DOCUMENT RESUME

ED 358 076 SP 034 556

AUTHOR Richards, J. Scott; And Others
TITLE Preventing Injury: A Safety Curriculum. Grades 5 and 6.
INSTITUTION Alabama Univ., Birmingham.; ETR Associates, Santa Cruz, CA.
SPONS AGENCY National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
REPORT NO ISBN-1-56071-116-7
PUB DATE 92
CONTRACT H133D80022
NOTE 81p.; For other guides in the series, see SP 034 553-555.
AVAILABLE FROM ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830 ($19.95).
PUB TYPE Guides - Classroom Use - Instructional Materials (For Learner) (051) -- Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Accident Prevention; Bicycling; *Class Activities; Curriculum Guides; *Early Intervention; Grade 5; Grade 6; *Head Injuries; Health Promotion; Intermediate Grades; Learning Activities; Pedestrian Traffic; Playgrounds; *Safety Education; Self Efficacy; Student Behavior; Teaching Guides
IDENTIFIERS *Spinal Cord Injuries; Water Accidents; Weapons

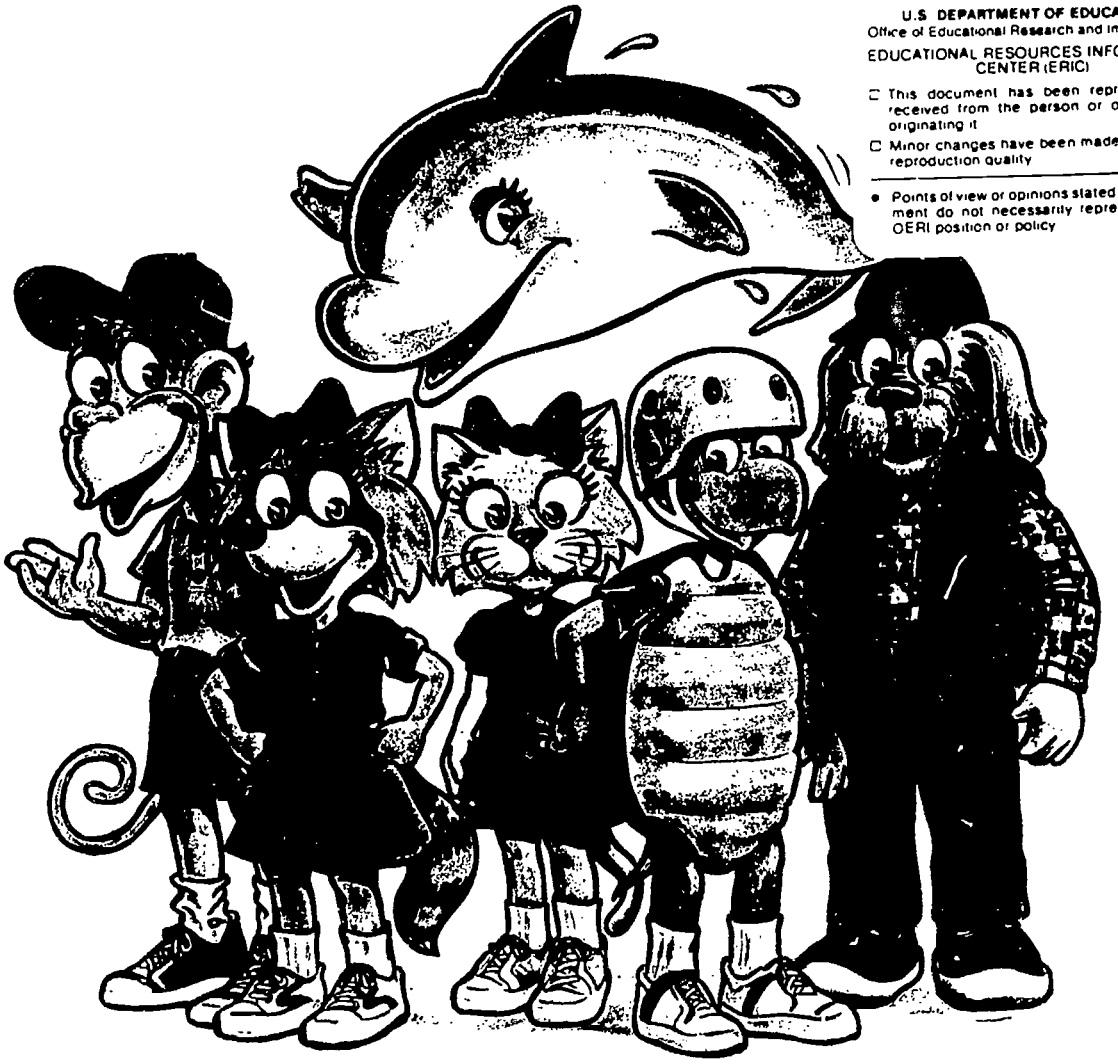
ABSTRACT

The focus of this curriculum is on prevention of spinal cord injury (SCI) and traumatic brain injury (TBI). The program is aimed at children because it is early in life that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence. The curriculum is based on principles of child development, early childhood education, and prevention psychology. It is designed to increase children's perceptions of vulnerability to SCI or TBI, the severity of the problem, response efficacy, and self-efficacy; to help students gain enhanced understanding of cause-effect relationships and the rationale for safety principles; and to enhance the perception that safe behavior is smart. The curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning. This guide for Grades 5 and 6 is organized into 8 units: Spinal Cord and Brain Injury Awareness, Motor Vehicle Safety, Pedestrian Safety, Bike Safety, Playground and Recreational Sports Safety, Preventing Falls, Weapons Safety, and Water Safety. The guide concludes with information on additional resources (films and videotapes, national programs, spinal cord injury care systems, traumatic brain injury care systems, and comprehensive head injury prevention and rehabilitation centers). Reproducible instructional materials are included. (LL)

# Preventing Injury

## A Safety Curriculum





## Grades 5 and 6

ETR ASSOCIATES

# Preventing Injury

## A Safety Curriculum

## Grades 5 and 6

**Developed by**
The University of Alabama at Birmingham
Department of Rehabilitation Medicine
Spain Rehabilitation Center

E T R  A S S O C I A T E S
Santa Cruz, California
1992

ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality resources and our training and research programs by contacting us at P.O. Box 1830, Santa Cruz, CA 95061-1830.

**Principal Investigator**
J. Scott Richards, PhD
Professor, Director of Research/
Director of Psychology
Department of Rehabilitation
Medicine, University of Alabama at
Birmingham (UAB)

**Education Consultant**
Charlotte M. Hendricks, HSD
Assistant Professor
Department of Health, Education and
Physical Education, UAB

**Child Psychology Consultant**
Michael C. Roberts, PhD
Professor of Psychology
Department of Psychology, UAB

**Editors**
Paula K. Fulton, MPH
Kyle G. Crider, MPA
Department of Rehabilitation Medicine,
UAB

**Development Team**
Felicia Johnson, Project Coordinator
Ernie Eldridge, Artist
Kelly Gilliland
Nancy Glover
Dr. Stephen Graves
Dr. Tom Jambor
Joe James
Margaret Lewis
Yvonne Lopez
Debra Morgan
Karen Morse
Cindy Stem
Carolyn Wright


Published by ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830.
Title No. 346
ISBN 1-56071-116-7
Printed in the United States of America
10 9 8 7 6 5 4 3 2 1

*This project was made possible by funding from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, Grant Number H133D80022.*

# Contents

# INTRODUCTION

Because few injuries are as physically and emotionally devastating as spinal cord injury (SCI) and traumatic brain injury (TBI), the focus of this curriculum is on those kinds of injuries. Most of the activities included in *Preventing Injury: A Safety Curriculum* have potential applications and impacts for other trauma prevention in children. Nevertheless, the focus here is on prevention of spinal cord injury and traumatic brain injury because it is likely to be more comprehensible to children since it is more concrete, and because there are few other injuries short of those leading to death, in childhood, which are more worthy of prevention efforts.

The curriculum's operating assumption is that if awareness of catastrophic injury can be established early in children's lives, as well as knowledge of ways to avoid such injury, they will grow into the high-risk age group (ages 15 to 20 years) with better formed attitudes, beliefs, and appropriate behavioral strategies concerning risky behaviors that can lead to spinal cord and traumatic brain injury. This prevention program is aimed at young children because it is during the younger years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence.

*Preventing Injury: A Safety Curriculum* is based on principles and approaches of child development, early childhood education, and prevention psychology. As health-persuasive messages, the curriculum is designed to increase children's perceptions of (1) vulnerability or susceptibility to SCI or TBI, (2) the severity of the problem, (3) response efficacy (i.e., that there are effective ways to prevent SCI and TBI, and (4) self-efficacy (i.e., that the child can do the safe behavior. It is designed so that children gain enhanced understanding of cause-effect relationships and the rationale for safety principles to help them generalize beyond the precise situations taught in the curriculum. Furthermore, the curriculum aims to enhance the perception that safe behavior is "smart and cool." Finally, the curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning, longer-term retention, and behavior performance in the real world outside the classroom.

*Preventing Injury: A Safety Curriculum* is a Preschool through 6th grade program. It has been organized in four levels: Preschool and Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Developed by teachers for teachers, special attention has been given to ease of implementation by classroom teachers. The curriculum has been extensively pilot-tested and thoroughly evaluated by researchers at the Department of Rehabilitative Medicine, University of Alabama at Birmingham.

# Spinal Cord Injury: You May Want to Know...

## Some basic anatomy:

The spinal cord acts as the relay through which brain and body communicate. All incoming and outgoing information (nerve sensations, movement commands, etc.) pass through the spinal cord. It is organized so that nerves to the upper half of the body are connected to the upper portion of the spinal cord; nerves to the lower half of the body are connected to the lower portion of the spinal cord. The spinal cord is very delicate. ***Cerebrospinal fluid*** surrounds and cushions the spinal cord. The spinal cord has its own bony, protective covering—the ***spinal column***—which is made up of thirty ***vertebrae*** sitting on top of one another. There are four types of vertebrae and a different number of each: eight ***cervical***, 12 ***thoracic***, five ***lumbar*** and five ***sacral.***

## Spinal cord injuries...

...are either ***complete*** (i.e., the cord is severed and there is no sensation or movement from that point down) or ***incomplete***, (i.e., some of the cord remains intact and some movement or sensation is still possible). In either type of injury, the message path connecting the brain and the body is disrupted. This is why a person with spinal cord injury is unable to feel or move certain parts of his or her body, even when there is no damage to that body part or to the brain. A person with ***paraplegia*** has a loss of movement and sensation in the lower part of his or her body (e.g., the legs). A person with ***quadriplegia*** has a loss of movement and sensation in both the upper and lower parts of the body (e.g., the arms and legs).

Many years ago, SCI almost inevitably resulted in death. Medical advances have drastically changed this picture. Today, many persons with spinal cord injury have a nearly normal lifespan. There are more than 300,000 persons with SCI in the U.S., and about 7,500 new injuries occur every year.

## Some statistics:

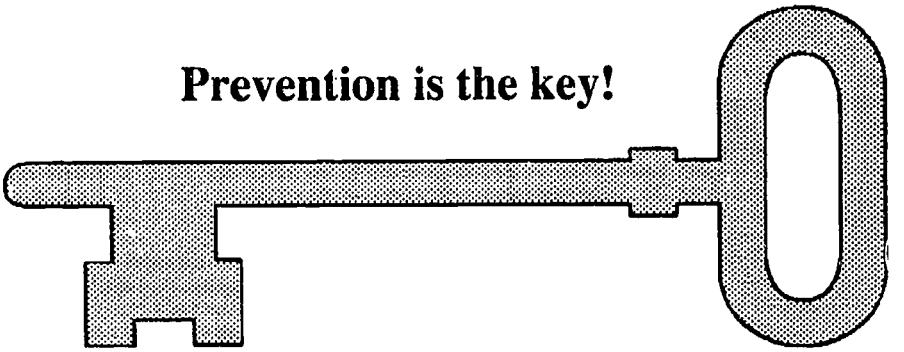
- Almost two-thirds of all SCIs occur in the 16 to 30 year-old age group.
- Most spinal cord injuries (82%!) are sustained by males.
- In the high risk age group, 55% of spinal cord injuries are suffered in motor vehicle accidents, 22% in violent acts, 10% in sports activities and 7% in falls.
- Spinal cord injuries occur more frequently in daylight hours and during the summer months; most of these injuries occur on weekends.

## Life after spinal cord injury:

Persons with SCI often must adjust to significant handicaps that radically change their lives. Continuing medical care is required. Voluntary bladder and bowel functions may be lost. Most persons with SCI develop urinary complications requiring medical intervention; nearly a quarter develop pressure sores. Extensive renovations to homes often are necessary to facilitate movement in a wheelchair: ramps must be installed, doorways widened, and carpets removed. In addition to physical disruptions, persons with SCI experience disruptions in their social life: everything from normal social interactions to marriage and sexual functioning may be adversely affected. Psychological adjustment is often an ongoing process; depression and anxiety are common.

## There is no cure for spinal cord injury...

...once damage is done, it is probably permanent. While there are some stories in the newspapers about persons who overcome overwhelming odds to walk again, these so-called "miracle" recoveries are extremely rare and indicate incomplete injuries. More than 90% of SCI patients with complete lesions show no improvement in functional abilities at the time they are discharged from the hospital.




**The source for the information presented in this section is:**

**Stover, S.L., and Fine, P.R. (Eds.) *Spinal Cord Injury: The Facts and Figures* (1986) The National Spinal Cord Injury Statistical Center, University of Alabama at Birmingham: Birmingham, AL.**

# Traumatic Brain Injury: You May Want to Know...

## Some basic anatomy:

The brain acts as the control station for the human body, regulating all bodily functions. The brain is made up of over 10 billion nerve cells and can be divided into several distinct areas. The ***brainstem*** is located at the base of the brain and is responsible for such basic functions as respiration and pulse. The ***cerebellum*** is connected to the upper rear portion of the brainstem and coordinates motor movement. The ***cortex***, the largest portion of the brain, is responsible for the highest of human behaviors. The cortex is divided into two halves or hemispheres (left and right) which are about the same size. In most people, the left hemisphere is responsible for language and the right hemisphere for spatial tasks. Each hemisphere is responsible for movement and sensory functions on the opposite side of the body. The brain is very delicate. Its consistency is similar to that of jelly. The skull protects the brain. ***Cerebrospinal fluid*** circulates around and through the brain to offer further protection.

## A traumatic brain injury...

...can result from an ***open head injury*** in which the brain is exposed to air (e.g., a gunshot wound), or from a ***closed head injury*** in which the brain is not exposed to air (e.g., a concussion). Loss of consciousness is not uncommon with brain injury. It may last for no more than a few seconds, or may continue for months or years. If a person remains unconscious for more than a brief period of time, he or she is said to be in a ***coma*** (the person is unable to open his or her eyes, speak or respond to commands). A person who remains unconscious for at least six hours usually is said to have a ***severe brain injury***. A person who does not lose consciousness or is unconscious for less than thirty minutes is said to have suffered a ***mild brain injury***.

