberry. One **Public Education Awareness**

**Award** to Sally Turney and Aviva Canada, and two **Howard Perlmutter Awards for Distinguished Service** to Dr. Karen Johnston and Paul Montador.

## NATIONAL OFFICE STAFF

**Rebecca Nesdale-Tucker**  
EXECUTIVE DIRECTOR  
Rebecca@thinkfirst.ca

**Deirdre Dimitroff**  
NATIONAL OFFICE COORDINATOR  
deirdre@thinkfirst.ca  
(joined summer 2009)

**Jodi Dusik Sharpe**  
DIRECTOR OF CHAPTER ENHANCEMENT (CONTRACT TO WINTER 2009)

**Midori Miyamoto**  
MANAGER, COMMUNICATIONS AND ADMINISTRATION  
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**Sandy Wells**  
NATIONAL INJURY PREVENTION PROGRAM MANAGER  
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**thinkfirst**



**pensezd'abord**  
CANADA

**2009 AUDITED FINACIAL STATEMENTS**

PAGE I

**AUDITORS' REPORT**

To the Directors of  
**THE THINK FIRST FOUNDATION OF CANADA**

We have audited the statement of financial position of **THE THINK FIRST FOUNDATION OF CANADA** as at December 31, 2009 and the statements of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many charitable organizations, the Foundation derives revenue from donations and other similar sources, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the Foundation and we were not able to determine whether any adjustments might be necessary to donation revenues, excess of revenue over expenditures, assets and net assets.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of the donations and other similar sources referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the Foundation as at December 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

*Kraft Berger LLP*

**KRAFT BERGER LLP**  
Chartered Accountants  
Licensed Public Accountants

Toronto, Ontario  
May 21, 2010

**THE THINK FIRST FOUNDATION OF CANADA**  
**STATEMENT OF FINANCIAL POSITION**  
**DECEMBER 31, 2009**

	<b>2009</b>	<b>2008</b>
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash	\$ 623,704	\$ 525,948
Term deposit (Note 3)	134,986	132,456
Sundry receivables and prepaid expenses	<u>21,549</u>	<u>18,049</u>
	780,239	676,453
<b>PROPERTY AND EQUIPMENT (Note 4)</b>	<u>45,175</u>	<u>54,651</u>
	<u>\$ 825,414</u>	<u>\$ 731,104</u>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts payable and accrued liabilities	\$ 40,163	\$ 95,924
Deferred contributions (Note 5)	90,000	25,000
Obligation under capital lease (Note 6)	<u>4,306</u>	<u>3,857</u>
	134,469	124,781
<b>OBLIGATION UNDER CAPITAL LEASE (Note 6)</b>	<u>14,600</u>	<u>18,906</u>
	<u>149,069</u>	<u>143,687</u>
<b>NET ASSETS</b>		
<b>UNRESTRICTED NET ASSETS</b>	<u>676,345</u>	<u>587,417</u>
	<u>\$ 825,414</u>	<u>\$ 731,104</u>

See accompanying notes to financial statements.

**APPROVED ON BEHALF OF THE BOARD:**

*Charles Tator*

\_\_\_\_\_  
Director

*Rabina Kordali*

\_\_\_\_\_  
Director

PAGE III

**THE THINK FIRST FOUNDATION OF CANADA**  
**STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED DECEMBER 31, 2009**

	<u>2009</u>	<u>2008</u>
<b>DONATIONS REVENUE</b>		
Chapter Enhancement and Program Donations	\$ 529,406	\$ 539,571
General Fund and other income	158,371	98,303
SmartCentres billboards	100,000	-
Spinal Injuries Registry	7,000	-
National injury prevention conference	-	10,000
	<u>794,777</u>	<u>647,874</u>
<b>EXPENSES</b>		
Program	437,845	687,458
General and administration	130,338	161,998
Marketing and public relations	100,485	39,019
Amortization	16,261	12,231
Fund raising activities	10,886	5,942
Research projects	10,034	25,673
	<u>705,849</u>	<u>932,321</u>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES FOR THE YEAR</b>	88,928	(284,447)
<b>UNRESTRICTED NET ASSETS, beginning of year</b>	<u>587,417</u>	<u>871,864</u>
<b>UNRESTRICTED NET ASSETS, end of year</b>	<u>\$ 676,345</u>	<u>\$ 587,417</u>

See accompanying notes to financial statements.

