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Closed - PR
JUL 14 1986

July 3, 1986

REPORT OF EXAMINATION:

RE: LEMUEL C. BRAY

Mr. Lemuel C. Bray called at my office on July 3, 1986 for examination. He was examined physically and neurologically.

I also made an electroencephalographic examination of him.

BRIEF STATEMENT OF THE PROBLEM:

Mr. Bray relates that he was sent here by the Department of Rehabilitation for an evaluation because he had a feeling that he has not been able to perform well as an accountant. He says he feels "like I have been fighting" since the accident he had in 1969, and it feels like "fighting in a paper bag". He knows he can do better work and he blames everyone around him.

He would like to have further training to perform more effectively as an accountant.

FAMILY HISTORY:

His father is 74 years of age and in good health. His mother died from the affects of cancer in 1965. He has two full brothers and one half brother all of whom are in good health. He has three full sisters and one half sister and two step sisters. They are all well as far as he knows. He states that one full sister died when she was less than a year of age from a heart problem.

There is no known history of familial or hereditary, neurologic or psychiatric disease or illness.

PERSONAL HISTORY:

He is 45 years of age and graduated with a BA Degree in Business Administration. He spent 13 years in a hospital working, and then worked for 15 years as an accountant. He is not working at present. He last worked in September 1985. He stopped working at that time because he was unable to function. He doesn't know why. He says that is his biggest problem. He says he cannot concentrate.

He presently is receiving disability insurance payments.

He served 13 years in the United States Navy, and received a regular honorable discharge with the rate of Hospital Corpman, 1st Class.

He was married for three years and that first marriage was terminated by divorce. He has one son 21 years of age by that marriage. He is in good health.

He remarried in 1972 and has been married for 14 years. His wife is 39 years of age and in good health. There are no children by this marriage.

His wife had two miscarriages.

He had measles, mumps and chicken pox in childhood. He has had no other serious illnesses.

He was in a motor skooter accident in August of 1969, and sustained injuries to his face. He had to have surgery on his face. He also fractured the left wrist in that accident. He was in the hospital for two months for that procedure. Following that accident he was unconscious for about two and one half days.

He has been in other automobile accidents, but without injury, except that he had a fractured ankle in one in 1971.

He had a tonsillectomy in the U.S. Navy at 20 years of age. He has had no other operations.

He has had no other fractures, no other strains, sprains, head injuries or episodes of unconsciousness.

He then recalls that he was hospitalized when he was 15 or 16 years of age in about 1957. He was kicked in the head by a horse, and he was unconscious for a few hours. He states he was in and out of consciousness for a total period of six or seven hours.

He uses no tobacco. He takes no alcoholic beverage. He says he did drink heavily at one point when he returned from Vietnam, and he drank for about 6 years.

He takes plain tylenol for a headache once in a while.

HISTORY OF THE PRESENT PROBLEM:

Mr. Bray related that he was sent here by the Department of Rehabilitation for an evaluation because he had a feeling that he has not been able to perform well as an accountant. He says he feels "like I have been fighting" since the accident he had in 1969, and it feels like "fighting in a paper bag". He knows he can do better work and he blames everyone around him.

He says there are situations that are "okay".

He says he is seeing a psychiatrist at present and he has been seeing a Veterans Administration psychiatrist since 1983. His present doctor is Dr. Kirschenbaughm, a psychiatrist at the Hill Street Clinic downtown in Los Angeles. He is a VA doctor. He has talking sessions with him every Tuesday morning for a half hour. He goes for a Veterans Administration group therapy session every Wednesday afternoon for an hour and a half. These sessions are helping him.

He has had paper psychological testing. He has had a Minnesota Multiphasic Personality Inventory Test battery, and a battery of psychological tests to determine what part of his brain was damaged.

He had an electroencephalogram in 1985, and he states this showed a left frontal lobe brain dysfunction.

Then a neurologist requested that the psychologist do the battery of tests mentioned. He says these tests showed right frontal lobe lesion and a left occipital lobe lesion. He says he does not know why these tests didn't show what the EEG showed.

He took Doxipan for two weeks. He also had a brain scan.

Presently he has the following complaints.

PRESENT COMPLAINTS:

1. He has headaches that occur about once or twice a week. They are not very severe. He has taken about one tylenol tablet a week. He has had these for about three years.

He states that when they did a brain scan after the electroencephalogram he did not have the headaches again until just recently. He just started having them again about two months ago and they have gotten progressively worse.

2. He has difficulty with concentration ability.

3. He has some impairment of motor function in his right thumb. He says it drags and doesn't perform right. He says the left hand was injured, but that hand is fine and has no impairment.

3. He states he has been depressed.

4. He says he doesn't sleep well at night. He sleeps a few hours at night. He is not aware of any dreams or nightmares.

PHYSICAL AND NEUROLOGICAL EXAMINATIONS:

He is well developed and well nourished. The height is 68½ inches. The weight is 171 pounds. (He states his average weight for the past five years has been about the same, about 171 pounds).

