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Shoulder Injury

The shoulder has several bones combined with cartilage, tendons, and muscles, allowing a wide range of motion in the arm. The shoulder moves in more directions than any other joint. From scratching your back to throwing a baseball, the shoulder is used every day in a variety of ways.

The shoulder is made up of three bones: the upper arm bone (**humerus**), the shoulder blade (**scapula**), and the collarbone (**clavicle**). These three bones provide mobility to use your arms and shoulders in many ways. Impairment of the shoulder may cause instability of the soft tissue and bony structures, resulting in pain when you move your shoulder. The pain may be temporary or it may be a persistent, nagging pain that requires a medical diagnosis, treatment, or, as a last resort, surgery. In this newsletter issue, we will 1) identify common shoulder injuries, 2) explain causes of shoulder pain, and 3) explain treatment options.

COMMON SHOULDER INJURIES

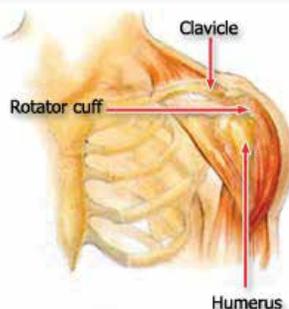
The shoulder is supported by bones, muscles, tendons, and ligaments. An injury to any of these areas can lead to instability of the shoulder. Some common types of shoulder injury are:

Rotator Cuff Tear: Traumatic injury or overuse of the muscle surrounding or supporting the shoulder can cause the tendon of the shoulder joint to tear. This is usually painful. A person with this condition cannot lift their arm over their head.

Tendonitis: An inflammatory condition in which the shoulder is overused by overhead movements. This is most common in athletes.

Fracture of the Clavicle: Also known as the collarbone, the clavicle provides shoulder stability and connects the shoulder joint with the chest. When this bone is broken, the patient's thoracic outlet may become compressed. Nerves and blood vessels enter the arm through the thoracic outlet. This condition is painful in the affected shoulder and arm.

Frozen Shoulder: This condition, also known as **adhesive capsulitis**, usually occurs on one specific side and can spread to the other shoulder as well. It is due to a thickening and tightening of the joint capsule. This can be caused by immobilization for an extended



period, such as during a surgical recovery period. For instance, someone who has had rotator cuff surgery that requires a recovery period of shoulder immobility can develop adhesive capsulitis.

Impingement: Impingement of the shoulder joint occurs when

the rotator cuff and the acromion (bony process on the scapula) bone become narrowed, preventing the tendons from moving freely. This condition can be diagnosed with tests that move the arm into particular positions that elicit pain.

Dislocated Shoulder: This injury occurs from a serious traumatic event, such as blunt-force trauma. In older patients a dislocated shoulder often results from a fall from a standing height. In younger patients their fractures are more likely caused by a high-energy impact from a motor vehicle accident or contact sport. The injury occurs to the head of the upper arm bone, which is forced forward when the arm is turned outwards or overstretches the muscles and tendons, resulting in the loosening of the arm bone from the shoulder's ball and socket.

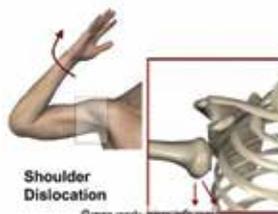
Slap Tear: Trauma can split and tear tendons, resulting in an acute injury. Degenerative changes in the tendons due to advancing age and long-term wear and tear can also cause tendon injury. Tears of the tendon may be partial or complete. In most cases of complete tears, the tendon is pulled away from its attachment to the bone.

Traction Injury: Traction injuries occur when nerves between the neck and shoulder are over-stretched. This injury is common with motorcycle riders and athletes, and occurs when the shoulder joint area is extended by force beyond its normal range. The resulting injury causes pain and numbness in the affected area. There is no treatment for this injury except therapy and pain management.

WHAT TO DO

If you sustain a shoulder injury, the first step is to seek medical care as soon as possible. An early

(continued on back)



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Shop Safely In-Store and Online

The pressure to find the perfect gift at the perfect price can put a damper on the holidays. Shopping, which some find relaxing at other times of the year, can become a competition and sometimes even a contact sport as excited crowds rush the doors on Black Friday and vie for a limited number of deeply discounted items.