## Some statistics:

- About seven million brain injuries occur annually in the U.S., with an estimated 500,000 requiring hospitalization.
- Nearly two-thirds of these brain injuries occur in the 10 to 29 year-old age group; more than two-thirds of those who are injured are male.
- Brain injuries occur in more than two-thirds of all motor vehicle accidents, and are often the cause of death in motor vehicle-related fatalities.
- One study reported that less than 14% of their subjects who sustained brain injuries were wearing safety belts at the time of their accidents.
- In motorcycle accidents, almost half of persons sustaining brain injuries were not wearing helmets (many in states with helmet laws!).
- More than one in ten brain injuries occur as the result of interpersonal violence; most of these injuries are related to domestic problems.

## The most significant contributing factor to brain injury...

...appears to be alcohol; one study found alcohol in the bloodstream of nearly three-quarters of patients with brain injury. The majority of brain injuries occur on the weekend, the peak hours being between 3:00 p.m. and :00 p.m.

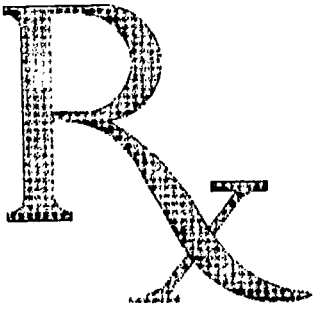
## The population most at risk for traumatic brain injury...

...are people who have had a previous brain injury. The likelihood of a second brain injury is three times as great as the first one. The effects of brain injury are cumulative. A mild brain injury might leave little or no after effects, but a second or third mild injury can produce significant impairment. Consider the boxer who becomes "punch drunk." This condition is caused by the cumulative effects of many mild brain injuries.

## Medical advances have led...

...to an ever increasing number of survivors of brain injury. However, fourteen percent of these TBI survivors (70,000 new patients each year) are not considered self-sufficient enough to manage their activities of daily living. Half of these people require institutional care, the other half are cared for by family members. Problems with communication, motivation, gait and balance, sexual functioning, cognitive processing and loneliness are common. Many patients have injuries that affect a number of these areas simultaneously. Tasks that were once taken for granted, such as dressing or bathing, can become major operations. A brain injury does not have to be severe to have an impact on a person's daily functioning. Patients with mild brain injury often experience dizziness and memory problems as long as three months after their injury. The prognosis for persons with traumatic brain injury is often uncertain: in many cases, damage is diffusely spread throughout the brain, making it difficult to predict which functions will improve and which will not.

**Prevention is the best treatment!**



**The sources for the information presented in this section are:**

**Jennet, B.H. Scale and scope of the problem. and Rimel, R.W., Jane, J.A., Bond, M.R. Characteristics of the head injured patient. In Rosenthal, M., Griffith, E.R., Band, M.R., Miller, J.D. *Rehabilitation of the Adult and Child With Traumatic Brain Injury, 2nd Ed.* Philadelphia: Davis, 1990.**

# What Happens After a Spinal Cord Injury or Traumatic Brain Injury?

## After the immediate medical crisis...

... patients with SCI or TBI often are transferred to a ***rehabilitation hospital*** (or rehabilitation unit within a hospital). These facilities help patients adjust to living with their disabilities. Their goals are to maximize the patients' quality of life and to foster the development of independent living skills. Numerous disciplines are involved in helping patients achieve these goals. ***Rehabilitation medicine specialists*** are medical doctors who assess the physical limitations and strengths of their patients. ***Physical therapists*** teach patients to exercise weakened areas and to use the strong ones in ways that compensate for their weaknesses. ***Psychologists*** assess cognitive impairments caused by injuries and how these impairments will affect patients' return to community living. They also provide counseling to patients and their families. ***Occupational therapists*** help patients learn to perform daily tasks such as cooking and cleaning.

## Returning home:

Most patients return home after stays in rehabilitation programs. Thus these programs act as bridges between intensive medical care and community living. They offer the patient an opportunity to experience community living within the relative safety of a rehabilitative atmosphere. The goal of these programs is to ensure that at the time of final discharge, patients are as prepared as possible to cope with their changed lifestyles. Although rehabilitation can do much to improve patients' quality of life, there are likely very few persons with SCI or TBI who would agree that their lives are as good as they were prior to their injuries—and who would not return to those life styles if given the opportunity.

# CURRICULUM FORMAT

Materials developed for this curriculum span preschool through sixth grade and have been divided into four levels: Preschool-Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Each level contains eight units: Spinal Cord and Brain Injury Awareness; Motor Vehicle Safety; Pedestrian Safety; Bike Safety; Playground/Recreational Sports Safety; Preventing Falls; Weapons Safety; and Water Safety.

Each unit includes the following information:

LIFESTYLE GOALS: Lifestyle goals for this curriculum are optimal life-long health behaviors. Successful completion of the curriculum can provide the basis for more comprehensive health education in later years. The lifestyle goals listed in each unit provide the foundation upon which more specific learning objectives and unit activities are built.

LEARNING OBJECTIVES: The learning objectives state the knowledge, skills, and abilities that students should acquire upon completion of the activities in the unit.

UNIT ACTIVITIES: Activities which address the learning objectives for the unit are described in detail. The objectives addressed by a particular activity are noted beside each activity title (for example, *Obj. 1, 2, 6*).

Since each level of the curriculum covers two grades, several activities are included to accommodate the differences in students' ages. It is **not** necessary to perform all activities in order to achieve the unit's learning objectives. For example, activities are included in the Preschool-Kindergarten Level which may be effective for three year old children, but not challenging enough for five year old children; likewise, some of the activities listed may be suitable for five year old children, but may be too complicated for younger children.

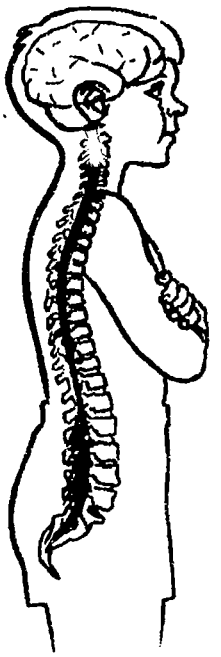
# UNIT I:

## SPINAL CORD AND BRAIN INJURY AWARENESS

The purpose of this unit is to teach children basic information about the structure and function of the brain, skull, spine, and spinal cord (i.e., the central nervous system and the structures that protect it). It is important for children to understand that while the skull and the spine provide some measure of protection, severe injuries still can damage the brain and spinal cord permanently. Unit activities describe how the body functions after a spinal cord injury or brain injury and stress that normal functions are often permanently lost.

Our approach in this curriculum is to increase children's awareness of—and feelings of vulnerability to—brain and spinal cord injury, but then to relieve any anxiety about such injuries by showing children how they can best be avoided. If you have not done so already, you may wish to review the general introductory material for this program (pp. v - xii), which describes in some detail the structure and function of the brain and spinal cord (and what happens when either is injured).

## SPINAL CORD AND BRAIN INJURY AWARENESS
(Grades 5 and 6)



## Lifestyle Goals

I. Understand the vul erability of the brain, skull, spine, and spinal cord to injury

II. Identify positive alternatives to risk-taking behaviors

## Learning Objectives

*Upon completion of this unit, students should be able to:*

1. Locate the brain and spinal cord and know how they work together to control body functions

2. Know the physical effects of brain and spinal cord injuries

3. Identify risky behaviors and positive alternatives

4. Demonstrate safety steps to follow if someone is injured

## Activity 1: Spinal Cord and Brain Injury Pre-Test *Obj. 1-4*

Give students copies of "Spinal Cord and Brain Injury Pre-Test For Safety Rules" (p. 7) and have them answer all the questions. Explain that this is not a graded test, but a way to see how much they already know about spinal cord and brain injury prevention. Explain that these topics will be discussed in more detail in the following weeks. Collect and grade exams. Retest your students at the end of the curriculum and compare their performances on these pre- and post-tests. **[Answers to Section 1: 1-F, 2-F, 3-T, 4-F, 5-T]**

## Activity 2: Body Builders *Obj. 1*

[Materials needed: poster board, modeling clay, cauliflower or silly putty, colored markers, glue, etc.]

Show your class the diagram of the brain, skull, spinal column and spinal cord on page 9. Explain that the skull surrounds and protects the brain. Next, describe how the spinal column is a series of bones stacked together to form a protective tube. Point out the spinal cord which runs through the column. Explain that the spinal cord is as big around as your little finger and is about 18 inches long.

Explain that the spinal cord is attached to the base of the brain. It serves as a messenger to and from the brain. If the spinal cord is damaged, the brain may not be able to send all of its messages to the body (like telling a leg to move) and the body may not be able to send all its messages back to the brain (like the bath water is too hot).

Emphasize the fact that once the spinal cord is damaged, it cannot be repaired and, therefore, the movements and physical abilities that are lost will never come back.

Divide students into groups of two. Give each group a piece of poster board. Ask them to draw the outline of a human body and use the available materials to create a brain and spinal cord. Suggest that they use the picture to help locate the correct position and appearance.

## Activity 3: Production Planners *Obj. 2*

Divide students into groups of four and assign each group a situation from those listed below. Instruct each group to write a short play that involves two members of the group with brain or spinal cord injuries and two members with no injuries. Those group members with injuries may be in wheelchairs; may not be able to use their arms (quadriplegia); may be able to walk and talk, but can't remember things for very long, etc. Encourage them to portray the situation in a realistic manner. Have each group perform their play for the class. After each performance, encourage discussion which compares the abilities and limitations seen in the productions.

### Sample Activities:

(a) A walk to the park

(b) A trip to the zoo

(c) Getting on the school bus

(d) A game at the ball park

(e) Writing a report in school

(f) Lunch with classmates

### Sample Questions:

Who is having problems doing this activity?

Why is this a problem?

What might make this activity easier for the persons with brain or spinal cord injury?

What have you learned from this?

## Activity 4: Safe Signs *Obj. 4*

[Materials needed: poster board, colored markers, crayons]

Explain to students that the correct response to an accident can have significant impact on the seriousness of the injuries sustained. Write the following rules for emergency responses on the board:

1. Never move an injured person.

2. Find an adult to help as soon as possible.

3. Dial 911 or 0 for emergency assistance.

Review these facts with students.

Each student can make a poster on "SAFETY STEPS FOR EMERGENCIES." Use the three steps you learned on each poster. Include pictures, slogans, or any creative ideas that will demonstrate these important steps. Display these signs in the school to reinforce these emergency steps for all students. Have your students demonstrate emergency procedures for the school nurse, principal, or other authority figure if possible.

Enhanced or alternative activity: You may want to invite an emergency medical technician or other emergency medical professional to speak to your class, review rules for emergency responses, and demonstrate techniques.

## Activity 5: Disability Awareness Speaker *Obj. 1-4*

Invite a person with a spinal cord or brain injury to speak to your class about his or her injury, how they've coped with activities of daily living, and how such injuries can be avoided (local rehabilitation facilities have speakers available).

Enhanced Activity: You may want to set up a WHEELCHAIR OBSTACLE COURSE and have your students maneuver through the course in a wheelchair. Ask children in wheelchairs to try to get up curbs (for awareness of architectural barriers) or wheel on soft surfaces or up hills to demonstrate that it is often hard work to get around in a wheelchair. A local rehabilitation facility may be willing to provide a wheelchair for this activity.

## Activity 6: Making The Connections *Obj. 2*

Copy the worksheet on page 11 for your students (a teacher answer sheet is on page 13). Ask the students to complete as much of the task as they can, explaining that some "vital" instructions were purposefully omitted to simulate memory lapses due to brain injury. After the students have completed as much as they can, discuss what it might feel like to have a brain injury and not be able to remember instructions like these (is it frustrating?, does it make them angry?, etc.). Provide the missing "connections" (p. 13) so that the children can complete and identify the picture they have been working on.

## Activity 7: A Letter Home

Make copies of the letter on page 15 for your students to take home to their parents. Explain that they can show their parents some of the things they are doing to learn about spinal cord and brain injury prevention, and that they may need their parents help to complete some activities. Have each student fill in the date and greeting blanks appropriately, then sign his or her letter.

Name _____

# SPINAL CORD AND BRAIN INJURY PRE-TEST/POST-TEST

SECTION I: True or False

1. You don't need to wear a safety belt if you are riding in the back seat of a car.

2. Cars are supposed to yield to pedestrians in crosswalks, so you don't need to pay attention to the traffic when you walk in the crosswalk.

3. Even if you know how to swim, you should always wear your life jacket when you're in a boat.

4. If you see a classmate lying injured on the playground, you should move him or her to a safe place.

5. The use of alcohol or drugs can lead to brain or spinal cord injuries.

SECTION II: Short Answer

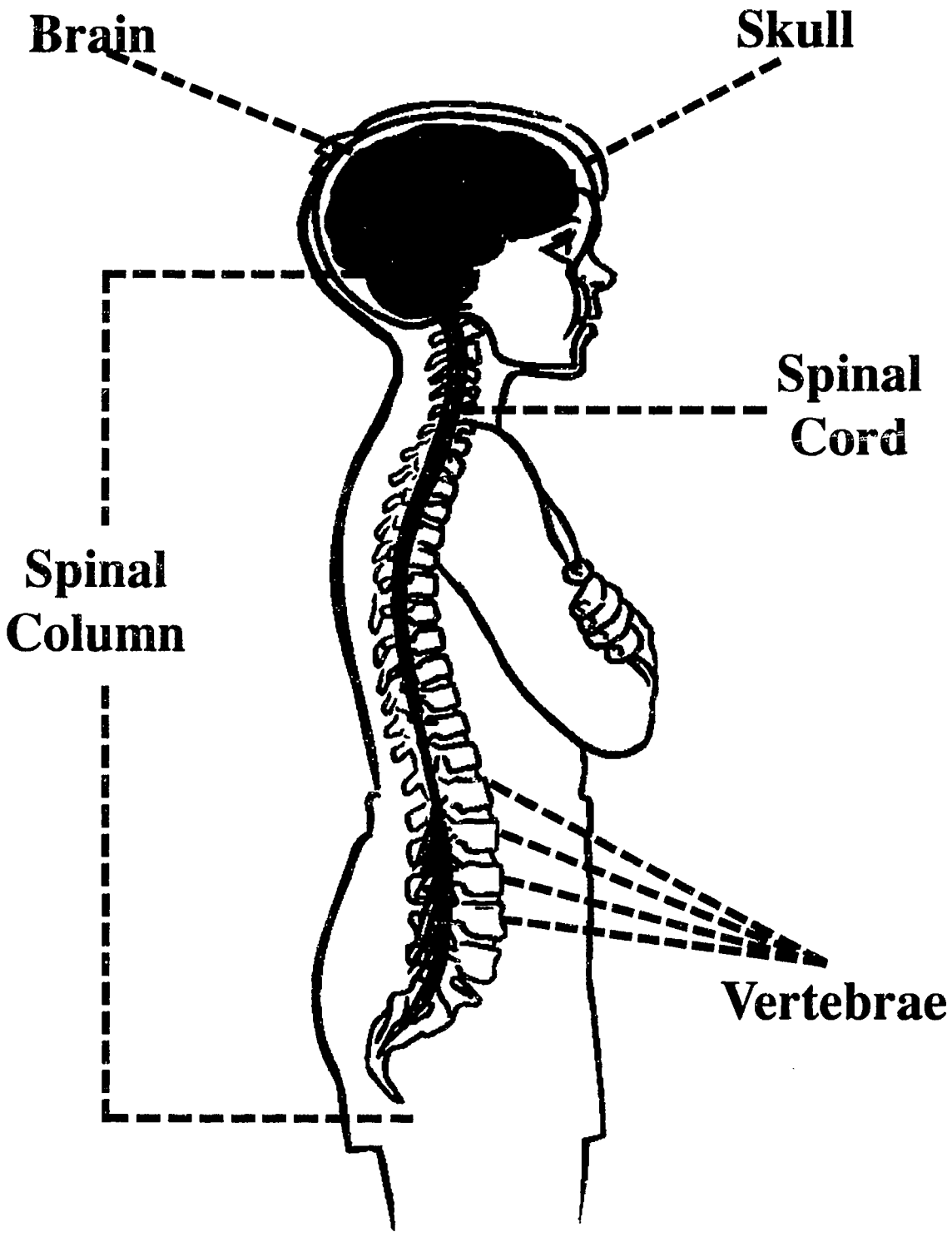
1. Draw a picture of the bike signal for a right-hand turn:

