

# A Guide to Approaching Mild/Moderate Brain Injury

Third Edition



Written for survivors and their providers by Brent D. Feuz,  
Former Professional Firefighter/Paramedic

Guide provided by Martin, Harding & Mazzotti, LLP

## Cover Image

This artistic depiction of a brain and spinal cord with an inner light reminds us that it is not yet known how brain injury results in symptoms associated with Mild/Moderate Traumatic Brain Injury (TBI). Rather TBI is based upon functional deficits rather than injury that can be observable with current mainstream technologies.

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**A Guide to Approaching  
Mild/Moderate Brain Injury  
Third Edition**

**A Survivors' Guide**

Authored by:

Brent D. Feuz, Former Professional Firefighter/Paramedic

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## Introduction

Traumatic brain injury (TBI) is a prevalent, disabling, and treatment-resistant condition due to focal impact to the head and/or sudden acceleration/deceleration of the brain within the skull. TBI is extremely prevalent in the U.S. and is associated with substantial morbidity and functional impairment. In New York State, the current number of people that have brain injuries and present at hospitals exceeds the national average and is around 550 persons a day. Mild (mTBI) and moderate to severe TBI, frequently results in chronic cognitive and behavioral symptoms that impact long-term outcome and functioning. Some of the inherent challenges with TBI is that damage to the brain is often not evident on imaging with CAT scans or MRIs, so functional determinations are necessary. Further, the common symptomatology, such as headache, seizures, motor disorders, sleep disorders, dizziness, visual disturbances, ringing in the ears, mood changes, and cognitive, memory, and speech difficulties—resemble symptoms of post-traumatic stress disorder (PTSD), which is often co-morbid with TBI. Some of the symptoms unique to TBI are the persistent headaches, ringing in the ears, and sensitivity to light. Another challenge of TBI is that people often do not look different. So it is hard for the individual with TBI and the people around them to adjust to profound changes associated with TBI. These, and other factors, may be associated with an increased vulnerability to certain psychological disorders, possibly accounting for the high rate of such disorders and suicide among survivors.

Brain Injuries occur in motor vehicle or bicycle crashes, in sports and industrial accidents. They may be sustained from whiplash, falls, assaults, or loud blasts. If not fatal, they are often life-changing and require the same kind of aggressive diagnosis and proper treatment that occurs with heart attacks and strokes.

The first step in the treatment of brain injury is to recognize when it has occurred. In the following protocol, we list the symptoms a brain injury typically shows, first those that are likely to appear at the time of the injury then those that may appear later. It should be noted that brain injuries are highly individualized. As such, the symptoms will vary widely from person to person. These lists are meant as a guide, not a complete list.

Following this, we provide a schematic for the treatment path, listing important providers that are involved. It is important to emphasize that there is no set treatment path for an individual. One should be constructed for each person from the beginning of his or her care through the final stages. Time and money can easily be wasted in uncoordinated, repeated, and sometimes unnecessary procedures. Referrals may be made by any provider to another at any point in the course of the person's treatment.

At the end of this booklet various specialties are listed that are often involved in a person's treatment.

*Healing in brain injury takes time, perhaps years. Failure to appreciate this and forcing individuals back to their normal life activities before they are ready can severely retard their progress. It is important to identify a brain injury quickly and to be alert to both the initial symptoms and those that appear later.*

## **Proposed Multi – Agency Response to Brain Injury in N.Y.S.**

To be used by: Agencies involved in serving the TBI Community and Support Groups.

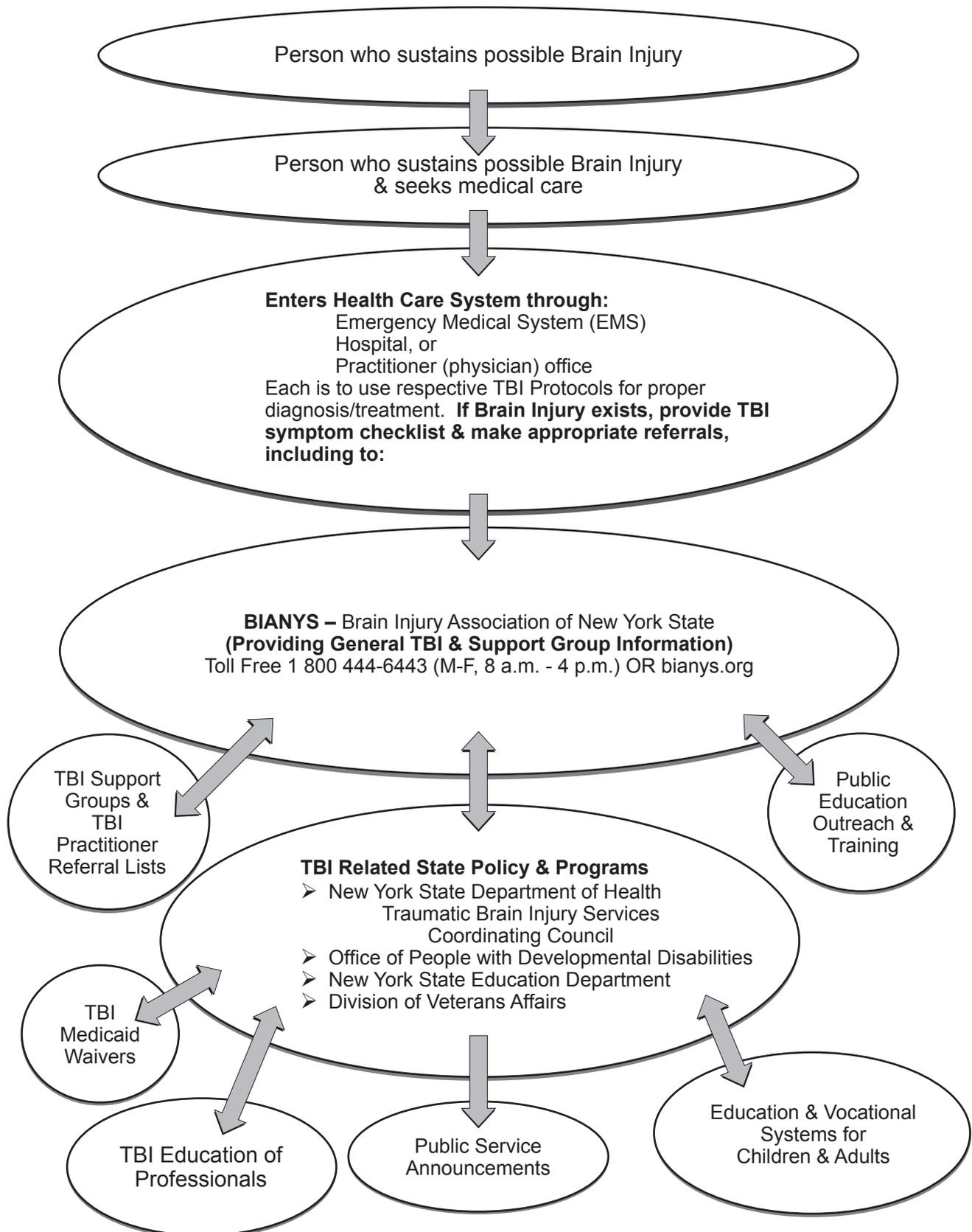
For people to better understand the systems and structures out there for individuals with Brain injury to use, access and be aware of.

