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QUESTION: *Can a whiplash injury cause a permanent traumatic brain injury and does this increase a client's risk for future medical problems?*

Medical Settle, LLC Response:

We recently had a case of a 57-year-old man whose vehicle was 'T-boned' at 30 m.p.h. on the right rear passenger door panel (a 'far-side' motor vehicle crash). The impact caused the client's vehicle to zigzag into the opposing lane, resulting in repetitive side-to-side whiplash movements of his head and neck.

Studies show that during a far-side MVC, the lap belt restrains the pelvis, however the head, neck and torso are unrestrained, which causes excessive rotation toward the point of impact and often more severe injuries than those of frontal MVCs.* Indeed, this client sustained a herniated disc at C5-C6 with compression of the C6 nerve root (numbness to the thumb) in addition to soft

tissue injuries of the neck. Within 24 hours, he also exhibited symptoms in every recognized diagnostic traumatic brain injury (TBI) category: physical, cognitive, emotional, and sleep. His impairments included dizziness, noise/light sensitivity, ringing in the ears, imbalance, decreased memory and concentration, slurred speech, anxiety and depression, and insomnia. It is well documented in the medical literature that whiplash injuries can result in traumatic brain injury due to axonal shearing (a microscopic injury not visible on routine neuroimaging).* In this case, the diagnosis of traumatic brain injury was made based on symptom

report and abnormalities on exam, including abnormal eye movements, poor balance, slow coordination, and low cognitive scores.

Multiple physicians, including a neurologist, diagnosed the client with “mild” TBI and “post-concussion syndrome.” Note, however, that the initial assignment of TBI severity (mild/moderate/severe) pertains only to the client’s status within the first 48 hours post-injury. For example, if a client does not need emergency treatment for a ‘brain bleed,’ then his brain injury will initially be identified as ‘mild.’

However, the second assessment of TBI severity is based on the client’s risk for long-lasting or permanent problems. Studies show that TBI signs and symptoms that persist for three years or longer are permanent.* Thus, this client who remains symptomatic four years post-MVC, has a permanent injury, and is now at greater risk for a variety of neurological illnesses, including epilepsy, stroke, and neurodegenerative disease (especially Parkinson’s).* The client will need to be monitored and evaluated for these medical problems, and it is imperative that he be afforded appropriate future medical care. In addition, studies show that life expectancy in patients with chronic brain injury is on average 7-9 years shorter.* These morbidity and mortality risks should be factored into any assessment of a client’s overall injury and loss.

*Citations from the medical literature are provided in Medical Settle’s formal Medical Opinion Reports.



Contact us for a free 30-minute consultation about your client’s case.

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