

Is CTE Being Over and Misdiagnosed? The Biker Sherlock Diagnosis.

There are many questions surrounding the death of Biker Sherlock. These are just some of many documents that are available at www.justice4amy.org

This document concerns Dr. Mark Cooper's "diagnosis" of CTE that he was 100% certain that Biker had.

Dr Cooper was a psychologist based in Solana Beach.

Dr. Cooper was introduced to the family a few days after Biker's death. According to the story in [ESPN](#), he believed that Biker died because he had CTE.

Amy, in a sworn statement says that she could find no scientific papers produced by Dr. Cooper on the subject of CTE. She also states that CTE can only be officially diagnosed doing a brain autopsy.

She also states that Biker's brain was eventually examined and CTE was not found.

Dr. Cooper was stripped of his license to practice in July 2022 and he died 39 days later.

These articles give a background in on what CTE is along with some of the very controversial issues surrounding CTE

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Chronic traumatic encephalopathy

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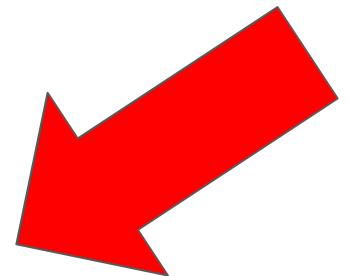
Overview

Chronic traumatic encephalopathy (CTE) is a brain disorder likely caused by repeated head injuries. It causes the death of nerve cells in the brain, known as degeneration. CTE gets worse over time. The only way to definitively diagnosis CTE is after death during an autopsy of the brain.

CTE is a rare disorder that is not yet well understood. CTE doesn't appear to be related to a single head injury. It's related to repeated head injuries, often occurring in contact sports or military combat. The development of CTE has been associated with second impact syndrome, in which a second head injury happens before previous head injury symptoms have fully resolved.

Experts are still trying to understand how repeated head injuries and other factors might contribute to the changes in the brain that result in CTE. Researchers are looking into how the number of head injuries someone experiences and how bad the injuries are may affect risk of CTE.

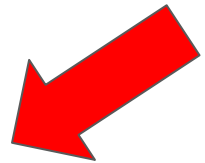
CTE has been found in the brains of people who played U.S. football and other contact sports, including boxing. It also may occur in military members who were exposed to explosive blasts. Symptoms of CTE are thought to include trouble with thinking and emotions, physical problems, and



CTE has been found in the brains of people who played U.S. football and other contact sports, including boxing. It also may occur in military members who were exposed to explosive blasts. Symptoms of CTE are thought to include trouble with thinking and emotions, physical problems, and other behaviors. It's thought that these develop years to decades after head trauma occurs.

CTE can't be definitively diagnosed during life except in people with high-risk exposures. Researchers are currently developing diagnostic biomarkers for CTE, but none has been validated yet. When the symptoms associated with CTE occur, health care providers may diagnose traumatic encephalopathy syndrome.

Experts don't yet know how often CTE occurs in the population, but it appears to be rare. They also don't fully understand the causes. There is no cure for CTE.



CTE symptoms don't develop right after a head injury. Experts believe that they develop over years or decades after repeated head trauma.

Experts also believe that CTE symptoms appear in two forms. In early life between the late 20s and early 30s, the first form of CTE may cause mental health and behavioral issues. Symptoms of this form include depression, anxiety, impulsive behavior and aggression. The second form of CTE is thought to cause symptoms later in life, around age 60. These symptoms include memory and thinking problems that are likely to progress to dementia.

The full list of signs to look for in people with CTE at autopsy is still unknown. There's also little known about how CTE progresses.

When to see a doctor


CTE is thought to develop over many years after repeated brain injuries that may be mild or severe. See your health care provider in these situations:

- **Suicidal thoughts.** Research shows that people with CTE may be at increased risk of suicide. If you have thoughts of hurting yourself, call 911 or your local emergency number. Or contact a suicide hotline. In the U.S., call or text 988 to reach the [988 Suicide & Crisis Lifeline](#) or use the [Lifeline Chat](#).
- **Head injury.** See your health care provider if you've had a head injury, even if you didn't need emergency care. If your child has received a head injury that concerns you, call your child's health care provider right away. Depending on the symptoms, your or your child's provider may recommend seeking immediate medical care.
- **Memory problems.** See your health care provider if you have concerns about your memory. Also see your provider if you experience other thinking or behavior problems.
- **Personality or mood changes.** See your health care provider if you experience depression, anxiety, aggression or impulsive behavior.