To better understand how the Hospital Emergency Room/ Emergency Room Discharge Staff, the Brain Injury Association of New York State (BIANYS), the New York State Department of Health (NYSDOH) and Support Groups in NYS will be working together better for those with TBI.

How all Supports Groups sponsored by the BIANYS will be given materials for the Support Group Leaders to give to members. The materials will help show persons with brain injury how to find their way through the complicated process when a brain injury happens to some.

This is a long-term plan that is going to be developed over several years.

## Model of Comprehensive Multi Agency / Organization Response to Brain Injury



## **Explanation of Proposed Comprehensive Multi Agency / Organization Response for Persons Suspected of Having a Brain Injury**

To be used by: Support Groups, New York State Department of Health and Brain Injury Association of New York State

Objective: To bring all parties together and share in helping TBI Survivors.

### **The Protocols**

1. Get person to appropriate hospital, and Level 1 Trauma Center when needed
2. Ensure person is not misdiagnosed or underdiagnosed
3. Refer person to other medical practitioners who may be needed to fully diagnose the injury
4. Prompt diagnosis and treatment is the key to improving outcomes and reducing long term medical and disability costs related to TBI.

### **Hospital Discharge Staff**

1. Should distribute to TBI patient, TBI symptom related information so patient can be aware of and monitor TBI symptoms which may occur weeks after initial injury. The NYSDOH wallet card.
2. Inform patients of the Brain Injury Association of NYS which can link them to support groups in their area and provide further information about TBI and also distribute this booklet to Support Groups in NYS.

### **TBI Practitioner List**

1. Developed and given out by local support groups; listing of medical practitioners and other professionals in the field of TBI considered expert and helpful to persons living with TBI.

### **Public Service Announcements** – Designed for general awareness and education

1. TV, radio announcements that are set up to automatically re-occur on a regular basis.
2. To educate the public and those that may have received a TBI but are not aware of their injuries, are in denial, etc. to seek medical care. List symptoms- the most common and what to do as far as medical care and getting people to local support groups where they can get help from other survivors with this very complicated process

### **Linking all NYS Support Groups** – organized by BIANYS

1. Provide all NYS Support Groups with TBI information to enable them to operate on the same base line level of information – Protocol, Doctor – Lawyer Guide and “Life Guide”.
2. Each support group is to develop a TBI practitioner list including doctors, lawyers, etc. considered to be expert in TBI and helpful to those such injuries; ensure current lists are provided to BIANYS.

**Education of Professionals** – A long-term multi step process

1. An approximately 2 hour In- Service Training for EMTs, AEMTs be provided prior to protocol implementation.
2. “In service” training for Emergency Departments Staff, physicians, nurses, social work, discharge planners etc.
3. Assist in curriculum development with EMT & AEMT Schools, i.e. HVCC, etc.
4. Work with professional associations representing TBI practitioner groups and others such as School Boards, NYSUT, RNs, etc. to train their members on TBI issues

**Education & Vocational Systems for Children & Adults**

1. Strategy to be developed.



## Support Group Guide for Individuals with Brain Injury

Developed by:

Brent Feuz, Former Professional Firefighter Paramedic

To be used by: Family members and individuals with Brain Injury

The symptoms list should be used to determine as many of your symptoms as possible. Do this list making an X for symptoms you believe you have. Do this with the assistance of a spouse or other loved one, family members or close friend, they may notice symptoms that you the person with a brain injury do not realize yourself.

Take checked off symptoms list to all your medical appointments. This will better your ability to communicate with medical professionals and obtain a better more complete diagnosis/s and help medical professionals set up better more complete treatment programs.

The Guide shows many of the different types of medical professionals you may need to see.

A list of Medical Providers and Lawyers which are all supplied by Local/Albany Area TBI Survivors. This is to be used as an example for the other Support Groups in NYS to develop their own Doctor/Lawyer Lists to serve their Support Group Members which will be turned into a statewide database of Medical Professionals.

It is imperative to try to get as many persons with brain injury to Support Groups where they will have access to all of this advanced and further developing information to help get the care they will need to get as full of a recovery as possible.

## Introduction

If you are someone who has had a brain injury, the following information may be helpful to you. It has been compiled from the experience of both patients and professionals in the Capital District of New York.

The person who is newly injured can often have difficulty recognizing their symptoms and being aware of them is the first major step. We begin by listing them, both those that will be likely to occur at the time of the injury and those that can develop later. We follow this with the check lists that those who treat you may use.