**THE THINK FIRST FOUNDATION OF CANADA**  
**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED DECEMBER 31, 2009**

	<u>2009</u>	<u>2008</u>
<b>OPERATING ACTIVITIES</b>		
Excess (deficiency) of revenue over expenditures for the year	\$ 88,928	\$ (284,447)
Amortization	<u>16,261</u>	<u>12,231</u>
	<u>105,189</u>	<u>(272,216)</u>
Change in non-cash components of working capital		
Sundry receivables and prepaid expenses	(3,500)	16,789
Accounts payable and accrued liabilities	(55,761)	27,192
Deferred contributions	<u>65,000</u>	<u>25,000</u>
	<u>5,739</u>	<u>68,981</u>
	<u>110,928</u>	<u>(203,235)</u>
<b>INVESTING ACTIVITIES</b>		
(Increase) decrease in term deposit	(2,530)	557,783
Purchase of property and equipment	<u>(6,785)</u>	<u>(15,928)</u>
	<u>(9,315)</u>	<u>541,855</u>
<b>FINANCING ACTIVITY</b>		
Repayment of obligation under capital lease	<u>(3,857)</u>	<u>(3,335)</u>
<b>CHANGE IN CASH</b>	97,756	335,285
CASH, beginning of year	<u>525,948</u>	<u>190,663</u>
CASH, end of year	<u>\$ 623,704</u>	<u>\$ 525,948</u>
<b>SUPPLEMENTARY CASH FLOW INFORMATION:</b>		
Interest paid	\$ 2,381	\$ 1,344
<b>SUPPLEMENTARY DISCLOSURE RELATING TO NON-CASH FINANCING AND INVESTING ACTIVITIES:</b>		
Purchase of equipment under capital lease	\$ -	\$ 26,098

See accompanying notes to financial statements.

**THE THINK FIRST FOUNDATION OF CANADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009**

**1. PURPOSE OF THE ORGANIZATION**

The Think First Foundation of Canada (the "Foundation") is a foundation established in Canada to educate children and teens about the prevention of brain and spinal cord injuries.

The Foundation is a not-for-profit organization and is a registered charitable organization under the Income Tax Act and, as such, is exempt from income taxes.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) Financial Instruments**

Financial instruments are measured at fair value upon initial recognition. The following is a summary of the accounting model the Foundation has elected to apply to each of its categories of financial instruments:

Cash	Held-for-trading
Term deposit	Held-for-trading
Sundry receivables	Loans and receivables
Accounts payable and accrued liabilities	Other liabilities

The Foundation has chosen to apply CICA Handbook Section 3861 - Financial Instruments - Disclosure and Presentation, in place of Section 3862 - Financial Instruments - Disclosure and Section 3863 - Presentation.

**(b) Property and Equipment**

Property and equipment are recorded at cost. Amortization is provided for using the following annual rates and methods:

Computer equipment	- 30%, declining balance basis
Furniture and fixtures	- 20%, declining balance basis
Leasehold improvements	- over five years, straight-line basis
Equipment under capital lease	- 30%, declining balance basis

When property and equipment are acquired during the year, one-half of the annual amortization is provided for.

**(c) Impairment of Long-Lived Assets**

The Foundation reviews, when circumstances indicate it to be necessary, the carrying values of its long-lived assets by comparing the carrying amount of the asset or group of assets to the expected future undiscounted cash flows to be generated by the asset or group of assets. An impairment loss is recognized when the carrying amount of an asset or group of assets held for use exceeds the sum of the undiscounted cash flows expected from its use and eventual disposition. The impairment loss is measured as the amount by which the asset carrying amount exceeds its fair value, based on quoted market prices, when available, or on the estimated current value of future cash flows.

**THE THINK FIRST FOUNDATION OF CANADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**(d) Revenue Recognition**

The Foundation follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection reasonably assured. Received gifts-in-kind are recognized as revenue and expense when received.

Revenue relating to special events or programs which have not yet occurred is recorded as deferred contributions and recognized as revenue in the year the events occur or related program expenses are incurred.

**(e) Pledges**

No recognition is given in the financial statements of the Foundation to pledged donations until the amount pledged has been collected.

