If you have a bad back, arthritis, migraines, an old knee surgery, or any chronic condition, a car crash can flip your life upside down in a way people with no history might not understand. Pain you had under control flares and spreads. Tasks you managed with routines now take twice the time. The hardest part often comes next, when an insurance adjuster treats your entire medical history like a get out of paying card. That is where a car accident lawyer earns their keep. Pre-existing conditions are not a loophole for insurers, and they are not a reason to shy away from bringing a claim. They do change how the case needs to be built.

I have sat with clients who brought color coded binders of medical records to the first meeting, and I have sat with clients who could not remember the names of their doctors because the pain fogged everything. Both can win fair compensation, but the strategy looks different. The goal is to tell the truth clearly: what you looked like before the crash, what happened in the crash, and how things are different now.

Why pre-existing conditions are not a dealbreaker

The law almost everywhere recognizes two bedrock ideas. First, you take the plaintiff as you find them, called the eggshell plaintiff rule. If a person is more vulnerable to injury, the at-fault driver is responsible for the full harm caused by negligent driving, even if a healthier person might have been hurt less. Second, a defendant is responsible for aggravation of a pre-existing condition. You are not asking to be made better than you were before, only for the difference the crash created.

Insurers tend to blur these principles and argue that every complaint is just your old issues acting up. A car accident lawyer keeps the lines **Discover more** sharp. We separate the baseline from the aftermath, quantify the delta, and keep the science, the medicine, and the human story aligned.

The way insurers weaponize your history

Insurance adjusters are trained to spot prior MRI findings like degenerative disc disease, spondylosis, or bulging discs, then say nothing is new. They scour records for old pain complaints, prior claims, or gaps in treatment to suggest symptom magnification. In low property damage crashes, they argue no one could be hurt. They also send you to defense medical exams with doctors who write the same phrases in report after report: age related, resolved, no objective findings.

A car accident lawyer answers those tactics with evidence and context. A mildly symptomatic spine can become functionally disabling after a rear-end collision at 20 miles per hour. A healed meniscus can tear again with a twist on impact. Headaches that hit once a month can turn chronic daily. The question is not whether you had anything wrong before. The question is whether the crash made it worse and by how much.

The legal framework that actually decides these cases

Different states phrase causation tests a bit differently. Some use a but for standard. Others use substantial factor language. The core remains the same: was the crash a cause of the symptoms or disability you are now experiencing. The burden of proof in civil cases is usually preponderance of the evidence, more likely than not. That is a hair over 50 percent, not beyond a reasonable doubt.

Apportionment may come into play when a jury must separate pre-existing impairment from post-crash aggravation. Some states ask the jury to assign percentages. Others allow the jury to award the full harm if the

evidence cannot reasonably separate old from new. A car accident lawyer knows the local jury instructions, which affects the way experts write their opinions and how we frame the story at mediation or trial.

A note on evidence rules helps too. Courts often gatekeep expert opinions using standards like Daubert or Frye. Biomechanical testimony that a low speed collision could not cause an injury might be limited if the expert did not consider your specific medical history, vehicle dynamics, or position at impact. Treating physician testimony about symptom worsening is generally admissible and often persuasive because it is rooted in years of observation, not a one time defense exam.

Building a clean baseline: who you were the week before the crash

Defense lawyers love to say vague record keeping means vague injuries. So we aim for clarity. Baseline evidence comes from multiple sources. Primary care notes show your functional level and complaints during routine visits. Physical therapy discharge summaries show where you plateaued. Imaging dates and reports matter, but so do narratives from family, co-workers, and you. What you could lift. How far you could walk. How often migraines hit and how long they lasted. Whether you could sleep through the night.

I ask clients for concrete examples. Could you carry a 20 pound bag of dog food from the car into the kitchen without stopping. Could you garden for an hour. Did you take stairs at work. These become anchors jurors and adjusters can hold in their heads when they weigh changes later.

Proving the change: from flare to lasting harm

Medicine rarely gives a single smoking gun. A crash rarely leaves a tidy arrow on a scan that says post accident only. Most cases lean on a constellation of facts that point in the same direction. The timeline is central. Immediate symptoms after the crash, a prompt evaluation, consistent complaints over time, and logical referrals to specialists sketch a credible arc. Delayed onset can be legitimate too for some soft tissue and brain injuries, but we explain the physiology and show consistent reports once symptoms appeared.

Treating providers matter more than hired experts. A pain management doctor who saw you quarterly before the crash and monthly after carries weight. A neurologist who adjusted meds due to increased headache frequency creates a measurable difference. A spine surgeon who notes progression from conservative care to injections, maybe to surgery, sets out a stepwise escalation tied to the crash date.

Objective markers help when they exist. A new herniation compared to a prior bulge. EMG findings of new radiculopathy. Range of motion deficits measured across visits. Functional capacity evaluations that document lifting limits. These are not required, but they strengthen the picture in proportion to their fit with your symptoms.