Beginning in the Emergency Room, or physician's office, it is important that decisions about your treatment be made in an orderly manner. If important steps are ignored, much time and expense can be wasted and you can suffer from significant delays in your treatment. Page 14 provides a decision tree that shows these steps.

Because the brain is a central organ in human functioning a number of different specialty may be involved in your treatment. Pages 15 lists the kinds of specialists that may be treating you during your recovery.

Finally, if you are indeed challenged by your insurance carrier, they will often do this by using a procedure called "Independent Medical Examination" (IME). This consists of an examination and possibly tests by a recognized professional in the area. This professional may be biased in favor of your carrier and it is important that you know your rights. On page 18 we describe these rights and help you be prepared. We provide copies of the official rules that Workers Compensation and the State of New York Insurance Department issue regarding them.

## **“The Protocol” Adult ages 9 and older\***

To be used by: Medical Professionals, EMT’s, and Emergency Room Doctors and Nurses, General Practitioners and any other Medical Professional treating someone with a TBI.

The Protocol was designed to help Emergency Medical Service better diagnose and treat TBI. Too many TBI’s go misdiagnosed or underdiagnosed. The Protocol will attempt to correct those problems.

Without a proper diagnosis the condition does not exist and an injured person will not receive further medical care or compensations they are entitled to if they are injured.

Symptoms listed in the protocol are verified by the National Institutes of Health (NIH), and Centers for Prevention and Disease Control (CDC).

To our knowledge this will be the first Protocol to address mild/moderate TBI for pre-hospital care in the United States. The signs and symptoms were reviewed within the New York State Department of Health using the Center for Disease Control (CDC) and the National Institute of Health (NIH) for sources of verification.

The object of this Protocol is to establish a “Standard of Care” in NYS and other states, save lives and significantly improve TBI outcomes and help to unburden the systems financially.

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\*Those over age nine are considered adults for the purposes involving Emergency Medical Services

## Symptoms of Brain Injury

Use these documents on pages 10 and 11 as a “check list” to give to medical practitioners to better present your symptoms.

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### Short List

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#### Early Symptoms

##### Physical

- Loss of consciousness (not always Present)
- Neck Pain
- Headache
- Lightheadedness, dizziness
- Nausea
- Fatigue, lethargy
- Loss of balance
- Lack of coordination
- Difficulty breathing, especially on exertion
- Slurred speech
- Numbness, tingling
- Agitation, loss of control

##### Cognitive

- Disorientation
- Confusion
- Amnesia for recent events
- Difficulty putting words to thoughts
- Slowness in processing what people are saying to you

##### Vision and hearing

- Blurred or double vision
- Trouble focusing
- Nystagmus
- Sensitivity to light
- Ringing in ears (tinnitus)
- Cracking, popping
- Sensitivity to noise

#### Later Symptoms

- Problems with Memory
- Inability to multi-task
- Distractibility
- Difficulty organizing
- Difficulty initiating
- Rigid thinking, obsessiveness
- Difficulty reading
- Difficulty with numbers
- Poor judgment
- Difficulty exercising; breathing
- Difficulties with socializing
- Impatience, irritability
- Restlessness
- Impulsiveness
- Anger
- Problems with sleep
- Neck, spinal stiffness
- Sensitivity to certain colors
- Spatial Difficulties
- Sexual dysfunction
- Depression
- Anxiety, panic attacks
- Appetite changes

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## Expanded List

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### General Physical

- Loss of consciousness
- Headaches
- Lightheadedness
- Dizziness, vertigo
- Nausea
- Vomiting
- Difficulty swallowing
- Fatigue
- Lethargy
- Imbalance
- Gait/walking abnormalities
- Sleep disturbance
- Slurred speech
- Loss of smell
- Loss of taste
- Numbness
- Seizures
- Difficulty with Coordination
- Muscle Spasms, twitching
- Spatial disorientation
- Difficulty breathing
- Changes in appetite
- Weight gain or loss
- Loss of sex drive
- Sexual Dysfunction

### Vision and hearing

- Blurred vision
- Light sensitivity
- Sensitivity to certain colors
- Nystagmus
- Convergence insufficiency
- Difficulty tracking
- Difficulty scanning
- Difficulty with hand-eye coordination
- Detached retina
- Noise sensitivity
- Popping noises
- Ringing (tinnitus)

### Cognitive

- Confusion
- Disorientation
- Problems with short term memory
- Problems with long term memory
- Distractibility
- Difficulty with attention/concentration
- Slowed processing speech
- Inability to multi-task
- Difficulty reading
- Difficulty making decisions
- Difficulty initiating action
- Difficulty with numbers, money
- Rigid thinking
- Poor judgment
- Difficulty putting thoughts to words
- Difficulty finding words

### Emotional

- Mood swings
- Impulsiveness
- Anger
- Agitation
- Anxiety
- Panic attacks
- Restlessness
- Depression
- Feelings of hopelessness
- Difficulty controlling emotions
- Impatience
- Discomfort with others
- Obsessiveness

### Neck related

- Pain
- Cracking, popping, crunching
- Spinal stiffness/rigidity
- Decreased range of motion





