Hidden in Plain Sight

7th July 2016
City Hall
London

Exploring often overlooked physiological, psychiatric and psychological deficits after brain injury

Please contact us for availability on subsidised places for Students, NHS, Social Care Staff and Charities.

EARLY BIRD DISCOUNT AVAILABLE UNTIL 6TH MAY 2016

5 POINTS Pending APIL Accreditation
Getting it right from the start  
**Jill Greenfield**, Partner, Fieldfisher

The uniqueness of brain injury means that cases never fail to surprise. The nuance of its impact on the individual and their family is critical to highlight for both treatment and litigation. Underestimating the consequences of a brain injury at an early stage is an easy mistake to make. How can the Claimant’s team best assess and access treatment and care in those early days for the injured victim. What is the law in relation to private v NHS provision and why are agreements being made to accept local authority funding with the defence simply topping up.

The benefits and challenges of very rapid and significant advances in brain imaging; implications for clinical evaluation of traumatic brain injury and its implications in medicolegal practice  
**Emer MacSweeney**, CEO Re:Cognition Health & Consultant Neuro-radiologist

Many individuals develop severe and or significant neuropsychological difficulties following TBI. However, CT and MRI brain imaging may be reported as within normal limits for age, or indeed neuroradiologists may disagree in their interpretation of the images, giving rise to dispute over the extent of brain damage detected and its anticipated contribution to an individual’s symptoms and long term outlook.

With the introduction of increasingly sophisticated imaging techniques, neuroradiologists are able to detect evidence of structural brain injury, which may not be visible on more conventional imaging. Therefore, evaluation of subtle brain injury is dependent upon, not only, the neuroradiologist’s expertise, but also the magnetic strength of MR scanner and the design of the imaging protocol. Qualitative evaluation of brain damage may, therefore, differ significantly, for a number of reasons, even though there is widespread belief that a brain scan is an objective examination, which will give a definitive answer to assist in the evaluation of the extent of brain injury. Qualitative differences in neuroradiological interpretation will be reduced, when neuroimaging imaging techniques start to provide quantitative evaluation of structural brain injury and further assisted when evidence of brain injury can be detected and measured at a microscopic level.

New imaging techniques, including diffusion tensor MRI, diffusion kurtosis and assessment of resting state brain networks are able to provide quantitative information about brain injury and could permit more precise and objective evidence of brain injury, including injury which is not visible to the eye.

We know that diffuse axonal injury and disruption of underlying brain networks is most closely correlated with disturbance of cognitive function and behavioural changes. The emergence of new PET amyloid and tau imaging techniques provide pathological biomarker with the potential to identify evidence of brain damage at a cellular level, particularly in the context of chronic traumatic encephalopathy.

Whilst, some of these new techniques are ready for clinical and medico-legal use, others are still in development.

