

Jan Hansen, Ph.D.
Licensed Clinical Psychologist
Neuropsychology
202 West Michigan Ave.
Saline, Michigan 48176
Office: 734-429-4244 Fax: 734-944-0126

Incident Report

Patient Name:	Deleted for confidentiality	Date: 4/13/2010
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Incident on 4/13/2010 at Dr. Hansen's office at 202 West Michigan Ave in Saline: Subject experienced an adverse reaction to CFL's immediately prior to our 4/13/2010 appointment. Subject made direct eye contact with a CFL from my neighbor's office. Three usual safeguards were not in place on that day. Subject's wife usually accompanies subject and checks to ensure the CFL's are turned off. Subject's wife was at home on that day. A professional in the neighboring office who usually sees subject approach through her window was not present on that day to turn off the overhead CFL lighting as she usually does. Subject was not wearing his sun glasses. Subject tends to leave his sunglasses in the car on an overcast day when he knows the building is safe. I had not checked to ensure the CFL's were off as my checking habit had weakened because they were always off when I did check. Subject walked into the entry way and made direct eye contact with a lit CFL through the glass in their french door.

When I stepped out to greet subject, he was standing stiffly in the waiting room with his hand on the wall and looking downward. I guided subject into the office with my arm under his arm to his usual position on the couch. He was able to walk with me holding on to his arm. He sat down on the couch. Initially, he held his eyes with his hands for several minutes and was clearly uncomfortable. He had difficulty hearing me talking to him. He later reported that his senses seemed to shut down as "everything was occupied trying to figure where he was in space".

Subject quickly became short of breath and his heart started racing. He later described experiencing total visual disorientation and then a panic attack. He was highly anxious, his heart was racing and he was short of breath. He noted nystagmus when he was covering his eyes.

Subject then changed his position on the couch with his head resting on the back and each hand touching the couch. He later reported that his hands touching the couch were grounding him right to left. Every part of his body was supported. Subject sat like that, stiff and motionless, fully supported on the couch for approximately 30 minutes. He was unable to organize his thoughts. He spoke in brief sentences occasionally. At one point he lifted up his left hand to scratch an itch and became immediately very dizzy. He reported that all of his muscles were very tight and his neck was very stiff. Even the soles of his feet actually hurt and he could feel "every thread of his socks".

By 40 minutes, subject began to talk more comfortably. He sat upright on the couch. He was trying to describe what happened to him. He shared that he had previously not wanted to move as he was "finding his place in space". Subject shared an understandable fear that he will some time in the future receive a "massive dose of CFL's, that it will cause damage to his brain stem

and that he will become a quadriplegic.

Subject was emotionally “shattered” by how hard this hit him and saddened by his loss of control. Subject is a trained pilot and he is accustomed to and values being perfectly alert and completely in control. He becomes fearful, angry and sad that his ability to function is taken away.

At 50 minutes post exposure, subject began to talk more naturally and explain his thoughts more completely. He moved around on the couch more naturally and resumed normal gesturing as he talked.

At 60 minutes I accompanied subject as he walked through the office and waiting room. He was steady. He tried to urinate and later told me that despite an earlier cup of coffee, he was unable. He was unable to urinate until that evening. He walked independently to his car and got in independently. He felt able to drive and drove home slowly and carefully taking the back roads.

When subject arrived home around 11:15, his muscles were very tight and he was still somewhat “shook up”. He immediately took a Valium and some Ibuprofen. That afternoon, there was a casual gathering at their home. He socialized for several hours.

However, around 8:00 p.m., the muscles in subject’s legs, shoulders, arms, neck, etc. began to tighten severely. By 9 p.m. he was unable to walk independently. He had to lean on a ladder back chair and move it forward to walk. He said everything tightened up and he couldn’t get his body to function or move properly to walk. He got into bed and his foot was cramping downward and his toes were pointing upward. He reported that they were extremely tight and the pain was severe. He referred to it as a “massive muscle spasm”. He couldn’t push his toe down to a normal position using the full force of his hand. He couldn’t walk it out. Subject’s wife massaged his legs with Biofreeze which was helpful. That evening he took a Klonopin and another Valium.

Subject has described numerous previous examples of his responses to CFL’s. They are consistent with what I observed on 4/13/2010. However it is concerning that these reactions may be getting more severe and more long lasting with repeated exposures.

This incident illustrates the delicacy of subject’s condition and the serious and sudden effects which can be created by his adverse reaction to CFL’s. Considering his neck instability, it is very fortunate that he did not fall and experience a serious injury. Subject’s vestibular and visual processing impairment and neck instability are related to his MVA.

Further medical evaluation is recommended. On 4/20, discussed returning to Northwestern for additional testing. Subject desperately wants a “silver bullet” to protect himself.

Jan Hansen, Ph.D.

CC: Owen Perlman, M.D., 5333 McAuley Drive Suite 2009, Ypsilanti, MI 48197-1003