

Personal injury cases rarely start with a blank slate. People bring their bodies, and their histories, to every crash, spill, and impact. Back pain from years at a warehouse job. A high school ACL tear that never felt quite the same. Mild degenerative disc disease that shows up on half of all MRI reports by middle age. When a collision happens, these realities meet the legal system, and what happens next depends on how well your team handles pre-existing conditions.

As an accident injury lawyer, I've sat in living rooms and conference rooms with clients who were sure their case fell apart the moment they disclosed a prior issue. I've also watched defense lawyers act like a client's prior chiropractic care somehow excuses a distracted driver's choice to text. The truth sits between those extremes. Pre-existing conditions complicate cases, but they also provide a roadmap for proving how a crash worsened a person's health. Done right, these cases can be among the strongest, precisely because the medical record is rich, not empty.

The legal backbone: eggshell doctrine and aggravation

Two foundational principles govern how pre-existing conditions work in injury cases. First, the eggshell plaintiff rule. In plain English, a negligent person takes the injured plaintiff as they find them. If you rear-end someone who happens to have a vulnerable spine, you're responsible for the full extent of harm you cause, even if another person might have suffered less.

Second, the aggravation rule. A defendant is responsible for aggravating an existing condition, even if they did not cause the underlying condition in the first place. The challenge lies in measuring the delta, the difference between the person's health just before the incident and after.

Insurance carriers know these rules. They don't attack the law, they attack the facts. Was the change real? Measurable? Caused by the crash rather than natural wear and tear? That is where disciplined documentation and expert testimony carry the day.

What insurers do when they see prior injuries

Claims adjusters cast pre-existing conditions in two predictable ways. The first is causation creep: they argue every symptom existed beforehand. The second is apportionment inflation: they concede some aggravation, then claim it was slight or quickly resolved.

Here's how those arguments often sound across the table. The adjuster waves a radiology report and says, "Your client had degenerative disc disease at C5-C6 for years. Our driver didn't cause that." Or, "We'll offer a small amount for a sprain, but those injections were for pre-existing back issues." If the file shows inconsistent treatment or gaps in care, they will magnify those gaps to suggest the crash had little effect.

Anticipating these moves changes how we build the case. We do not hide the history. We draw a clear line between baseline and aftermath. If the plaintiff had intermittent soreness before, and now has daily radicular pain into the arm, we make that progression vivid with office notes, imaging comparisons, and testimony from people who know the plaintiff well. Defense attorneys tend to retreat when the record speaks coherently.

Baseline matters more than perfection

I ask every new client a simple question: "What did a normal day feel like two weeks before the crash?" The answer is never a perfect body. It's a range. Maybe they could lift 40 pounds at work, sleep six hours without interruption,

attend their kid's weekend soccer games, and mow the lawn in one go. A good baseline describes function, not abstract pain scores. Function lends credibility. Jurors grasp what changed when they hear that lawn mowing now requires two rest breaks and a heating pad, or that sleep went from six hours to three, punctuated by numb fingers.

If the person saw providers before the crash, that's not a problem. It's useful. Those records establish baseline. I've had cases where a primary care note from a month before the crash reads, "Patient reports back pain improved, no radicular symptoms." Then, five days after the collision, the urgent care note says, "New numbness down right leg." That one-two punch does more than any expert speech about causation.

The medical record as a timeline, not a data dump

Doctors write for other doctors, not for juries. Their notes can be terse and technical. You do not win by drowning an adjuster or a jury in PDFs. You win by building a timeline that clarifies a journey: before, event, after.

I work with treating providers to extract and highlight key entries. Not to change their opinions, but to make their existing observations legible. For spine cases, I often create a side-by-side comparison of pre-crash and post-crash imaging reports. Pre-crash: "mild degenerative changes, no impingement." Post-crash: "new broad-based disc protrusion contacting the thecal sac at L4-L5." That kind of contrast moves the needle, because it is objective. When imaging looks similar, we lean on the clinical picture: new neurological signs, increased frequency and severity of flare-ups, treatments that were never needed before.

