

Recognizing the Signs and Symptoms of Brain Injury

Given the complex nature of the human brain, it is not surprising that there is no one symptom that conclusively indicates that a person has suffered a brain injury. However, when combined with a full picture of the person before a concussive event has occurred, those who interact with a person are more likely to be able to spot these injured brains. Hopefully reading this article will help you to ask the questions of not only your client, but also of client's family and friends, and even coworkers.

It would be much easier for all involved, and certainly much better for our clients, if the medical community was focused on always looking for the brain injuries. But given the way in which trauma centers and emergency rooms are structured, namely to triage patients and send home those who do not appear to be suffering from any life-threatening injuries as quickly and efficiently as possible, we should expect our brain injured clients to fall the cracks in so far as a diagnosis is concerned. We can help them get the care and the compensation they need by knowing what questions to ask and what to keep looking for as the recovery process begins.

So here are some of the prevailing myths that the adjusters and insurance attorneys hope to keep alive and well and how to overcome them.

Urban Legend #1:

No loss of consciousness was noted on the records so my client could not have a brain injury.

Shockingly, the medical field relies on the person who has been through a traumatic injury to know whether she/he lost consciousness. However, unless the injured person has an onlooker who did not suffer an injury or who did see her lose consciousness, this form or reporting has no value. In a person who lost only a slim time of consciousness, how will they know that they did since they were not conscious? It seems obvious to us, yet ask any medical professionals and this is the process that they are taught to follow (and the one on which the insurance adjusters and the defendant's paid doctor will hang their hats).

Urban Legend #2:

My client's head did not hit anything so my client could not have a brain injury.

Although a few decades ago many believed that you could only get a concussion, and therefore brain injury, if the head struck a hard surface, this myth was disproven. Once lay people understood that our brains float in a viscous substance that does not prevent them from impacting with the skull, then we lawyers knew that our clients simply had to experience a sudden change in the speed or direction of the movement of the head to likely have a brain injury.

Urban Legend #3:

My client does not suffer from headaches anymore so even if there was a brain injury it must have healed.

Although many people with brain injuries suffer from headaches, not all do. And even those who have headaches from an injury and have them resolve, can suffer from a brain injury for

months, years and sometimes a lifetime. Although the presence of headaches after an injury is highly indicative of the head injury, headaches are simply one symptom. The damage to the brain does not heal merely because the head stops sending pain signals.

Urban Legend #4

A CT Scan of my client's brain was negative so no brain injury occurred.

The purpose of the CT Scan is to detect the presence of any brain bleeds, current if done at or near the time of the injury, or past bleeds if done later in the treatment of your client. Because a majority of brain injuries (which, by the way, is the same as a "traumatic brain injury" or tbi) do not involve bleeding on the brain, this test will appear normal. Currently, the best methods for documenting abnormalities in the brain due to an injury are: 1) a functional MRI (fMRI), and 2) Diffuse Tensor Imaging (DTI). The problem is that since health insurance companies will not pay for this testing, few doctors are fluent in the technology and few machines exist to have it done.

So how do we help our clients and their families identify the signs and symptoms that may be indicating that someone has suffered a traumatic brain injury? The best way is to start by asking both the injured and that person's family and friends about the presence of or changes in any of the following:

- Complaints of headaches or dizziness
- Vision changes
- Sensitivity to light or sound
- Balance issues- including stumbling or tripping
- Speech and Language difficulties
- Communication difficulties- including repetitive, slurred, too fast or too slow speech
- Attention deficits
- Fatigue and Tiredness
- Increased impulsiveness
- Irritability- wide emotional swings
- Low frustration threshold
- Temper outbursts and changes in mood
- Learning and memory problems- sometimes only short-term, and sometimes just the ability to learn new information
- Inflexibility
- Lack of initiative
- Disassociation between thought and action- such as between what is safe and what is dangerous
- Socially inappropriate behaviors
- Self-centeredness and lack of insight
- Poor self-awareness
- Personality changes
- Delayed reaction times
- Difficulty sleeping, hyperactivity
- Excessive daytime drowsiness

Although some of these lines of inquiry may seem repetitive, it is surprising how different questions and discussions may cause a particular witness to recall a specific incident.

In addition to the obvious issue which is our duty to fully represent our clients' injuries and to work to obtain fair compensation for those injuries, the importance of asking these questions from the outset of all of any and all individuals with whom your client interacts is that the greatest chance of recovery occurs based upon the amount of therapy received in the first 5 months post-injury. Furthermore, the sooner the therapy begins, the reduced likelihood that the brain injured clients will develop the complications that are clinically known to result. As has been shown in statistically significant results, TBI begins a chronic disease process that affects the person's morbidity and can result in the risk of epilepsy, sleep disorders, including sleep apnea, Alzheimer's disease, chronic traumatic encephalopathy (CTE), Parkinson's disease, neuroendocrine disorders and psychiatric disease.