Advertising deep discounts and opening the doors at 5 a.m. (or earlier!) to create excitement and generate a crowd of people also can create deadly situations. Without proper crowd control, people are hurt and killed. In 2008, a Walmart employee was trampled to death and a pregnant woman was knocked down and lost her baby when the doors opened for holiday sales.

To avoid the crowds altogether, consumers do a lot of shopping online, which carries its own risks.

Here are a few tips from Stay Safe Online to protect your money and identity while shopping online:

- **Research**—When using a new website for purchases, read reviews and see if other consumers have had a positive or negative experience with the site.

- **Protect personal information**—When making a purchase online, be alert to the kinds of information being collected to complete the transaction. Remember, you only need to fill out required fields at checkout.

- **Use safe payment options**—Credit cards are generally the safest option because they allow buyers to seek a credit from the issuer if the product isn't delivered or isn't what was ordered.

- **Don't do business on public WiFi**—Don't shop or bank on public WiFi. Thieves can easily access your keystrokes to determine card numbers and passwords.

- **Update software**—Keep software on internet-connected devices updated to minimize security risks.

- **Unique passwords**—Having separate passwords for every account helps to thwart cybercriminals. Consider using a unique sentence as a password. It makes it harder to hack and easier to remember.



Anesthesia Malpractice

When you are preparing for surgery, anesthesia may not be on your mind, but anesthesia management is a very important component of every surgery. A mistake could lead to death or lifelong injuries.

During surgery, anesthesiologists and nurse anesthetists must constantly monitor a patient to be sure that their body is motionless and that they are not experiencing the pain and trauma of the procedure. Medical professionals can be held liable for mistakes such as incorrect dosing, inadequate monitoring, machine or technology misuse, and lack of training.

During surgery, patients are often given neuromuscular-blocking drugs to keep them from moving; this also prevents them from breathing on their own, which is why a breathing tube is placed and oxygen is administered during surgery. If the tube

isn't placed correctly, a patient will not get enough oxygen and can rapidly experience brain damage, followed by brain death and cardiac arrest.

An issue posed by neuromuscular-blocking drugs is the chance of experiencing anesthesia awareness, which happens when a patient cannot move but the anesthesia has worn off, leaving

the patient conscious and able to feel pain and hear the details of the surgery, yet unable to communicate. Understandably, this can cause severe posttraumatic stress disorder and anxiety symptoms.

Contact our office for a confidential consultation if you or a loved one has been injured due to the negligence of an anesthesiologist or nurse anesthetist.



Keep Your Medicines Out of Reach

Did you know that, according to Safe Kids Worldwide, every 12 days a child dies from medicine poisoning?

To shed light on what leads to this troubling situation, Safe Kids Worldwide released a research report, "Safe Medicine Storage: Recent Trends and Insights for Families and Health Educators." The report suggested that education efforts make an impact, but too many children are still getting into medicine. Here is what you can do:

Child-resistant doesn't mean childproof

According to the report, about half of accidental medicine poisonings involved children getting into child-resistant packaging. Regardless of the packaging, keep all medicine out of reach and sight.

It only takes a minute

Parents whose child went to the emergency room due to medicine poisoning frequently say that they had only turned their back for a minute when the incident occurred.

Kids are climbers

Previous research found that in about half of the poisoning cases, a child climbed on a toy, a chair, or other object to reach the medicine. To be safe, medicine should be stored out of reach (above counter height) and out of sight (inside a cabinet) at all times.

Be prepared

Save the Poison Help number in your phone: 1-800-222-1222.

Source: safekids.org



Is the Driver Always At Fault in Pedestrian vs. Vehicle Accidents?

When it comes to accidents that involve vehicles and pedestrians, drivers have a larger responsibility for safety because pedestrians are more vulnerable. In pedestrian-heavy areas, such as cities and near school zones and colleges, drivers assume the responsibility of driving with extra care. But this doesn't mean that pedestrians don't cause accidents, and there are times when a pedestrian struck by a car may be found partially or fully at fault.

Distracted or intoxicated walking—Pedestrians who are texting or otherwise engaged with a device or intoxicated may wander into traffic.

Walking where prohibited—Walking is restricted on many highways and bridges where it is unsafe to do so.