## Illustration of Optimal Treatment of Brain Injury

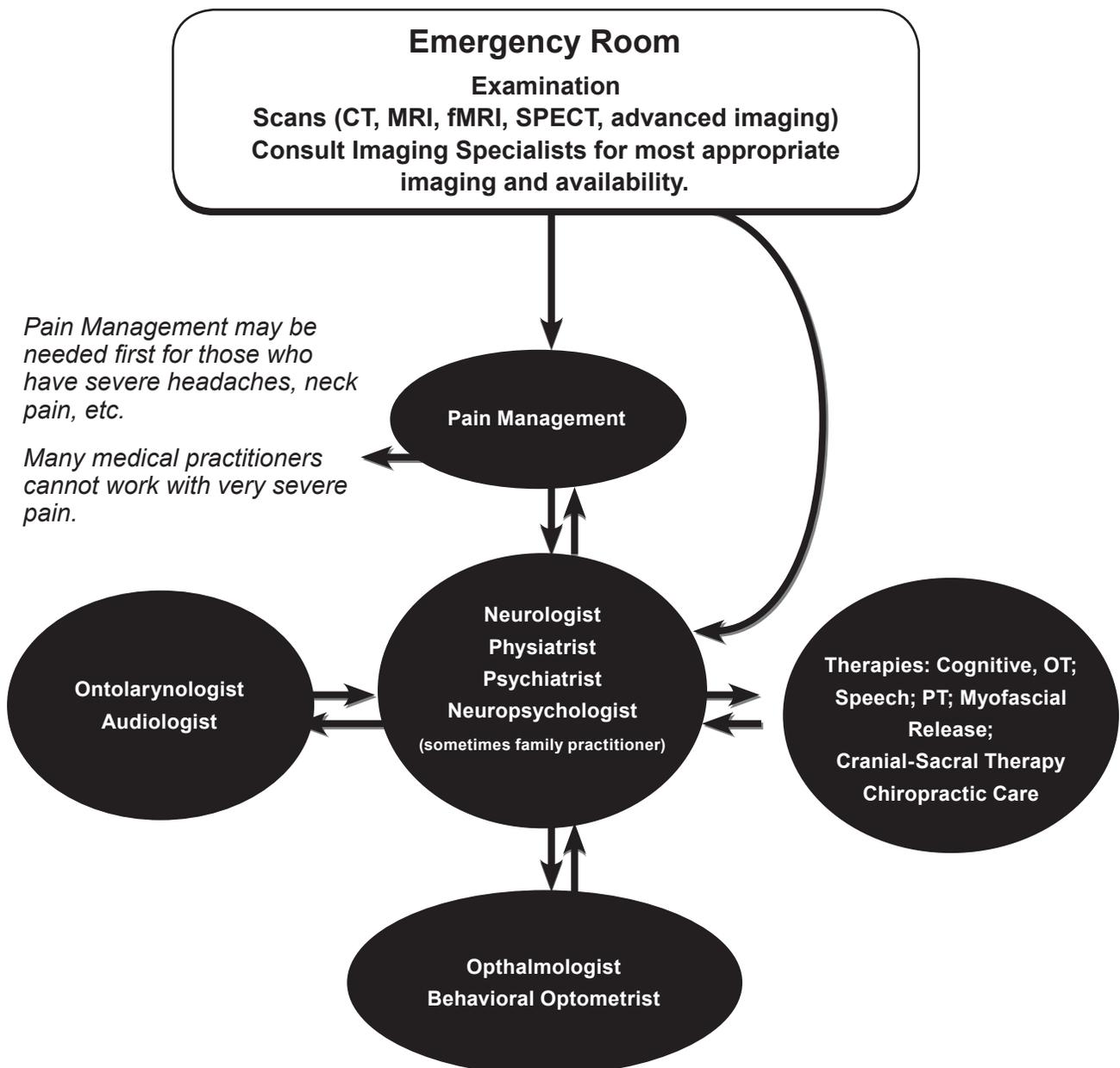
Referrals are made based on evaluation of the injury

(Care is usually coordinated after diagnosis of the Brain Injury by a Neurologist, Psychiatrist, or Neuropsychologist, in communication with the patient's Family/General Practitioner and/or caseworker)

Consider each item in a circle.

If it does not apply to your injuries move on to the next circle or item mentioned.

Call 911. Do not move someone with head and neck injuries. Let EMTs stabilize and transport the injured by ambulance.



## Provider Specialties

**Neurologist, Neurosurgeon (M.D. or DO)**

Physicians trained in disorders of the nervous system and brain

**Neuropsychologist (Ph.D.)**

Psychologists trained in evaluation and diagnosis of cognitive impairment and emotional problems. May offer specialized treatment for these impairments and for the emotional symptoms that often accompany brain injury.

**Physiatrist (M.D. or DO)**

Physician who is trained in physical medicine and rehabilitation medicine

**Psychiatrist (M.D. or DO)**

Physicians specializing in medications for emotional problems.

**Clinical Psychologist (Ph.D.)**

Trained in counseling for emotional problems.

**Social Worker (MSW, LCSW)**

Trained in counseling for emotional problems.

**Mental Health Counselor (MHC)**

Trained in counseling for emotional problems.

**Chiropractor (D.C.)**

Trained in spinal adjustments to relieve pain. May specialize in treatment for the Neck injuries that often accompany brain injuries

**Physical Therapist (P.T.)**

Trained in diagnosis and treatment of physical problems.

**Otolaryngologist (ENT) (M.D. or DO)**

Physicians trained in hearing and balance disorders

**Ophthalmologist (M.D. and/or DO)**

Physicians trained in diseases of the eye

**Behavioral Optometrist (O.D.)**

Physicians trained in visual disturbances caused by brain injury

**Audiologist (AuD.)**

Trained in hearing and balance disorders

**Occupational Medicine (M.D. or DO)**

Physician who evaluates work-related injuries

**Case worker**

A nurse, social worker or other individual who helps coordinate care and treatment

Evaluation of TBIs can involve many different kinds of tests, including but not limited to, imaging, measuring of electrical potentials, blood tests, and tests of the cerebral spinal fluid.

Some imaging techniques are:

X-rays are used to determine if the skull is intact.

CAT scans are used to detect fractures, edema, hemorrhage or foreign bodies

Magnetic resonance imaging (MRI) images soft tissues and can reveal contusions, white matter shearing and smaller hemorrhages

Functional MRI or spectroscopy are used to measure altered cortical responses to controlled stimuli

Diffusion tensor imaging shows pathway damage by using magnetic resonance detected differences in water diffusions in brain parenchyma

A few tests of electrical activity at electroencephalogram (EEG) or electromyogram (EMG).

EEG measures gross changes in summated electrical activity across the scalp.