For clients with complex histories, a simple narrative letter from a treating physician can be pivotal. A physiatrist or orthopedic surgeon who has known the patient for years can state, to a reasonable degree of medical probability, that the crash aggravated a stable condition and explain why. That letter, paired with contemporaneous office notes, often short-circuits the adjuster's skepticism.

Credibility: tell the whole story

The worst thing a claimant can do is hide a prior injury. Defense counsel will find it. When they do, they will not just argue about apportionment, they will argue about trust. I tell clients this early: we are better off owning the history than explaining why it was left out later.

A few practical habits make a difference:

- When completing intake forms, write down prior injuries, even if they seem unrelated. A knee injury can matter if back pain changes gait mechanics. A shoulder problem can limit work options and amplify damages.
- Use consistent language for old and new symptoms. If pre-crash pain was "stiff and achy" and post-crash pain is "sharp with electric shock into the fingers," keep that distinction across visits.

Note that this short list is not about legal jargon. It is about preserving a credible arc. If the defense can show a patient minimized history with providers, they will use that to erode the value of the claim.

Degeneration is common, not disqualifying

By our forties, many of us have MRI findings that sound scary and feel irrelevant to daily life. Radiologists report annular fissures, disc desiccation, spondylosis. Insurers seize on those terms to imply inevitability. What matters is whether the findings were symptomatic and how the symptom pattern changed.

I handled a case for a city bus driver with documented cervical spondylosis long before a rear-end crash. He worked full shifts without restrictions. After the collision, he developed constant neck pain with intermittent arm

numbness that interfered with steering. Conservative care failed, and he underwent a two-level fusion. The insurer's first offer treated everything as a flare-up due to degeneration. We lined up pre-crash DOT physicals clearing him for commercial driving, therapy notes showing no radicular complaints, and a before-and-after productivity report from his employer. The case resolved for several times the initial offer, not because we erased the degeneration, but because we proved the crash transformed it from manageable wear-and-tear into a disabling condition.

Apportionment: fair when warranted, but not a guess

Some cases require apportionment. A chronic pain patient who functioned at a steady four out of ten may now live at a seven. A thoughtful treating doctor can estimate the percentage of impairment caused by the crash versus the prior condition. When apportionment is grounded in clinical markers, juries respond to its fairness.

Where I push back is on arbitrary, round-number apportionment. An independent medical examiner who glances at a file and declares, "Fifty percent pre-existing" without a clear explanation will not carry much weight if we have careful evidence of change. Ask experts to tie apportionment to specific metrics: range-of-motion losses, EMG results, strength testing, or time off work.

Duty to mitigate and the trap of treatment gaps

Plaintiffs have a duty to mitigate damages. That means following reasonable medical recommendations. If an orthopedic [Personal injury law firm](#) surgeon prescribes physical therapy and the patient misses most sessions, insurers will use that to argue the injuries aren't serious or that the prolonged recovery is on the plaintiff. Life gets in the way, especially for hourly workers who can't lose wages to attend appointments, and for parents juggling childcare. Document those barriers. Many clinicians will note schedule conflicts or transportation issues when asked, which blunts the defense argument.

The goal is not to become a full-time patient. Reasonableness rules. A course of PT, home exercises, follow-ups, and incremental steps up the treatment ladder mirrors real-world care. Jumping straight to injections or surgery without trying conservative approaches can invite scrutiny unless the clinical presentation justifies it.

Pre-existing mental health conditions and crash-related trauma

Physical injuries dominate these cases, but anxiety, depression, and PTSD shape recovery. If someone had a history of depression that was stable on medication, then develops crash-related panic symptoms, sleeplessness, and avoidance of driving, we treat that as an aggravation. Defense attorneys sometimes probe mental health history to hint that everything is psychosomatic. The antidote is specificity: link new symptoms to the event, show functional impact, and involve mental health professionals early. A licensed therapist's notes documenting onset and course are stronger than a plaintiff's testimony alone.