This presentation will provide an understanding of the benefits and challenges provided by the very rapid and significant advances in brain imaging, with particular focus on the implications for clinical evaluation of traumatic brain injury and its implications in medicolegal practice.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
</table>
| 11:40 – 12:20| **Are we missing subtle brain injuries?**  
Marcus Grant, Barrister at Temple Garden Chambers, London  
The answer to these cases always lies in the medicine. Rigorous clinical methodology from the lawyers and the medical experts always prevails at trial. Early identification of the possibility of diffuse axonal injury is critical to setting up the optimal rehabilitation package that will best insulate clients from the inevitable secondary psychological response to their awareness that they have sustained lasting cognitive damage. |
| 12:20 – 13:05| **Managing the impact of the auditory and vestibular contributions to traumatic brain injury**  
Dr Peter Savundra, Consultant Audiovestibular Physician, The Portland Hospital  
Dizziness, imbalance and falls, tinnitus, hyperacusis and hearing loss complicate the presentation of traumatic brain injury and cause increased suffering and compromise participation in normal life. There are neurocognitive, mood, behavioural, social and economic complications of such injuries, but such injuries can be diagnosed and treated. It is in the best interests of all parties to define such injuries and their complications, to optimise their management to reduce handicap, and to enhance participation and the possibility of employment. |
| 13:05 – 14:05| Lunch, Networking & Exhibition Stands |
| 14:05 – 14:50| **Medical and legal issues relating to subtle brain injury**  
Dr Steven Allder, Consultant Neurologist, Re:Cognition Health  
This presentation will provide an update on the latest scientific thinking on subtle brain injury and how to conduct a structured clinical assessment to support the litigation process. |
| 14:50 – 15:10| Tea/Coffee, Networking & Exhibition Stands |
| 15:10 – 15:55| **Patients who don’t see with their eyes**  
Dr Matthew Starr MD MB BChir, Ophthalmologist, London Eye Clinic  
An introduction to how we see and how brain injuries change our ability to see. This presentation will discuss the relative role played by the eyes and brain in vision. It will also look at the brain disorders which can affect vision, particularly after trauma. Delegates will gain an understanding of the effect vision impairment plays in the lives of patients with brain injuries and how to guide people with brain injury towards appropriate diagnosis and treatment. |
| 15:55 – 16:35| **Making the impossible possible - a unique occupational therapy approach within the litigation process**  
Laura Slader, Independent Neurological Occupational Therapist, Laura Slader Independent Occupational Therapy Services Ltd.  
This presentation will draw together examples of clinical work carried out with more challenging cases and diagnoses that we have heard about today. Showing case examples referred through the litigation process, we will see how effective communication skills within the multi-disciplinary team and a unique occupation therapy approach optimises a persons rehabilitation with their brain injury. |
| 16:35 – 16:40| Close |
Biographies

Jill Greenfield
Partner, Fieldfisher

Jill is a partner at London law firm Fieldfisher and heads up the specialist catastrophic personal injury unit. Jill is recognised by Headway and the Spinal Injuries Association as a Specialist Injury Lawyer. In the legal directories (Chambers/Legal 500) she is recognised as a leader in the field. Jill is also a member of the Association of Personal Injury lawyers (APIL) and is a committee member of Headway North London.

She is committed to achieving excellent results for her clients, ensuring the right type of essential care and support is provided; rehabilitation is a real focus. Her cases are generally worth several million pounds and are usually the result of road traffic accidents, occupiers liability claims or accidents at work. She is currently the lead solicitor in the 2009 Godstone Farm outbreak, acting for over 30 children who were exposed to E Coli 0157, some of which now suffer lifelong risks of renal failure.

Alongside her main practice she has a successfully campaigned for victims of terrorist atrocities such as Sharm-el Sheik, Kusadasi, Bali and Mumbai. She was one of the key lawyers who persuaded the Government to introduce a Scheme to Support British Victims of Terrorism abroad, providing financial support for such victims where previously none had been available. She also obtained the highest award for damages for pain and suffering through the civil courts for a victim of rape.

Jill’s cases have regularly hit the headlines and she has appeared on BBC News, ITV, Channel 4, Sky News, BBC Radio 4, Trevor McDonald Tonight, Fiona Bruce, Real Lives and has been quoted in various broadsheets.

Dr Emer MacSweeney
CEO, Re:Cognition Health & Consultant Neuro-radiologist

Dr MacSweeney is CEO and Medical Director for Re:Cognition Health. As a Consultant Neuroradiologist, she was previously Director of Neuroradiology at Atkinson Morley’s Hospital, St George’s Healthcare Trust. Dr MacSweeney has extensive experience in both the NHS and independent sector. Dr MacSweeney trained in neuroradiology at The National Hospital for Neurology and Neurosurgery, Queen Square, specialising in interventional vascular neuroradiology. Dr MacSweeney has a special interest in neuroradiology of cognitive impairment disorders, imaging of neurovascular diseases and traumatic brain injury. She has extensive experience of providing medicolegal neuroradiology reports, instructed by both claimants, defendants and in response to joint instructions.

Dr MacSweeney has published many articles in many leading medical publications such as the British Medical Journal and the Journal of the Royal Society of Medicine.