EMG measures the speed of nerve conduction in limbs.

Biomarkers, which are any substances that are naturally occurring in the human body which allow for an objective measurement of pathology are indicated below for CSF and blood.

Currently used for TBI, S100b, Glial Fibrillary Acidic Protein, Neuron-specific Enolase, Tau protein, Ubiquitin C terminal Hydroxylase.

Also pituitary dysfunction is common in TBI and persists in about 50% of people with TBI for over one year. A pituitary work up would include measuring testosterone, oxytocin, growth hormones and stress hormones, which can be measured in blood.

## Independent Medical Examinations (IMEs)

The guidelines below regarding Independent Medical Examinations are provided to protect you from being taken advantage of in this process, which can be very overwhelming. Your insurance carrier may hire doctors or other professionals to examine you and advise them as to your need for benefits. Despite the term "Independent", these professionals often work on behalf of your carrier and may try to minimize the severity of your injuries. Your insurance carrier may then limit or discontinue your benefits on the basis of their report.

In this process, you have certain rights. These are spelled out below and we have included afterward, notices that Workers Compensation and the State Department of Financial Services have issued

regarding them. **It is important to be assertive in insisting on these rights to safeguard your recovery!**

1. The Workers Compensation Insurance Carrier will send you a notice of the examination stating the date, time, address, doctor's name and nature of the exam. **You must go-otherwise you may lose your benefits!** Save the original notice and bring a copy with you.
2. The second page of this notice will provide a patient bill of rights. A copy of this is included in this guide. Try to become familiar with these.
3. If you can, do a computer search to see if this doctor has had any prior complaints charges against them or her, or have been punished for fraud or perjury. Check on these websites;

[www.nydoctorprofile.com](http://www.nydoctorprofile.com)  
[www.op.nysed.gov/opsearches.htm](http://www.op.nysed.gov/opsearches.htm)

4. In advance, make a list of your injuries, symptoms and problems to tell the doctor. Use a relative or friend to help with this list as you may not be aware of some of the changes that have occurred in you, and he or she may recognize them more clearly. You may give this list to the doctor at the start of the exam; but also run through it verbally as it is important to have on your recorder/video the fact that ALL of your symptoms have been addressed.
5. Bring audio recording device and/or video/audio recording device. Always use two devices should one fail. You may also bring another person with you who will be a witness and perhaps remember better than you what the doctor says. These steps are all allowed, and if the doctor objects, he or she is not allowed **to continue with the session.**

You are required however, to call the doctor's office 2-3 days in advance to inform him or her you will be recording the exam and/or having someone come with you.

6. If you can, start recording before you enter the doctor's office as he or she may confront you prior to the formal evaluation.
7. After the exam, you should make notes of observations you have of the session along with any problems that have come up. These notes along with your recording will be helpful if you need to challenge the doctor's report. The person observing may also take notes during the session.
8. Doctors can come to the conclusion that there is nothing, or very little, wrong with you and try to force you back to work. This can be harmful to you and your recovery. Don't be afraid to challenge his or her conclusions.

## **Statement Of Rights And Obligations Independent Medical Examinations (Section 137 Workers Compensation Law (WCL) of NYS)**

1. The claimant must receive notice of the scheduled independent medical examination at least seven business days prior to such examination.  
The notice must advise the claimant if the practitioner intends to record or videotape the examination.
2. If the examination was requested by the claimant, the claimant may be responsible for the cost of the examination, and the health provider must indicate on the notice of examination the actual fee or the fee range for the examination.
3. All independent medical examinations shall be performed in medical facilities suitable for such exam, with due regard and respect for the privacy and dignity of the injured worker/claimant.
4. Examination facilities must be provided in a safe, convenient and accessible location within a reasonable distance from the claimants residence.  
Examinations will be held during regular business hours, except with the consent and for the convenience of the claimant.
5. All independent medical examinations shall be performed by an independent examiner competent to evaluate or examine the injury or disease from which the claimant suffers. An independent examiner is not eligible to perform an independent medical examination of a claimant if the independent examiner has treated or examined the claimant for the condition for which the examination is being requested, or if another member of the preferred provider organization or managed care provider to which the independent examiner belongs has treated or examined the claimant for the condition for which the examination is being requested.
6. **The claimant has the right to videotape or otherwise record the examination**
7. **The claimant has the right to be accompanied during the examination by an individual or individuals of his/her choosing.**
8. The claimant has the right to be reimbursed for travel expenses to and from the examination site, if the examination was requested by the insurance carrier or employer.
9. A copy of each report of independent medical examination shall be submitted by the practitioner on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

10. The claimant's receipt of benefits could be denied, terminated, or reduced as a result of a determination, made by the Workers' Compensation Board, which may be based upon a medical evaluation made after an independent medical examination. However, the ability of the claimant to appear for an examination or hearing shall not in itself determine questions of disability, extent of disability or eligibility for benefits.
11. In any open case where an award has been directed by the Board for temporary or permanent disability at an established rate of compensation, and there is a direction by the Board for continuation of payments, or any closed case where an award for compensation has been made for permanent total or permanent partial disability, a report of an independent medical examination shall not be the basis for suspending or reducing payments unless and until the rules and regulations of the Board regarding suspending or reducing payments have been met and there is a determination by the Board finding that such suspension or reduction is justified.
12. **The claimant has the right to appeal any Workers' Compensation Board determination, including determinations based on an independent medical examination. The Board's notice of decision contains full instructions and time limitations for filing an appeal.**

**IF YOU HAVE ANY QUESTIONS ABOUT AN INDEPENDENT MEDICAL EXAMINATION, OR ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.**

**[www.wcb.ny.gov](http://www.wcb.ny.gov)**

HIPAA Notice: In order to adjudicate a workers' compensation claim, WCL sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

## **If you Challenge an Independent Medical Exam (IME)**

If you are not allowed to take breaks, not allowed to discontinue testing, do not have your questions answered, or otherwise feel bullied, you can challenge your IME. Once again, you need to use recording devices to protect your rights. Otherwise it may be your word against that of a doctor!