2. Why is a brain or spinal cord injury so much more serious than a broken bone?

3. List three examples of proper bike-riding clothing or equipment:

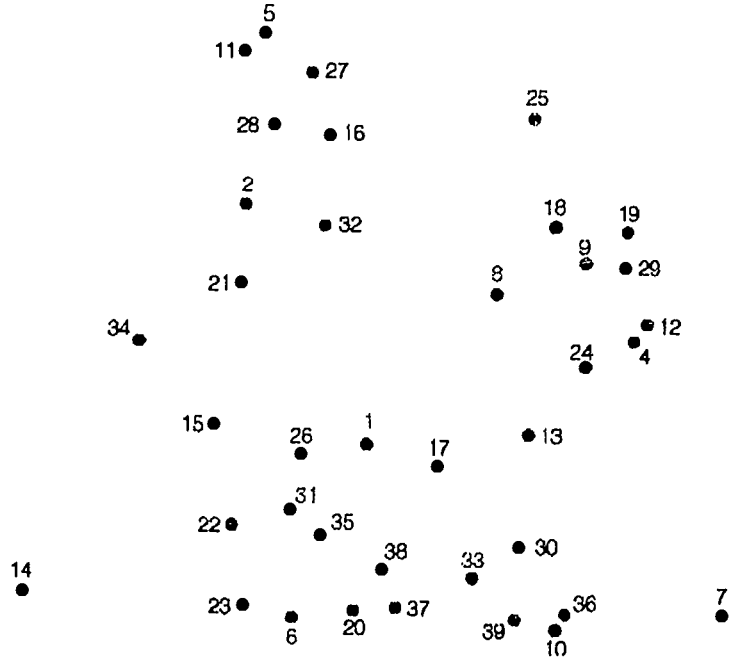
4. List two reasons why you should always check the water before you dive or jump in:

5. Name three types of people who are at a greater risk of falling:



# Connect The Dots!

Follow the instructions to connect the dots and form a picture below.




Can you complete the picture, or did you get lost along the way?

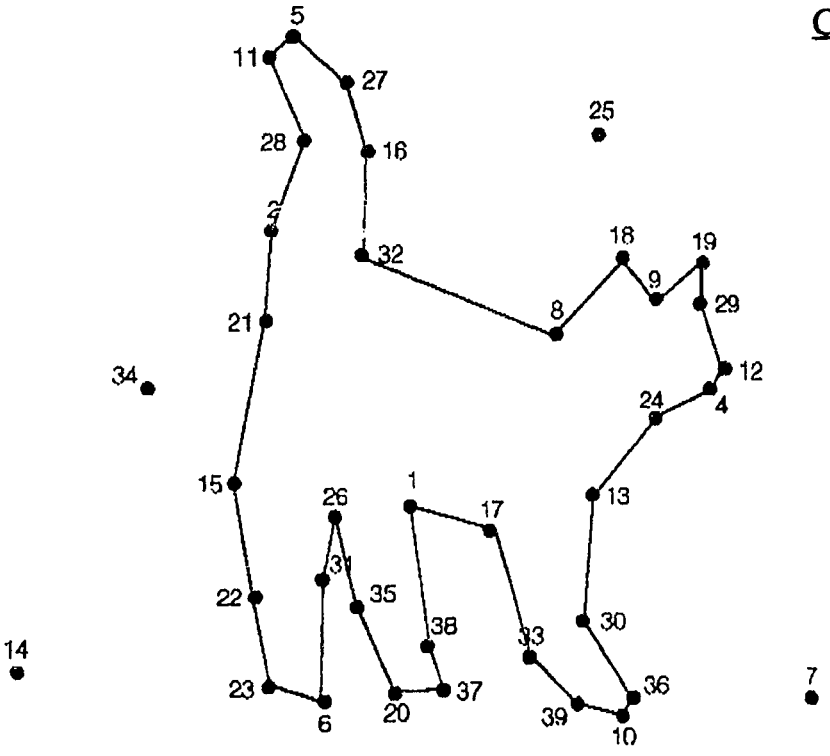
What if these were not dots on a page, but turns to make on your way home? Could you find your way?

| Connect Dot: | To Dot: |
|---|---|
| 5 | 11 |
| 11 | 28 |
| 28 | 2 |
| 2 | 21 |
| 21 | 15 |
| *You Forgot This!* | |
| 31 | 26 |
| 26 | 35 |
| 35 | 20 |
| | |
| 38 | 1 |
| 1 | 17 |
| | |
| 33 | 39 |
| | |
| 10 | 36 |
| 36 | 30 |
| *And These!* | |
| 4 | 12 |
| 12 | 29 |
| 29 | 19 |
| 19 | 9 |
| 9 | 18 |
| *This is a blank!* | |
| 16 | 27 |
| 27 | 5 |

# Connect The Dots!

***Teacher Copy***

Follow the instructions to connect the dots and form a picture below.




Can you complete the picture, or did you get lost along the way?

What if these were not dots on a page, but turns to make on your way home? Could you find your way?

| Connect Dot: | To Dot: |
|---|---|
| 5 | 11 |
| 11 | 28 |
| 28 | 2 |
| 3 2 | 21 |
| 21 | 15 |
| *You Forgot This!* | |
| 31 | 26 |
| 26 | 35 |
| 35 | 20 |
| 20 | 37 |
| 37 | 38 |
| 38 | 1 |
| 1 | 17 |
| 17 | 33 |
| 33 | 39 |
| 39 | 10 |
| 10 | 36 |
| 36 | 30 |
| *And These!* | |
| 4 | 12 |
| 12 | 29 |
| 29 | 19 |
| 19 | 9 |
| 9 | 18 |
| *This is a blank!* | |
| 16 | 27 |
| 27 | 5 |

Date _____

Dear _____ ,

I brought this letter home to let you know that I will be learning about what I can do now and the rest of my life to prevent serious injuries like spinal cord and brain injuries. About 7,500 people are paralyzed permanently from spinal cord injuries every year and 500,000 receive brain injuries, some of which permanently affect that person's ability to think, work, remember, go to school, and live independently. My teacher tells me that many of these injuries are avoidable; for example, always wearing a safety belt is very important.

I need to learn these things now, when I am young, so that I will know how to behave safely and prevent injuries to myself and others. Also, I need to learn these things now so I will know what to do when I am on my own and I can't count on you to protect me anymore. I'll be learning about what the spinal cord and brain do, and I'll be learning about motor vehicle safety, pedestrian safety, bike safety, playground/ recreational sports safety, preventing falls, weapons safety, and water safety. I'll be doing some of these activities at home. I hope you will ask me about them, help me when I need it, and encourage me to put into practice the things I learn about safety. Who knows, maybe someone else in the family could benefit from what I learn as well.

Love,

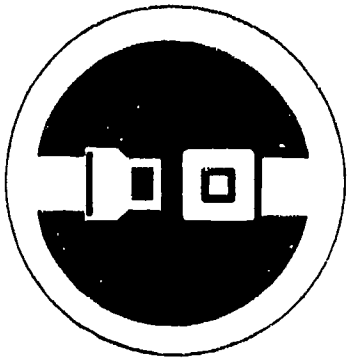
## UNIT II:

## MOTOR VEHICLE SAFETY

Motor vehicle accidents are the leading cause of brain and spinal cord injuries nationwide. It has been shown conclusively that correctly using safety belts is the most effective means of preventing serious, disabling injuries in motor vehicle accidents. The main goal of this unit is to establish a "habit" of buckling up at an early age. Rachel Raccoon is the safety animal for this unit.

# MOTOR VEHICLE SAFETY

(Grades 5 and 6)



## Lifestyle Goals

I. Use a proper restraint device at all times

II. Understand the rules and signs designed to promote traffic safety

III. Practice safe passenger conduct to assist the vehicle driver

## Learning Objectives

*Upon completion of this unit, students should be able to:*

1. Describe and identify different occupant restraint devices
2. Recognize proper and improper use of restraint devices
3. Identify the benefits ot using safety restraints
4. Identify traffic signs and signals which promote automobile safety
5. Identify the benefits of obeying traffic rules and signals

## Activity 1: Safety Belt Survey *Obj. 1-3*

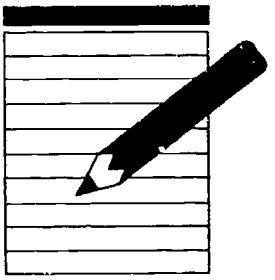
Have your class conduct a "Safety Belt Survey." Ask for student volunteers to monitor school driveways and parking lots to see how many parents and teachers use safety belts. Volunteers can wear badges identifying them as safety belt monitors. If school authorities agree, students can canvass cars as they enter or leave the campus to identify those persons who are using belts and shoulder harnesses. If a less aggressive approach is required, students can look for those drivers and/or passengers wearing shoulder harnesses. Students must document how many people were wearing safety belts as well as how many were not. After the survey is complete, ask the class to devise a simple "intervention" activity which they think might encourage people to buckle up (posters, flyers, etc.). Have student volunteers implement their intervention (they might stand at the driveway entrance with placards, pass out safety flyers to each car, etc.) for a week, then conduct another survey, compare results, and present results in some form of report or display to be posted in the hall.

## Activity 2: Safety Engineers *Obj. 1-3*

Review automobile safety features with your students, then tell them that they are to take on the role of engineers for a company that wants to produce the safest cars ever made. Have students make drawings of their cars, labeling all restraint devices and special safety features. Then have them write a paragraph explaining their design and how their safety features would benefit drivers, passengers, and pedestrians.

## Activity 3: Safety Reporters *Obj. 3*

Ask your students to become investigative reporters whose job it is to track down someone who has benefitted from using a safety belt or airbag (this could be someone who has been in an accident or someone who had a "near miss"). Have them interview this person and write an article for a class "Safety News" newspaper. If possible, ask one of the persons interviewed to relate his or her story to the class.

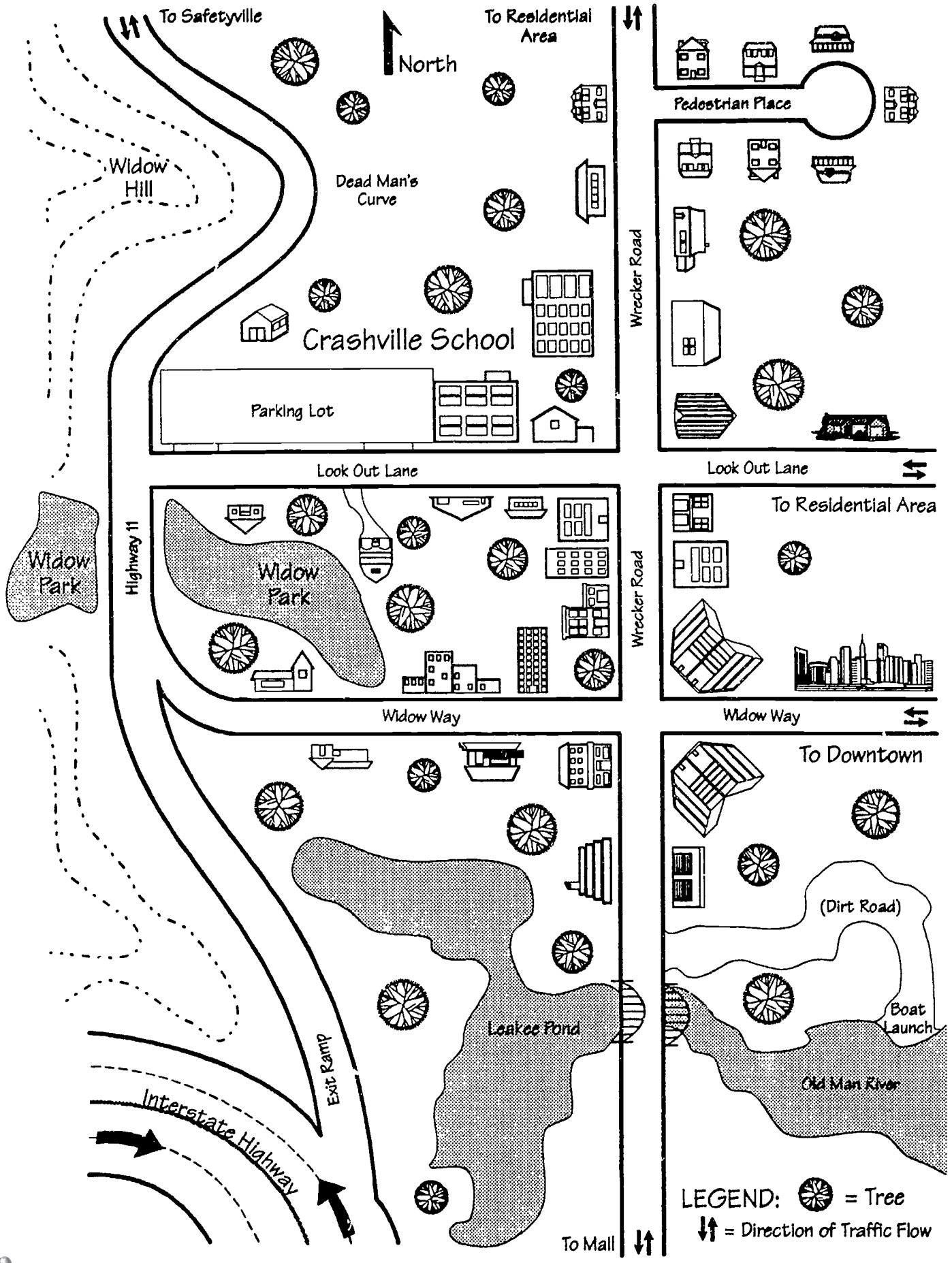


## Activity 4: Traffic Planners *Obj. 4, 5*

Make copies of the worksheet on page 21 for your class. Tell your students that they are the traffic planners for "Crashville, U.S.A." Their job is to place traffic signs and signals to provide for the safety of drivers and pedestrians. Students should draw in their own signs. Have them write a justification (a sentence or two) for each sign or signal they place -- i.e., where was the sign placed, and what will the sign or signal do to improve orderly traffic flow and improve the safety of drivers and pedestrians. Tell the students that they are free to choose the location of any sign or signal based on their own best judgement, and should not limit their choices to just traffic lights and stop signs. Remind them that they are free to use yield signs, pedestrian crossing signs, and even make up their own signs as needed. Have students present their plans to the class and explain their decisions. If you wish, you can then have the students work together on a "master city traffic plan" incorporating the best components of each individual plan. (Once the students complete their plan, tell them they should consider re-naming their city!)

