

My Experience Wearing a Novelty Helmet

by Lon R.

I am going to attempt to detail my experience and subsequent recovery as a result of a motorcycle crash on October 8, 2003. I can only classify the entire experience as miserable. Physically, I recovered quickly; mentally, it has taken much longer.

I am currently 49 years old. I have been riding motorcycles since I was 12 years old. I have owned and operated both “trail bikes” and “road bikes.” I have always been aware of the vulnerability and potential danger of riding motorcycles and had always rode defensively.

October 8, 2003, I was working in my home office in Milford, MI. It was particularly mild that night, and around 8:00 P.M. I decided to take a break and ride my motorcycle, a 2002 Harley-Davidson Soft Tail, into Kensington Metro Park. I live next to Kensington Park and enjoy the rural setting. I own more than one helmet, and that night I grabbed the one nearest the door. The helmet I wore was not a DOT-certified helmet and was what I consider a “novelty helmet.” I do not remember what happened; however, the reports reflect that while traveling on the rural road near Kensington Park, I somehow fell off the bike. It was determined that I was not traveling at a high rate of speed; however, I hit the ground hard enough to break my collarbone and two ribs, puncture a lung, and suffer a traumatic brain injury (TBI). My nephew was following behind me; however, he was not close enough to see what caused me to lose control of the motorcycle.

I was taken to the University of Michigan Hospital in Ann Arbor that night. I do not recall being taken to the hospital or undergoing any of the tests I was given upon arrival. At one point a MRI was performed and a determination was made that my brain was swelling due to the impact. They drained fluid from my skull to accommodate the swelling using a device known as a shunt. I was in an induced coma for about three weeks. The initial prognosis was not encouraging; however, I had a speedy physical recovery. I still am affected by the brain injury.

I was warned about what I would experience as a result of the brain injury. I was not, however, prepared for the challenges that I faced as a result of the injury. I am still on medication. I am not going to detail the entire experience; however, the injury has affected me both personally and professionally. I am fortunate that I received a lot of support from close friends and my family. Without this support, my recovery would be more complicated. My employer now considers me a liability.

I am still trying to work through the expenses with the insurance company. The cost of the initial treatment and psychiatric services are in excess of \$300,000.

In retrospect, there is no doubt I could have avoided the brain injury if I had worn a better helmet. I purchased the helmet because on hot days it was more comfortable to wear. I continue to ride; however, I will not risk a similar experience by not wearing proper protection.

Here is a picture of the helmet. The crack illustrates the point of impact and is where it caused the damage to my head.

I hope sharing my story will help others always choose to wear proper protective equipment, especially a quality helmet.

I have also included a list of TBI symptoms sent to me by my counselor from the University of Michigan Psychiatric Clinic.



Lon:

This is not intended to alarm you; however, you may be experiencing some of the symptoms below.

Common symptoms include:

Anxiety, nervousness; behavioral changes: difficulty controlling urges (disinhibition), impulsiveness, inappropriate laughter, irritability; blurry or double vision (diplopia); depression; difficulty concentrating or thinking; difficulty finding words or understanding the speech of others (aphasia); difficulty swallowing (dysphagia); dizziness, lightheadedness, loss of balance; headache; incoordination of movements; difficulty walking or sitting; loss of memory; muscle stiffness and/or spasms; seizures; sleep difficulties (more or less sleep than pre-injury); slurred and/or slowed speech; tingling, numbness, pain, or other sensations; sense of spinning (vertigo); weakness in one or more limbs, facial muscles, or on an entire side of the body.

Frontal Lobe: forehead

Loss of simple movement of various body parts (paralysis); inability to plan a sequence of complex movements needed to complete multi-stepped tasks, such as making coffee (sequencing); loss of spontaneity in interacting with others; loss of flexibility in thinking; persistence of a single thought (perseveration); inability to focus on task (attending); mood changes (emotionally labile); changes in social behavior; changes in personality; difficulty with problem solving; inability to express language (Broca's aphasia).