If the doctor has failed to conduct a proper exam, has performed tests that are not appropriate or is minimizing the seriousness of your condition, you and your lawyer have a right to appeal. Following are the agencies you can contact in order to get a statement of your rights or to file a complaint.

NYS Workers Comp Board Fraud Office  
20 Park Avenue  
Albany, NY 12207

Tel: 888-363-6001  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

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NYS Insurance Fraud Bureau  
25 Beaver Street  
New York, NY 10004

Tel: 888-372-9368

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NYS Division of Human Rights  
Empire State Plaza  
P.O. Box 2049 Corning Tower  
Albany, NY 12220

## **Life Guide**

### **(Started 6/8/12 at Albany Area Support Group)**

To be used by:           Persons with brain injury

Uses: To have useful information dealing with things other than medical or legal issues.

The Life Guide was designed to be an information guide for persons with brain injury on anything other than medical or legal situations.

It was designed to help with anything from problems with housing, transportation, obtaining a case worker to help with well-being (exercise) to entertainment. Anything and everything that some could ever think of was the original thought process to develop this guide.

The categories of the guide are listed for regional support groups to fill in with services provided in their community.

Each Region's Support Groups need to develop their own Doctor/Lawyer lists. These lists should be updated 1-2 times per year and submitted to Martin Harding and Mazzotti for development of a "Master Doctor/Lawyer List" for all of New York State. The Master List will be used to help TBI Survivors all across our state.

## Life Guide

### Brain Injury Support Groups

<b>Millview</b>	Latham 365-0661	2nd Tuesday & 4th Tuesday 7:00 PM
<b>Living Resources</b>	Albany 218-0000	1st Tuesday 10:30 AM
<b>The Brain Injury Association of New York</b>	459-7911	

### Agencies for General Help

**American Civil Liberties Union** (A.C.L.U)

**Assisted Living**

**Catholic Charities**

**Crime Victims Board** Day Programs for The Brain Injured

### Entertainment

<b>Radio Shows</b>	Brain Injury Talk Radio Host: Craig S	Mon. 10:00 PM EST
	Never Say Never	Thurs. 9:00 PM Mike N. 8/30/12
	<a href="http://www.neversayimpossible.wg4radio.com">www.neversayimpossible.wg4radio.com</a> <a href="http://inspiredfriends.net">inspiredfriends.net</a>	

**Television Shows**

Dr. Oz  
[www.Dr.oz.com](http://www.Dr.oz.com)

**Theater/ Arts**

### Exercise

**YMCA** \*\*\* Waiver Program Offered for Disabled People FEE REDUCED

## Life Guide

### Home Repairs- Discounted Rates on Contractors, Etc.

#### Housing

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Center for Independence

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County Special Services  
In Each County it may apply  
to people on Medicaid, TBI  
Waiver, Etc.

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Section 8 Housing  
Rent Assistance  
Heat Assistance  
Food Stamps  
Etc.

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### Legal Services – FREE For Civil Litigation Appeals

**New York State Bar  
Association (NYSBA)**

Pro Bono Appeals Program  
c/o The Legal Project  
1475 Western Avenue, Ste 159  
Albany, NY 12203-3705  
518-435-1770

For Low Incomes  
For Help w/matters in:  
Housing  
Personal Safety  
Public Benefits  
Subsistence Income  
Health  
Family Stability  
Education

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**Cynthia Feathers**

Co-Chair NYSBA Committee on Courts of Appellate Jurisdiction

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**Lisa A. Frisch**

Executive Director- The Legal Project

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**Susan Patnode**

Executive Director – The Legal Project

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## Life Guide

### Life Line and Similar Services

<b>Great Call</b>	Works Anywhere	
	At: Verizon \$14.00 Month	Also at; Sears Walmart Best Buy
<b>Medical Answering Services</b>	855-360-3549 Reservations	
<b>No Fault Auto Accident Insurance Info.</b>	800-347-3736 or 315-701-7475	
<b>Service Dogs</b>	Ron Baisley	Helpful For: Blindness, Panic Attacks, Anxiety

<b>Social Security Disability</b>	TBI Survivors may be Eligible for Social Security Disability based on your past 15 years of work. (800-722-1213) FREE GUIDE: <a href="http://www.edgarsnyder.com/ssd-guide">www.edgarsnyder.com/ssd-guide</a> It could take up to 29 months to start checks	
<b>TBI Medicaid Waiver Programs</b>	<b>Persons with brain injury ages 18-64 upon enrollment may be eligible</b>	New York State Department of Health (DOH) T.B.I. Waiver Program 518-474-5271
	<b>Persons with brain injury prior to age 22 may be eligible</b>	Office for persons with Developmental Disabilities TBI Medicaid Waiver Program (toll free) 866-946-9733

## Appendix 1

The following information is provided as an example of the list each support group can create for their area to assist others with brain injury on their road to recovery. The following list is not an Endorsement, but meant as a guide to list brain injury providers of services.

## Brain Injury Health Care Providers

The following categories of brain injury professionals are provided for support groups to use to identify those who have been helpful to persons with brain injury in their recovery. The list is not an endorsement but intended to guide people to brain injury providers to make their own determination about them.

