A concussion from a car crash often hides in plain sight. People climb out of a crumpled sedan, trade insurance information on shaky legs, and tell the officer they feel fine. A day later, the headache rolls in like thunder, their vision blurs when they check email, and the grocery store's neon lights feel like a punishment. Family members notice they are repeating themselves. A supervisor points out simple mistakes. This is the pattern I see over and over, and it can upend a life for months, sometimes longer.

A car accident lawyer who has walked clients through post-concussion injuries understands that the medical path is not linear, that proof is tricky when scans are normal, and that insurance carriers lean on myths about "just a bump on the head." The goal here is to give you a map: what a concussion really is, how post-concussion issues unfold, where cases succeed or stall, and how to protect both your health and your claim.

What a concussion is, medically and practically

A concussion is a mild traumatic brain injury. The brain moves within the skull at the moment of impact, not only from a direct head strike, but also from sudden deceleration or a rotational force when a vehicle is hit at an angle. Axons can stretch, neurochemical cascades fire, and for a period ranging from days to months, the brain does not process information efficiently. CT scans and basic MRIs usually look normal, which is expected, not exculpatory. Advanced imaging like DTI or functional MRI can detect subtle changes, but they are not standard in most emergency departments.

In rear-end collisions, even at 10 to 20 mph, the neck whips forward and back, the head snaps, and the brain lags behind. Side-impact crashes introduce rotation, which tends to aggravate vestibular symptoms. Airbags help, seatbelts save lives, and yet mild TBI shows up in both low and high property damage cases. I have seen clients with totaled cars recover quickly, and clients with little visible damage battle migraines and fog for a year. The mismatch frustrates people and is fertile ground for defense arguments. The medical literature and lived experience align on one point: symptom severity does not correlate neatly with vehicle damage.

The symptom picture, including what shows up late

Emergency rooms are tuned to rule out bleeding or skull fracture. They will ask about loss of consciousness, check pupils, scan if red flags exist, and send people home with a one-page instruction sheet. That makes sense for safety, but it leaves many to discover delayed symptoms on their own.

Common post-concussion symptoms that often emerge within 24 to 72 hours:

- Headache or pressure in the head, often worsened by screens or noise
- Dizziness, balance issues, or a vague swaying sensation when standing
- Light or sound sensitivity, especially in stores or on highways
- Cognitive fog, slowed thinking, word-finding trouble, or poor short-term memory
- Sleep disruption, either trouble falling asleep or sleeping far more than usual

Other issues can layer in: nausea, mood swings, anxiety in traffic, neck pain, eye strain, double vision, and difficulty with multitasking. Children can present differently, sometimes with irritability or sudden school avoidance. Older adults may look fine at rest but lose endurance quickly during conversations or errands.

Delay is normal. The adrenaline of the crash masks pain, and symptoms often intensify after the first night. This does not mean the injury is mild. It means the timeline is human.

How care should unfold in the first six weeks

The old advice was strict rest in a dark room. That approach has given way to early, graded activity. Rest is important for the first 24 to 48 hours, especially from high-stimulation tasks, **Take a look at the site here** but complete inactivity can prolong recovery.

A typical, healthy progression looks like this. See a doctor promptly to set a baseline. If imaging is needed because of red flags like severe worsening headache, repeated vomiting, significant confusion, or a painful neck with neurological signs, get it. Otherwise, focus on symptom-limited activity. Short walks, light meal prep, and brief reading sessions are good starts. If 20 minutes at a screen triggers headache, scale back to 10 and build up slowly. The key is to brush against symptoms without slamming into them.

If dizziness, blurred vision, or headaches persist beyond 10 to 14 days, ask your primary physician for referrals. Vestibular therapy addresses balance and motion sensitivity. Vision therapy or neuro-optometric rehab helps when reading lines swim or when eyes fatigue abnormally. For migraines, a neurologist can prescribe preventives, not just painkillers. Sleep hygiene matters, but so does treating sleep apnea if snoring worsened after the crash. When patients tell me they “just push through,” I ask them to reframe. Post-concussion recovery is a dial, not a switch.

Document your symptoms and triggers. A short daily journal that notes sleep, activity, and flare-ups helps your medical team tune treatment. It also becomes invaluable evidence later, when memory of the acute phase fades.

Work, driving, and everyday life

Returning to work or school too fast is the mistake I see most. Employers hear “mild” and expect a two-week turnaround. Some people do bounce back in that window. Many do not, especially in jobs with heavy screen time, constant decision-making, or noisy environments.

Negotiate a stepwise return. Half-days for a week or two, frequent breaks, and reduced meeting load make a difference. Ask for tinted screen filters, strategic seating away from bright lights, and permission to wear noise-dampening earbuds. In customer-facing roles, limit peak-hour shifts at first. Teachers often do well pairing with a colleague for shared duties. Commercial drivers or those who operate heavy machinery need medical clearance before resuming safety-sensitive tasks. A brief road test with a trusted friend can reveal lingering issues like delayed reaction to brake lights or motion-induced nausea.

