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MRI vs. *Function.*

A working checklist for reading between imaging and real-world communication capacity in brain injury cases.

WHAT'S INSIDE

- Why imaging and function often diverge
- Questions for normal-imaging cases
- Questions for abnormal-imaging cases
- A quick-reference comparison table

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CHECKLIST · 3 PAGES

For Attorneys

Reading the Gap Between Scan and Symptom

Imaging findings and functional communication ability are two different data sets. This checklist helps you know which questions to ask — and which expert to call — before that gap costs you the case.

WHY THIS MATTERS

Imaging tells you what a brain looks like. It doesn't tell you how a person listens, recalls, organizes speech, or manages a conversation under pressure. Cases are won and lost on that gap — use this checklist to spot it early.

WHEN IMAGING IS NORMAL BUT SYMPTOMS PERSIST

- [ ] **Has the client described difficulty in real-world settings imaging can't capture?**
  Work meetings, noisy rooms, multitasking, fatigue late in the day.
- [ ] **Has a cognitive-communication evaluation been requested, or only a neuropsych battery?**
  Standard neuropsych testing does not always probe functional, connected communication.
- [ ] **Are collateral reports (family, coworkers, employer) documented?**
  Third-party observation often reveals deficits self-report and scans both miss.
- [ ] **Has "normal imaging" been used to argue against damages without a functional workup?**
  This is the single most common gap in cases we're brought in to review.

WHEN IMAGING IS ABNORMAL BUT FUNCTION LOOKS INTACT

- [ ] **Has function been assessed in structured settings only (quiet office, one-on-one)?**
  Deficits often surface only under time pressure, distraction, or unfamiliar demands.
- [ ] **Has the client's compensatory behavior been documented?**
  High-functioning presentation can mask real, provable deficits under the surface.
- [ ] **Is there a discrepancy between reported abnormality and everyday task performance?**
  This discrepancy itself is often clinically and legally meaningful.

IMAGING SAYS	FUNCTIONAL QUESTION TO ASK
No acute findings	Can the client sustain attention through a full deposition?
Diffuse axonal changes	Does word-finding break down under time pressure?
Frontal lobe involvement	Can the client self-monitor and correct communication breakdowns?
Prior imaging unavailable	What does baseline function look like from records & collateral report?

DO

Request a cognitive-communication evaluation whenever imaging and reported function diverge in either direction.

DON'T

Let a radiology report stand in as the final word on a client's functional capacity.

Let's talk

EJT

Need a second read on *function*, not just imaging?

I provide independent cognitive-communication evaluations and case consultation for brain injury matters across 9 states — built to hold up in deposition and at trial.

M.S., CCC-SLP
ASHA CERTIFIED

9 States
AZ CA CO FL NM NY PA VA WA

10+ Years
CLINICAL EXPERIENCE

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