### Neuropsychologists

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

### Neurologists

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

### Physiatrist

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Pain Management**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Headache Specialists**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Ear Related- Otolaryngology**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Audiology**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Physical Therapy**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

**Speech Therapy**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

**Occupational Therapy**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Ophthalmologist**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Behavioral Optometry**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Psychologist**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Psychiatrist**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Chiropractic**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Endocrinology/Rheumatology**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

**Imaging Centers**

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

\_\_\_\_\_

## Attorneys

### Injury Cases and/or Medical Malpractice

Name Dan Dagostino, Managing Attorney, Martin Harding & Mazzotti, LLP

Contact Info Tel: 518-724-2299

1222 Troy Schenectady Road, Niskayuna, NY 12309

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

### Worker's Compensation or Social Security Disability

Name Dan Dagostino, Managing Attorney, Martin Harding & Mazzotti, LLP

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1222 Troy Schenectady Road, Niskayuna, NY 12309

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

### TBI Experienced

Name Dan Dagostino, Managing Attorney, Martin Harding & Mazzotti, LLP

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Name \_\_\_\_\_

Contact Info \_\_\_\_\_

Name \_\_\_\_\_

Contact Info \_\_\_\_\_

Contact Martin Harding & Mazzotti, LLP for any future attorney recommendations. A database will be built from the local Support Group's attorney lists after they have been submitted to Martin Harding & Mazzotti, LLP.

## Health Care Providers

Below is a partial list of doctors, psychologists, lawyers, and others, not necessarily limited to the Capital Region, who provide services to people with brain injury. We are not making any representation of guarantees to you about their services or assuring you as to any outcome. But we hope this list will be helpful as you select your health care providers.

### Neurosurgeons

Gabriel Aguilar, M.D.

368 Broadway, Suite 401  
Kingston, NY 12401  
Tel: 845-452-2547

Darryl DiRisio, M.D

Albany Medical Center, MC 10  
47 New Scotland Avenue  
Albany, NY 12208  
Tel: 518-262-5088

David Kung, M.D.

300 Madison Avenue  
Elmira, NY 14901  
Tel: 607-734-2574

Paul Spurgas, M.D.

Ellis Hospital  
1101 Nott Street, B6  
Schenectady, NY 12308  
Tel: 518-243-3387

John Waldman

AMC Neurosurgery Group  
47 New Scotland Avenue, MC 10  
Albany, NY 12208  
Tel: 518-262-5088

### Neurologists

Richard Holub, M.D.

760 Madison Avenue  
Albany, NY 12203  
Tel: 518-449-2662

Hani Midani, M.D.

1528 Columbia Turnpike  
Castleton, NY 12033  
Tel: 518-694-3053

### Sports Medicine - Concussion

Hamish Kerr, MD

324 Watervliet Shaker Road  
Latham, NY 12110  
518-783-0312

### Headache Specialists / Pain Management

Charles Argoff, M.D.

Albany Medical Center  
47 New Scotland Avenue  
Albany, NY 12208

Kaplan Headache Center

Eugene Kaplan, MD  
634 Plank Road  
Clifton Park, NY 12065  
Tel: 518-388-9900

Schenectady Neurological

Consultants Headache Center  
Bruno Tolge, M.D.  
1401 Union Street  
Schenectady, NY 12308  
Tel: 518-381-9202

## Neuropsychologists

Alison Curley, Ph.D.  
2310 Nott Street East  
Niskayuna, NY 12309  
(specializes in children)

Mary Hibbard, Ph.D.  
NYU Rusk Institute of  
Rehabilitative Medicine  
400 East 34<sup>th</sup> Street  
New York, NY 10016

Maria Lifrak, Ph.D.  
Comprehensive  
Neuropsychological Services  
490 Western Avenue  
Albany, NY 12203  
Tel: 518-458-2314

Michael Long, Ph.D.  
Sunnyview Hospital  
1270 Belmont Avenue  
Schenectady, NY 12308  
Tel: 518-382-4500

## Ear Related- Otolaryngology

Capital Region Ear Institute  
1220 New Scotland Road, Suite 301  
Slingerlands, NY 12159

Steven Parnes, M.D.  
University Ear, Nose & Throat  
35 Hackett Blvd.  
Albany, NY 12208  
Tel: 518-262-5576

## Audiology

Erin Walborn, Au.D.  
2 Empire Drive, Suite 204  
Rensselaer, NY 12144  
Tel: 518-283-6111  
(Specializes in treating tinnitus)

## Psychiatrists

Sean R. Chappin, M.D.  
1 Pinnacle Place, Suite 102  
Albany, NY 12203  
Tel: 518-869-0224

## Behavioral Optometry

Robert Fox, O.D.  
2317 Balltown Road  
Schenectady, NY 12309  
Tel: 518-374-8001

Howard Kushner, OD  
Integrative Vision Therapy  
3 Franklin Square, 1st Floor  
Saratoga Springs, NY 12866  
518-886-1710

Daniel Lack, O.D.  
117 Penstock Lane  
Lake Katrine, NY 12449  
Tel: 845-336-6124

## Chiropractor

Mark Craft, D.C.  
38 N Main Street  
Ellenville, NY 12428  
Tel: 845-647-5430

Scott Rosa, D.C.  
230 Rock Hill Drive  
Rock Hill, NY 12775  
Tel: 845-796-2200  
(Specializes in digital moving  
X-rays for neck trauma)

Tracy Wehrenberg, D.C.  
1770 Route 9  
Clifton Park, NY 12065  
Tel: 518-383-9000  
(Utilizes specialized equipment)

## Physical Therapy

Albany Physical Therapy  
4 Executive Park Drive  
Albany, NY 12203  
Tel: 518-489-2449

## Physical Therapy (cont'd)

John Fornabaio

Ostrander Physical Therapy  
70 Hill Street  
Catskill, NY 12414  
Tel: 518-943-0000  
*(Specializes in balance problems)*

Regina Hagstrand, P.T.

246 Riverview Road  
Rexford, NY 12148  
Tel: 518-371-9572  
*(Specializes in cranial sacral,  
myofascial, and other techniques  
helpful with whiplash and spinal  
injuries)*

Manual Physical Therapy Assoc.

Matt Purdy, Robert O'Donnell  
523 Western Avenue  
Albany, NY 12203  
Tel: 518-689-0888

Scott Rosa, D.C.

230 Rock Hill Drive  
Rock Hill, NY 12775  
Tel: 845-796-2200  
*(Specializes in Digital Moving  
X-rays for neck trauma)*

Joan Zlotnick, P.T.