Driving is both practical necessity and exposure therapy. Start with a short, quiet route. Avoid rush hour. If highway speeds trigger symptoms, build tolerance with 5-minute increments. If you cannot drive safely within a few weeks, ask your clinician for a formal note. Insurance adjusters sometimes argue that “if you can drive, you must be fine,” which ignores the pacing and strategy many people adopt. Be candid, not heroic.

When symptoms persist past three months

Roughly most people recover within weeks, but a significant minority develop persistent post-concussion symptoms that last months, occasionally a year or more. I have helped a 28-year-old middle school teacher who needed vestibular therapy for six months before she could supervise recess without vertigo. A 52-year-old project manager felt normal at home, but after two hours of back-to-back Zooms his migraine flared and he lost his train of thought in front of his team. Both eventually improved, but not without structured rehab and deliberate job modifications.

At this stage, multidisciplinary care works best. A neurologist or physiatrist can coordinate. Vestibular and vision therapy should be targeted, not generic. Cognitive rehabilitation with a speech-language pathologist can rebuild attention and working memory through structured exercises that spill into real life. A psychologist skilled in health anxiety and trauma can help untangle the fear loop that makes a grocery trip feel like a minefield. If headaches dominate, consider preventives like topiramate or CGRP inhibitors, tailored to your medical history. For sleep, treat both habits and physiology. For mood, short-term medication support is not weakness, it is strategy.

Insurers sometimes label persistent symptoms as “somatic” or “psychogenic.” The truth is more nuanced. Brain, body, and environment interact. Pain begets poor sleep, which degrades mood and cognition. Bright light aggravates the nervous system, which fuels tension, which worsens headaches. Untangling the knot is clinical work, not a character judgment.

The legal landscape: proving what you cannot see

From a legal perspective, concussion cases turn on credibility and documentation. A car accident lawyer who handles brain injury claims knows three recurrent hurdles: normal imaging, delayed onset of symptoms, and inconsistent good days and bad days. None of these disprove injury. They do demand a careful record.

- Contemporaneous medical notes carry weight. If you told the ER you were fine, then reported headaches to your primary doctor two days later, that is a normal progression. Make sure it is written down. Vague narratives like “patient doesn’t feel good” do not help. Specifics do: “30-minute computer session triggers 6 out of 10 headache, relieved by rest in dark room.”
- Diagnostic labels matter less than functional descriptions. “Mild TBI with vestibular-ocular dysfunction” is a start. “Patient cannot tolerate more than 20 minutes of screen time and avoids driving at night due to glare” is better.
- Neuropsychological testing can help, especially for executive function issues. It is a long day of tasks. Good evaluators account for effort, pain, sleep, and mood. Defense experts will point to normal IQ or memory subtests as proof of health. Your expert should explain why attention, processing speed, or divided attention deficits can derail knowledge work.

Expect an insurer to hire an independent medical examiner who spends 30 to 45 minutes with you and writes a 12-page report opining that symptoms are from stress. They may cite minor property damage or a prior headache history. That is when records of specific post-accident changes matter. The teacher who once ran parent nights with ease now sits in the dark after an hour in the cafeteria. The project manager who juggled three timelines now uses a checklist for every meeting and logs off by noon to fend off migraines. Concrete examples cut through skepticism.

Insurance coverage and the order of payment

Post-concussion care can be expensive, and bills arrive fast. Coverage varies by state, but several layers often apply. Liability insurance from the at-fault driver is the primary target for settlement. If you live in a no-fault state, personal injury protection may pay medical bills and lost wages up to a set limit. Some policies include MedPay that covers medical costs regardless of fault. If the at-fault driver is uninsured or underinsured, your own UM or UIM coverage steps in, often matching your liability limits. Health insurance picks up where auto benefits end, but it may assert a lien on settlement funds. Medicare, Medicaid, ERISA health plans, and hospitals have specific reimbursement rules that your lawyer must navigate.

I advise clients to keep copies of explanation of benefits, track which carrier paid what, and avoid letting balances quietly age into collections. A good firm will coordinate benefits and negotiate liens at the end, but clean records make that job easier and improve your net recovery.

Valuing a concussion case fairly

There is no formula that spits out a fair number for a concussion. Two people with similar collisions can diverge wildly in recovery and economic impact. I look at a cluster of factors: how long symptoms limited daily function, what treatments were necessary, whether there is a diagnosis of persistent post-concussion syndrome, how work was affected, and whether household roles shifted to a spouse or relative. Objective corroboration helps: therapy notes documenting progress and setbacks, workplace accommodations in writing, and calendars showing missed family events because of light or noise.

Economic damages include medical bills, projected future care for therapy or headache management, lost wages, and diminished earning capacity if you had to change roles or reduce hours. A sales manager who drops to a lower-paying inside role because highway driving triggers symptoms has a calculable loss. Non-economic damages capture pain, mental anguish, and loss of enjoyment, which insurers call subjective. They still have to account for the reality that your evenings became a ritual of ice packs, dark rooms, and apologies to your kids for skipping the school musical.