## Activity 5: Drinking and Driving *Obj. 5*

Alcohol is a factor in many motor vehicle crashes which result in death, spinal cord or brain injuries. Alcohol impairs judgment and the driver's ability to control the car. To simulate this, set up an obstacle course in the classroom which requires fairly tight maneuvering. Have one or several students go through the course successfully without bumping into or knocking anything over. Then, have them turn in circles a number of times until they are dizzy and attempt again to go through the obstacle course. Have the class keep track of the number of "accidents" that occur. Have the students describe how they felt trying to complete the course when they were dizzy. Relate this activity in class discussion to the situation of drinking (or using drugs or being too tired) and driving.



## UNIT III:

## PEDESTRIAN SAFETY

In our fast-paced lives, many of us have become better jaywalkers than pedestrian safety advocates. The goal of this unit is to instill "pedestrian patience" as well as review pedestrian safety tips and safety signs.

# PEDESTRIAN SAFETY

(Grades 5 and 6)

## LIFESTYLE GOALS

I. Recognize potential hazards for pedestrians in streets and parking lots

II. Practice "safety first" in crossing public streets

III. Obey signs and signals for pedestrian safety

## LEARNING OBJECTIVES

*Upon completion of this unit, students should be able to:*

1. Demonstrate the safety rule of "Stop, look both ways, and listen"

2. Identify signs and signals which apply to pedestrians

3. Demonstrate the proper way to cross a street

## Activity 1: Pedestrian Safety Tips *Obj. 1-3*

Discuss the safety tips on page 27 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the year.

## Activity 2: Safety Patrol Presentation *Obj. 1-3*

Invite a student who is on the safety patrol to visit your class. Ask him or her to share the importance of pedestrian safety and to describe the responsibilities of being on the safety patrol. If any of your students are on the safety patrol, have the class assist them in preparing a presentation for students in lower grades.

## Activity 3: Walking Wisely *Obj. 1-3*

Tell students to think about a route that they walk regularly (e.g., to school, to the store, to a friend's house). Have them describe this route in detail in a short (one page) essay, identifying each street they cross as well as other pedestrian caution areas. At each of these points, tell them to describe how they would be safe pedestrians using the safety tips they have learned.

# PEDESTRIAN SAFETY TIPS

1. Remember to stop, look both ways, and listen.

2. Walk on the left side of the road (against the flow of traffic).

3. Wear reflective clothing when walking at night.

4. Obey all traffic signs and signals.

5. BE ALERT!

## UNIT IV:

## BIKE SAFETY

Bike helmets and other protective gear have been shown to save lives and prevent serious brain injuries. Bike racing has gained popularity in recent years. The fact that the helmets and pads worn by these racers are so highly visible makes using such safety gear more acceptable to young bike riders. The goal of this unit is to establish a habit-forming routine of wearing bike helmets and other safety equipment when riding bikes, even on the shortest rides.

# BIKE SAFETY

(Grades 5 and 6)

## LIFESTYLE GOALS

I. Wear appropriate clothing and/or gear to promote bike safety

II. Be aware of possible hazards when bike riding

III. Obey traffic rules and signs when riding bikes on public streets

IV. Use good judgment and avoid risks "off road"

## LEARNING OBJECTIVES

*Upon completion of this unit, students should be able to:*

1. Identify protective clothing and gear appropriate for bike riders
2. Identify safe and unsafe places to ride bikes
3. Identify risks inherent in bike riding
4. Identify traffic signs and signals which apply to bike riders
5. Demonstrate knowledge of safe bike operation

## Activity 1: Bike Safety Tips *Obj. 1-5*

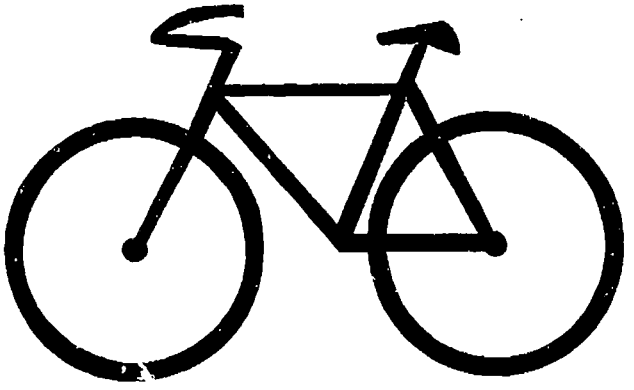
Discuss the safety tips on page 33 then post for class display. Have students memorize the tips and ask them to recite them periodically throughout the school year.

## Activity 2: Bike Safety Checklist *Obj. 1, 5*

Have the students design their own safety checklists for their bikes and bike equipment. Have them use these checklists to inspect their own bikes and equipment, then bring the lists to class for discussion. Using the blackboard, devise a master list incorporating the best individual list items, tallying the students' reports of their bikes beside each applicable item. Discuss the class's strong points and weak points relating to bike safety. This tally sheet can be converted into a bar or line graph to incorporate mathematics into the activity.

## Activity 3: Road Test *Obj. 1-5*

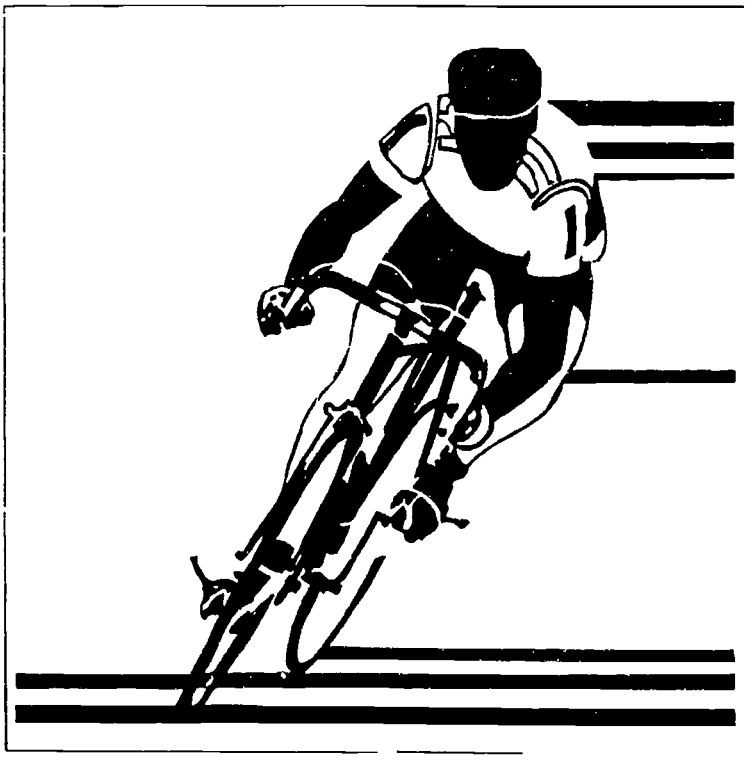
Ask a student volunteer to bring his or her bike to class. Ask all the students who own helmets to bring them to class (students can share helmets only if the helmets fit snugly). Take your class out to the playground when there are few or no other students around. Have students take turns riding the bike along a course determined by the instructions you call out (i.e., turn right, turn left, slow down, red light, stop sign, crosswalk, etc.). Tell each student that they should demonstrate proper hand signals. You can also call out things like "pothole ahead!" or "slick pavement." Have the class discuss each student's ride. There may be several safe alternatives to certain situations. For instance, in trying to avoid a pothole, one student might look behind him or her, give the "slow" signal, and veer around, while another student might stop his bike, look for traffic, and walk around. These are both safe alternatives to a student veering around a pothole without warning or looking for traffic. Students who do not own a helmet (or cannot borrow one which fits) can take turns calling out instructions.



## Activity 4: Riding Risks *Obj. 1-5*

As an indoor alternative to "Road Test," you may wish to divide your class into groups and give each group ten minutes to write a list of five dangers related to riding bikes (e.g., wet pavement, potholes, improperly equipped bike, no helmet, etc.). List the groups' responses on the board, and generate a class discussion with the following questions:

1. Have any of the dangers listed on the board contributed to a bike accident you have had?
2. How could these dangers be avoided?
3. Who is responsible for your safety when you ride a bike?



# BIKE SAFETY TIPS

1. Always wear a helmet and shoes.

2. Always ride on the right side of the road (with the flow of traffic).

3. Avoid loose gravel, wet pavement, and bumpy roads.

4. If your parents let you ride your bike at night, always wear light colored clothes and use bike reflectors and a headlight.

5. Always check your bike before riding.

6. Be a courteous biker.

## UNIT V

## PLAYGROUND/RECREATIONAL SPORTS SAFETY

Recreational activities, both on the playground and in organized sports, are an important outlet for children. However, safety awareness is essential to reduce the number of recreational accidents (sports activities are the fourth leading cause of spinal cord injury).

## PLAYGROUND/RECREATIONAL SPORTS SAFETY
(Grades 5 and 6)

## LIFESTYLE GOALS

I. Be aware of potentially dangerous situations in play areas

II. Take responsibility for one's own safety on the playground

III. Use proper equipment and appropriate clothing for selected sports

IV. Follow rules of the game/sport

V. Practice conditioning before and after exercise

VI. Recognize the dangers of using motorized recreational vehicles.

## LEARNING OBJECTIVES

*Upon completion of this unit, students should be able to:*

1. Identify hazards of inappropriately using playground equipment

2. Be aware of the possible consequences of playing in unsafe areas

3. Be aware of the possible consequences of not following the rules or dressing appropriately for recreational activities

4. State the importance of warming up before and cooling down after exercise

5. Ride a motorized recreational vehicle as safely as possible (if the decision is made to ride one)

## Activity 1: Recreational Safety Tips *Obj. 1-5*

Discuss the safety tips on page 39 with your students, then post for class display. Have students memorize the tips and ask them to recite them periodically throughout the school year.

## Activity 2: Hazard Hunt and Clean-Up *Obj. 2*

[Materials needed: work gloves and trash bags]

Take the class outside to the playground. Tell the students to look for playground hazards (broken glass, swings with broken seats, ditches, etc.) and clean up whatever loose hazards they can. Have a class discussion about what the students collect, allowing students to explain why they chose each object as a hazard. If it has been cleared with the school principal, have the students display their hazards to other classes and to the principal's office, pointing out any uncorrected playground hazards which the school should know about. Remind students that, just as all patients do not follow prescriptions, some playground prescriptions may not be followed. Encourage them to continue their interest in the recommendations they have presented. The next teacher for these students may want to continue this project as an ongoing activity for the class.

## Activity 3: Safety Supervisor *Obj. 1-4*

Give each of your students the worksheet on page 41. Arrange with a teacher at a lower grade level for your students to observe his or her class on the playground. Instruct your students to list any safe or unsafe behaviors observed in the other class. Stress to your students that their job is to sit, watch quietly, and write observations. They are not to become involved in play or discussion with other students on the playground.

Upon return to the classroom, gather observation sheets from each student. Compile the results into a list of the five most observable safe and unsafe behaviors. You may use this to stimulate a discussion with your class on playground safety.

Review your results with the class which was observed. Offer the services of the Safety Supervisors to any other interested classes.

## Activity 4: America's Safest School Videos *Obj. 1-5*

Divide your class into groups and instruct each group to plan, prepare, and present a commercial using the Sports Safety Tips posted in class. These commercials should emphasize injury prevention (reduction of risk) as it relates to brain and spinal cord injuries. Allow your students two weeks to work on their commercials. They may be as creative as they wish while directly relating the safety rules in a clear, discernible manner. They may use jingles, songs, slogans, speeches, "raps," back-drop scenery, models, pictures, slides, drawings, etc.

Ask for permission to present these commericals to the entire school during a school assembly program. After the commercials have been presented, give each commercial group an award for a specific area of accomplishment (e.g., best visuals, best presentation of rules, most entertaining, most likely to benefit students, etc.). You may want to have the students present their commercials to other classes, PTA meetings, etc.

## Activity 5: Warm-Up with a Pro *Obj. 3, 4*

Invite an athlete to your class to discuss the rules of his or her sport and how these rules can help keep the players safe. In addition, ask your visitor to discuss preparations for playing his or her sport (warm-up, cool down, etc.). You may choose these guests from your local high school student athletes or coaches. Most of these people would enthusiastically share their knowledge with your students. Another source for speakers might be your local YMCA, parents who may be directly involved in sports, or any local sports figure.

## Activity 6: Hot Wheels *Obj. 5*

There are a number of pieces of recreational equipment which allow you to go fast (roller blades, skateboards, bikes, ATVs, etc.). Have the children generate a list of such equipment. Point out that this equipment can be fun and operated safely, or can be operated in an unsafe manner. Divide the class into groups of three or four students. Have each group select a piece of equipment and develop a role-playing situation where one child is being asked to join the rest of the children in that group in using their equipment in an unsafe manner. Have each group role play its scene before the class. Use discussion time afterward to focus on safe behavior and equipment, as well as appropriate ways to respond to peer pressure.

# SPORTS SAFETY TIPS

1. Walk and play at a safe distance from swings.

2. Warm up before and cool down after exercise.

3. Be courteous, don't push.

4. Only play on playground equipment that is in good condition.

5. Use caution when swinging sports equipment (bats, golf clubs, tennis racquets, etc.) -- make sure no one is standing too close!

6. Follow the rules of your sport.

# PLAYGROUND OBSERVATION SHEET

Observer Name _____

Date of Observation _____

Class Observed _____

**Please describe any safe behaviors and any unsafe behaviors in the appropriate columns.**

| SAFE BEHAVIORS | UNSAFE BEHAVIORS |
|---|---|
| | |

## UNIT VI

## PREVENTING FALLS

Even the simplest accident involving a fall can result in broken bones and bruises; some can be even more serious: falls are the second leading cause of spinal cord injury, and also are a major contributor to traumatic brain injury. This unit provides some simple facts and tips that can help "fall-proof" homes and yards and teach children to become more vigilant about situations that can lead to falls.

