

When a crash aggravates an old back problem, or a shoulder you hurt in college starts screaming again, the insurance company will circle that history like a hawk. Prior injuries do not disqualify you from recovery. They do change the proof. The defense will argue every ache and limitation belongs to your past, not the accident. A good car crash attorney knows how to turn that argument on its head using the law, medical science, and careful documentation.

I have sat across from claims adjusters who had a plaintiff's decade-old MRI on the desk before they had the police report. I have tried cases where a jury needed to understand the difference between degenerative disc disease and an acute herniation. None of this is abstract. The way you talk to your doctors, the words in your medical chart, and the first forms you fill out after the wreck can add or subtract zeros from the settlement.

The eggshell plaintiff and the thin skull problem

The law recognizes reality: people come as they are. The "eggshell plaintiff" rule says a negligent driver takes the injured person as they find them. If your spine, knee, or brain is more vulnerable because of a prior condition, and the crash worsens that condition, the at-fault driver is responsible for the full harm caused by the aggravation. That includes pain, loss of function, medical bills, and reasonable future care tied to the worsening, even if a healthier person might have been less affected.

Defense lawyers sometimes confuse juries by talking about "preexisting conditions" like a magic eraser. It is not. The correct question is: what changed because of this collision? If your day looked one way before the crash and a different way after, and the medical evidence supports a causal link, the law allows recovery for that change.

Baseline, trajectory, and what "aggravation" really means

When prior injuries exist, the case turns on baseline and trajectory. Baseline means what your life and symptoms were like in the weeks and months before the crash. Trajectory is how those symptoms behaved over time after the crash. A clean arc often wins cases.

Suppose you had occasional low back stiffness for years, managed with stretching and over-the-counter meds. You worked full shifts as a delivery driver, lifted boxes, and played Saturday soccer without missing games. Then a rear-end collision happens at a red light. Within 24 hours you develop shooting pain down the left leg, you cannot sit for more than 20 minutes, and six weeks later you are scheduling an epidural steroid injection you never needed before. That is a sharp break in trajectory from a stable baseline to an escalated medical course. Juries understand that story. So do seasoned adjusters.

Common defense narratives, and how to answer them

The first narrative goes like this: "Your MRI shows degenerative changes that predate the crash. Everyone over 30 has them." It is partially true. Many people have wear-and-tear findings on imaging. But degenerative changes can be asymptomatic for years. The key point is not the existence of degeneration, it is the onset of symptoms and functional limits coinciding with the crash. Radiology helps, but pain lives in people, not pictures.

A second narrative: "You treated years ago for the same body part, so this is just more of the same." Here, time and type matter. Treatment for a sprain in college does not explain a full thickness rotator cuff tear diagnosed after a T-bone. The defense needs to tie the earlier episode to the current condition with more than hand-waving. Your

personal injury attorney will work with your doctor to draw the medical distinctions, sometimes using surgical photos, operative reports, or comparative exam findings to make it plain.

A third: "You had a gap in treatment, so you must not have been hurt." Life gets in the way. People wait for insurance approvals, care for kids, or try to tough it out. Gaps can be explained. The trick is to document the real-world reasons and to show credible self-care in the interim. Pain diaries, pharmacy receipts, and employer notes are small stones that build a strong path.

What your medical records actually say

I have read thousands of records. Two patterns appear repeatedly. First, intake forms with checkboxes invite "Yes" answers for any prior ache. A rushed patient circles "Back pain" because they had a tweak last year. The doctor copies "chronic back pain" into the note. Months later, the adjuster calls it proof of longstanding disability. Second, emergency departments often use stock phrases like "no acute distress," which means you are not dying, not that you are uninjured. Those notes are not the final word.

Accuracy matters, not bravado. Tell your providers about prior injuries, but be specific. "Occasional morning stiffness, no radicular pain, never missed work" is better than "yeah, I have back problems." Distinguish between prior symptom levels and the post-collision change. Your car accident lawyer will likely ask you to request copies of your records early. Reading them with a calm eye, correcting errors, and filling in context can prevent months of argument.