She frequently lectures and advises on key developments and advancements in brain imaging to members of the legal profession.

Marcus Grant
Barrister at Temple Garden Chambers, London

Marcus specialises in Personal Injury and Insurance litigation. He has 22 years of experience at the Bar. He is consistently highly-rated by the independent legal directories, categorised as a Band 1 Personal Injury Junior by Chambers & Partners 2016 which stated: ‘A leading personal injury junior with substantial expertise in chronic pain, brain injury and insurance fraud cases. He is noted by solicitors for his ready understanding of complex medical evidence. Strengths: “He is becoming one of the leading barristers in subtle brain injury case.” “He is able to present complex medical principles in a way that the court can easily grasp and understand.” “He is able to understand the injuries and the medicine to ensure that such cases do result in the right level of damages.” Recent work: Counsel for the claimant in Siegel v Pummell, where a head injury after a car accident resulted in an award of £1.59 million. He is also categorised as a Band 1 Personal Injury Junior by Legal 500 2015 which stated: "A barrister with no faults at all, and the hardest working member of the Bar".

Dr Peter Savundra  
**Consultant Audiovestibular Physician, The Portland Hospital, London**

Peter is a Consultant Audiovestibular Physician at the Portland Hospital, London. His career interest has been adult rehabilitation and paediatric habilitation to exploit neuroscience, education, social services and technology to optimise outcome.

He has a background in Neurology and Neurosurgery with specialist training in Audiovestibular Medicine at Great Ormond Street, Queen Square and the Royal National Throat Nose Ear Hospital. He was Consultant Audiovestibular Physician at Northwick Park Hospital.

His clinical interest is to develop precise diagnostic formulations and to work with therapeutic connectomes and the individual to empower the individual to have a fulfilled life.

Dr Matthew Starr MD MB BChir  
**Ophthalmologist, London Eye Clinic**


Dr Starr studied at Haberdashers’ Aske’s School and then read medicine at St Catharine’s College Cambridge. He specialised in ophthalmology at the New York Eye & Ear Infirmary and did a Fellowship in neuro-ophthalmology in Detroit, studying the relationship between the eyes and the brain. He takes a keen professional interest in the effect of brain disorders on vision and enjoys discussing ophthalmology with a captive audience.

Dr Steven Allder  
**Consultant Neurologist, Re:Cognition Health**

Dr Steven Allder trained in Nottingham in general medicine and carried out his specialist neurology training at Sheffield Teaching Hospitals NHS Foundation Trust; this included three years of research at Nottingham University using the very latest MRI technology to understand acute stroke.

Steve is currently working at Re:Cognition Health, using his clinical expertise to focus on the assessment of patients with traumatic brain injury. He has also established the first emotion focused service for medically unexplained neurological symptoms. Alongside this clinical work, Steve is embarking on a research project looking at the long term impact of autonomic responses provoked by acute traumatic injuries; specifically, how certain autonomic responses to acute trauma set up changes in underlying brain networks that create and maintain long term neurological and pain syndromes.

Steve worked most recently within the NHS for Hampshire Hospitals NHS Foundation Trust. He previously worked at Plymouth Hospitals NHS Trust from 2004 – 2015, where he held a series of clinical leadership positions, including Assistant Medical Director, in addition to his clinical workload.

Laura Slader  
**Independent Neurological Occupational Therapist, Laura Slader Independent Occupational Therapy Services Ltd.**

Laura Slader is an occupational therapist (OT) registered with the Health and Care Professions Council and the College of Occupational Therapists. She graduated from Brunel University in 1993. Laura has worked for fourteen years in the NHS in the fields of accident and emergency, general medicine and Neurology including acute brain injury, neuro-rehabilitation, community rehabilitation and vocational rehabilitation before moving into operational and strategic management of community rehabilitation services in Kensington and Chelsea and Westminster PCTs. Spending 4 years abroad working in Australia, South Africa and Saudi Arabia, Laura developed a unique and eclectic approach to her assessment and rehabilitation and has an enthusiastic and engaging approach to meeting the needs of the individuals she is referred and works with.

