

SSA Considers Physical and Mental Impacts of Traumatic Brain Injuries

JUST THE NAME: “Traumatic Brain Injury” sounds scary. We all understand how our brains control every aspect of our function from our heartbeat, to breathing, to every other body function. It is certainly easy to imagine how trauma to our brains could impact the ability to work – the issue for Social Security is proving the extent of that impact.

SOME TBIs are primary with immediate damage. Others are considered secondary meaning the damage can appear hours, day, or weeks after the trauma.

TBI SYMPTOMS can be physical such as neurologic deficits, weakness, seizures and headaches. Some can be cognitive/behavioral so such as confusion, disorientation, problems with memory, concentration or making decisions and frustration, irritability. Perception and sensation symptoms can include blurred vision, vertigo, fatigue, and severe mood swings.



LIKE MOST MEDICAL conditions, however, Social Security views the diagnosis as the starting point, not the decision point. The focus in a disability application will be on the symp-

oms and their impact on the ability to sustain function in a work setting. Also, as in any other application, the focus is on the content of the medical charts and how they document those symptoms and functional limitations.

NEUROLOGIC TRAUMATIC BRAIN INJURY:

Like many physical impairments SSA looks at how the neurologic symptoms impact physical movement and mental functioning requiring, in Listing 11.18:

- a. Disorganization of function in two extremities requiring either a walker, two crutches or two canes to rise, balance or walk, or causing an extreme limitation in the use of both upper extremities for at least 3 months after the injury; or,
- b. The need for one cane or one crutch for at least 3 months and a marked (serious) impairment in at least one area of mental functioning:
 - Understanding, remembering or applying information;
 - Interacting with others;
 - Concentrating, persisting or maintaining pace;
 - Adapting or managing oneself.

NEUROCOGNITIVE DISORDERS:

If the neurologic requirements are not met, TBI is included in Section 12.02 of the Listings of Impairments which focuses on the mental functioning impact of brain disorders. This section requires proof.

- a. Of significant cognitive decline from prior functioning in at least one area:
 - Complex attention;
 - Executive function;
 - Learning and memory;
 - Language;
 - Perceptual-motor; or
 - Social Cognition
- b. Extreme limitation of one, or marked (serious limitation) of two areas of mental function:
 - Understanding, remembering or applying information;
 - Social interaction;
 - Concentration, persistence or pace;
 - Adapting or managing oneself.

THESE STANDARDS ARE strict and many people who have TBI may not be able to meet these standards, but are still unable to sustain substantial gainful work activity. Working with an experienced representative, a TBI patient can still prove total disability by working with physicians and therapists to charge severe symptoms such as fatigue, confusion and mood swings.

TBI symptoms are challenging to a patient and the family. Social Security's guidelines can add additional stress. Contact us for a free in-service on these and all other Social Security Disability issues for your co-workers and group members.