# PREVENTING FALLS

(Grades 5 and 6)

## LIFESTYLE GOALS

I. Understand the possible consequences of falls

II. Recognize potentially hazardous situations in the environment which might lead to falls

III. ognize people at greater risk of falling (elderly, ung children, pregnant women)

IV. Take steps to reduce the risk of falling

## LEARNING OBJECTIVES

*Upon completion of this unit, students should be able to:*

1. State the possible consequences of pushing or jumping on someone

2. Identify people at greater risk of falling

3. Identify ways to "fall-proof" play areas

## Activity 1: Safety Tips for Preventing Falls *Obj. 1-3*

Discuss the safety tips on page 47 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

## Activity 2: Inspector X *Obj. 3*

Have your students imagine they are safety inspectors for the city whose task it is to examine their own homes for hazards which may cause people to fall (examples might include loose handrails on stairways, water on tile floors, broken deck rails, loose rugs, slippery bath tubs, etc.). Have students draw floor plans of their homes, label all rooms, and use their plans during an inspection of their homes by marking all possible hazards with an "X." On a separate sheet of paper, have them list these hazards and steps they can take to correct the situation. The following day, review these safety plans in class, discussing common problems, special situations, and solutions for a "fall-proof" home.

## Activity 3: Personal Experiences *Obj. 1-3*

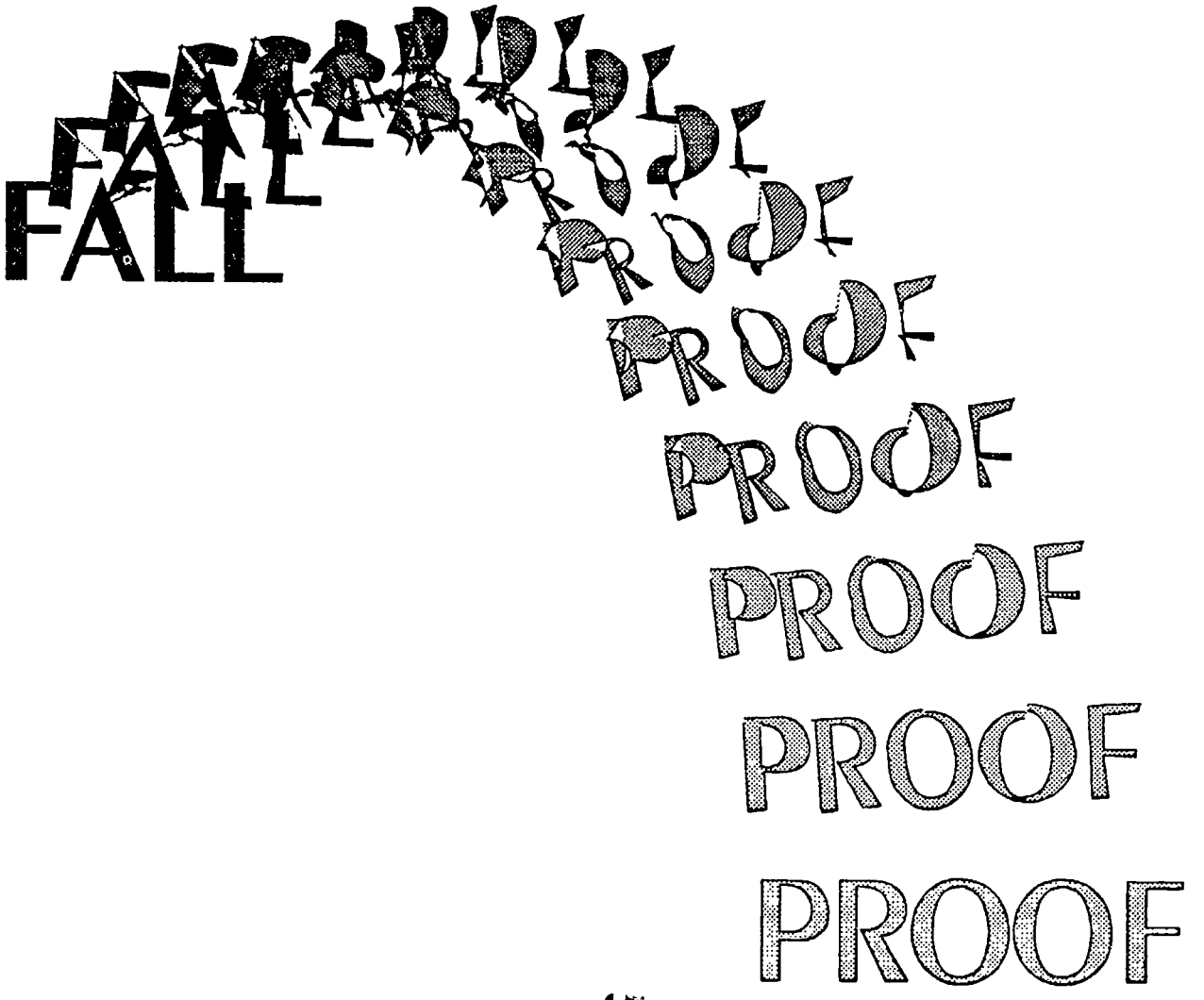
Ask your students to think about a time when they fell or almost fell. Have them write a short essay describing the circumstances (why they fell, what happened to them or what could have happened to them, and what could have been done to prevent the fall). Encourage students to identify hazards in the environment as well as risky behaviors. Students may wish to share their experiences with the class.

## Activity 4: Fall-Proof Fashions *Obj. 2*

Have students design "fall-proof fashions" for people who are at risk for falling.

You can lead into this activity with a class discussion about why certain people have a greater risk of injury from a fall. Demonstrate the difference between young pliable bones and older, more brittle bones by one of the following methods: (1) bend a dry tree branch, which should snap and a green branch which shouldn't break; (2) submerge a chicken bone in vinegar overnight; it should be pliable and bend versus one which was not submerged (and which will break upon bending).

Tell the students to be as imaginative as they can with their ideas. Designs should emphasize safety and not necessarily "fashion."



# SAFETY TIPS for PREVENTING


1. Keep all areas clear from objects which can cause falls.

2. Be courteous -- don't push!

3. Watch your step.

4. Use handrails on stairways.

5. Don't take risks in the dark -- use a light.

## UNIT VII

## WEAPONS SAFETY

Acts of violence are the third leading cause of spinal cord injury nationally (following motor vehicle accidents and falls). Most of these injuries are the result of gunshot wounds. The goals of this unit are to increase children's awareness of the potential for both brain and spinal cord injuries from weapons and to tell them what to do in potentially dangerous situations. This topic is a controversial one since many adults feel strongly about firearms and communicate their beliefs to their children. Some students' parents may believe guns should be feared and never handled; other parents may believe that guns are tools or sources of recreation which can be used safely by children under supervision. It may be best to emphasize the potential for danger when someone is using a firearm or other weapon inappropriately, and that children simply should not be handling firearms without supervision (whether they know how to do so or not).

# WEAPONS SAFETY

(Grades 5 and 6)

## LIFESTYLE GOALS

I. Recognize potentially violent situations and act to avoid them

II. Minimize personal risks when confronted with potentially violent situations

III. Avoid unnecessary risk-taking behavior involving weapons which could result in acts of violence

## LEARNING OBJECTIVES

*Upon completion of this unit, students should be able to:*

1. Identify potentially dangerous weapons or tools

2. Demonstrate what to do upon finding a weapon

3. Identify what to do when in the presence of a child or an adult using or threatening to use a weapon

## Activity 1: Safety Tips for Preventing Violence *Obj. 1-3*

Discuss the safety tips on page 53, then post for class display. Have students memorize the tips and periodically ask them to recite them throughout the school year.

## Activity 2: Penned Perils *Obj. 1-3*

Ask your students to write an essay about their personal experiences dealing with weapons or dangerous tools. Have them describe safety precautions taken, if any, in dealing with these weapons or tools. If their experience was a bad one, ask them to relate how the situation could have been avoided. Allow students to share these experiences with the class.

## Activity 3: News Reviews *Obj. 1-3*

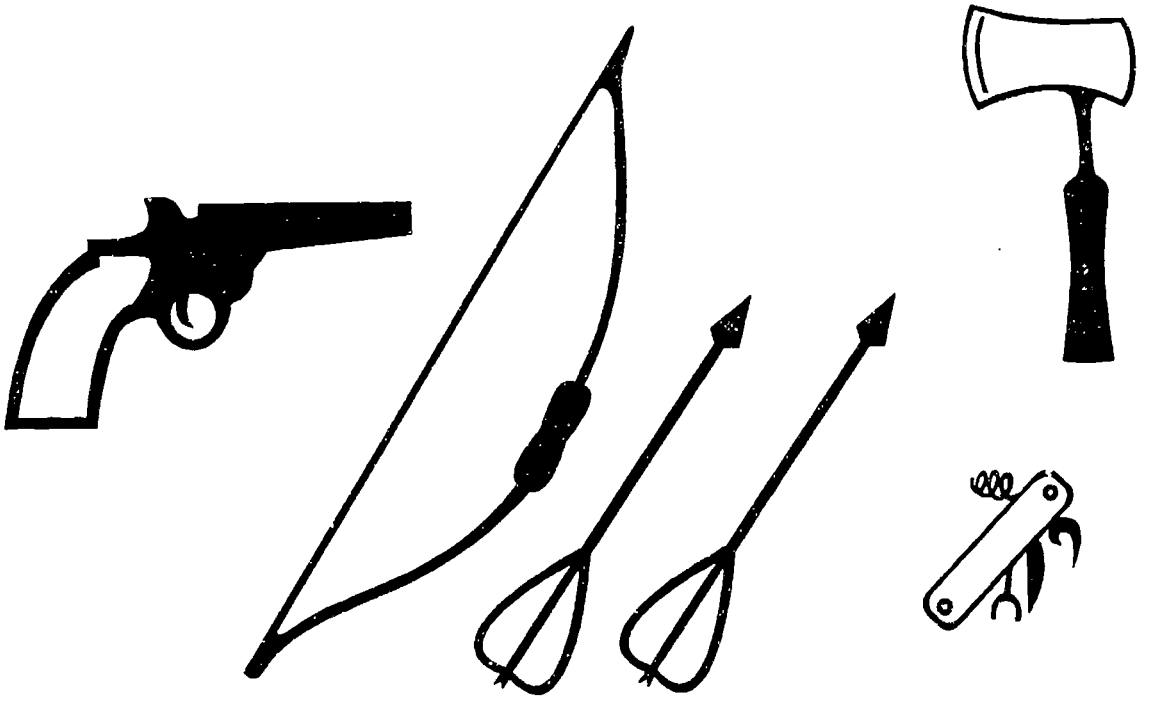
Ask your students to pick an article of their choice from the local newspaper which describes an incident involving an injury and dangerous tools or weapons (you may want to give them a week to select their articles). Once students have chosen their articles, ask them to think about how the injury could have been avoided; how they might have acted in the same situation; and, if more than one person was involved in the incident, whose point of view the student is taking. Have each student make a presentation relating the basic facts of the story, as well as his or her opinions on the above topics. If there is time, let the class discuss each article as it is presented.

## Activity 4: Safety Speaker *Obj. 1-3*

Invite a police officer to come to your class and discuss the dangers of weapons and how to avoid potentially violent situations. Ask the officer to relate weapons and violent activities with the possibility not only for deaths, but also for permanent injuries such as brain and spinal cord injury. Tell students to have their questions prepared ahead of time.

## Activity 5: TV Trash *Obj. 1-3*

Have the children discuss the television shows they watch. Generate a list on the board. Discuss briefly which of these depict violence or high risk behaviors (driving too fast, jumping from dangerous places, etc.). Ask each child to select a program to monitor. Have them record the number of incidents and types of violence and the number and type of risky behaviors observed. Tally these in class to develop a list of 5 to 10 of the "safest" and "most dangerous" programs on television. Discuss the possible dangers of watching programs which depict violence and risk-taking behavior (i.e., encourages children to act in the same way, gives children a false sense of security, etc.). You may want to extend this activity by writing letters to the producers and/or sponsors of danger-depicting shows, expressing your class's concern. Similarly, you could write letters to the producers and/or sponsors of more positive shows, expressing your support. Have all children who agree sign the letters.



# TIPS FOR WEAPONS SAFETY

1. Do not touch or handle weapons or dangerous tools without permission from your parents.

2. If you find a weapon, DON'T TOUCH IT -- notify an adult at once.

3. If you see someone with a weapon, find an adult immediately.

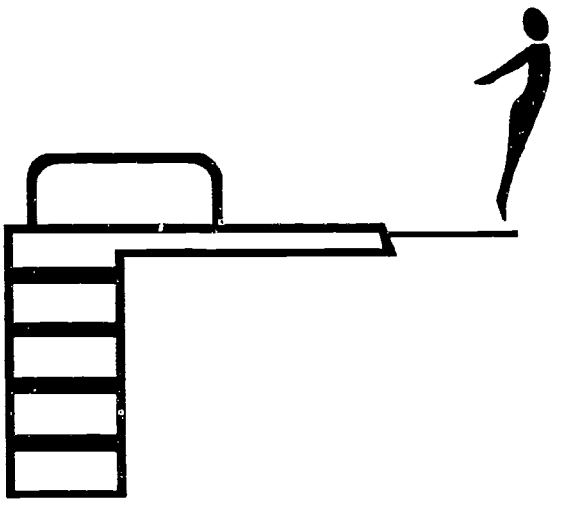
## UNIT VIII:

## WATER SAFETY

Water safety includes safety tips on swimming and diving in any body of water (pool, lake, etc.). Diving accounts for two-thirds of sports-related spinal cord injuries, so diving safety is emphasized in this unit. Safe water sports play is encouraged by giving precautions and positive alternatives. [This unit may be most effective if taught at the end of the school year just before swimming season.]

# WATER SAFETY

(Grades 5 and 6)



## Lifestyle Goals

I. Understand and apply safe diving and swimming practices

II. Use approved water sport sites whenever possible

## Learning Objectives

*Upon completion of this unit, students should be able to:*

1. Know the methods for assessing the safety of water environments

2. Demonstrate safe diving and how to safely enter unknown swimming areas

3. Identify protective gear for water activities and recognize when to use it

## Activity 1: Water Safety Tips *Obj. 1-3*

Discuss the safety tips on pages 59-63 with your students, then post for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

## Activity 2: Field Trip *Obj. 1-3*

Take your class on a field trip to your local YMCA or other Red Cross certified pool. Arrange for a demonstration of safe diving techniques. If a field trip is not feasible, show your class one of the films on diving and water safety listed in the Resource Section.

## Activity 3: Sticky Situations *Obj. 1, 3*

Discuss the following situations with your students:

a. You are swimming at the lake with friends. A thunderstorm approaches. Your friends don't want to get out of the water. What should you do?

b. You and your friend want to go for a boat ride with your friend's father, but he has had several beers. What should you do?

c. Your friend dares you to dive from a steep bank. You don't know how deep the water is there. What should you do?

d. All your friends are swinging on a rope swing over a muddy creek. What should you do?

Ask your students to relate personal experiences about peer pressure and water safety.