Parietal Lobe: near the back and top of the head

Inability to attend to more than one object at a time; inability to name an object (anomia); inability to locate the words for writing (agraphia); problems with reading (alexia); difficulty reading objects; difficulty distinguishing left from right; difficulty doing mathematics (dyscalculia); lack of awareness of certain body parts and/or surrounding space (apraxia) that leads to difficulties in self-care; inability to focus visual attention; difficulties with eye and hand coordination.

Occipital Lobes: most posterior, at the back of the head

Defects in vision (visual field cuts); difficulty with locating objects in environment; difficulty identifying colors (color agnosia); production of hallucinations; visual illusions - inaccurately seeing objects; word blindness - inability to recognize words; difficulty recognizing drawn objects; inability to recognize the movement of object (movement agnosia); difficulties with reading and writing.

Temporal Lobes: side of head above ears

Difficulty in recognizing faces (prosopagnosia); difficulty in understanding spoken words (Wernicke's aphasia); disturbance with selective attention to what you see and hear; difficulty with identification of and verbalization about objects; short-term memory loss; interference with long-term memory; increased or decreased interest in sexual behavior; inability to categorize objects (categorization). Right-lobe damage can cause persistent talking; increased aggressive behavior.

Brain Stem: deep within the brain

Decreased vital capacity in breathing, important for speech; difficulty swallowing food and water (dysphagia); difficulty with organization/perception of the environment; problems with balance and movement, dizziness and nausea (vertigo); sleeping difficulties (insomnia, sleep apnea).

Cerebellum: base of the skull

Loss of ability to coordinate fine movements; loss of ability to walk; inability to reach out and grab objects; tremors; dizziness (vertigo); slurred speech (scanning speech); inability to make rapid movements.

MORE signs and symptoms:

The signs and symptoms of a traumatic brain injury (TBI) can be subtle. Symptoms of a TBI may not appear until days or weeks following the injury or may even be missed, as people may look fine, even though they may act or feel differently. The following are some common signs and symptoms of a TBI: headaches or neck pain that do not go away; difficulty remembering, concentrating, or making decisions; slowness in thinking, speaking, acting, or reading; getting lost or easily confused; feeling tired all of the time, having no energy or motivation; mood changes (feeling sad or angry for no reason); changes in sleep patterns (sleeping a lot more or having a hard time sleeping); light-headedness, dizziness, or loss of balance; urge to vomit (nausea); increased sensitivity to lights, sounds, or distractions; blurred vision or eyes that tire easily; loss of sense of smell or taste; ringing in the ears.

MORE signs and symptoms of TBI:

Some symptoms are evident immediately, while others do not surface until several days or weeks after the injury.

With mild TBI, the patient may remain conscious or may lose consciousness for a few seconds or minutes. The person may also feel dazed or not like him- or herself for several days or weeks after the initial injury.

Other symptoms include:

Headache; mental confusion; lightheadedness, dizziness; double vision, blurred vision, or tired eyes; ringing in the ears; bad taste in the mouth; fatigue or lethargy, a change in sleep patterns; behavioral or mood changes; trouble with memory, concentration, attention, or thinking symptoms remain the same or get better—worsening symptoms indicate a more severe injury.

With moderate or severe TBI, the patient may show these same symptoms, but may also have loss of consciousness; personality change; a severe, persistent, or worsening headache; repeated vomiting or nausea; seizures; inability to awaken; dilation (widening) of one or both pupils; slurred speech; weakness or numbness in the extremities; loss of coordination and/or increased confusion, restlessness, or agitation; vomiting and neurological deficit (e.g., weakness in a limb) together are important indicators of prognosis, and their presence may warrant early CT scanning and neurosurgical intervention.

XXXXXXXXXXXXXX, MSW, LMSW
Care Manager - M-DOCC
Department of Psychiatry
University of Michigan Health System