SECRETS

About Medical Issues Surrounding Your Maritime Injuries

Your Injury May be More Serious Than You Think

THE YOUNG FIRM
A LAW FIRM FOCUSED ON MARITIME LAW

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If you are an offshore worker, your chances for injury are much higher than most other employees. The workplace for a maritime employee is wrought with dangers and injuries occur frequently. This guide addresses common injuries that occur offshore and defines the often convoluted medical terminology.

PART 1: COMMON INJURIES

Closed Head Injury

What is it?

Closed-head injuries are a type of traumatic brain injury that happen when someone receives a hard blow to the head from an object but the object does not break (penetrate) the skull. Common closed-head injuries include:

Concussions
Intracranial hematoma
Cerebral contusion

Common Causes

Accidents at home, work, outdoors, or during sports
Falls

Physical assault
Traffic accidents

Symptoms

Symptoms can reveal themselves either right away or slowly over several hours or days. Even if the skull is not penetrated, severe damage to the brain can occur. Some symptoms are tell-tale signs that something is amiss:

Drowsiness
Abnormal behavior
Severe headaches or stiff neck
Loss of consciousness
Vomiting
Slurred speech
Nausea
Coma
Seizures

Diagnostic Tests

CT scans are often used to discover any physical changes to the brain as a result of the injury. While helpful, CT scans are not perfect. They will not detect "mild" traumatic brain injuries (TBI) and CT scans done in the emergency room will not detect bleeding in the brain that occurs 48-72 hours after the head trauma. It is important that patients insist on several tests and not just the initial one immediately after the accident. We have often arranged for our clients to obtain these types of basic tests.

These types of injuries are determined by the Glasgow Coma Scale which rates the severity of the

damage. Often, the true extent of the injury is not realized until weeks or even months after the initial accident.

Treatment

There are several treatment options available, depending on the type and severity of the injury. Some of these options include pharmacotherapy, rehabilitation, and basic rest.

Possible Long-Term Effects

If proper testing and treatment are not attained, an injured worker could be stuck with long-term disabilities. More than 50 percent of patients who suffer from TBI will develop some psychiatric disturbances. There are many life-changing symptoms that could occur months after the initial accident:

Social competence issues
Depression
Personality changes
Cognitive disabilities
Anxiety
Changes in sensory perception
Decreased self-esteem due to inability to perform daily functions

Do not wait until it is too late to address your injury. Call us today and we will get you the medical and legal help you require.

Concussion

What is it?

Concussions, also known as mild brain injury, mild traumatic brain injury (MTBI), mild head injury (MHI), and minor head trauma, are defined as a head injury with a temporary loss of brain function and can cause a variety of symptoms.

Common Causes

Concussions occur when the head hits an object or a moving object strikes the head. Some cases where this can occur include: accidents at home, work, outdoors, or during sports, falls, physical assault, and traffic accidents.

Symptoms

Symptoms range from mild to severe and include:

Drowsiness
Confusion
Headache
Loss of consciousness
Memory loss (amnesia)
Nausea and vomiting
Changes in alertness and consciousness

Convulsions (seizures)
Muscle weakness on one or both sides
Persistent confusion
Persistent unconsciousness (coma)
Repeated vomiting
Unequal pupils
Unusual eye movements
Walking problems

Head injuries that result in concussion often are associated with injury to the neck and spine. Be sure to take your injury seriously and seek proper medical attention.

Diagnostic Tests

To determine the severity of your concussion, doctors may run a CT scan and MRI of the head. As mentioned previously, CT scans cannot always detect important details regarding your injury. The same is true for MRIs. MRIs cannot detect lesions to individual brain cells and therefore cannot diagnose a patient with mild TBI. Unfortunately, if a MRI comes out negative, patients may not receive the treatment necessary to prevent other more serious symptoms from occurring.

Treatment

There is no one specific treatment for concussions and, as a result, treatment options vary from patient to patient. Doctors often prescribe plenty of rest both during the day and at night and a gradual return to normal activities. Additional monitoring may be

necessary if symptoms worsen, but, unfortunately, many patients do not have access to health care providers in order to receive this additional monitoring. In such cases, patients may not realize their symptoms are getting worse and therefore do not seek medical attention quickly enough to prevent major and, perhaps, lasting damage.

