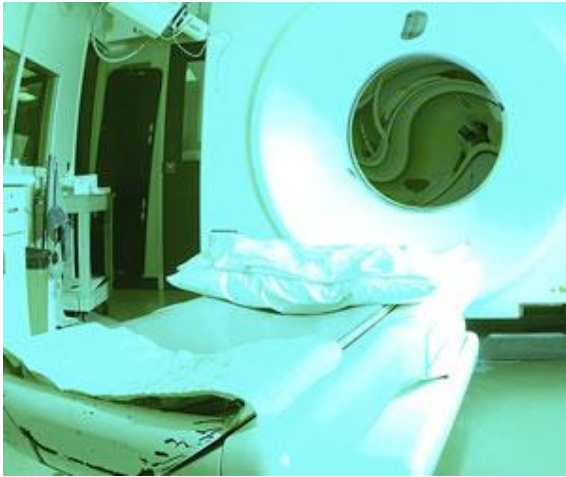


Sevey, Donahue & Talcott, L.L.P. - Brain Injury Information

Injuries to the brain are often difficult to properly diagnose. Retaining the right Neurologist, Neurosurgeon, and Neuropsychologist are crucial. We work with the best doctors in the surrounding areas to make sure our clients obtain the best care available.



MRI's do not always provide the answers family and friends are searching for. Proper medical evaluation is necessary. Sometimes your regular doctor is helpful, but he may not have the right qualifications and expertise to really diagnose the problem. Sometimes your own health insurance carrier without your knowledge acts to prevent further medical workup. Sometimes cost of further evaluation is their main concern, rather than your health. Do you trust your health insurance carrier to provide you with the best medical attention? In our experience we have learned the hard way, and we don't trust health insurance carriers. We can assure you that we won't allow your proper treatment to slip through the cracks.

As an example of things that can go wrong. You're involved in an automobile accident. You were rear ended and badly shaken. Your head never made contact with the inside of the vehicle. Your symptoms include a throbbing headache, slight memory loss, and difficulty doing your regular job functions. You were seen at the hospital and an MRI was performed. The MRI was read as normal. The doctors tell you your fine. However symptoms persist for months. Your regular doctor, family doctor or internal medicine doctor tell you the same thing. You want to see a specialist but your regular doctor won't refer you or your insurance won't authorize it.

At this point you're stuck. You can't afford a specialist on your own and you're running into hurdles. Is it possible you suffered a mild brain injury in this accident? Of course, but where's the proof?

At this point without a qualified attorney in dealing with brain injury cases you are simply diagnosed with headaches possibly related to a motor vehicle accident. The real diagnosis, whether something mild or something more serious has never been discovered. In reality it's never been looked into.



If you try and settle your case on your own, you'll be offered damages in relation to the documented evidence to date. To date the evidence will have revealed little and your case will be valued by the defendant's insurance carrier as minor.

There is help. We can assure you that the next step is taken. We can assure you that if necessary you will be seen by a neurologist or neurosurgeon to evaluate for the possibility of even a minor brain injury. If the doctor opines that you do show evidence of a brain injury, whether mild or major, than we would make sure you were followed up with a neuropsychological examination.

You will pay nothing out of pocket for these services until the case is settled. Each brain injury case is somewhat different. Each will require the appropriate experts to aid in a fair and reasonable evaluation. Brain injury cases, if litigated correctly can provide significant results for the client.

What is a Traumatic Brain Injury?

TBI, also known as acquired brain injury or simply head injury, occurs when a sudden trauma causes damage to the brain. The damage can be focal, confined to the area one area of the brain, or diffuse, involving more than one area of the brain. A closed head injury occurs when the head suddenly or violently hits an object, but does not break through the skull. Some closed injuries can be caused when the head is forced backward and forward without impacting an object.

What are some of the symptoms of a Traumatic Brain Injury?

Symptoms of a Traumatic Brain Injury can be mild to severe depending upon the extent of damage to the brain. Some symptoms are evident immediately. Some do not become evident for days or weeks following an accident. A person with mild Traumatic Brain damage may remain conscious or may experience mild loss of consciousness. Some may feel dazed and notice lightheadedness, blurred vision or tired eyes. Some of our our clients notice ringing in their ears, this is called tinnitus. Other symptoms include: change of taste, fatigue, change in sleep patterns, mood changes; difficulty with memory, concentration, attention and thinking.

A person with moderate to severe Traumatic Brain Injury may show these same symptoms, but may also have headaches that get worse or do not go away. Some notice repeated vomiting or nausea and a sense of loss of balance. Some experience convulsions or seizures, inability to awaken from sleep, dilation of one or both pupils of the eyes, slurred speech, weakness or numbness in the extremities, loss of coordination, and increased confusion.

What are the different types of Traumatic Brain Injuries?

A concussion is the most minor and most common type of traumatic brain injury. A concussion is a short loss of consciousness in response to a head injury.

