

# Just a Bump on the Head?

By Kathryn Black

On a frigid November afternoon in 1992, Judith Frans pulled into a neighbor's driveway in her mountain neighborhood near Boulder, Colorado, and parked her minivan. She unbuckled her seat belt, and as she turned to lift her 2-year-old, Anya, from her car seat in the back, Judith glimpsed a truck zigzagging down the icy road behind them. In a split second of terror, Judith felt the truck slam into the back of her car.

"What are you doing?" she screamed at the driver as she pulled the toddler from the car. Anya's hat had flown into the front seat on impact, but she seemed to be uninjured. A trip to the doctor confirmed that, and Judith seemed to be suffering no ill effects either.

Despite a terrible fright and some time lost to telephoning insurance companies, Judith was relieved to put the accident behind her and to get back to enjoying a normal life. Or so she thought.

As soon as she tried to resume working with her husband in their building maintenance business, and return to her long-distance running routine, Judith began having debilitating back pains and headaches that made her "eyeballs feel as if they would pop out." Her emotions were in turmoil, too, and a baffling loneliness and sense of sadness overwhelmed her.

## A Name for the Pain

Weeks turned into months and still the symptoms persisted. Judith visited psycho-therapists, an osteopath, a massage therapist, a physician and more, with little relief. At a holiday party that year, Judith saw a woman with an injured foot basking in the attentive concern of other guests. "Hardly anyone here even knows I was in an accident," Judith thought. "No cast, no sign of injury. How could this little car accident make me feel so alone, so joyless?"

When she told friends and family of her various medical appointments, eyebrows were raised. “I can’t believe you’re still seeing doctors. How long *has* it been?” many of them asked. Even Judith began to doubt herself: “My nature is to work through things,” she says. “I thought I could just keep pushing through the pain.” But as time passed without recovery, she began to despair. She even considered suicide. “I just couldn’t snap out of it,” she says.

Finally, her insurance company, balking at the mounting medical bills, insisted on a second opinion. That’s when Judith got a diagnosis: mild traumatic brain injury (MTBI), also called post-concussive disorder.

## What is MTBI?

“Getting a diagnosis was a mixed blessing,” says Judith. While it confirmed that something was amiss, the prognosis and treatment were vague. Even the definition of MTBI is imprecise: It’s a brain injury resulting from an accident that doesn’t crack open the head and doesn’t leave the victim unconscious for more than 20 to 30 minutes. Motor-vehicle accidents are the most common cause of MTBI, but falls and blows from sports and violence can do the same damage.

Sometimes, as in Judith’s case, the head suffers no direct impact at all. Instead, the damage occurs from severe shaking of the brain inside the skull. This disorder is “a different **animal**” from the more obvious head injuries that, for example, open up the skull, says Nathan D. Zasler, M.D., medical director of the Concussion Care Centre of Virginia, located in Richmond.

“If you meet someone socially who has even significant damage from this injury, you wouldn’t know anything was wrong,” says William G. Speed III, M.D., associate professor of medicine at Johns Hopkins University School of Medicine and director emeritus of Speed Headache Associates of Baltimore. But losing brain power—the speed, efficiency and endurance we take for granted—can have an extreme impact on daily life.

## **Is There A Cure?**

The symptoms of MTBI (see box), overlap other syndromes, such as post-traumatic stress disorder, and may be vague and variable, which can lead to misdiagnosis. Compounding the problem, mild brain injury usually cannot be detected by standard imaging techniques, such as CAT and MRI scans. It used to be thought that concussions were brief episodes that left no nerve damage, but now it's known that even minor trauma, which doesn't cause concussion, can stretch or tear nerve fibers in some parts of the brain. Most of the damaged brain cells may eventually recover, but some are permanently altered. And it's the loss of function in those brain cells (or the loss of their ability to communicate with other cells) that seems to account for the symptoms. Since these disruptions can't typically be seen or measured, however, the disorder most often must be detected through neuropsychological testing, which measures things such as memory, learning and attention span.

Once the injury is diagnosed, treatment can be difficult to come by, in part because the symptoms span many medical disciplines. A patient may need help from specialists in the fields of speech, vision, neurology and the musculoskeletal system, along with physical and occupational therapy. Unfortunately, there's no standard recipe for treatment, says Dr. Zasler.

If a patient has not responded to appropriate treatments within a year, says Dr. Speed, the chance for significant improvement is unlikely, but even then victims can be rehabilitated and learn to work around their limitations.

## **Families at Risk**

Emotional support from friends, family and caregivers can be crucial to recovery. Dr. Speed says he has seen many patients lose their marriages because of the changes brought by the injuries.

Judith Frans says that her 21-year marriage to her husband, Roger, has struggled under the strain, and she thinks her injury has been as hard on Roger as it's been on her. Also, since Judith's accident more than five years ago, the family has had to refinance their house, as well as cash in Anya's educational fund and the couple's retirement accounts and mutual fund investments, to make up for their lost income and pay outstanding medical bills. "This is something our whole family has gone through," Judith says.

## Symptoms of Mild Traumatic Brain Injury

Symptoms often show up immediately following an accident. In most cases they resolve in weeks or months. For some people, however, symptoms persist indefinitely, among them:

**Physical:** Fatigue; loss of balance; impaired vision; dizziness; loss of sex drive; sleep disturbances; speech difficulties; sensitivity to light, sound or touch.

**Emotional:** Depression; mood swings; impulsiveness; outbursts; fearfulness; low self-esteem; anxiety; apathy; helplessness; hypervigilance; jumpiness; gullibility.

**Cognitive:** Memory loss; short attention span; forgetfulness; inability to make decisions; nightmares; slowed thinking; disorientation; difficulty using words and spelling.

(Adapted from *Mild Traumatic Brain Injury; A Survivor's Handbook*)



Robin Murphy Davis,  
author of the  
**Mild Traumatic Brain  
Injury Survivor's Handbook**

After four and a half years of rehabilitation following a minor auto accident and months of misdiagnoses, Robin Murphy Davis can work just two to three hours a day, for no more than three consecutive days.

Language recall has been especially difficult. Her brain, which she used to think of as a well-maintained computer, has since turned into "Elsie, shuffling around in her house slippers," looking through messy files for a word, she says.

Robin uses crossword and logic puzzles, plus reading to "stretch" her brain. She also practices biofeedback techniques. She has begun to see clear improvement.

## **How Common is it?**

No one knows just how many people suffer from MTBI because it 's often misdiagnosed or not diagnosed at all. Of the 2 million people known who survive head trauma each year, approximately 15 percent are classified as severe. Of the rest, considered mild, about 70 percent recover in about two months, which leaves an estimated 500,000 victims of post concussive disorder.

## **Where to Find Help**

To locate a support group, contact the Brain Injury Association in your state, or the National Brain Injury Association Family Helpline at (800) 444-6443.

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