Possible Long-Term Effects

While most symptoms will disappear over time, improper aftercare or other minor injuries to the brain may create more severe and permanent symptoms. Some long-term effects may be psychiatric disorders, loss of long-term memory, Alzheimer's disease, speech problems, slowed mental processing, tremors, inappropriate behavior, and, sometimes, death. All of these effects are usually associated with three or more concussions. It is crucial that patients get both an MRI and a nerve test done to discover the true extent of their injuries and prevent more serious symptoms.

Fracture

What is it?

A bone fracture is defined as a break in the continuity of the bone and can result from high force impact, stress, or even from a trivial injury as a result from a pre-existing condition (such as cancer). The severity of the fracture depends on what type it is. There are several types of fractures: greenstick, spiral, comminuted, transverse and compound.

Common Causes

Accidents at home, work, outdoors, or sports
Falls
Physical assault
Traffic accidents

Symptoms

Pain, swelling, and bruising are often associated with fractures.

Diagnostic Tests

Doctors will first assess how the injury happened. Once this is done, the doctor will determine if an X-ray is needed. Because X-rays are only two dimensional and the body three dimensional, it sometimes is not evident where the fracture is. If several X-rays from different angles are not taken, then the fracture may be missed altogether. Additionally, standard X-rays may not pick up all scaphoid fractures. One in every 10 scaphoid fractures may not be seen on X-ray. In some cases, a scaphoid fracture will not show up on an X-ray until around 10 to 14 days after the initial injury. This is why it is crucial that patients request and insist on several diagnostic tests, especially if pain persists.

Treatment

Fracture treatment involves either surgical or non-surgical options. Many times doctors will immobilize the bone, align it correctly, and allow the bone to heal on its own. Other times doctors will undergo surgery if the former approach fails or is very likely to fail.

Possible Long-Term Effects

If not treated correctly or swiftly, some fractures can lead to serious complications. One complication is the condition compartment syndrome which is defined as the compression of nerves, blood vessels, and muscles inside a closed space within the body. If left untreated, compartment syndrome can result in amputation and/or death. Other complications may include imperfect union of the fracture, avascular necrosis, joint stiffness, Sudeck's dystrophy, Osteoarthritis, among others. Injured workers should insist on several different diagnostic tests to ensure these kinds of irreversible effects do not occur.

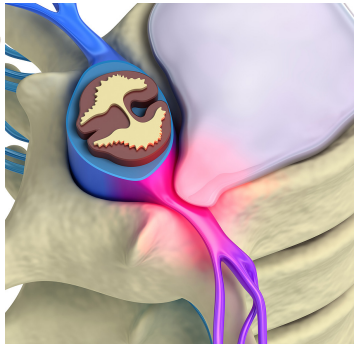
Herniated Disc

What is it?

A spinal disc herniation (also referred to as herniated disc, prolapsed disc, ruptured disc and slipped disc) is a condition that affects the spine in which a tear in the disc's outer ring allows the soft nucleus of the disc to bulge out and sometimes compress on the spinal nerve, causing pain that can last for months or years if untreated.

Common Causes

Trauma
Improper heavy lifting
Injuries
Idiopathic causes



Symptoms

Symptoms can vary depending on the location of the herniation. It can range from little to no pain to severe and unrelenting neck, low back, and leg pain if the nerve root is compressed. Symptoms may include sensory changes such as numbness, tingling, muscular weakness, paralysis, paresthesia, and affection of reflexes.

Diagnostic Tests

When determining if pain is caused by a disc herniation, doctors will rely on patient history, symptoms, and physical exam. A physical exam might include a "Straight leg raise" in which the patient raises their leg to determine any sensitivity in the spine. Doctors might also use X-rays, CT scans, MRIs,

Myelogram, and EMG (nerve conduction studies). One single X-ray will not fully reveal the complexity of an injury such as this and so it is imperative that injured workers request several, if not all of the above mentioned diagnostic tests. Many of our clients are not aware of the full nature of their injuries until they have had these tests performed.

Treatment

In many cases, disc herniation does not require surgery. Initial treatment usually consists of non-steroidal anti-inflammatory pain medication or an epidural steroid injection, which may result in pain relief for up to 2-6 weeks following the injection. However, serious complications can occur from the use of epidural steroid injections. Other treatments such as rehabilitation, physical therapy, and chiropractic programs may also be useful.

Possible Long-Term Effects

If the herniated disc is not attended to properly or in a timely manner, severe complications can occur such as Cauda equina syndrome (acute loss of function of the nerve roots), chronic pain, permanent nerve injury, and paralysis.