Skull fractures occur when the bone of the skull cracks or breaks. A depressed skull fracture occurs when pieces of broken skull press into the tissue of the brain. A penetrating skull fracture occurs when something pierces the skull, such as a bullet or foreign object.

Skull fractures can cause bruising of the brain tissue called a contusion. A contusion is a distinct area of swollen brain tissue mixed with blood released from the broken blood vessels. A contusion can also occur in response to the brain moving back and forth within the confines of the skull. This is called Contrecoup. This occurs in high speed stops related to auto accidents. Contrcoup can cause diffuse axonal injury, also called shearing, which involves damage to individual nerve cells or neurons and loss of connection among neurons. This can lead to a breakdown of overall communication among neurons in the brain.

Damage to a major blood vessel in the head can cause a hematoma, or heavy bleed into and around the brain. Three types of hematomas can cause brain damage. An epidural hematoma involves bleeding into the area between the skull and the dura. With a subdural hematoma, bleeding is confined to the area between the dura and the arachnoid membrane. Bleeding within the brain itself is called intracerebral hematoma.

The Glasgow Coma Scale

Usually at the scene of an incident the paramedics use this scale to assess the client's level of consciousness and neurological function.

Eye opening part has four scores:

- 4 indicates that the client can open his eyes spontaneously.
- 3 is given if the client can open his eyes on verbal command.
- 2 indicates that the client opens his eyes only in response to painful stimuli.
- 1 is given if the client does not open his eyes in response to any stimuli.

Verbal response has five scores:

- 5 is given if the client is oriented and can speak coherently.
- 4 indicates that the client is disoriented but can speak coherently.
- 3 means the client uses inappropriate words or incoherent language.
- 2 is given if the client makes incomprehensible sounds.
- 1 indicates that the client gives no verbal response at all.

The motor response test has six scores:

- 6 means the client can move his arms and legs in response to verbal commands.
- A 5-2 score is given if the patient shows movement in response to a variety of stimuli, including pain.
- 1 indicates that the client shows no movement in response to stimuli.

What does the Glasgow Coma Scale mean?

The results of the three tests are added to determine the clients overall condition at the scene. A total score of 3 to 8 indicates a severe head injury, 9 to 12 indicates a moderate head injury, and 13 to 15 indicates a mild head injury. Note: We've represented clients with a score of 15 who actually suffered a skull fracture with loss of consciousness before the paramedics arrived. This test should not be used to diagnose the extent of actual brain injury. Further diagnostic test are necessary.

What types of diagnostic tools are available to identify the problem?

Every client wants answers to why they are feeling the way they are. There are many options available to aid in diagnosing the cause of your symptoms. We have access to Neurologist, Neurosurgeons, Neuropsychologist, MRI, CT and PET scan facilities and much more. Soon a new MRI unit will be available in the Sacramento area. This unit is a load bearing unit, and there is no tube involved. The patient sits in a seat and the magnets are to the side. You can visit this unit at www.Fonar.com

What Disabilities can result from a Traumatic Brain Injury?

Disabilities resulting from a Traumatic Brain Injury depend upon the severity of the injury, the location of the injury, and the age and general health of the client. Some common disabilities include problems with cognition(thinking, memory, and reasoning), sensory process (sight, hearing, touch, taste, and smell), communication (expression and understanding), and behavior or mental health (depression, anxiety, personality changes, aggression, acting out, and social inappropriateness).

Within days to weeks of the head injury approximately 40% of Traumatic Brain Injured clients develop a host of symptoms, collectively called post concussion syndrome (PCS). A client need not have suffered a concussion or loss of consciousness to develop the syndrome and many clients with mild brain injuries suffer from post concussion syndrome. Symptoms include headache, dizziness, vertigo, memory problems, trouble concentrating, sleeping, problems, restlessness, irritability, apathy, depression, and anxiety. These symptoms may last for a few weeks after a head injury.

Most clients with severe Traumatic Brain Injuries suffer from cognitive disabilities, including loss of many higher level mental skills. The most common cognitive impairment among severely head injured clients is memory loss, characterized by some loss of specific memories and the partial inability to form or store new ones. Some of these clients may experience post-traumatic amnesia (PTA), either anterograde or retrograde. Anterograde is impaired memory of events that happened after the accident, while retrograde is impaired memory of events that happened before the accident.

Many clients with mild to moderate head injuries who experience cognitive deficits become easily confused or distracted and have problems with concentration and attention. They also have problems with higher level executive functions. These problems can make work function difficult. Recovery from cognitive deficit is greatest within the first 6 months after the injury and more gradual after that.

What are the long term problems associated with Traumatic Brain Injuries?

Some of the long term problems that can develop are: Alzheimer's disease, Dementia Pugilistica, and Post Traumatic Dementia. Retained experts can aid in determining the risk of future problems. Knowledge that problems may occur is important in evaluating the value of long term care and medical cost. We're here to help. If you have any questions or want to schedule a free case evaluation please call us at 916-788-7100.