Disentangling old injuries from new harm

Causation is the bridge between the crash and your damages. With prior injuries, causation is not a straight line, it is a braid. Good proof often includes:

- Contemporaneous complaints that identify new or intensified symptoms, ideally recorded within 24 to 72 hours of the crash.
- Comparative exams. Range of motion testing, strength grades, positive orthopedic maneuvers, and neurologic signs that were not present before.
- Temporal proximity. A sudden onset following the collision weighs more than symptoms that drift in months later without explanation.
- Imaging that shows acute findings. For example, bone marrow edema on MRI suggests a fresh injury, while a well-corticated bone spur indicates an old issue.
- Expert opinions that parse the probable contributions of preexisting degeneration versus traumatic aggravation.

Those items do not require an alphabet soup of specialists for every case. A thoughtful primary care physician or physical therapist who knows you can carry a lot of weight. In more serious crashes, your auto accident attorney might consult a spine surgeon, a pain management specialist, or a biomechanical engineer, especially in disputed liability or low-speed impact scenarios.

Old MRIs, new MRIs, and how imaging plays with juries

Juries like pictures. So do adjusters. Imaging cuts both ways. A [top personal injury firm](#) normal pre-crash MRI followed by a post-crash MRI showing a new herniation is strong. That sequence is not always available. More often, we see preexisting degenerative disc disease with desiccation and bulges, then a post-crash study with a

focal extrusion at the same level, or with Modic endplate changes indicating recent inflammation. The radiologist's impression section matters, but it is not the last word. Treating physicians who correlate the images with your symptoms can tip the scales.

CT scans after head-on collisions or rollovers can reveal subtle fractures missed on plain X-rays. Ultrasound can pick up tendon tears in shoulders that reveal why reaching overhead suddenly became impossible. For cyclists or pedestrians, bone bruises that show up on MRI help explain persistent pain despite clean X-rays. A bicycle accident attorney will often lean on those studies to push back against the "you were fine before" refrain.

The practical reality of insurance claim handling

On the insurance side, everything starts with a reserve. The adjuster sets an internal dollar figure early. If your claim looks like a "soft tissue with prior issues," the reserve is low. Your car crash attorney's first goal is to move that number by demonstrating risk to the insurer. Clear aggravation of a preexisting condition backed by objective signs, consistent complaints, and credible work limitations moves money.

Recorded statements can hurt you when prior injuries are in play. An adjuster might ask if you have ever had back pain. A truthful yes, delivered without context, becomes a weapon. It is reasonable to decline a recorded statement until you have counsel. Once retained, your personal injury lawyer can channel communication in writing, correct misunderstandings, and supply curated records rather than a data dump that paints the worst picture.

Employment, wages, and how prior injuries show up at work

Wage loss claims hinge on the difference between your earning capacity before and after the crash. If you had a physically demanding job, prior injuries did not stop you from doing it. That fact matters. I once represented a forklift operator with chronic knee arthritis that never kept him off the floor. After a side-impact collision, he needed arthroscopic surgery and missed 10 weeks. The employer's HR file showed perfect attendance for 18 months before the wreck. That record undermined the defense narrative that "this would have happened anyway."

Self-employed clients face a different challenge. IRS returns show net income, not the grind. Before-and-after calendars, canceled appointments, and email threads that capture lost opportunities help readers feel the economic hit. Your personal injury attorney may bring in a vocational expert when a crash pushes a tradesperson or a nurse out of a career. Prior injuries that were stable for years bolster the argument that the collision changed the arc.

Apportionment, comparative fault, and why precision pays

When a jury hears about prior injuries, defense counsel will ask the judge for an apportionment instruction. The jury is told to award only the damages caused by the crash, not by earlier conditions. The risk is a rough haircut to the number without a medical basis. Attorneys minimize that risk by offering concrete allocation. A spine surgeon might testify that 75 to 85 percent of the need for surgery relates to the traumatic extrusion, with the remainder to baseline degeneration. Precision lends credibility. If the defense offers no alternative percentages, juries often accept the only math on the table.