Torn Ligament

What is it?

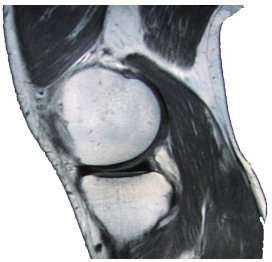
Ligaments are the fibrous tissue that connects bones to other bones. A common type of torn ligament is an ACL injury (torn ligament in the knee).

Common Causes

Ligament strains or tears occur if the joint is twisted or overstretched. Ankles and knees are particularly affected by ligament strains or tears.

Symptoms

There is usually a cracking or snapping sound when a ligament is torn. Symptoms include bruising, swelling, pain, limited movement of the joint, and a dent where the ligament has been torn.



Diagnostic Tests

Depending on where the torn ligament is located, physicians might use MRI scans to determine the severity of the torn ligament.

Treatment

Treatment options for torn ligaments might include one or several of the following: physical therapy, braces, rest, icing the injured area, surgery and rehabilitation. This is all depends on where and how severe the injury is.

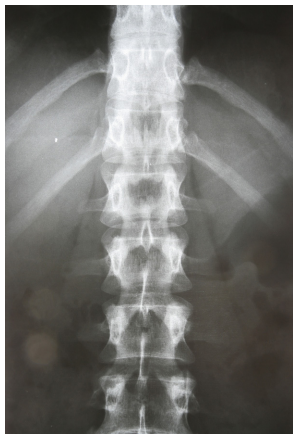
Possible Long-Term Effects

If left untreated, reduced mobility, proneness to future repeated injury, instability in the joint, and arthritis may occur.

PART 2: MEDICAL TERMS

Basic X-rays

An X-ray is a basic imaging scan of an individual's bones. An X-ray does not show soft tissue or ligament/tendon damage nor will it indicate nerve damage. Most doctors and health facilities will immediately perform an X-ray following an injury. It is very important to understand that X-rays will not diagnose the majority of serious injuries including ligament/tendon damage, nerve damage, lumbar disc injuries or joint damage. These types of injuries need to be diagnosed with other tests including MRIs, CT scans, and nerve conduction studies



CT Scans

A CT scan (or CAT scan) is a form of enhanced X-ray that can diagnose soft tissue, organ and blood vessel-type injuries. Very often a CT scan will be performed after

an MRI scan to further diagnose or investigate the individual's injury. Typically the most helpful CT scans are performed "with contrast." This means that the individual will drink (or have IV injected) a type of dye before the CT scan is performed. The dye allows the CT scan to give a much more accurate, detailed image of the injured area.

Discogram/Myelograms

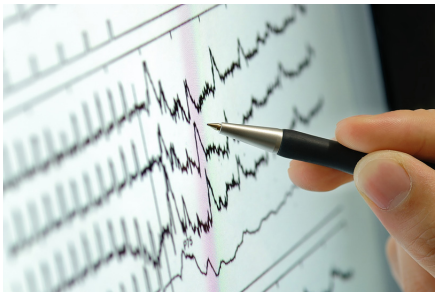
A discogram is a procedure during which dye is injected into a person's cervical or lumbar discs. The purpose of the test is to determine if the injected dye leaks out or goes beyond the subject disc. A discogram can be a very accurate way to determine the full extent of a person's injury. Normal, healthy lumbar and cervical discs will hold the small amount of dye that is injected. This is because a normal, healthy disc is fully enclosed and encapsulated. If a lumbar or cervical disc has been injured, very often this will result in a tear to the disc. When the small amount of dye is injected into the disc it will immediately leak out thus indicating that the disc has a hole or tear in it. A discogram is often followed by a CT scan which will take images of the disc and the dye in order to visualize if the dye

has moved outside of the disc. A myelogram is very similar to a discogram in that dye is injected around the injured (typically) lumbar or cervical area. A CT scan is then performed to view the area and the dye provides an enhanced image of any damage to that area.