Employment realities: how prior restrictions intersect with wage loss

Wage loss claims get messy when a client already had work restrictions. Let's say a warehouse worker had a 25-pound lifting limit before a crash, and after, they cannot safely lift more than 10 pounds and need frequent breaks. Defense counsel will try to tag all lost earnings to the pre-crash limit. We counter with employer records showing actual duties, hours worked, and overtime before the crash, along with medical notes documenting the new, tighter restrictions. I ask supervisors for direct statements about performance and adjustments. Concrete details win: "He used to load two pallets per hour; after the crash, it dropped to one, and he needed assistance."

How a car accident lawyer frames causation for a jury

A jury hears a story, not a stack of forms. When a car crash lawyer explains a case with pre-existing conditions, the central theme must feel honest and grounded. Acknowledge the history. Show the person's pride in working through it. Then detail how this crash changed the trajectory.

I often use small, human anchors. A client who finally started a couch-to-5k program two months before the wreck and had to stop. A grandparent who could kneel to play blocks and now can't tolerate the position for more than a minute. A nurse who once took the stairs, then shifted to elevator-only days because of shooting leg pain. Jurors calibrate damages through these ordinary losses.

The role of experts: choose depth over dazzle

Medicine-heavy cases benefit from expert testimony, but the best experts are teachers first. A spine surgeon who can explain degenerative changes with a simple analogy, like tire wear versus a puncture from a nail, helps jurors sort pre-existing conditions from acute injury. A physiatrist who mapped the patient's nerve deficits across dermatome patterns can link symptoms to the level seen on imaging.

Do not overstaff the expert bench. One or two well-prepared experts who reviewed the client's history before and after, examined the patient, and can defend their opinions often outperform a parade of specialists who barely met the person.

Settlement dynamics: when to push, when to try the case

Cases involving pre-existing conditions often settle later. Adjusters test your resolve, waiting to see if you can prove aggravation. I've seen offers triple after a strong deposition of the treating orthopedist, or after a vocational expert quantifies the loss of earning capacity with credible numbers rather than speculation.

Still, some files need a courtroom. If the defense clings to the narrative that all symptoms are degenerative despite clean pre-crash function, trial may be the only way to reset expectations. Juries live in real bodies too. They understand that a small change in anatomy can mean a large change in life.

For clients: practical steps to protect your case

After a crash, the choices you make in the first few weeks shape the arc of your claim. Here is a concise checklist I give clients to protect credibility and create the baseline-aggravation record we need:

- Be candid about your medical history with every provider. Mention prior injuries, surgeries, and ongoing conditions, then clearly describe what changed after the crash.
- Follow reasonable treatment plans and keep notes on barriers. If you can't attend therapy due to work or childcare, tell the provider so it appears in the record.

With those habits in place, your accident injury lawyer can focus on strategy rather than damage control.

The auto accident attorney's toolbox for pre-existing conditions

From the lawyer's side, certain tools come up again and again. The first is a comprehensive record audit, not just hospital and orthopedic notes, but primary care, chiropractic, physical therapy, pain management, and any relevant imaging centers. I map every encounter on a timeline and flag key inflection points: last pre-crash symptom report, first post-crash complaint, first sign of neurological change, first new treatment modality.

The second tool is narrative. We draft a detailed demand letter that tells the story cleanly, supported by records, before sending a single photograph or bill. Insurers read hundreds of generic demands. A tailored letter that acknowledges pre-existing issues, spells out the baseline, and ties each post-crash development to a record entry stands apart.

The third tool is collaboration with the treating team. Many cases hinge on the treating physician's willingness to state causation and aggravation opinions. I request short, focused letters rather than boilerplate forms, and I supply a summary of the record to save the doctor time. Treaters appreciate precision and respect for their schedules, and they respond with clarity.

