
MEMORANDUM

TO: Attorney of Record
FROM: Martin A. Ginsburg, RN, LNC
SUBJECT: Closed Head Injury Sequelae Review
DATE: 05OCT15

Mr. Attorney,

Per your instructions and at your request, this memorandum is a summary of information noted during a perusal of available records relating to your client including; injuries, treatments, consultations and evaluations, and potential future medical concerns related to the motor vehicle crash of 20AUG11 injuring your client.

WakeMed admitted Mrs. Client with diagnoses of:

1. Closed head injury with severe concussive symptoms
2. C6 spinous process fracture

Surgical intervention was not required to repair a non-displaced (or minimally displaced) vertebral spinous process fracture as this fracture did not threaten the spinal cord and is routinely managed without surgical intervention and has an excellent prognosis for full recovery.

The client completed all recommended therapies and is reported to suffer no residual effect related to this fracture.

During deposition the client reported anxiety related to stress, including while a passenger in or operator of a motor vehicle. This seems to have substantially resolved, though that is not entirely clear from the records available. If resolved the issue is one of emotional distress in the past and therefore, despite its relevance to this cause of action, it is moot in this review. If not fully resolved the presentation may be akin to that of post-traumatic stress disorder and necessitate further medical or psychological intervention. This would present a troubling time for the client and her family as well as a difficult to assess cost burden for that course of treatment.

Mrs. Client's closed head injury, however, presents a greater challenge to adequately summarize or predict with certainty its impact on her life.

The client underwent a number of neuropsychological tests used to assess, among other things, cognition. This testing indicated no statistically significant deviation from normal findings across a range of cognitive skills. Memory was also tested, including working memory (sometimes referred to as "immediate memory") and no statistically significant deviations from the norm were identified.

Please note that all findings reported are reported as "within expected range"; "no statistically significant deviation from normal values (or the norm)"; or that performance during testing failed to indicate below "average" or "normal" ranges. This phrasing is significant in the Mrs. Client's baseline test results cannot be known and, therefore the impact on her performance cannot be assessed. As mentioned to your associate attorney; a severe concussive event may result in an intellect equivalent to Albert Einstein's to post-trauma test within normal or expected ranges. It is impossible to know pre-event performance in the absence of the test having been conducted.

The significance here is that Mrs. Client's reported losses, while testing within expected ranges are not entirely possible to estimate. Extrapolation based upon the information provided by co-workers and her supervisor are the only evidence included in the shared materials that demonstrate a substantial degradation in her baseline abilities.

Of concern in this client is mathematical calculation ability. A discrete sub- function of other cognitive and executive capacities, this is reported by Mrs. Client to have not returned to baseline. In fact; Mrs. Client reports using memory aids to complete tasks more slowly than prior to the crash as well as difficulty with these tasks. While this client, whose pre-morbid capacities are reported to have been above average across myriad fields of intellection, may not show signs of significant impairment following her trauma, the comparison to norms may not show all internal changes.

The Wechsler Test of Adult Reading is designed to assist in assessing a patient's pre-morbid cognitive abilities. This test does not demonstrate but, rather estimates, capabilities prior to a trauma such as the one sustained in this crash. This estimate is the basis for degrees of change reported following testing.

Test results such as those reported in this case, less than three months post-crash, are highly encouraging and show a patient progressing well toward potentially full recovery. The detail of investigation available allows a reviewer to recognize both the severity of the initial injury as well as the breadth of recovery accomplished even at the early stage of

October 2011.

With the exception of calculation ability which in this client may prove significant, owing to the complexity of her employment situation, there are no long term deficits identified. Further; in the absence of a diagnosed or imaged organic or structural brain injury I am unable to identify additional ongoing adverse effects of this injury.

The interesting thing related to difficulty with mathematical calculation is that my preliminary search has yielded at least some reports relating this particular function to the left hemisphere of the brain. Coincidentally, the receptive and expressive language functions of the brain are also in the left hemisphere. This will require a more investigation to fully explore the potential and may not overcome a cost/benefit inspection given the nature of the ongoing reported deficit.

I am attaching the deposition summary you were kind enough to share with comments and mark-ups of both the summary and the neuropsychology reports from October 2011.

Understanding that this review is preparatory to a discovery phase and further insights are required to fully address this issue MarGin will submit our full review not later than close of business Monday 12OCT15.

Please advise of additional information needed or questions I can answer.

Respectfully,



Martin A. Ginsburg, RN, LNC
Paralegal Nurse Consultant