EMG/ Nerve Conduction Study

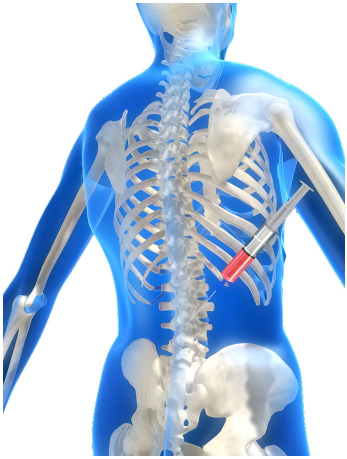
An electromyogram (EMG) is a test that is used to record the electrical activity of muscles. When muscles are active, they produce an electrical current. Typically an EMG is given at the same time as a nerve conduction study. The most common type of nerve conduction study is known as a Nerve Conduction Velocity test. These tests are used to diagnose nerve injuries and muscle damage. Very often they will be given to individuals who have suffered lower back injuries or neck injuries to diagnose nerve damage which may be occurring into the person's upper or lower extremities (arms or legs).

The NCV will measure how quickly and completely a person's arm or leg nerve transfer 'information', or how quickly and completely they respond. If nerve damage has occurred, very often the response will be delayed or incomplete. It is very important to note that most EMG/ NCV tests are not 100 percent



accurate. Most physicians will admit that the tests have at least a 10 percent margin of error. Very often individuals with nerve damage will have normal EMG/NCV tests even though they are experiencing nerve damage.

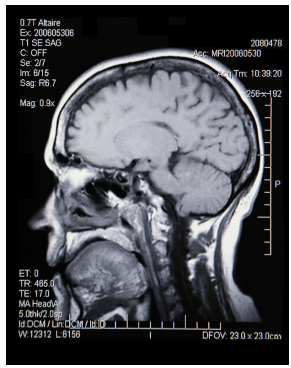
Epidural Steroid Injections (Lumbar and Cervical)



This treatment is a series of injections typically given in a person's neck or lower back in an attempt to relieve pain from a damaged cervical or lumbar disc. Epidural injections can also be given in an individual's shoulder area, as well as other parts of the body. Epidural injections are very often described as both therapeutic and diagnostic. This means that the injection is given to provide relief to the patient as well as potentially diagnose their injury. Most doctors believe that if the patient receives temporary relief for a period of days or even a few weeks from the injection, this means that the injection was most likely given at the source of the injury. In this way, the injection serves as a diagnostic tool to help the doctor identify the area of injury.

MRI Scans

A magnetic resonance imaging scan (MRI) is one of the most common tests performed to diagnose most injuries to a neck, back, shoulder or knee. An MRI scan shows soft tissue and ligament damage and it provides a much greater detailed view than does a CT scan. MRIs will diagnose damaged lumbar and cervical discs as well as torn ligaments. If you have suffered any type of injury that has bothered you for more than a few days, most likely it is best to get an MRI scan performed. Many doctors will delay performing an MRI since they may not want to charge your company for the expense. It is important that you insist that all medical testing be performed including MRIs. With today's technology, an MRI should be considered a basic medical test. The more traditional MRI is performed in a long tube. There is also a more advanced type of MRI known as a "stand up" MRI scan. A stand up MRI scan is taken while the individual is in a standing position (hence the name). Very often this can produce a more accurate MRI scan which more accurately reflects any type of herniated or damaged lumbar or cervical discs. This is because the scan is taken while the individual is actually placing weight on their lower back and neck.



ABOUT THE AUTHOR

TIMOTHY YOUNG of The Young Firm practices maritime and Jones Act Law in New Orleans. His office focuses its practice on maritime law claims, representing only injured workers and never maritime or insurance companies. More than 80 percent of his practice involves Jones Act and maritime claims, and his office has successfully represented offshore workers for more than 40 years.

The Young firm is a litigation firm that fully prepares each case that is accepted. Jones Act and maritime claims are strenuously defended by the offshore companies, and to be successful, an injured worker must be prepared to present his case in court.

Mr. Young graduated from Tulane University School of Law in 1993, with Cum Laude honors. He is a member of The American Association for Justice and The Louisiana Association for Justice.

Do YOU Know these SECRETS Surrounding Your Healthcare:

The difference between X-Rays and MRIs?

What injuries are missed on X-Rays?

The potential risks from not getting proper healthcare?

If you work offshore or on a vessel, it is very important that you understand your health and injury after an accident. You need to make sure your company is providing you with the healthcare you DESERVE.

THE YOUNG FIRM
400 Poydras Street
Suite 2090
New Orleans, 70130
Toll Free: 1-866-920-8471
www.MaintenanceAndCureLaw.com
www.JonesActLaw.com
www.TheYoungFirm.com