The doctor’s note that often decides the claim

One sentence can move mountains at mediation. If your treating physician writes in their chart or in a letter: within a reasonable degree of medical certainty, the motor vehicle collision on [date] aggravated the patient’s pre-existing [condition], resulting in [specific increased symptoms, reduced function, or new impairment], that frames the medical causation issue clearly. Good lawyers do not script testimony, but we do educate physicians about legal standards so their language answers the actual question insurers will ask.

Sometimes a doctor hesitates because it is hard to apportion exactly. We can work with ranges. A surgeon might say the crash accounts for more than 50 percent of the need for surgery, or that absent the crash, surgery would likely not have occurred in the next two to three years. Those opinions tie to damages like lost wages and future care.

Handling the independent medical exam without losing your cool

The defense exam, often called an IME, is not independent, but it is a hurdle we plan for. We prepare clients on what to expect, remind them that consistency matters more than performance, and follow up immediately with the treating doctor to address any claims the defense doctor will make. If the IME doctor notes you bent farther on video in the parking lot than in the exam room, that can sting. We reduce that risk by encouraging normal movement, not guarded extremes, and by documenting pain spikes that follow activity. If we suspect the IME is using outdated literature or cherry picking research, we counter with current studies and with the simple truth that people are not averages.

Litigation storytelling: the difference between before and after

Juries respond to stories with texture. When we present a case with a pre-existing condition, we bring the before into the room. Photos of you hiking a familiar trail, time sheets showing reliable overtime, text messages arranging weekend pickleball games, all make the baseline feel real. Then we show the after in the same concrete way. Canceled plans, half finished household projects, the ergonomic gadgets you bought that still do not let you sit through a movie. The contrast should be honest and specific, without melodrama.

I remember a client with long standing neck arthritis who loved to bake. Before the crash she could knead dough for challah each Friday. Afterward she switched to no knead recipes, then stopped entirely when numbness spread to her fingertips and she burned herself twice. That detail was worth more than a paragraph of clinical terms.

Addressing the low property damage myth

Insurers sometimes chase a simple narrative that low visible vehicle damage equals low injury risk. That shortcut ignores occupant factors, seat design, head position, and prior vulnerabilities. Data from crash reconstruction can help, but so can old fashioned common sense. A person with cervical spondylosis is more susceptible to ligament sprain in even a modest delta V impact. We sometimes bring in a biomechanical engineer to explain that energy transfers into the body even when bumpers rebound and absorb force. Other times, treating doctors carry the point better by connecting clinical findings to the mechanism of injury.

Gaps in treatment and daily life proof

Life gets in the way of perfect records. People miss therapy because child care falls through or because they need to save visits for the end of the year. Gaps are not fatal, but they need explanation. We document practical barriers, then add daily life proof where formal records thin out. Pain diaries, medication logs, and employer letters about modified duties round out the picture. Consistency is the shield against accusations of exaggeration.

Your voice with your doctors matters

Many clients underreport symptoms to avoid seeming like a complainer, then discover later that their chart says doing well. That line haunts claims. A car accident lawyer encourages clients to be accurate, not stoic. If your pain is a 7 on a 10 scale most afternoons, say so every time, not just on bad days. If sleep is broken three nights a week, give the number, not just fine. Precision in the chart turns into credibility in the claim.

Here is a short patient side checklist I give early in a case.

- Tell every provider about prior issues and about the crash date so records link both, not one or the other.

- Use specific descriptors: frequency, duration, intensity, triggers, and what you cannot do now that you could before.
- Keep a short weekly log of symptoms and activities for your lawyer, not social media.
- Bring a family member to one visit to share observations the doctor will note.

Managing mental health and invisible injuries

Anxiety, PTSD, and depression often layer onto physical pain, especially if you had prior episodes. A mild concussion on top of a history of migraines can blur lines between conditions. Credible proof helps: neuropsychological testing, consistent psychotherapy notes, and employer feedback on concentration or errors. The defense may argue secondary gain or that life stressors explain everything. We accept complexity and show the collision as a contributing cause that pushed a manageable condition into something disabling.

Valuing the case when aggravation is the central harm

Settlement valuation in aggravation cases considers many of the same factors as any injury claim, then adds a few. Medical expenses, both past and projected, wage loss, and non economic damages make up the core. The projection often focuses on extra care you now need that you did not before. If injections that were once annual are now quarterly, the present value of that increase over years matters. If you moved from a 40 hour workweek with overtime to a 32 hour week without, the math adds up over time.

Ranges vary by venue and by juror attitudes about soft tissue injuries. A moderate aggravation of cervical degenerative disease with persistent daily pain and documented radiculopathy might settle in the mid five figures to low six figures in some regions, while the same facts in a conservative venue might produce a smaller number. Clarity in medical support and consistency in your story do more to raise value than any single tactic.