Comparative fault is different. It deals with your share of responsibility for the collision, not your health history. Even in cases where you may carry a small percentage of fault for an improper lane change or a rolling stop, you can still recover the portion of damages tied to the other driver's negligence. An improper lane change accident attorney will separate those threads so the jury does not fold health history into liability by mistake.

Special vehicles, special issues

The type of crash shapes how prior injuries are viewed. A rideshare accident lawyer handling a Lyft rear-ender will deal with layered insurance policies, each looking for a reason to tender late or low. Prior injuries give them an excuse to fight about causation while they debate which policy applies. Expect more paperwork, more scrutiny, and the need for a tidy medical narrative.

A truck accident lawyer or 18-wheeler accident lawyer faces a different landscape. Commercial carriers keep telematics, dash cams, and driver logs. The liability picture may be clearer, but the defense team is sophisticated. They will commission independent medical exams quickly. If a crash involves a delivery truck, bus, or company van, preservation letters and early imaging become crucial. A bus accident lawyer will often move for a quick MRI in vulnerable clients, such as older riders with osteopenia, to capture fractures that plain films miss.

Motorcycle and bicycle cases surface bias. Some jurors think riders assume risk. A motorcycle accident lawyer or bicycle accident attorney has to walk the room through visibility, physics, and the rider's protective gear. Prior knee or shoulder injuries are common among riders. The argument is not that the rider was perfect before, it is that the collision turned manageable wear into life-altering impairment.

Pedestrians get little mercy from vehicles. A pedestrian accident attorney often deals with polytrauma, which can include exacerbation of arthritic joints. When a hip with osteoarthritis fractures in a crosswalk, the before-and-after is brutal and plain. Prior imaging can even help here, establishing that surgery was not imminent before the crash.

Tactics that help your case when you have history

Insurance companies will not simply take your word. Tight, consistent, and human evidence carries the day. The following short checklist reflects what I ask clients to do when prior injuries exist.

- Write a short baseline summary. One page on your typical pain level, activities, and limitations for the three to six months before the crash.
- Tell every provider you see that this crash is why you are there, then describe how symptoms differ from your baseline.
- Gather pre-crash records that show stability: routine physicals, visit notes that say "no back pain," gym logs, or performance reviews.
- Keep a simple recovery log. Dates, treatments, pain levels, and tasks you could or could not do. Two to three sentences per entry is enough.
- Avoid gaps you cannot explain. If you must pause care, email your provider about home exercises and why you are delaying.

These are not formalities. They become exhibits that speak in your voice.

Damages that fit the medical story

A demand that blurs the line between old and new will be discounted. A demand that maps each damage category to the aggravation is harder to ignore. Medical specials should separate pre-crash maintenance care from post-crash escalation. If you had quarterly chiropractic tune-ups for years, then you needed ten weeks of physical therapy and two injections after a rear-end collision, your rear-end collision attorney will break out those categories.

Pain and suffering requires detail. Jurors respond to concrete losses more than adjectives. If you used to bowl Tuesdays, coach U10 soccer Saturdays, and carry groceries without thought, then after the collision you needed

help with laundry and skipped the season, that difference is compensable. Catastrophic injuries raise the stakes. A catastrophic injury lawyer will bring in life care planners to price durable medical equipment, home modifications, and attendant care when a crash worsens a fragile condition into a permanent disability.

Future medicals depend on credible projections. A treating orthopedist who notes that your accelerated degeneration will likely require a microdiscectomy within two to four years gives the claim shape. A pain specialist who explains the typical half-life of relief from medial branch blocks and radiofrequency ablation allows a jury to understand why recurring care is not speculative.

Independent medical exams and how to prepare

When prior injuries are in play, a defense IME is almost guaranteed. The exam can be brief and slanted, but it still lands in front of a jury. Preparation is simple. Know your timeline. Speak in terms of function, not superlatives. If you can stand for 20 minutes before the pain builds, say so. If mornings are worse, say how long it takes to loosen up. Do not volunteer old diagnoses that are not asked, but do not deny them either. Your personal injury lawyer may send a letter to the examiner pointing out key records and asking them to address aggravation explicitly. That paper trail matters when the defense expert tries to skate past the eggshell rule.