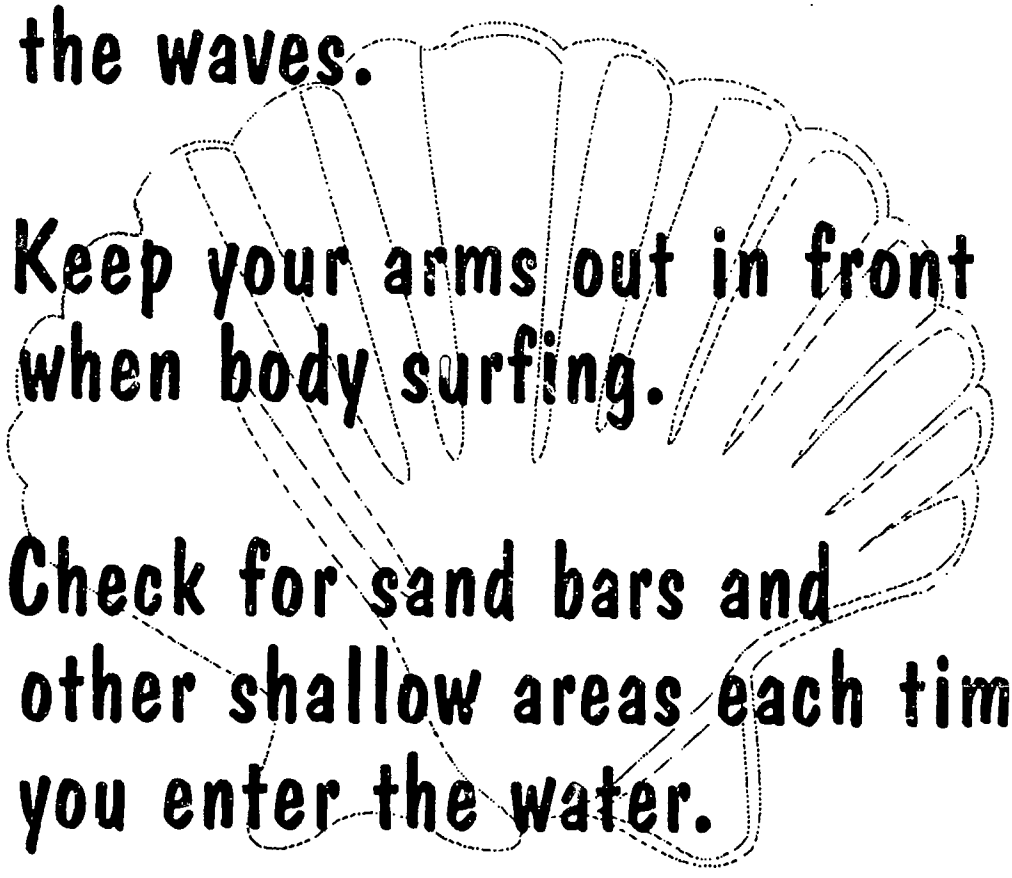
## Activity 4: Safe or Unsafe? *Obj. 1-3*

Have your students write an essay describing some of the safe and unsafe places where they have participated in water activities (swimming, diving, boating, skiing, etc.). Ask them to describe the differences between safe and unsafe places (those students who don't have actual experiences to relate can use their imagination). Ask them to describe what makes a place safe or unsafe.

# WATER SAFETY TIPS:

## AT THE BEACH

1. Never run on the beach and dive head-first into the waves.



2. Keep your arms out in front when body surfing.

3. Check for sand bars and other shallow areas each time you enter the water.

4. Don't dive from piers or rocks.

# WATER SAFETY TIPS:

# DIVING

1. Never dive when you are alone.

2. Dive only in areas marked for diving.

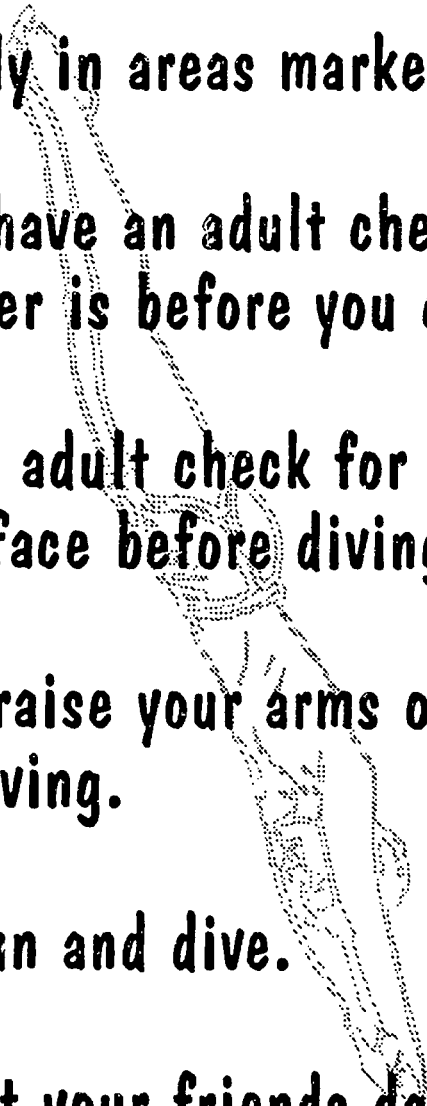
3. Always have an adult check how deep the water is before you dive.

4. Have an adult check for objects under the surface before diving.

5. Always raise your arms over your head when diving.

6. Don't run and dive.

7. Don't let your friends dare you into diving dangerously.



# WATER SAFETY TIPS:

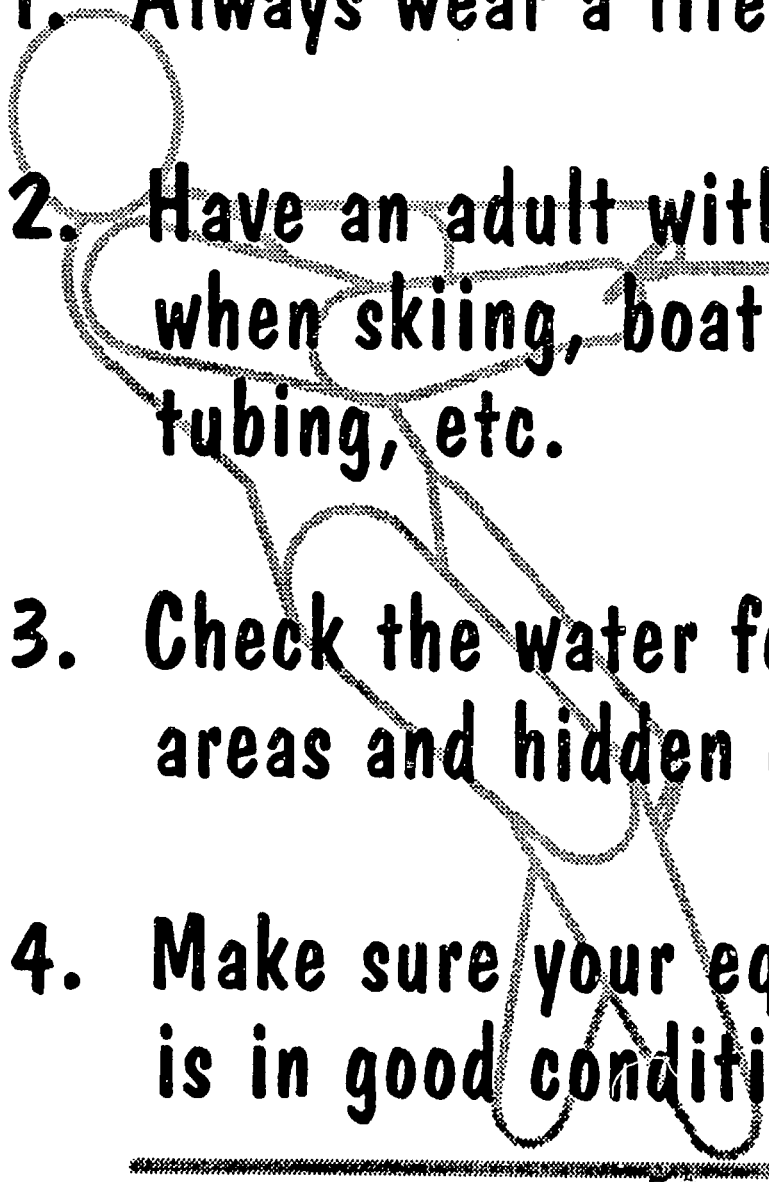
## AT THE LAKE

1. Always wear a life jacket.

2. Have an adult with you when skiing, boating, rafting, tubing, etc.

3. Check the water for shallow areas and hidden objects.

4. Make sure your equipment is in good condition.



# ADDITIONAL RESOURCES

# FILMS AND VIDEOTAPES

Films and videotapes have proven to be an excellent method of presenting ideas and reinforcing lessons in the classroom. Most films and videotapes on spinal cord and brain injury prevention, however, are geared toward junior and senior high school students. Listed below are the most popular films used by spinal cord and brain injury prevention programs throughout the country. Some of the films and tapes whose target audience is listed as junior and senior high school students may be appropriate for younger students as well. We have included ordering information in each description. In many cases, you may be able to rent or borrow the film or tape from local organizations. Check with the rehabilitation organization sponsoring this curriculum for more information, or call one of the organizations listed in the next section.

Each entry includes: (1) a picture label which represents the curriculum unit(s) emphasized in the film or tape (see legend below), (2) a brief description of the contents, (3) ordering information, (4) format, and (5) target audience.

**Water Safety**

**Bike Safety**

**Violence Prevention**

**Falls and Recreational/ Sports Safety**

**General SCI/TBI Prevention**

**Motor Vehicle/ Pedestrian Safety**

**Before & After: The Toney Lineberry Story**

Order From:
Toney and Donna Lineberry
581 Nelwood Place
Manakin-Sabot, VA 23104
(804) 749-3831
Cost: $105
Toney Lineberry, a professional consultant, travels throughout the country speaking on the importance of automobile safety in preventing spinal cord injury. Toney, who is a quadriplegic as a result of a car accident, presents slides of his life, relates the story of his accident, discusses its consequences, and stresses ways he could have prevented it. He discourages driving under hazardous conditions, and emphasizes the use of safety belts, refuting many common myths about their use. A question and answer period which follows his presentation is also shown.
Format: 1/2" VHS / 28 min.
Target Audience: Young adults

**Chances**

Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020 (ext. 179)
Cost: $50
This diving and water safety presentation was produced by the Shepherd Spinal Center in Atlanta, Georgia. Its main message is that taking chances in the water may lead to grave consequences. A dramatization of a diving accident is presented, along with basic demographic statistics and anatomy of the spinal cord. Several persons with quadriplegia recount their water-related accidents and how their lives have changed because they "took chances."
Format: 1/2" VHS or 3/4" 15 min. (1986)
Target Audience: Junior and senior high school students

**Consequences**

Order From:
University of Washington Press
Audio Visual Department
P. O. Box 50096
Seattle, WA 98145 (206) 543-8870
Cost: $110
This film is an overview of risk-taking behaviors and their possible consequences. Activities covered include hang gliding, trampolining, surfing, diving, skateboarding, mountain climbing, and skiing. Individuals who suffered spinal cord injuries while participating in these activities relate their stories. Prevention alternatives are offered for each situation. The message is "Be a free spirit...do it, but do it safely."
Format: 1/2" VHS / 10 min. (1978)
Target Audience: Junior and senior high school students

**Crash Course**
Order From:
KARE News 11
Community Relation Dept.
8811 Olson Memorial Highway
Minneapolis, MN
(612) 546-1111
Cost: No Charge for preview

Prevention of alcohol-related trauma injuries is the major focus of this video. Testimonies are given by persons with spinal cord and head injuries. The hazards of unsafe driving, particularly driving under the influence of alcohol, are emphasized.
Format: 1/2" VHS / 45 min. (1989)
Target Audience: Junior and senior high school students and young adults

**Dive Right**
Order From:
Canadian Sports Spine and Head Injury Research Centre
Toronto Western Hospital
399 Bathurst Street, Toronto
Ontario CANADA M5T 2S8 (416) 369-5890
Cost: $40

Geared to young children, this film depicts youngsters engaging in horseplay around a swimming pool, resulting in one young boy becoming spinal cord injured. Tips on pool safety and diving (at the lake and in the pool) are given. The young boy who was injured is given a "second chance" at the end of the film, but the message is that in real life, there are no second chances. The videotape has been previewed by students 7 to 14 years of age, with positive results.
Format: 1/2" VHS / 19 min. (1986)
Target Audience: Children 8 to 12 years of age

**A Fine Line**
Order From:
Stewart Rehabilitation Center
McKay-Dee Hospital
3939 Harrison Boulevard
Ogden, Utah 84409 (801) 625-2864
Cost: $305 (Classroom Kit)

The basic video in this classroom kit is a 17-minute presentation by young people injured in car accidents, most involving drugs and/or alcohol. The film graphically depicts life immediately following a spinal cord injury. Rehabilitation and psychological/social adjustments are also covered. The title of the presentation is based on the theme that "when young people think they're invincible, they often walk a fine line." The accompanying teacher's guide provides a lesson plan, group activities, discussion questions, and scripts to serve as a catalyst for further exploration of issues raised in the video.
Format: 1/2" VHS / 57 min. (2 tapes) (1985)
Target Audience: Junior and senior high school students

**Harm's Way**

Order From:
National Coordinator
National Head and Spinal Cord
Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: $35
This award-winning spinal cord injury prevention video by film maker Barry Corbet is the most popular classroom presentation of its type. Participants in the video are all young persons who have sustained either a head or spinal cord injury as a result of some risky activity. The film combines music and honest testimony about the thin line between exciting activity and injury-producing activity, with the message that we need not "place ourselves in harm's way."
Format: 1/2" VHS / 19 min. (1986)
Target Audience: Junior and senior high school students

**Hey! New Wheels!**

Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: $20
This presentation uses wheelchairs for its "New Wheels" theme. Produced by the Southeastern Michigan Spinal Cord Injury System, the video makes a strong case against the "It won't happen to me" attitude which many teens hold toward spinal cord injury. Events following the occurrence of a spinal cord injury are covered, including emergency medical procedures, tracheotomy, halo brace, etc. Most causes of spinal cord injury are covered. The use of safety belts is emphasized, with a list of myths and facts about their use included at the end of the tape.
Format: 1/2" VHS / 12 min. (1985)
Target Audience: High school students

**It'll Never Happen To Me**

Order From:
Karen K. Heusel
Suite 325
3951 Snapfinger Parkway
Decatur, GA 30035 (404) 656-0960 or 1-800-342-9819
Cost: $30
TV broadcaster John Jeffers researches a story on safety belts which ends up changing his life. This film, aimed at the general public, destroys the myths and excuses for not wearing safety belts. A person with quadriplegia appears in this film. Due to the limited number of films available, a two week advance notice is required.
Format: 1/2" VHS / 22 min.
Target Audience: General public

**It's Your Move**
Order From:
Spinal Cord Injury Prevention Program
780 S.W. Marine Drive
Vancouver, BC Canada
V6P 5Y7 (604) 875-2222
Attn: Mary Ellen Lower
Cost: $25.00

