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Privileged Communication

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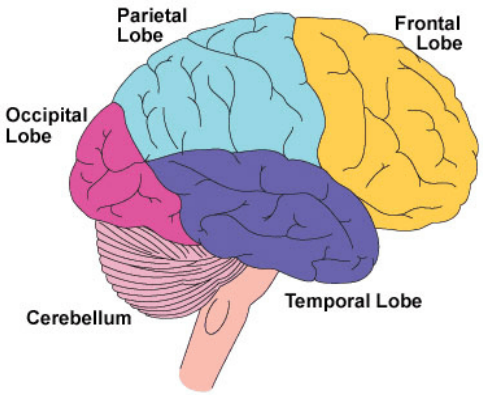
Mild Traumatic Brain Injuries

According to the Center for Disease Control, mild traumatic brain injuries [TBI] are defined as any period of observed or self reported:

- transient confusion
- alteration in memory (amnesia)
- loss of consciousness lasting less than 30 minutes
- Other signs such as seizures starting after the head injury, headaches, irritability, fatigue, poor concentration and dizziness help support, but are not diagnostic without one of the above.

A person with a mild TBI appears normal. It may be days or weeks before any signs or symptoms are noticed and is usually picked up first by friends, families or co-workers. Possible signs and symptoms other than the above include:

- blurred vision
- ringing in the ears
- bad taste in the mouth
- changes in sleep patterns
- changes in behavior or mood
- difficulty with memory, concentration, attention and thinking.



There are 2 different mechanisms of injury. The first is the primary injury, which is tissue damage at the time of impact. The second is a secondary injury, where tissue damage occurs hours later due to: 1) swelling of the brain, 2) diffuse axonal injury or widespread injury to nerves in the brain due to shearing, or 3) vascular injury due to bleeding or emboli, causing lack of blood flow to an area. If you remember Natasha Richardson's ski accident and death last year, she was fine initially and did not show any signs of injury until several hours later.

A cerebral contusion involves trauma to the brain's surface. It produces significant swelling and is most pronounced 3-4 days after the injury.

Coup/contrecoup injuries or acceleration/deceleration injuries occur when the head is thrust in one direction and the soft brain collides with the hard, rough inside surface of the skull in the opposite direction. The nerve cells are compressed, twisted and turned causing shearing. If they have had a previous head injury this can increase the amount of damage also.

If you have a client with a mild TBI it may be helpful to give a checklist of the possible signs and symptoms to the spouse, or another person that may act as a witness of your client's condition, to help identify what your client was like before and after the injury. **Contact us if you would like a sample that you can incorporate into your practice.**

MRIs and SPECT scan [single photon emission computed tomography] are frequently used to diagnose mild TBI. It usually takes at least 2 weeks after an injury to show changes on MRI. There are a variety of radiology techniques used in these procedures that aid in the diagnosis. In a SPECT scan, a radioactive tracer is injected into a vein to show the blood flow and brain tissue perfusion. However, some people with mild TBI may not show any abnormalities on these scans.

To show the depth of your client's specific deficits, neuropsych testing is required. This testing looks at general intelligence, attention and concentration abilities, learning and memory functions, language function, visual spatial abilities, auditory function, executive functions and personality and emotional functions.

Source: 2009 AALNC conference session and www.cdc.gov ✦

Use of an Unusual Expert in Death Cases

Northern Virginia attorney, Robert T. Hall, works closely with a grief therapist and social worker, Mila Tecala, in wrongful death cases to understand his client's grief and convey their pain and suffering to a jury. He usually refers clients to the therapist early in the case to help comfort them. She then meets with the family for an entire day to examine how the death has affected their lives and relationships and with the client's permission, shares this information with the attorney.

When using a grief therapist as an expert witness at trial it is important that you lay out why grief is not understood by many, including others in the mental health profession. If you have not thought about this type of an expert before, maybe now is the time. It may increase the value of your cases.
Source: http://lawyersusaonline.com

This team has also written a book, *Grief and Loss: Identifying and Proving Damages in Wrongful Death Cases.* Using the strategies in this book, an attorney can show the jury "that a family who experiences a death, has not one loss, but a network of losses and that a death in the family is the death **of** that family." The paperback book is 340 pages and includes a CD with sample summations, checklists and law. For more information on this book, go to www.trialguides.com. ✦

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Wound Vacs Lead to Deaths and Injuries

In November 2009, the FDA notified healthcare professionals of a Preliminary Public Health Notification describing deaths and serious complications associated with the use of these negative pressure wound therapy systems. The FDA has received reports of six deaths and 77 injuries associated with these systems in the past two years.

These systems are generally indicated for the management of wounds, burns, ulcers, skin and muscle flaps and grafts. They apply negative pressure to the wound in order to remove fluids, including wound drainage, irrigation fluids and infectious material. "Healthcare professionals were advised to select patients carefully, after reviewing the most recent device labeling and instructions. Patients should be monitored carefully in an appropriate setting by a trained practitioner and practitioners should be vigilant for potentially life-threatening complications, such as bleeding and be prepared to take prompt action if they occur."
Source: www.fda.gov/safety/MedWatch. ✦

In the News...New Recommendations for Stroke Treatment

In 2007 the American Heart Association Stroke Council published guidelines for treatment of ischemic strokes [caused by clot or embolus] that stated that tPA [a clot busting medication] should be given within three hours of stroke symptoms to those eligible to receive it. After a recently released European study, this recommendation has changed from this 3-hour window to up to four ½ hours, although delays in evaluation and initiation of therapy should be avoided. *Source: Stroke. 2009: 40:2945-2948.*