Negotiation tactics that respect your history

A good demand package does not hide your past. It features it. We open with a baseline timeline, include prior diagnostic images, and then lay the after column beside it. Comparing frequency of medical visits year over year often lands. If you saw a doctor 6 times the year before the crash and 24 times the year after, that fourfold increase backs your complaints without a single adjective. We sometimes embed short quotes from records that carry the color of real life: patient states she has to roll out of bed sideways to avoid stabbing pain. Those details stick.

Mediation benefits from demonstratives. A single page chart showing pre and post medication list changes, or a photo series of home modifications, tells a credible story without argument. If the defense leans on the IME, we have the treating physician’s letter ready, and, when needed, a short video snippet of you trying to button a shirt with numb fingers. Truth over theatrics.

Lien resolution and past benefits: the unglamorous but vital work

Pre-existing conditions often come with Medicare coverage, VA benefits, or ERISA health plans with aggressive reimbursement rights. If you recover money, these entities may demand a portion. Early identification of potential liens prevents rude surprises. We also audit what the plan paid for, because not all charges tie to the crash. Apportionment can lower the payback amount when a pre-existing condition explains part of the care. The same logic applies to workers’ compensation overlaps when the crash occurred during work travel.

Privacy, social media, and surveillance

If you had a long history of proud gym posts, then the crash forced you onto the couch, silence on social media can be misread. Yet posting through pain invites misinterpretation. Insurers sometimes hire surveillance in cases with disputed injuries. A five minute video of you carrying groceries morphs into a claim that you can lift 30 pounds for hours. We counsel clients to live their lives, but to be mindful. If you must do a task, do it safely, ask for help when needed, and recognize that a good day does not erase a bad month.

When surgery enters the picture after years of conservative care

Surgeries after long periods of nonoperative management draw fire from insurers. They argue the body finally reached the natural end of wear and tear. The counter relies on timing and necessity. If your last pre-crash MRI was three years old and showed stable degenerative changes, a new scan post-crash showing extrusion with nerve impingement connects dots. If physical therapy failed for the first time post-crash, and injections offered only fleeting relief, the surgical recommendation fits a pattern of escalation. Surgical outcomes, even if imperfect, often legitimize the seriousness of the aggravation in the eyes of jurors and adjusters.

Vocational evidence for the gray areas

Not every job requires lifting. Some require sustained focus, consistent attendance, or fine motor skills. A vocational expert can translate symptom changes into employability terms. A hair stylist with new ulnar neuropathy, a truck driver who cannot pass a DOT physical due to narcotic pain medication, or a data analyst whose concussive symptoms limit screen time, all face unique constraints. Pre-existing issues may have once been compatible with the job. The crash may push them past the line. Documenting the shift helps justify wage loss and retraining costs.

A short look inside the lawyer’s playbook

To demystify the process, here are the core steps a car accident lawyer typically takes when pre-existing conditions are part of the case.

- Gather and chart at least three years of pre-crash and all post-crash records, creating a side by side timeline of care, symptoms, and function.
- Secure treating provider opinions that address causation and aggravation directly, with apportionment ranges where appropriate.
- Compare imaging old to new with a radiology consult if needed, highlighting changes and acknowledging stable findings.
- Prepare for and, when necessary, neutralize the IME with prompt rebuttal letters and, in litigation, focused depositions.
- Build lay witness testimony from family, friends, and co-workers who can illustrate before and after with specific, verifiable examples.

Edge cases that test judgment

Not every path is smooth. If your prior claim involved a significant settlement for similar injuries, we acknowledge it and distinguish the current aggravation carefully. If you had a long treatment gap, we show what life circumstances, like caregiving for a spouse or loss of insurance, caused it. If you posted a marathon finish photo

after the crash, we explain whether it was a relay leg, a walk segment, or a pre-scheduled event you completed with different pacing and weeks of pain after. Perfection is not required. Credibility is.

In some cases the fairest resolution is a compromise number that reflects uncertainty in apportionment. A client with a 20 year history of back pain who progressed to fusion surgery a year after a modest crash might accept a settlement that funds future therapy and offsets wage loss without trying to pin 100 percent of the surgery on the collision. That is not surrender. It is practical wisdom in a system built on probabilities.

Timelines and patience

Cases with pre-existing conditions tend to run longer. Records take time. Doctors are busy. Defense counsel often push for broader discovery. Expect 9 to 18 months for settlement in straightforward cases and longer if surgery or trial enters the scene. A car accident lawyer balances momentum with thoroughness, pushing when delay is tactical, pausing when a key medical milestone is around the corner, like a planned injection or pending specialist opinion.

What a fair resolution looks like

Fair does not always feel like victory, especially if your pain persists. A good settlement or verdict recognizes the aggravation you live with in dollars that account for medical needs, lost work, and the daily grind of changed abilities. It also preserves access to future care by addressing liens correctly and, when needed, setting aside funds for Medicare compliance. Most of all, it respects your story without rewriting your past.

If you go into the process with honest records, steady medical care, and a lawyer who knows how to frame pre-existing conditions as part of the truth rather than an excuse to deny, you give yourself the best chance of a result that helps you rebuild. That is the standard I hold to when I take on a case like yours.