This video, produced by the Shaughnessy Hospital and the Canadian Paraplegic Association, BC Division, discusses the anatomy of the spine and describes causes and effects of spinal cord injury resulting from diving, skiing, and driving while intoxicated. Persons with paraplegia and quadriplegia relate their stories and advise against taking chances.
Format: 1/2" VHS / 10 min. (1989)
Target Audience: Junior and senior high school students

**Learning How To Dive Safely**
Order From:
National Swimming Pool Foundation
10803 Gulfdale, Suite 300
San Antonio, TX 78216 (512) 525-1227
Cost: $15.20

This diving safety video, produced by the National Swimming Pool Foundation, is narrated by film star Patrick Wayne and features World and Olympic diving champion Greg Louganis and U.S. Olympic diving coach Ron O'Brien. Both Louganis and O'Brien give tips on safe diving in swimming pools, with divers demonstrating safe and unsafe dives. Very specific rules for diving safety are stressed throughout and are listed at the end of the film.
Format: 1/2" VHS / 11 min.
Target Audience: Junior and senior high school students

**A Matter Of Seconds**
Order From:
Immanuel Rehabilitation Center
6901 North 72nd Street
Omaha, NE 68122 (402) 572-2295
Cost: $25

Young people who have sustained head or spinal cord injuries discuss their accidents and how their lives have changed. Their stories include injuries resulting from car accidents, violence (gunshot), drugs and alcohol, diving, biking, and other sports accidents. The video is produced by the Immanuel Rehabilitation Center and the Nebraska Department of Education's Division of Rehabilitation Services.
Format: 1/2" VHS / 11 min. (1986)
Target Audience: Junior and senior high school students

**Project Wipeout**

Order From:
Hoag Hospital
302 Newport Boulevard
Newport, CA 92658-8912 (714) 645-8600
ATTN: Human Resources -- Project Wipe Out
Cost: $25
This is the story of one young man who becomes spinal cord injured after diving head first into shallow water at the beach. Portrayed in great detail by actors, his story covers the injury, emergency medical procedures, acute care, and rehabilitation. The film, produced by Hoag Hospital, is a very realistic portrayal of the events following injury, as well as the emotions experienced by both the victim and his family. Surfing and diving safety is addressed at the end of the film.
Format: 1/2" VHS / 30 min. (1986)
Target Audience: Junior and senior high school students

**Reflections**

Order From:
National Coordinator
National Head and
Spinal Cord Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: $40
"Reflections" is a shortened version of the American Association of Neurological Surgeons/ Congress of Neurological Surgeons film "Harm's Way." For more information, see the description and ordering information under "Harms Way."
Format: 1/2" VHS / 10 min. (1989)
Target Audience: Junior and senior high school students

**Smart Hockey With Mike Bossy**

Order From:
Canadian Sports Spine and Head Injuries Research Centre
Toronto Western Hospital
Division of Neurosurgery
399 Bathurst Street, Toronto
Ontario, Canada M5T 2S8 (416) 369-5890
Cost: $20
This video stars Mike Bossy, a former NHL star, and presents seven tips that will assist hockey players in avoiding serious injuries, especially spinal cord injuries, caused by checking from behind. A brochure, "Neck and Spine Conditioning for Hockey Players," is enclosed with each video.
Format: 1/2" VHS / 14 min. (1988)
Target Audience: Hockey players, coaches, trainers, and parents

**Spinal Injury Management**
Order From:
American Red Cross (local chapter)
Cost: $50

This American Red Cross training video is used in conjunction with water safety training courses taught by the American Red Cross Chapters. The tape begins with a thorough review of the spine's function and form. Although primary spinal injury prevention is covered, the film's main emphasis is on secondary prevention. Topics covered include spine stabilization techniques, rescue breathing, and removing an injury victim from the water.
Format: 1/2" VHS / 26 min. (#329328) (1988)
Target Audience: Junior and senior high school students

**The Time It Takes**
Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020, Ext. 179
Cost: $50

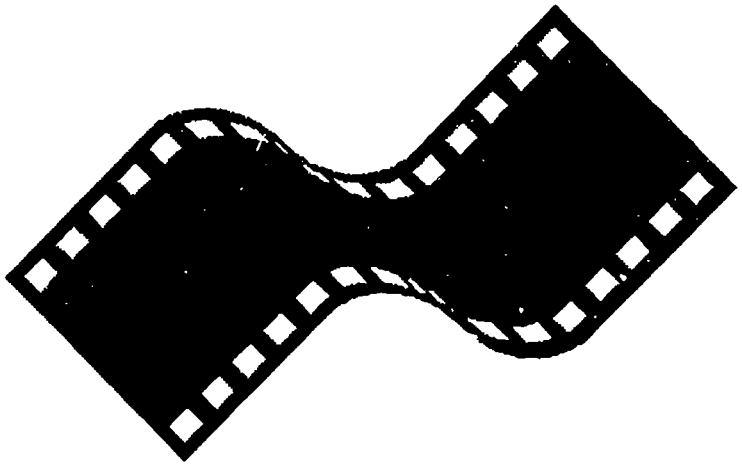
This video, produced by the Shepherd Spinal Center in Atlanta, Georgia, emphasizes the use of safety belts. Testimonials of four young persons with spinal cord injury are presented; none were wearing safety belts at the time of their accidents. Myths about safety belts are addressed in a question and answer format.
Format: 1/2" VHS / 12 min. (1985)
Target Audience: Junior and senior high school students

**The Toney Lineberry Story: Always A Champion**
Order From:
581 Nelwood Place
Manakin-Sabot, VA 23103 (804) 749-3831
ATTN: Toney Lineberry
Cost: To be determined

This new video deals with the personal trauma that an automobile accident inflicts on a victim, his family, and community. The video also includes the highway safety message that Toney carries throughout the country.
Format: 1/2" VHS / 18 min. (1989)
Target Audience: High school students

**Wasted Dreams**
Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: $25

This video is produced by the Southeastern Michigan Spinal Cord Injury System, the Rehabilitation Institute, and the University Health Center in the Detroit Medical Center. Six persons with spinal cord injury, all wounded by gunshots, graphically relate their accidents and how they could have avoided them. The reaction of many victims of violence is that they were in the wrong place at the wrong time. This video's message is that you need not put yourself in the wrong place at the wrong time.
Format: 1/2" VHS / 27 min. (1988)
Target Audience: Junior and senior high school students, general population



# NATIONAL PROGRAMS

There are many organizations across the country which have information and/or materials that may be useful to you when presenting this curriculum. If you would like to supplement curriculum activities or would like more information on spinal cord and brain injury, contact the curriculum's sponsoring institution or one of the organizations listed below.

**American Academy of Pediatrics**
The Injury Prevention Program (TIPP)
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, IL 60009-0927
(312) 228-5005
ATTN: Donald Schiff, M.D., F.A.A.P.
The Injury Prevention Program (TIPP), initiated in 1983, is an educational program for parents of children newborn through 12 years to help prevent injuries from motor vehicles, pedestrian hazards, bicycles, fire in the home, scalds, falls, and poisoning. TIPP provides a systematic method for pediatricians to counsel parents and children about adopting injury prevention behaviors. After parents have filled out a safety survey in the pediatrician's reception room, the pediatrician counsels the child and parent using guidelines prompted by at risk answers.
**Materials:** A package of materials consisting of safety surveys and safety information sheets for use in providing anticipatory guidance to parents and children
**Target Population:** Children newborn through 12 years and their parents

**American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS)**
National Head and Spinal Cord Injury Prevention Program
22 S. Washington Street
Park Ridge, IL 60068
(312) 692-9500
ATTN: Louise S. Miller, National Coordinator
The American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS) program is the standard model for most head and spinal cord injury prevention programs nationwide. The National Program is the product of two ongoing model educational programs: "Feet First First Time" at West Florida Regional Medical Center, and "Head and Spinal Cord Injury Prevention" at the University of Missouri-Columbia (see listings under those states). The AANS/CNS program is designed to make the public, especially those young people most vulnerable to injury, aware of the causes and results of injuries to the head and spinal cord and the prevention of these injuries. A more detailed description of the model program is contained in the introduction to this directory.
**Materials:** Instruction guide, slides, film "Harm's Way," model educational centers, Prevention Pages newsletter
**Target Population:** Young people, individuals and organizations involved with head and spinal cord injury prevention

**American Red Cross**
The American Red Cross Spinal Injury Management Program
Health and Safety Operations Headquarters:

| *Eastern* | *Midwestern* | *Western* |
|---|---|---|
| 615 St. Asaph Street | 10195 Corporate Square | 1870 Ogden Drive P.O. Box 909 |
| Alexandria, VA 22314 | St. Louis, MO 63132 | Burlingame, CA 94010 |
| (703) 838-8818 | (314) 997-3130 | (415) 692-5201 |

American Red Cross Spinal Injury Management is not a single program, but is contained in the following American Red Cross courses and publications: American Red Cross Basic Water Safety, Emergency Water Safety, Safety Training for Swim Coaches, and Lifeguard Training. The goal is to train individuals in the prevention and management of spinal injuries.
**Materials:** Audiovisual and written materials: American Red Cross Basic Water Safety (Stock #329312); American Red Cross Emergency Water Safety (Stock #329313); American Red Cross Safety Training for Swim Coaches (Stock #329449); American Red Cross Lifeguard Training Supplement (Stock #329448); American Red Cross Spinal Injury Management videotape (Stock #329328)
**Target Population:** All participants in American Red Cross programs, from young children through lifeguards

**American Trauma Society**
Tommy Trauma Health Safety Program
1400 Mercantile Lane, Suite 188
Landover, MD 20785
(301) 925-8811; 1-800-556-7890
ATTN: Cink DeVeas, Executive Director
The Tommy Trauma Health Safety Program is a thirty minute videocassette designed for elementary school children through the third grade. The objectives are to familiarize children with trauma and the processes that occur when an injury happens. Children are taught basic principles of prevention, how to recognize a serious injury, and how to get help. In addition, the program familiarizes children with the roles of the police, paramedics, ambulances, physicians, and hospitals in an effort to minimize fear of these entities.
**Materials:** Available for purchase: videotape (three chapters), instructor's guide, poster, coloring books, and badges (the videotape is available for preview)
**Target Population:** Elementary school children K-3

**Aquatic Injury Safety Foundation**
1555 Penobscot Building
Detroit, MI 48226
(313) 963-1600; 1-800-342-0330
ATTN: Ronald R. Gilbert, Chairman
The Aquatic Injury Safety Foundation, established in 1988, is a national, non-profit safe diving educational organization dedicated to reducing the number of diving injuries, drownings, and near-drownings. The Foundation uses the format of the "Feet First First Time" program and disseminates free sample "No Diving" signs and "Diving is Deadly" brochures for use in various

aquatic areas. One of the Foundation's goals is to establish a Minimum Safe Diving Depth in cooperation with the American Red Cross and other safety groups. The Foundation also seeks mandatory education for aquatic safety and spinal cord injury prevention in elementary school systems.
**Materials:** Those of other aquatic safety groups, including the American Red Cross; film "Harm's Way"
**Target Population:** Young male divers

**Foundation for Spinal Cord Injury Prevention**
SCI Prevention Program
1555 Penobscot Building
Detroit, MI 48226
(313) 963-1600 (MI), 1-800-342-0330 (USA)
ATTN: Ronald R. Gilbert, Founder
The Foundation for Spinal Cord Injury Prevention works to provide coordination and networking of spinal cord injury prevention groups around the country. In addition, the Foundation is working on public service announcements, a mandatory education program, and mandatory spinal cord injury reporting bills. This organization also provides information and prevention materials to interested groups and individuals, and is currently working on a directory of prevention materials.
**Materials:** Numerous films, an information clearinghouse
**Target Population:** Groups and individuals interested in spinal cord injury prevention

**National Coalition to Prevent Childhood Injury**
National Safe Kids Campaign
Children's Hospital Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
(202) 939-4993
ATTN: Susan Farrall
The National Coalition to Prevent Childhood Injury is an organized network consisting of medical and safety organizations, children's advocates, business people, government leaders, and teachers who have united to make a difference in how we protect our children. The organization is tackling the complex problem of childhood injury prevention from several different angles, including uniting diverse groups, developing educational programs, initiating public policy changes, and raising awareness through the media. The Coalition also carries on a community bicycle helmet campaign for children.
**Materials:** Numerous materials including a leader's manual, bicycle strategy guide, newsletters, video "The Official Kids Safety Quiz,"
**Target Population:** Children and parents, legislators, etc.

**National Head Injury Foundation, Inc.**
Head Injury Prevention (Corporate Safety Belt Program, etc.)
333 Turnpike Road
Southborough, MA 01772
(508) 485-9950, Family Help Line 1-800-444-NHIF
ATTN: Heidi Hansen McCrory, Director of Public Affairs
The NHIF's employee education programs for corporations and businesses are currently some of the most effective programs for increasing belt use, both on and off the job. Consequently, NHIF is focusing its efforts on these programs.
**Materials:** An information clearinghouse for fact sheets, articles, and other educational materials, including manuals for corporate safety belt campaigns.
**Target Population:** Motor vehicle riders, business managers/employers

**National Highway Traffic Safety Administration**
400 Seventh Street S.W.
Washington, D.C. 20590
Auto Safety Hotline 1-800-424-9393 (Wash. D.C. area 366-0123)
ATTN: Nancy Rubenson, Highway Safety Specialist, Program Development & Planning Division, Office of Occupant Protection
There are several offices within the National Highway Traffic Safety Administration that may be helpful to persons interested in preventing spinal cord injury. The National Center for Statistics and Analysis, NRD-30, collects, analyzes, and reports data on serious and fatal highway crashes. The Office of Enforcement and Emergency Services, NTS-40, offers training programs for enforcement and EMS personnel. The Office of Alcohol and State Programs, NTS-20, develops programs to promote sober driving and prevent pedestrian, bicycle, school bus, and motorcycle accidents. The Office of Occupant Protection, NTS-10, develops programs to increase the use of motor vehicle occupant protection devices such as safety belts, air bags, and child safety seats.
**Materials:** Fatal Accident Reporting System and National Accident Sampling System Annual Reports; Occupant Protection Facts; Drunk Driving Facts; National EMS Week Idea Sampler, "Your Time to Shine; "The Community & Law Enforcement: Teaming Up to Save Lives;" National Drunk and Drugged Driving Week Idea Sampler; National Child Passenger Safety Awareness Week Idea Sampler; National Buckle-Up America Week Idea Sampler
**Target Population:** Persons interested in highway safety

**National Safety Council**
Back Injury and Motor Vehicle Safety
444 North Michigan Avenue
Chicago, IL 60611-3991
(312) 527-4800
ATTN: Bob O'Brien, Director, Public Relations
Founded in 1913, the mission of the National Safety Council is to educate and influence society to adopt safety and health policies, practices, and procedures that prevent and mitigate human and economic losses arising from accidental causes. While the Council does not conduct a specific program in spinal cord injury prevention, various safety education materials are available. The

