



## EJT Communication Consultant

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# 🚩 Neuro-Functional Red Flags: The "Invisible" TBI Checklist

## A Guide for PI & Med-Mal Legal Teams to Identify Undervalued Damages

Medical records often state a patient is *"Neurologically Stable"* or *"Oriented x3."* However, clinical stability does **not** equal functional recovery. Use this checklist during record review to identify if your client has significant, compensable neuro-deficits that aren't on the MRI.

### 1. The "Vague" Cognitive Note

- **What to look for:** Nursing or therapy notes mentioning "impulsivity," "easily frustrated," "inappropriate social cues," or "poor initiation."
- **The Legal Impact:** These are markers of **Executive Dysfunction**. It means the client may never be safe to return to a high-level work environment or manage their own finances, regardless of physical strength.

### 2. The "Communication-Safety" Gap

- **What to look for:** "Word-finding difficulties," "tangential speech," or "difficulty following multi-step commands."
- **The Legal Impact:** If a client cannot reliably communicate their needs or understand instructions in a crisis, their **Life Care Plan** must reflect 24/7 supervision or cognitive behavioral support.

### 3. The "Silent" Aspiration Risk

- **What to look for:** Repeated bouts of "minor" pneumonia, mentions of "pocketing food," or a "wet/gurgly" voice quality after meals.
- **The Legal Impact:** **Dysphagia** (swallowing impairment) is a high-liability medical risk. It requires lifetime monitoring, specialized diets, and carries a high risk of wrongful death via aspiration pneumonia.

### 4. The "Oriented x3" Trap

- **What to look for:** A record that says the patient knows the date and location, but also notes they "require frequent redirection" or "cannot recall the previous day's events."
- **The Legal Impact:** Orientation is a low-level brain function. **Memory and Cognitive Flexibility** are high-level. A client who is oriented but cannot learn new information has a total loss of earning capacity.

## 5. Fatigue vs. Cognitive Load

- **What to look for:** Notes stating the patient "refused therapy" or was "uncooperative/lethargic" in the afternoon.
- **The Legal Impact:** This is often **Neuro-Fatigue**. The brain is working so hard to process basic language that it shuts down. This is a primary driver for proving permanent disability in "mild" TBI cases.

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Is your neuro case missing these links?

I provide a \$400 Forensic Case Screen (48-hour turnaround) to identify these red flags in your specific file and provide a summary of functional damages.

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