**(f) Donated Services**

Donated services are not recognized in these financial statements because of the difficulty of determining their fair value.

**(g) Estimates and Measurement Uncertainty**

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Items requiring significant estimates and subject to measurement uncertainty include the estimated useful lives of property and equipment. By their nature, these estimates are subject to measurement uncertainty. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the period in which they become known.

**(h) Adoption of Accounting Standards**

Effective January 1, 2009, the Foundation adopted CICA Handbook Section 1535 – Capital Disclosures. This Section specifies the disclosure of (i) the nature of its externally imposed capital requirements; (ii) whether the entity has complied with those capital requirements; and (iii) if it has not complied, the consequences of such non-compliance. Beyond additional disclosures, the adoption of this standard did not have an effect on the Foundation's financial position or result of operations. The new disclosure is included in Note 9.

Effective January 1, 2009, the Foundation adopted CICA Handbook Section 4400 - Financial Statement Presentation by Not-For-Profit Organizations. This Section has been amended to eliminate the requirement to treat net assets invested in capital assets as a separate component of net assets and, instead, permit a not-for-profit organization to present such an amount as a category of internally restricted net assets when it chooses to do so. It also clarifies that revenues and expenses must be recognized and presented on a gross basis when a not-for-profit organization is acting as a principal in transactions. The adoption of this standard did not have an impact on these financial statements.

**THE THINK FIRST FOUNDATION OF CANADA**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2009**

**3. TERM DEPOSIT**

Term deposit represents a guaranteed investment certificate bearing interest at 0.60% per annum, compounded monthly, payable on maturity and due June 18, 2010.

**4. PROPERTY AND EQUIPMENT**

	<u>2009</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net</u>
Computer equipment	\$ 48,207	\$ 30,946	\$ 17,261
Furniture and fixtures	16,498	8,895	7,603
Leasehold improvements	<u>6,833</u>	<u>2,050</u>	<u>4,783</u>
	71,538	41,891	29,647
Equipment under capital lease (Note 6)	<u>26,098</u>	<u>10,570</u>	<u>15,528</u>
	<u>\$ 97,636</u>	<u>\$ 52,461</u>	<u>\$ 45,175</u>
	<u>2008</u>		
Computer equipment	41,423	24,608	16,815
Furniture and fixtures	16,498	6,995	9,503
Leasehold improvements	<u>6,833</u>	<u>683</u>	<u>6,150</u>
	64,754	32,286	32,468
Equipment under capital lease (Note 6)	<u>26,098</u>	<u>3,915</u>	<u>22,183</u>
	<u>\$ 90,852</u>	<u>\$ 36,201</u>	<u>\$ 54,651</u>

**5. DEFERRED CONTRIBUTIONS**

	<u>2009</u>	<u>2008</u>
Balance beginning of the year	\$ 25,000	\$ -
Donations received for special events and programs	632,000	490,600
Amounts spent on special events and programs	<u>(567,000)</u>	<u>(465,600)</u>
	<u>\$ 90,000</u>	<u>\$ 25,000</u>

**THE THINK FIRST FOUNDATION OF CANADA**  
**NOTES TO FINANCIAL STATEMENTS**  
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**6. OBLIGATION UNDER CAPITAL LEASE**

The obligation under capital lease bears interest at 11.15% per annum and is repayable in blended quarterly installments of \$1,559 expiring October 31, 2013. Security is provided by certain equipment of the Foundation (Note 4).

Future minimum lease payments under the capital lease obligation are as follows:

2010	\$ 6,238
2011	6,238
2012	6,238
2013	<u>4,678</u>
Total minimum lease payments	23,392
Less: Interest included therein	<u>4,486</u>
	18,906
Less: Current portion	<u>4,306</u>
	<u>\$ 14,600</u>

**7. COMMITMENTS**

The Foundation has an operating lease for its equipment which expires in August 2010. Minimum lease payments for 2010 total \$1,010.

**8. FINANCIAL INSTRUMENTS**

The carrying amounts of cash, term deposit, sundry receivables and accounts payable and accrued liabilities approximate their fair value because of the short-term maturities of these items.