Council also operates a Safety and Health Library with extensive database capability.
**Materials:** Videos, booklets, reference manual, and press releases
**Target Population:** General public/safety and health personnel

**National Spinal Cord Injury Association**
Spinal Cord Injury Public Education Program
600 West Cummings Park
Suite 2000
Woburn, MA 01801
(617) 935-2722; **National Information Line 1-800-962-9629**
ATTN: Mark Odum
The National Spinal Cord Injury Association is a consumer-based membership organization whose purpose is to address the needs of persons with spinal cord injury or disease. At the national level, the Association conducts programs in the areas of research and services. A Prevention Committee within the Association is active in implementing a program of public education that focuses on prevention of spinal cord injury and abilities of individuals who have been paralyzed as a result of spinal cord injury. A list of the 30 local chapters can be obtained by writing to the Association's national office. The program was begun in 1948 by the Paralyzed Veterans of America.
**Materials:** Fact sheets on spinal cord injury, posters on diving and skateboarding safety, brochures on safe diving, publications including the National Resource Directory for persons with spinal cord injury and other physical disabilities
**Target Population:** Person with spinal cord injury or interested in spinal cord injury prevention

**Recreation Safety Institute**
Spinal Cord Injury Prevention Program
P.O. Box 392
Ronkonkoma, NY 11779
(516) 563-4806
ATTN: Arthur H. Mittelstaedt, Jr., Ed.D., Administrator
Established in 1986, this program promotes an awareness of safe play on playgrounds via a teachers' workbook complete with iilustrations, overhead acetates and coloring pages, plus instructions for classroom projects. The objectives of the program are to provide familiarity with the proper uses of playground equipment and warning/prohibition signs.
**Materials:** "I PLAY SAFE" teacher's guide with acetates for overhead projector
**Target Population:** Preschool and elementary school children

**United States Diving Inc.**
U.S. Diving Safety Certification
Safety and Development
Pan American Plaza
201 S. Capitol Avenue, Suite 430
Indianapolis, IN 46225
(317) 237-5252
ATTN: Janet L. Gabriel, Director of Education, Safety, and Development
The U.S. Diving Safety Certification Course and Exam for competitive diving coaches/instructors, officials, administrators, pool supervisors, and pool designers is designed to enhance safety awareness in the sport of competitive diving. This program emphasizes philosophy of safety awareness, legal and medical responsibilities, environmental safety factors, performer readiness, skill progressions, spotting safety, trampoline, spinal cord injury prevention for both recreational swimmers and competitive divers, and education materials and resources.
**Materials:** "U.S. Diving Safety Manual" and "Diving Safety, A Position Paper"
**Target Population:** Children through 19 years of age, senior and master's coaches and officials

**United States Lifesaving Association (USLA)**
United States Lifesaving Association
425 E. McFetridge Drive
Chicago, IL 60605
(312) 294-2333
ATTN: Ray Colonna, Executive Director
The USLA is a professional nonprofit organization of lifeguards from throughout the United States. There are seven regions and 271 chapters. Each chapter is unique in its prevention presentation which is based on the geographic area water levels and problems. The presentations are 30-45 minutes and address water, beach and skin safety, and spinal cord injury prevention as it relates to diving and surfing.
**Materials:** USLA coloring book, Teddy Ruxpin (presentation for younger children), slides, "Project Wipeout" materials
**Target Population:** Preschool through high school

# SPINAL CORD INJURY CARE SYSTEMS

There are currently 13 model regional spinal cord injury care systems across the country. These systems, funded by the National Institute on Disability and Rehabilitation Research (NIDRR), offer a coordinated system of care from emergency medical services through acute care, rehabilitation, and lifetime follow-up.

**Georgia Regional Spinal Cord Injury System**
Shepherd Center for Treatment of Spinal Injuries
2020 Peachtree Road, North West
Atlanta, GA 30309
(404) 352-2575

**Midwest Regional Spinal Cord Injury Care System**
Northwestern Univ. Med. Center
Northwestern Memorial Hospital
250 East Chicago Avenue, Suite 619
Chicago, IL 60611
(312) 908-3425

**Mt. Sinai Spinal Cord Injury Model System**
Mount Sinai School of Medicine
One Gustave Levy Place
Box 1240
New York, NY 10029
(212) 241-9657

**Northern California Spinal Cord Injury Care System**
Santa Clara Valley Medical Center
751 South Bascom Avenue
San Jose, CA 95128
(408) 299-5643

**Northern New Jersey Spinal Cord Injury System**
Kessler Institute for Rehabilitation, Inc.
1199 Pleasant Valley Way
West Orange, NJ 07052
(201) 731-3600, ext. 250

**Northwest Regional Spinal Cord Injury System**
University of Washington, Rehabilitation Medicine
BB 919 Health Science Bldg.
1959 N.E. Pacific Street
Seattle, WA 98195
(206) 543-3600

**Regional Spinal Cord Injury Center -Delaware Valley**
Thomas Jefferson Hosp/Spinal Cord Center
111 South 11th Street
Philadelphia, PA 19107
(215) 928-6573

**Regional Spinal Cord Injury Care System of Southern California**
Rancho Los Amigos Hospital
7601 East Imperial Highway-Harriman Bldg., 121
Downey, CA 90242
(213) 940-7167

**Rocky Mountain Regional Spinal Cord Injury System**
Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110
(303) 789-8220

**Southeast Michigan Spinal Cord Injury System**
Rehab. Institute of Detroit SCI Unit
Wayne State University
261 Mack Boulevard
Detroit, MI 48201
(313) 745-9731

**Texas Regional Spinal Cord Injury System**
The Institute for Rehab. and Research
Texas Medical Center
1333 Moursund Avenue
Houston, TX 77030
(713) 797-5910

**University of Alabama at Birmingham (UAB) Spinal Cord Injury Care System**
SRC Room 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

**University of Michigan Model Spinal Cord Injury System**
300 North Ingalls Bldg.
NI-2A09-0491
Ann Arbor, MI 48109-0491
(313) 745-9731

The UAB Spinal Cord Injury Care System serves as the national repository of data collected by these 13 systems. These data are managed in the National Spinal Cord Injury Statistical Center (NSCISC). In 1986, UAB published Spinal Cord Injury: The Facts and Figures, which presents statistics based on the data in the NSCISC database. For further information or to purchase this book, contact: **The National Spinal Cord Injury Statistical Center (NSCISC)**, University of Alabama at Birmingham, SRC Room 547, UAB Station, Birmingham, AL 35294, (205) 934-3320.

# TRAUMATIC BRAIN INJURY CARE SYSTEMS

There are five model regional traumatic brain injury care systems in the U.S. Like the SCI Care Systems, they are funded by the National Institute on Disability and Rehabilitation Research and offer a coordinated system of care for persons with traumatic brain injuries.

**Comprehensive Model of Research and Rehabilitation for the Traumatically Brain Injured**
Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

**Comprehensive System of Care for Traumatic Brain Injury**
Institute for Medical Research
Santa Clara County
2260 Clove St.
San Jose, CA 95128
(408) 299=5641

**Model Project for Comprehensive Rehabilitation Services to Individuals with Traumatic Brain Injury**
Mt. Sinai Medical Center
School of Medicine
One Gustave L. Levy Place
New York, NY 10029
(212) 241-9657

**Model System for Minimizing Disability After Head Injury**
Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 797-5731

**Southeastern Michigan Traumatic Brain Injury System**
Wayne State University
Department of Neurology
Detroit, MI 48202
(313) 745-2294

# INJURY PREVENTION RESEARCH CENTERS

Injury Prevention Research Centers (IPRCs) were established by the Centers for Disease Control (CDC) to develop a comprehensive approach to the nation's injury problem. Objectives of these centers include integrating aspects of various disciplines (medicine, engineering, social sciences, rehabilitation, etc.), supporting research, evaluating intervention techniques, and making this expertise available for injury prevention, surveillance, and control. There are currently seven IPRCs:

**Harvard University**
Injury Prevention Research Center
Department of Health Policy and Management
Health Service of Public Health
677 Huntington Avenue
Boston, MA 02115
(617) 732-1090

**Johns Hopkins University**
Injury Prevention Research Center
School of Hygiene and Public Health
Fifth Floor
624 N. Broadway
Baltimore, MD 21205
(315) 955-3995

**University of Alabama at Birmingham (UAB)**
Injury Prevention Research Center
THT 433
UAB Station
Birmingham, AL 35294
(205) 934-7845

**University of California -- Los Angeles**
Injury Prevention Research Center
School of Public Health, Room 76-078
University of California
Los Angeles, CA 90024-1772
(213) 825-7066

**University of California -- San Francisco**
Injury Prevention Research Center
Ward 3A
1001 Potrero Avenue
San Francisco, CA 94110
(415) 821-8818

**University of North Carolina -- Chapel Hill**
Injury Prevention Research Center
School of Public Health
Rosenau Hall, CB 7400
Chapel Hill, NC 27599-7400
(919) 966-3916

**University of Washington**
Harborview Injury Prevention Research Center
633 Yesler Way, Suite 32
Seattle, WA 98104
(206) 223-3408

# RESEARCH AND TRAINING CENTERS

Rehabilitation Research and Training Centers, funded by the National Institute on Disability and Rehabilitation Research, conduct coordinated programs of rehabilitation research, provide training to research and other rehabilitation personnel, and assist individuals in providing rehabilitation services. There are four centers involved in some aspect of spinal cord injury care and four centers involved in traumatic brain injury care:

**Community Oriented Services for Persons with Spinal Cord Injury**
Baylor College of Medicine and The Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 799-7011

**Neural Recovery and Functional Enhancement (Spinal Cord Injury)**
Jefferson Medical College
Thomas Jefferson University
111 South 11th St., Suite 9605
Philadelphia, PA 19107
(215) 928-6573

**Prevention and Treatment of Secondary Complications of Spinal Cord Injury**
Rehabilitation Institute of Chicago
345 East Superior St.
Chicago, IL 60611
(312) 908-6017

**Prevention and Treatment of Secondary Complications of Spinal Cord Injury**
University of Alabama at Birmingham
Department of Rehabilitation Medicine
SRC 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

**Community Integration of Persons with Traumatic Brain Injury**
State University of New York/Buffalo
197 Farber Hall, 3435 Main St.
Buffalo, NY 14214

**Rehabilitation of Traumatic Brain Injury and Stroke**
New York University Medical Center
Department of Physical Medicine
550 First Ave.
New York, NY 10016
(212) 340-6161

**Severe Traumatic Brain Injury**
Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

**Traumatic Brain Injury**
Unversity of Washington
Department of Rehabilitation Medicine
BB919 Health Sciences Bldg.
Seattle, WA 98195
(206) 543-6766

# COMPREHENSIVE HEAD INJURY PREVENTION AND REHABILITATION CENTERS

The Rehabilitation Services Administration in the Department of Education has provided funding for the initiation of a system of regional (multi-state) comprehensive head injury prevention and rehabilitation centers. The four established centers are:

**Comprehensive Regional TBI Center**
Mt. Sinai Medical Center
1 Gustave Levy Place
New York, NY 10029
(212) 241-7917

**Midwest Regional Head Injury Center**
Rehabilitation Institute of Chicago
345 East Superior
Chicago, IL 60611
(312) 908-8785

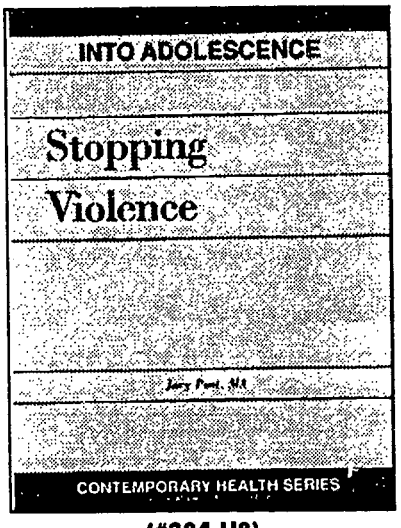
**Rocky Mountain Regional Head Injury Center**
Colorado Rehabilitation Services
1575 Sherman St., 4th Floor
Denver, CO 80203
(303) 331-8367

**Southwest Regional Comprehensive Brain Injury Center**
The Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, TX 77030
(713) 666-7323

# More Great Ways to Teach Injury Prevention Skills!

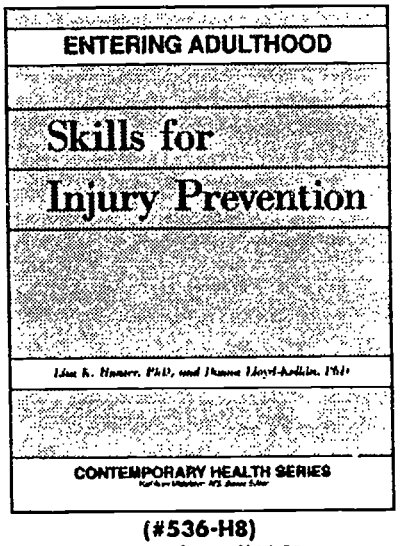
## Ready-to-Teach Curricula

**For Middle School**




**(#384-H8)**
116 pages/paper/$19.95

**For High School**




**(#536-H8)**
60 pages/paper/$19.95

**"Chill Out!" Pamphlets**


**(#037-H8)** **(#192-H8)**

**We Provide Free Pamphlet Samples! Call 1(800)321-4407.**

**Bulk Prices Per Title Begin at 50 Pamphlets For $15.00**

**For more information and a complete catalog of over 500 family life and health education books, videos and pamphlets...**

## Call Toll-Free 1 (800) 321-4407

*or contact:*

**Sales Department**
**ETR Associates**
**P.O. Box 1830**
**Santa Cruz, CA 95061-1830**

**FAX: (408) 438-4284**

**Prices subject to change without notice.**

# Preventing Injury

## A Safety Curriculum
## Grades 5 and 6

Help young children establish life-long safety habits with this one-of-a-kind curriculum for Preschool through Grade 6. Unlike most safety programs, *Preventing Injury: A Safety Curriculum* specifically targets children in primary and elementary school and provides a firm foundation of knowledge, attitudes and injury prevention skills that kids can carry into adulthood.

*Preventing Injury* focuses on spinal cord and traumatic brain injury, educating children about the risky behaviors that can lead to these severe injuries. The lively activities and thematic cartoon characters convince kids that safe behavior is "smart and cool," while dispelling the common myth that injuries always happen to someone else.

Extensively pilot-tested and evaluated by a team of early childhood and injury prevention specialists at the University of Alabama at Birmingham, *Preventing Injury* is available in four age-appropriate volumes:

- Preschool–Kindergarten
- Grades 1 and 2
- Grades 3 and 4
- Grades 5 and 6

Each volume provides comprehensive coverage of these eight critical areas:

- Spinal Cord and Brain Injury Awareness
- Motor Vehicle Safety
- Pedestrian Safety
- Bike Safety
- Playground/Recreational Sports Safety
- Preventing Falls
- Weapons Safety
- Water Safety

ISBN 1-56071-116-7
51995>
9 781560 711162
$19.95

ETR Associates
Santa Cruz, California