Timing matters. Early settlements tend to undervalue cases that are still evolving. If symptoms persist past three months, I usually counsel patience until we see the trajectory. Settling too soon risks leaving therapy and future headaches uncompensated. Waiting too long can bump against statutes of limitation, which vary by state, commonly from one to four years, with shorter notice windows for claims involving government vehicles. A car accident lawyer will pin down the deadlines on day one and work back from there.

Defense strategies and how to meet them

Certain plays repeat in concussion litigation. Defense counsel will argue that low property damage means low injury risk, then cite generic crash-test data. An experienced biomechanical expert can explain that occupant position, head rotation, and prior susceptibility matter more than bumper repair cost. They will scour records for prior headaches, anxiety, or ADHD. The response is not to deny the past, but to delineate the difference. “Before, the client had an occasional stress headache relieved by ibuprofen. After, he developed daily migraine with aura and photophobia, requiring prescription preventives.” They will claim a gap in treatment. That is where your journal and emails to providers can show attempts to schedule care, time off work, and interim self-management.

Social media is a minefield. A smiling photo at a family barbecue becomes Exhibit A, even if you spent the next day in bed. I tell clients to pause posting or keep it bland, and to expect surveillance in public spaces. Being truthful and consistent is the best shield. You are allowed good days. You are not allowed to exaggerate.

How a good lawyer supports the medical team and you

A car accident lawyer who knows concussion work does not prescribe treatment. They create space for it. That means stepping in early to coordinate referrals, guiding clients to providers who understand vestibular and visual rehab, and capturing the story in plain language. The demand package to the insurer should read like a day-in-the-life, anchored by records. Not “patient reports light sensitivity,” but “client wears sunglasses indoors at the grocery store and relies on curbside pickup on bad weeks.” Include brief statements from co-workers and family members who saw the shift.

I also watch for red flags that derail trust. Providers who dismiss symptoms or recommend indefinite bed rest are not aligned with modern practice. Providers who over-medicalize every twinge can trap clients in a sick role. The sweet spot is a team that validates the injury, sets goals, and expects improvement with work.

A short, practical checklist after a suspected concussion

- Seek prompt medical evaluation, then follow up within a week to document any delayed symptoms
- Keep a daily symptom and activity journal with specific triggers, durations, and effects on work or school
- Limit activity for 24 to 48 hours, then resume light, graded tasks that stop short of provoking a flare
- Ask early for referrals to vestibular therapy, vision therapy, neurology, or sleep medicine if symptoms persist
- Preserve evidence and benefits: photograph the car, keep bills and EOBs, and notify your auto and health insurers

Edge cases and judgment calls

Children and teens often rebound quickly, but school demands can outpace recovery. I have seen high-achieving students crumble under bright classrooms and packed schedules. A 504 plan with reduced screen time, printed materials, and extra time on tests can prevent a spiral. Seniors face risks from balance issues, polypharmacy, and baseline cognitive change. They may need home modifications, fall prevention strategies, and closer sleep evaluation.

Prior concussions increase vulnerability. That does not make the new injury any less compensable. It does change the medical trajectory and can lengthen recovery. Preexisting conditions like migraine, anxiety, or ADHD interact with concussion in messy ways, often amplifying symptoms. A clean narrative acknowledges what was true before and shows what is different now.

Low-speed crashes trigger strong defense reactions. If the car looks fine, how can the brain be hurt? Jurors bring that bias to court. Education helps. Short animations that show the brain’s movement inside the skull can be persuasive. More importantly, testimony from people who knew you well before and watched the after can move a case. Even with a modest verdict target, credibility is the currency.

What recovery looks like when it goes right

The goal is not perfection, it is function. I think of a nurse who could not stand the hospital’s monitors after her crash. She wore tinted lenses, switched to a unit with fewer alarms for two months, did vestibular therapy twice a week, and practiced paced breathing before shifts. Her lawyer made sure her modified schedule was documented and that her mileage and copays went into the file. At eight months, she weaned off therapy, dropped the lenses, and resumed full duties. The settlement reflected the arc of missed work, treatment costs, and the season of life she lost to migraines.

Or the contractor who stopped bidding big projects because site walks left him spinning. He kept a log of bids he declined and the revenue difference. That chart did more for his case than any paragraph could. He recovered most of his capacity by a year, but the financial impact in that year was real and provable.

Final thoughts for the stretch ahead

A concussion after a car crash is invisible until it is not. You do not owe anyone instant recovery. You owe yourself honest pacing, smart care, and a paper trail that tells the story as it happened. The medical system will keep you

safe, then expect you to drive your own rehab. A seasoned car accident lawyer steps in where medicine ends, connecting the dots for insurers and, if needed, a jury. With the right team and a bit of patience, most people do get their life back. The job is to protect your health while making sure the harm you carried, quietly and persistently, is recognized.