**9. CAPITAL DISCLOSURES**

The Foundation's objectives when managing capital are:

- (a) To safeguard the Foundation's ability to continue as a going concern.
- (b) To maintain appropriate cash reserves on hand to meet ongoing operating costs.
- (c) To invest cash on hand in highly liquid and highly rated financial instruments.

In the management of capital, the Foundation includes net assets in the definition of capital. The Foundation manages the capital structure and makes adjustments to it in light of changes in economic conditions and the risk characteristics of the underlying assets.

The Foundation manages externally restricted funds of \$632,000 (2008 - \$490,600) with conditions stipulated in donor agreements concerning the use of funds and related income. As at December 31, 2009 the Foundation has complied with the requirements of these restricted funds.

There has been no change with respect to the overall capital risk management strategy during the year.

**THE THINK FIRST FOUNDATION OF CANADA**  
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**10. DONATED GOODS**

During the year the Foundation received a donation in-kind of \$20,000 (2008 - \$Nil) of billboards for marketing purposes.

**11. COMPARATIVE FIGURES**

Certain comparative figures have been reclassified to conform with the current year's presentation.



## THINK**FIRST** THANKS OUR SUPPORTERS



**Bank  
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**KREMBIL FOUNDATION**



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**Hockey Canada  
Imperial Oil  
Ontario Neurotrauma Foundation  
Dr. Tom Pashby Sports Fund**

**ThinkFirst Foundation of Canada/ La Fondation Canadienne Pensez d'Abord**

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www.thinkfirst.ca

# Dr. Charles Tator Lectureship and Program Development Fund

ThinkFirst is recognized as a Canadian leader in injury prevention. We promote safe play and safe sport, perform research in injury prevention, and enhance public awareness about safety. We have been successful due to the passion, dedication and commitment of our staff, Board members, past and present, and also our army of volunteers.

**ThinkFirst's work is not done; injury remains the leading cause of death for young Canadians.**

In 2008, ThinkFirst's Board of Directors honoured Dr. Tator's contribution to injury prevention by creating the Dr. Charles Tator Lectureship and Program Development Fund. Our goal is to raise \$500,000 to fund an annual public lecture and to continue our innovative programs. To date we have raised nearly \$150 000 thanks to the generous support of ThinkFirst champions. The lectures will focus on the latest research in injury prevention and aim to enhance public understanding of the serious consequences of preventable injury; **brain and spinal cord injuries represent 50% of all fatal injuries**. The fund will support the continuing development and dissemination of ThinkFirst's leading edge school-based and community programs for injury prevention.

It would please us greatly if you choose to participate in this worthy project. Your personal expression of support will be recognized in the resources and public lecture program. We have had a real impact on reducing death and preventing disability among children and youth, and with your help we can do more. **The best defense against injury is prevention – it's the only cure.**

Yes, I wish to contribute to the *Dr. Charles Tator Lectureship and Program Development Fund Campaign!*

Donor Name (as it should appear on official charitable tax receipt for income tax purposes) :

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like my donation to remain anonymous.

Donation:

\$500       \$1000       \$1500       Other \_\_\_\_\_

Method of Payment:

Secure online donation through [www.CanadaHelps.org](http://www.CanadaHelps.org), including gifts of securities.

By Cheque made payable to the ThinkFirst Foundation of Canada

By VISA Card # \_\_\_\_\_, Card Expiry \_\_\_\_\_ / \_\_\_\_\_

I reserve the right to renegotiate the conditions of this pledge should our circumstances change. In the event that this occurs, I will inform the ThinkFirst Foundation of Canada in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please detach lower portion and return completed form to:**

ThinkFirst Foundation of Canada, 750 Dundas St W, Suite 3-314, Toronto, ON, M6J 3S3

**Charitable Registration # 13927-4302-RR0001**

Thank you to all of our  
donors, supporters,  
participants, partners and  
volunteers who have  
contributed to making Canada a  
safer place through injury prevention.

**thinkfirst**



**pensezd'abord**

CANADA  
**thinkfirst.ca**

If you would like to donate to help make Canada a safer place, please visit [thinkfirst.ca](http://thinkfirst.ca) and click on "Donate now." Alternatively, cheques can be made payable to the ThinkFirst Foundation of Canada:

750 Dundas Street West, Suite 3-314  
Toronto, ON M6J 3S3

Charitable Registration # 13927-4302-RR0001