Seton Health  
147 Hoosick Street  
Troy, NY 12180  
Tel: 518-268-5749  
*(Specializes in balance problems)*

## Rheumatology/Endocrinology

## Imaging Centers

Amen Clinic

1875 Campus Commons Dr  
Suite 101  
Reston, VA 20191  
Tel: 703-860-5600  
*(Specializes in detailed SPECT scans)*

Capital Region Upright MRI

4 Johnson Road  
Latham, NY 12110  
*(Upright MRIs often give  
better diagnoses of spinal  
injuries)*

## Speech Therapy

## Occupational Therapy

## General Practitioners

## Resources

### **In New York State**

**Brain Injury of New York State, [bianys.org](http://bianys.org)**

**800 444 6443 (Monday - Friday 8:00 a.m. - 4:00 p.m.) - for general information on:**

**REAP Concussion Management**

**Concussion in the Classroom**

**FACTS Program for children/youth with brain injuries**

**New York State Education Department - concussion management guidelines**

<http://www.p12.nysed.gov/sss/schoolhealth/schoolhealthservices/ConcussionManageGuidelines.pdf>

**New York State Department of Health - [NYSDOH.ny.gov](http://NYSDOH.ny.gov)**

**In search box to the right of the page, type: tbi**

For wallet card of TBI symptoms, TBI Action Plan & other resources/information

### **National Resources**

**American Brain Injury Association - [ABIA.org](http://ABIA.org)**

**[Brainline.org](http://Brainline.org)**

**Centers for Disease Control & Injury Prevention (CDC)**

<http://www.cdc.gov/ncipc>

**National Institutes of Health - NIH**

**National Institute of Neurological Disorders & Stroke, NINOS**

<http://www.ninds.nih.gov/disorders/tbi/tbi.htm>

## Appendix 2

### Acknowledgements

#### **About the Author:**

Brent Douglas Feuz: Mr. Feuz is life-long resident of the Capital Region who received his Associates Degree in Occupational Sciences (Fire Sciences) from Corning Community College. His certification as a paramedic was from Hudson Valley Community College. He was employed by the Schenectady Fire Department for twelve years. Despite years of dedication on the job, his most substantial contribution has been regarding the education, awareness and advocacy regarding traumatic brain injury.

#### **About the contributors:**

Cheryl A. Frye: Dr. Frye received her graduate training in Psychology and Neuroscience from Tufts University and post-doctoral training in Neuroendocrinology from Boston University. She specializes in the functional effects and mechanisms of hormone action relevant for neurodegenerative and neuropsychiatric disorders. Dr. Frye has authored over 300 peer-reviewed papers, which has received much acclaim, including over 40 which are now considered classic contributions to the literature.

#### **Those who have inspired this work and made it possible.**

Special Thanks to those who helped me and motivated me to help others;

Ron Baisley - Survivor, former Albany NY area Support Group Leader

Derek C.Foster - Survivor

Robin Cohn - Survivor, former BIANYS Board Member

T. Michael Nicholson - Survivor, former BIANYS Board Member, Total Permanent Disabled Volunteer Firefighter

Martin Harding & Mazzotti, LLP - for their helping and caring support for people with Traumatic Brain Injuries.

Cheryl Frye, Ph.D.

## Appendix 3

### Tribute

This booklet is dedicated to Dr. Maria D. Lifrak who devoted her professional life to the treatment of brain injury. The many who have passed through the doors of Comprehensive Neuropsychological Services over the past 30 years attest to the warmth, kindness, and compassion of her approach, an approach that sets the standard for the care of those who have suffered a brain injury in the community. Always at the forefront of new developments in the field of neuropsychology, she was particularly interested in the advances that are represented in this booklet.

Maria Deinzer Lifrak peacefully passed away. She is survived by her two sons, Lars and Joshua Lifrak, and six grandchildren, whom she adored. Maria was born in Clinton, N.J., of German immigrants. She attended Rutgers University, and obtained her Ph.D. in psychology at the University of Rhode Island. She began her career as a school psychologist. Aware of the effects of trauma on young children, she returned for postdoctoral training in neuropsychology and obtained board certification. After moving to Albany, Maria established Comprehensive Neuropsychological Services (CNS) in 1985, a specialized practice devoted to the evaluation and treatment of those who suffer from brain injury. During the following 30 years, the practice has become unique in the community for its quality of care and dedication to its clients. Dr. Lifrak developed a postdoctoral fellowship program to promote the education of new neuropsychologists entering the discipline. She was a frequent presenter at the Brain Injury Association of New York State annual conferences, and she participated in various other professional forums. Throughout the years, Dr. Lifrak remained active in the psychological community, and held numerous professional memberships. She served as past president of both the New York State Association of Neuropsychology, and the Psychological Association of Northeastern New York. She was a former member of the board of directors of the New York State Head Injury Association, and former legislative committee chair and legislative liaison for the Neuropsychological Division of the New York State Psychological Association. She received a number of service awards including recognition as a Distinguished Psychologist and the 2005 American Psychological Association Karl F. Heiser Presidential Award. Her commitment to the field of neuropsychology was unsurpassed. The practice at 490 Western Ave. remains a monument to her years of dedication and accomplishment. She will be sorely missed. More than anything, though, Maria leaves a legacy of being adventurous, courageous and caring. She was a woman who lived a full and incredible life. George Bernard Shaw once wrote, "I want to be thoroughly used up when I die, for the harder I work, the more I live. I rejoice in life for its own sake." Maria Lifrak was a testament to this quote and her presence and energy will be missed.





One of the challenges of TBI is that often there are not visibly distinct signs of the injury, despite considerable changes in the persons function. A National Geographic February 2015 issue illustrates how people with TBI use art therapy to make masks of how they feel they have changed after a TBI when there are no observable physical changes. Further, the pictures here illustrates that one cannot tell by looking at people, whom might have a TBI. This is one of the challenges of this disorder.

Can you tell who has TBI?



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