

The Neuropsychologist and Traumatic Brain Injury

Medical attention for people suffering seemingly minor physical trauma usually focuses on injuries with immediate onset—sprains, pains, bruises, cuts, abrasions, etc. In automobile crashes resulting in soft tissue injury, patients will often experience neck and back pain, muscle spasm, stiffness, and headache. Routine responsive treatments are provided generally with physical examination,



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x-rays, and the administration of medication. If a concussion or other head injury is suspected, an MRI or CT scan may be ordered. These scans are not always conclusive of whether the brain has suffered an injury, however. Whether an accident is minor or major, traumatic brain injury (TBI) can result. Care for the client's TBI may never be provided because of the frequent subtleties in the presentation and symptoms of these injuries. If TBI is suspected, referral to a neuropsychologist may yield beneficial treatment, as well as provide documentation of these injuries.

Neuropsychologists and Traumatic Brain Injury

A neuropsychologist works with the cognitive, emotional and behavioral problems related to brain injury or dysfunction. This includes traumatic brain injury, which occurs when there is a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all head injuries or jolts actually result in TBI. There are differing degrees of TBI, from mild to severe. The Centers for Disease Control and Prevention (CDC) advises that the leading causes of TBI are falls (28 percent), automobile-traffic

crashes (20 percent) and assaults (11 percent). According to the CDC, someone in the U.S. suffers a TBI every 21 seconds. That is 1.4 million people. Of these injured people, 1.1 million are treated and released by an emergency room, while 230,000 people are actually hospitalized and survive. TBI's kill 50,000 Americans each year.¹ A staggering 5.3 million Americans are so profoundly affected by TBI that they require assistance with an activity of daily living for the long term or the rest of their lives. TBI is epidemic and often overlooked when not obvious.

Symptoms of Traumatic Brain Injury

Persons suffering TBI can suffer a broad range of symptoms.² These include:

- memory loss,
- lack of concentration,
- slowed ability to process information,
- seizures,
- double vision or even loss of vision,
- headaches or migraines,
- loss of smell or taste,
- speech impairments,
- anxiety,
- impulsive behavior,
- depression, and
- mood swings.

Additionally, TBI is believed to cause epilepsy and increase the risk of Alzheimer's disease, Parkinson's disease, and other conditions associated with aging.³

Evaluating Traumatic Brain Injury

A referral for neuropsychological testing can come from a treating medical provider, or perhaps even counsel if necessary. A medical referral will provide an opportunity to secure insurance coverage for evaluation and treatment. In contrast, a referral by counsel will most likely be billed to the case. It may also provide an unfair and undesirable avenue of attack by opposing counsel on

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the impartiality of the examiner and weight of any findings.

In the evaluation, the neuropsychologist should conduct an initial interview of the patient. This will likely include inquiry into pre-injury abilities and functioning, the injury involved, and the complaints and circumstances of the patient's life from the time of the suspected injury to the time of the interview. Family members may also be consulted, along with research into historical indicators of functioning before and after the suspected injury. These indicators may include prior psychological testing, scholastic performance, medical records, work history or evaluations, and other indicators of cognitive or physical functioning.

As to the testing administered, there are many different types of standardized tests available to the examiner. The tests are designed to evaluate higher cortical functioning and basic sensory motor processes. Objective results are yielded through analysis of the battery of tests selected by the expert. Both the degree and type of injury are tested. Testing procedures and protocols vary—some experts will design specific testing regimens for the individual patient, while others use specific batteries of tests in the order prescribed by protocol. Analysis of the test results is the critical function of this expert.

Credentialing a Neuropsychologist

A neuropsychologist is generally a person with a doctorate in psychology (PhD) and not a medical doctor. Board certifications exist and a number of national and international organizations support these experts. The American Association of Psychologists has a specific section of membership for Clinical Neuropsychology and offers certification with a Diploma of Clinical Neuropsychology.⁴ The American Academy of Clinical Neuropsychology is comprised of experts certified by the American Board of Clinical Neuropsychology and maintains a publicly available database of members listed by name and state.⁵ One other note for consideration regarding this expert—there is some discussion as to whether the neuropsychologist should personally conduct testing of the patient or whether technicians of varying degrees of credentialing are able to properly do so. The identification of the person actually conducting and interpreting the testing may be an important factor in whether a patient will desire to use that expert or not.

As always in the selection of an appropriate expert, be advised to seek references from fellow KATA members or other counsel having previously worked with the expert. Use KATA's ListServ to network and discover

helpful information about the expert. Request references and background information on any expert with whom you are interested in working. Confirm the pertinent schedule of fees and document terms concerning payment and billing before engagement. Clearly convey your case timetables with respect to discovery and trial, and leave ample time for the scheduling and preparation of this expert for his or her discovery and trial depositions. Remember, experts can make or break your case. Choose wisely!

- 1 These statistics are contained in CDC publication "Facts About Traumatic Brain Injury," which can be found at: [http://www.cdc.gov/Migrated_Content/Fact_Sheet/Freeform_Fact_Sheet_\(General\)/Facts_About_TBI.pdf](http://www.cdc.gov/Migrated_Content/Fact_Sheet/Freeform_Fact_Sheet_(General)/Facts_About_TBI.pdf)
- 2 The Brain Injury Association of America maintains a web presence at <http://www.biausa.org>. Information for this article was gathered from the tremendous amount of information and resources relating to brain injury available on its web site.
- 3 Ibid and National Institute of Neurological Disorders and Stroke. Traumatic Brain Injury: Hope Through Research, Bethesda (MD): National Institutes of Health; 2002, February NIH Publication No. 02-158.
- 4 The American Psychological Association Division of Clinical Neuropsychologists can be contacted via its website at <http://www.Div40.org>.
- 5 The American Academy of Clinical Neuropsychology can be contacted via its website at <http://www.theaacn.org>.