She is a clinical expert in cognitive rehabilitation and enjoys working in a comprehensive holistic rehabilitation multi-disciplinary framework. Laura works actively with Headway and facilitates the Richmond Headway group.
“An extremely impressive team who are devoted to their clients.”

Client’s Parents

“I would like to congratulate you and your team for such a speedy and favourable outcome. It has been great knowing you as a person and professional”

Client’s Parents
EKSO GT
BIONIC SUIT

Ekso GT is a wearable robot which helps individuals with any amount of lower extremity weakness to stand up and walk with a natural, fully weight bearing gait. Walking is achieved by the user's weight shifts or the push of a button. Battery-powered motors drive the legs, replacing deficient neuromuscular function.

THE BENEFITS

- Provides a means for people with as much as complete paralysis and minimal forearm strength to stand and walk.
- Helps patients re-learn proper step patterns and weight shifts using a functional based platform.
- Facilitates intensive step dosage over ground.

WHO CAN BENEFIT

The Ekso GT is intended for supervised use with individuals who have various levels of paralysis, hemiparesis or lower extremity weakness due to neurological conditions. The patient needs sufficient upper extremity strength to balance with crutches or a walker, or functional strength through one side of the body in case of hemiplegia. Patients must also be between 150-190cm tall and weigh no more than 100k.
Hidden in Plain Sight

7th July 2016, City Hall, London

HOW TO BOOK

The cost is:
- Early Bird Rate £199 + VAT (6th May 2016)
- Standard rate £249 + VAT

As part of ABI Solutions ongoing commitment to dissemination of knowledge and improved practice across the sector we are pleased to offer a limited number of subsidised places to students, NHS or Social Care Staff as well as representatives from the charitable sector. Please contact Jason Shelley on 020 8763 2963 to discuss.

OPTION 1

Please invoice my organisation for:
Delegate place(s) _______________________________
PO number____________________________________

Simply complete and fax back the booking form to: 020 8181 4811 or scan and email the booking form to: admin@abisolutions.org.uk

Organisations will be invoiced upon receipt of this booking form with an email that will confirm the booking. Please supply full invoice details if different from above.

OPTION 2

Payment enclosed of £ __________________________
Delegate place(s) _______________________________

Cheques are payable to ABI Solutions

Please return to: ABI Solutions, PO Box 3090, Purley, Surrey, CR8 9BQ

Organisations will receive a receipted invoice attached to an email that will confirm the booking.

OPTION 3

If you would like to pay by debit or credit card please telephone 020 8763 2963. Please ensure you have the name, billing address and card details ready.

All bookings will be confirmed by email. Please contact us if you have not received your confirmation 5 days after submitting your booking.

All conference fees include entrance to the conference, lunch, refreshments, full conference documentation, certification of accreditation and access to the post conference website.

For enquiries regarding advertising or sponsorship opportunities, please contact Jason Shelley:
Tel: 020 8763 2963
Email: jason@abisolutions.org.uk

BOOKING CONTACT

Name
Job title
Organisation
Address
Postcode
Tel
Mobile
Email

Delegate details [These can be supplied at a later date if required]

Delegate 1
Job title
Tel/Mob
Email
Diet/Access req

Delegate 2
Job title
Tel/Mob
Email
Diet/Access req

Delegate 3
Job title
Tel/Mob
Email
Diet/Access req

Delegate 4
Job title
Tel/Mob
Email
Diet/Access req

T & C’s: Returning the booking form or emailing your registration constitutes a firm booking. Cancellations must be received in writing. Written cancellations received six weeks prior to the conference will be accepted and a refund, less a processing charge of £30 per delegate will be made. If written cancellations are not received six weeks prior to the conference full payment will still be due irrespective of when the booking was made and whether the delegate(s) attend the conference. Substitution of delegates can be made at anytime without cost by advising us in writing. We reserve the right to make changes to the speaker and programme without prior notice.