

INTRODUCTION TO NEUROPLASTICITY:

It is the new science that will win cases for you by explaining why the patient's multiple complaints are real and claim-related! This is the first in a multi-series discussion that will relate neuroplasticity to various aspects of claims, explain the science, and explain how it puts big, scientific holes in many cases and their denial of claims. Persistent pain is the result of neuroplasticity gone bad.

What are the CONSEQUENCES of chronic pain with bad neuroplastic changes?:

- Morbidity (persistent multiple symptoms, delayed recovery, etc.)
- Increased Health Care Utilization/Costs
- Sleep Disturbance;
- Malnutrition
- Physical Function Decline
- Depression;
- Anxiety;
- Impaired Cognition
- Continuing plus new complaints
- Treating and defense IME Drs ignoring and/or not believing the patient's multiple and/or expanding symptoms.
- and more!

What will we discuss in this series?:

- Neuroplasticity and the science behind it.
- Bad neuroplasticity and how it causes continuing, new, and varying problems and complaints in the physical and mental/behavioral aspects of patients. It reveals why many of these complaints are claim-related!
- Treatment of patients with bad neuroplastic changes.
- Recognizing and explaining how bad neuroplastic changes puts giant holes in the cases of biased defense IME Drs while giving a reasonable, scientific explanation of findings such as Waddell's signs, somatization, non-anatomic findings, psychologic disorders, and more.

What is this neuroplasticity all about! Neuroplasticity (from neural - pertaining to the nerves and/or brain and from plastic - moldable or changeable in structure), refers to changes in neural pathways and synapses which are due to changes in behavior, environment and neural processes, as well as changes resulting from bodily injury. Neuroplasticity has replaced the formerly-held position that the brain is a physiologically static organ, and explores how - and in which ways - the brain changes throughout life. The past and current AMA guides and all recognized pain literature on both national and state levels note central and peripheral sensitization of nerves and brain tissue. The current overall terminology used in pain literature is now called neuroplasticity.

For example, what is the physiologic basis of chronic pain disorder? Pain neurons stay overloaded and re-route (dump) the excess pain signals by growing new nerve connections (dendrites) into non-pain neurons for pain processing. These non-pain neurons are now stimulated abnormally,

causing multiple, various symptoms that are different from increased pain, yet caused by claim-related pain that is undertreated, not treated, or ignored.

I will be discussing the various topics introduced here in the following newsletters.

Please click thru to my website at the link below to see the other articles I have written, which have received a lot of good feedback from both defense and claimant lawyers).