The blood pressure is 100/60. The heart rate is 72 and the rhythm is regular.

There are no abnormalities found on examination of the chest, the heart, the lungs or the abdomen.

Detailed neurological examination was carried out, including serial examinations of the cranial nerves, the reflex functions, motor functions and sensory functions.

CRANIAL NERVES:

I, II, R-L Sense of smell is normal bilaterally. Central vision is normal. Visual fields are normal on confrontation tests. Fundi show no abnormalities.

III, IV, VI, R-L Eye movements are normal in all directions. There is no nystagmus. There is no diplopia. Palpebral fissures are normal and bilaterally equal. Pupils are round, regular and equal, are 2 mm. in diameter bilaterally and react normally to light and on convergence.

V, R-L Jaw movements are normal. Masseter and temporalis muscles function normally bilaterally. There are no paresthesias or areas of anesthesia.

VII, R-L Facial movements are normal. There is no atrophy and there are no tremors. Taste sense of the anterior two-thirds of the tongue is normal.

VIII, R-L There is no vertigo. He has two hearing aids with hearing impairment in both ears. Bone conduction is greater than air conduction bilaterally. The Weber test does not lateralized.

IX, X, R-L Deglutition and phonation are normal. Palatal movements are normal. There is normal pharyngeal reflex. Taste sense of the posterior one-third of the tongue is normal.

XI, R-L Sternomastoid and trapezius muscles function normally bilaterally and there is no spasm, weakness or atrophy.

REFLEX FUNCTIONS:

The biceps, triceps and brachioradialis reflexes are normal at the level of 2+ bilaterally.

Hoffman, Leri-Mayer and Rossolimo signs are negative.

Patellar and Achilles reflexes are 2+ bilaterally.

Babinski, Oppenheim, Gordon and Chaddock signs are negative bilaterally.

The deep and superficial abdominal reflexes are normal at the level of 2+ bilaterally.

MOTOR FUNCTIONS:

Neck motions are complete in right and left lateral rotation, extension, flexion and cheek to shoulder tilting bilaterally. None of these movements cause any complaint of pain in the cervical region, upper dorsal region or region of the upper trapezeii muscles. He rotates both shoulders well and then says it gives him some pain in the right shoulder. He elevates both arms above his head, again with some pain in the right shoulder.

On testing with the Jamar dynamometer, grip readings, three trials are right: 74,75,67. and left: 69,69,60. He is right-handed.

He bends forward with his knees extended and to a point at which his fingertips are five inches from the floor. This causes no complaint of pain in any spinal area or in the lumbosacral or sacroiliac regions bilaterally.

There is good gluteal muscle tone bilaterally.

Straight leg raising was carried out to 90 degrees bilaterally without complaint of pain.

Kernig, Lasegue, Patrick's and Fabere signs are all negative.

| Circumferences of arms: | Right | Left |
|---|---|---|
| 10 cm proximal to olecranon process of ulna | 29 | 26 |
| 10 cm distal to olecranon process of ulna | 26 | 25 |
| Circumferences of legs: | | |
| 15 cm proximal to superior border of patella | 50 | 50 |
| 15 cm distal to inferior border of patella | 31 | 31 |

There is normal active and passive motion throughout. There is good coordination and no apraxia. Muscle tone is good. There is no atrophy, spasm or forced movement.

There are no tremors or fibrillations. Gait and station are normal. There is no asynergia or dysdiadochokinesis. Romberg sign is negative.

SENSORY FUNCTIONS:

There is normal perception of touch, pain, thermal vibration and deep pressure sense throughout.

There is noted no spinal tenderness.

An electroencephalographic examination was made of Mr. Bray this date. It was found to be abnormal with irregular spiking in the bifrontal leads on hyperventilation testing. This test is reported separately.

DIAGNOSES:

Probable old cerebral contusions from brain injury sustained in 1957, and with the following:

1. Organic brain syndrome, with personality and intellectual impairment.

DISCUSSION:

The history given and the examinations of Mr. Bray, including his electroencephalogram, indicate that he has old cerebral contusions probably from a brain injury sus-

tained when he was kicked in the head by a horse in 1957. As a result of this he has an organic brain syndrome with intellectual impairment and personality impairment.

His electroencephalogram is abnormal, showing particularly bifontal spiking on hyperventilation testing.

He presently is having psychiatric treatment and he should continue with this. Some antidepressant medication should be of benefit, also a trial with sodium dilantin may be of assistance in improving brain function.

He is trainable for any occupation for which he is vocationally suited and I would recommend further training in accountant if that is his wish.

Respectfully submitted,

George N. Thompson

George N. Thompson, M.D.

GNT/pw