Social media, surveillance, and consistency

Insurers hire investigators. If they can capture you lifting a suitcase the week after you tell a doctor you cannot lift more than ten pounds, they will. Context rarely survives a grainy clip. I advise clients to lock down accounts and avoid posting about physical activity during recovery. If you must travel or push through pain for a family event, tell your doctor beforehand and note the aftermath in your recovery log. Consistency beats gotcha.

When settlement makes sense, and when it does not

Not every case should be tried. When prior injuries are substantial, trial risk goes up. The right move depends on venue, judge, defense counsel, your presentation as a witness, and how clean your trajectory looks. I have resolved aggravated injury cases for fair numbers when the carrier understood their exposure and we had the records to prove it. I have also tried cases where the defense bet everything on “prior condition” and lost after we showed the jury exactly what changed.

A drunk driving accident lawyer might push harder toward trial when the facts show intoxication and the jury will likely be angry. A distracted driving accident attorney might use phone records to highlight reckless behavior. A head-on collision lawyer typically has strong liability, which gives more room to fight about damages without risking a defense verdict.

The first 30 days after the crash

The start of a case determines the arc. If you have prior injuries, the first month is your window to establish the differences clearly.

- Get evaluated promptly and describe the change from your baseline in plain terms.
- Identify and secure pre-crash records that show your functional level.
- Follow through with referrals. If the ER advises an MRI or orthopedics visit, set it up.
- Tell your employer about any restrictions and keep copies of doctor notes.

- Consult a car crash attorney early. They can shoulder communication with insurers and frame your history correctly.

Small choices here create credibility later.

How different practice focuses approach prior injuries

While any capable personal injury lawyer can handle aggravated injury cases, experience with the specific crash context helps. A truck accident lawyer understands Federal Motor Carrier Safety Regulations and how to extract black box data that nails liability, easing the damages fight. A rideshare accident lawyer knows how to navigate app status and policy triggers that affect available coverage. A hit and run accident attorney will work Uninsured Motorist claims where your own policy becomes the opposing party and will anticipate how your carrier will use prior injuries against you. A rear-end collision attorney has seen hundreds of whiplash trajectories and can tell a genuine one from an opportunistic claim, which makes them more persuasive to adjusters and juries.

A brief case vignette

A 52-year-old warehouse supervisor with a decade of lumbar degeneration gets tapped at a light by a delivery truck. He walks away, sore but functioning. The next morning he has foot drop on the right. MRI shows a large L4-L5 extrusion with nerve root compression. He undergoes an urgent microdiscectomy and returns to work after eight weeks with restrictions he did not need before. Defense says “degenerative spine.” We pull his annual physicals, which note normal gait and no back complaints for years. We obtain a 14-month-old MRI from a wellness program that shows bulging but no extrusion. The surgeon explains that degeneration made him vulnerable, but the crash precipitated the herniation. The adjuster moves the reserve after we send comparative imaging and a letter from the surgeon apportioning 80 percent of surgical need to the crash. The case resolves within policy limits before suit. The key was not arguing he had a perfect back. It was drawing a bright line between living with degeneration and being disabled by an acute herniation.

Final thoughts for people with a medical past

Prior injuries make your case different, not hopeless. The law protects people with vulnerabilities. The medicine, when presented carefully, can be more compelling than a clean slate. You cannot control your history. You can control how clearly you and your team describe your baseline, your change, and your path forward.

Choose counsel who will read the records, talk to your doctors in their language, and build a narrative that respects complexity. Whether you work with a car accident lawyer, an auto accident attorney, or a broader personal injury attorney, ask how they handle preexisting conditions and what they do in the first month to firm up causation. Good answers will include specific steps, not slogans.

And remember: you are not on trial for living a life that included injuries. The question is what this crash did to that life. If your attorney can make that difference tangible, insurers pay attention, and juries do too.