Jaywalking—In cities and towns, pedestrians must cross traffic in designated crosswalks.

Crossing against signals—When at an intersection, pedestrians must obey the "walk" and "don't walk" signals.

Do keep in mind that it is likely that a driver who is speeding, distracted, or drunk will be found partially to blame in an accident that is primarily caused by a pedestrian.



Chain Reaction Auto Accidents

You're sitting in traffic and suddenly you get hit from behind; your car slams into the vehicle in front of you. Who is at fault? Can you be held liable for damage to the car in front of you?

In some cases, fault lies with the first or last car in a pileup. But every accident is a little different, and determining fault (who precipitated the accident and who contributed to it) can be difficult. For example, if you are slowing down for a traffic jam and get hit from behind, you may assume you aren't at fault, but you could be found fully or partially at fault if your brake lights are out. Likewise, if you are in stop-and-go traffic and hit the vehicle in front of you in a chain reaction, it may be determined that you are partially at fault because you were traveling too close to the car in front of you.

Weather conditions can make it more difficult to stop your vehicle during the winter. Keep in mind that you take on the responsibility of driving safely regardless of road conditions or weather.

If you are in a chain-reaction accident, be sure to get insurance information from all drivers involved, take photos of the damage to all vehicles, and be sure to photograph skid marks. If you are found to be at fault in a multivehicle pileup, you can challenge the decision. An attorney can help you build a case.

Thinking of Waving Through That Other Driver?

You may want to reconsider. If you wave someone ahead of you when you have the right of way and that person gets in an accident, they can sue you.

Here are a couple of scenarios in which you could be found at fault for causing an accident:

- You're in a line of traffic and someone is pulling out of a parking lot and hoping to turn across traffic. You leave space and wave them through. They get hit by a vehicle coming from the opposite direction.
- You have the right of way at an intersection with a two-way stop and wave the vehicle at the other stop sign ahead of you. That person pulls out and gets hit by a vehicle coming through the intersection.

In either case, you could be held liable. By waving a vehicle through, you are implying that it is safe for them to go. You may have meant to convey only that it was okay for them to go ahead of you; however, a person could reasonably assume that you meant it was safe to do so.

Of course, every situation is different. If it is obvious that the person waving another driver through would have no way of gauging the safety of another vehicle pulling out, they may not be found at fault.

Have a question about fault in an accident? Call our office for a consultation.



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For your specific situation, please consult the appropriate legal professional.

Shoulder Injury *(continued from front)*

diagnosis and record of treatment are important. If pain is minor, rest the injured shoulder for a few days to see if the pain will resolve. If symptoms persist, see a physician who can conduct a comprehensive examination to determine the cause of your shoulder pain. The treating physician will look for physical abnormalities, swelling, deformity, tenderness, and muscle weakness. The physician will also test the shoulder's range of motion and strength. Physicians also rely on medical history by asking questions such as when you first experienced shoulder pain. Tests such as X-rays, MRIs, and CT scans, among others, can be ordered to help identify the cause of shoulder pain and any other problems.

TREATMENT

Once the condition has been diagnosed, treatment for the injury can be accessed. There are several options available for treating a shoulder injury:

Physical Therapy: This treatment improves strength and flexibility so patients can return to a pre-injury level of activities.

Medications: Physicians prescribe nonsteroidal anti-inflammatory pain medications, commonly referred to as NSAIDs, to reduce

inflammation and pain. Opioids are commonly prescribed for pain management. Nerve medication such as Gabapentin can help moderate nerve-damage pain.

Injections: Cortisone is a powerful medication that treats inflammation, a common problem with shoulder injuries.

Surgery: Ninety percent of patients with shoulder pain will respond to conservative treatments. However, certain types of shoulder problems, such as recurring dislocations and rotator cuff or slap tears, may not benefit from less invasive methods. In these cases surgery may be necessary. Surgery involves arthroscopy to remove scar tissue or repair torn tissues or, on a larger scale, reconstruction or shoulder-replacement surgery.

A shoulder injury can result in a permanent impairment. Permanent impairments are quantified after a patient has reached a plateau of improvement after all treatments to improve the condition have been exhausted. These treatments may involve surgery and physical therapy. A serious shoulder injury may require future medical care, including pain management and a change in occupation.