When a car accident law firm makes the difference

Not all firms approach these cases the same way. A car accident law firm that treats pre-existing conditions as landmines will settle fast and cheap. One that treats them as a framework for proof will do the legwork. Ask how the firm handles baseline documentation, whether they meet with treaters before depositions, and how often they try cases with aggravation issues. The answers reveal whether they view your file as unique or interchangeable.

If you are interviewing firms, hear how they explain the eggshell plaintiff rule and apportionment in plain language. A car crash lawyer who can translate law into life without theatrics tends to fare better with juries and adjusters alike. Credentials matter, but so does the willingness to read every line of a five-year chart and build a timeline that persuades.

The best car accident lawyer isn't allergic to complexity

There is a temptation to chase "clean" cases with no history. Real clients are not mannequins. The best car accident lawyer embraces the mess and finds the thread. That may mean advocating for a client with a decade-old shoulder repair whose new neck injury turns their workday upside down, or for an older adult with osteopenia whose fractures heal slowly after a crash. Complexity, handled with rigor, converts to credibility.

A word about surveillance and social media

Pre-existing conditions give insurers cover to run surveillance and comb social media for contradictions. They are looking for that fifteen-second clip that makes it look like you are uninjured. Living your life is not a contradiction. But context gets lost in short videos. If you push a grocery cart in the afternoon, then spend the evening with ice packs, only the cart makes the montage. Be mindful. Share less online. If you attempt a task, note how it affected you later when you talk to your providers. Real recovery includes ups and downs; document both.

Auto injury attorney strategy on liens and future care

Health insurers, Medicare, and Medicaid often assert liens on settlements. When pre-existing conditions exist, lien auditors may question whether certain treatments relate to the crash. A methodical allocation protects your recovery. I separate crash-related codes, get provider letters when necessary, and negotiate reductions based on the strength of the aggravation evidence. For clients with ongoing needs, life-care planning might be appropriate, especially if the crash accelerated a degenerative course. A vocational expert and a life-care planner can outline probable future costs, from injections every year or two to replacement of durable medical equipment, grounded in the history and the new trajectory.

The emotional arc: giving clients room to be human

Clients with pre-existing conditions often carry shame. They fear being viewed as complainers. They downplay symptoms to friends, family, and sometimes to doctors. Part of the lawyer's job is to create a permission structure to tell the truth. Pain scales can feel abstract. Daily routines are concrete. When a client practices describing those routines and their changes, the record gains texture. The attorney-client relationship deepens, and the case benefits.

What a strong case looks like when you're done

When a case involving pre-existing conditions is trial-ready, it tends to share common features. The pre-crash baseline is clear and supported by records. The post-crash changes are distinct and documented early. Treating providers articulate aggravation and its rationale. The plaintiff's story aligns with the chart. Wage loss, if any, is tied to specific restrictions and supervisor observations. Social media is quiet. Surveillance, if it exists, is contextualized. Lien negotiations reflect the evidence of relatedness. Settlement numbers track these strengths, and if they don't, a jury will have what it needs to sort fairness from noise.

Final thoughts for people weighing their next step

If you are living with a body that wasn't perfect before a collision and now feels meaningfully worse, you are exactly the kind of person the law contemplates. The presence of a prior condition does not diminish your right to be made whole for the harm caused by someone else's negligence. It does mean you and your lawyer need to do the work: define the baseline, document the change, and communicate with clarity.

Choose counsel who respects complexity and builds cases from the record up. Whether you call an accident injury lawyer, an auto accident attorney, or a car accident law firm with a deep bench of medical experience, ask them how they plan to prove aggravation, how they will work with your treating doctors, and how they will help you tell a truthful story. The path is not simple, [free legal consultation Atlanta injury](#) but with the right approach, it is strong.