



CENTER FOR
BRAIN

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Have you ever “whacked” your head? Been dazed by a fall or hit? Suffered a whiplash? Got your “bell rung?”

You may be surprised to learn that what happened could have made your ADHD, mood, anxiety, anger, cognitive issues or sleep worse.

Many people who suffer a concussion after a hit on the head, or a whiplash, are told INCORRECTLY by medical professionals that they’re fine. This occurs in part because a blow to the brain can take a long time to show up and therefore isn’t always identified by screening tests, including MRIs.

Unfortunately, many years later you may still be dealing with the repercussions, though this is something doctors rarely warn you about.

(Going forward, for the sake of brevity, I’m going to refer to a concussion, injury and hit to the head as a “concussion.”)

Since the signs and symptoms of a concussion can occur long after you received your medical care, it’s important to be aware that an earlier concussion might be contributing to your current problem. One typical example is a sudden, inexplicable onset of anxiety. It’s not uncommon for people to forget or minimize having had a past concussion and instead blame their increased symptoms on something else. (Other causes to be considered, though, include recent changes in medication or the use of antibiotics).

Key Principles

Below are some common concussion facts, or “key principles,” along with questions you should ask yourself if you’re experiencing issues you can’t explain:

Caveat: This document is based upon clinical observations over many years with clients and from discussions with numerous colleagues of *their* observations. Some neurologists and neuropsychologists may disagree with the information presented, but from a practical standpoint, this information has stood the test of time.

1. The onset of concussion-related symptoms may be delayed. Brain injuries can take a while to become obvious—in many cases from three months to two years. Months or years later, you may notice that your “faults” or “weaknesses” are getting worse “naturally,” when in fact, these changes could be the result of the concussion. By the time anyone notices, so much time has passed that no one thinks it could be related to the concussion. Most people assume that if the concussion was recent, it isn’t the cause.
2. Concussions are *cumulative*. You may not notice changes after a single incident, but after two or three, there's a higher chance of problems. Of course, a major hit to the head can cause problems after just one event. Subsequent hits or impacts can make you more vulnerable to concussion symptoms, including mood, anxiety and cognitive issues, even if the impact was less than the first one.
3. The symptoms of a brain injury can look like “something else.” In many cases, the symptoms may be indistinguishable from those you already had. Mood swings. ADHD. Anxiety. Sleep issues. Learning challenges. The difference is that **you may find the problem getting gradually worse over time**. Instead of “holding it together” or learning to manage it as you get older, it becomes more difficult to control.
4. *Symptoms from a concussion at a much younger age may be delayed until you are significantly older*. We see many people over age 50 who had concussions at a younger age but only recently developed symptoms. As they approach their 50s, 60s or 70s, they experience increasing cognitive issues such as memory, organization, not being as sharp, struggling to hold it together, and thinking less clearly. Earlier impacts may contribute to these declines.
5. Brain scans may not tell the whole story. Just because a doctor did an exam or brain scan/MRI and told you that you were fine doesn’t mean that you are. The fact is that damage to the soft tissue of the brain often can’t be identified with standard imaging. Diffusion tensor imaging (DTI) can reveal brain injury in its early stage, but few medical facilities have this equipment.

The Rule of Three

Read through the following questions. If you answer “yes” to three or more, there’s an increased likelihood you have suffered a brain injury.

(Remember, a onetime event may or may not be significant, but three or more times is likely to be. Also, you do not have to have been knocked out to have suffered a concussion.)

Have any of the following ever happened to you?

- You were involved in a car wreck that caused a whiplash.
- You were hit hard in the head by a person or object.
- You hit your head as the result of a fall.
- You bumped your head very hard.
- You experienced emotional, cognitive or behavioral changes within 24 months following the event, such as being more anxious, more forgetful or having mood swings.
- You experienced unconsciousness (if only for a few seconds) due to a lack of air/oxygen or a blow to the head.
- You had difficulty awakening after being put under general anesthesia. (Some neuropsychologists consider general anesthesia to be the equivalent of a concussion in certain cases).
- You were exposed to heavy-duty chemicals/pesticides or other substances that impacted you cognitively or neurologically (even if only temporarily).
- As an adult, you had a fever over 103° (High fevers in adults can cause brain damage).

If you think you may have suffered a concussion, what can you do?

➤ **Neurofeedback**

Neurofeedback is one of the most potent ways to help the brain repair itself. It helps strengthen neurological circuits typically disrupted by concussions. We've seen improvements in people as much as 30+ years post-concussion.

➤ **Dietary changes and supplements**

Dietary changes that address the gut-brain axis or are anti-inflammatory, and supplements, including probiotics and prebiotics, may help.

➤ **Other technologies**

There's a variety of "brain stimulation" technologies that may help your brain.

Among them:

Audio Visual Entrainment (AVE)

Light stimulation

DC and AC stimulation

Acupuncture

Cognitive rehabilitation

BrainHQ

Neurotracker

➤ **A consultation with us**

If you're concerned that a head injury might be impacting your life, give us a call to book a consultation to see how we might be able to help.

During your consultation we will examine everything you have just read—and more—and come up with the best way to approach what's going on.