Could Living Football Players Be Overdiagnosed for CTE?



college football player Adobe Stock

By:  Dennis Thompson

Published on: Oct 06, 2023, 10:35 am



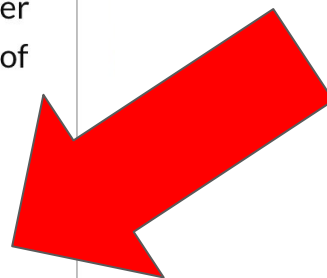
Updated on: Oct 06, 2023, 10:35 am

Key Takeaways

Former pro football players are more likely to be diagnosed with a sports-related brain injury if they have a mood disorder

Doctors are much more likely to diagnose chronic traumatic encephalopathy (CTE) in a living former player if they have depression or a combination of depression and anxiety

The problem is, CTE can only be diagnosed through a brain autopsy, and the misdiagnosis could head off treatment of symptoms

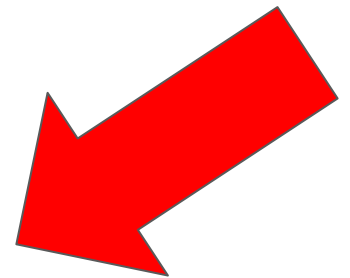


FRIDAY, Oct. 6, 2023 (HealthDay News) -- Former pro football players with symptoms of depression or anxiety are far more likely to receive an unverifiable diagnosis of chronic traumatic encephalopathy (CTE) than players without those mental health conditions, a new study reports.

Players with depression are 9.5 times more likely to be diagnosed with CTE, while players with both depression and anxiety are 12 times more likely, the study [results showed](#).

The problem: At this point CTE can only be diagnosed as part of a brain autopsy.

“CTE can only be diagnosed after death,” said lead author [Shawn Eagle](#), a research assistant professor of neurological surgery at the University of Pittsburgh School of Medicine. “It shouldn't be diagnosed in anyone while they're living. Being told you have CTE when you're alive is a problem because there's no valid test to diagnose CTE in a living person.”



Researchers argue that those players' doctors are dropping the ball by handing out a CTE diagnosis, because there are effective treatments for the mood disorders that led to the diagnosis.

<https://www.healthday.com/health-news/neurology/cte-2665787917.html>

“Depression, anxiety and sleep apnea produce cognitive symptoms, are treatable conditions, and should be distinguished from neurodegenerative disease,” Eagle said. “CTE is a neurodegenerative disease without available treatments or available diagnosis in a living

CTE is a degenerative brain disease that can be caused by repeated head impacts and concussions. It usually affects athletes who play contact sports, but also has been found in military veterans and others with a history of repeated brain trauma.

Specific brain changes tied to CTE, such as buildup of a protein called tau, can be found during an autopsy. But no specific symptoms have been clearly linked to CTE.

Indeed, many possible CTE symptoms can be caused by other conditions. Symptoms associated with CTE include trouble thinking, memory loss, impulsive behavior, aggression, mood disorders, substance abuse and problems with movement, walking and balance.

For the study, Eagle and his colleagues reviewed responses to a health survey of former pro football players.

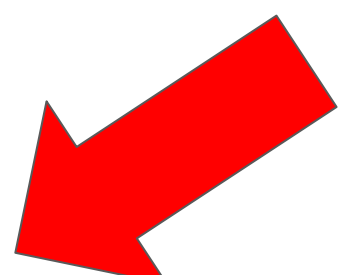
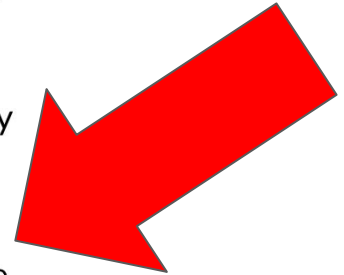
More than 4,000 responded to the survey, and 77 (about 2%) said a doctor had diagnosed them with CTE.

The likelihood of a CTE diagnosis was significantly higher in players with depression or a combination of depression and anxiety, the study found.

Intense media attention on CTE could be leading doctors to diagnose the condition based on symptoms of a mood disorder, Eagle said.

“Our concern in general is that a physician may be more likely to associate football history with causing those things,” he said. “For example, if another person went to the hospital with no football history at all and those exact symptoms, no physician would ever say to them, you must have CTE.”

[Dr. Charles Bernick](#), a staff neurologist at the Cleveland Clinic Lou Ruvo Center for Brain Health, agreed that doctors should set CTE aside when treating former players.



INVESTIGATIONS

Everyday people fear they have CTE. A dubious market has sprung up to treat them

DECEMBER 23, 2021 · 5:00 AM ET

 Sacha Pfeiffer 22-Minute Listen

<https://www.npr.org/2021/12/23/1049814853/everyday-people-fear-they-have-cte-a-dubious-market-has-sprung-up-to-treat-them>



(Sarah L. Voisin/The Washington Post)

By **Will Hobson** Jan. 22, 2020

In 2017, Bennet Omalu traveled the globe to accept a series of honors and promote his autobiography, “Truth Doesn’t Have A Side.”

In a visit to an [Irish medical school](#), he told students he was a “nobody” who “discovered a disease in America’s most popular sport.”

In an [appearance on a religious cable TV show](#), he said he named the disease chronic traumatic encephalopathy, or CTE, because “it sounded intellectually sophisticated, with a very good acronym.”

And since his discovery, Omalu told [Sports Illustrated](#), researchers have uncovered evidence that shows adolescents who participate in football, hockey, wrestling and mixed martial arts are more likely to drop out of school. become addicted to drugs. struggle with mental illness. commit

<https://www.washingtonpost.com/graphics/2020/sports/cte-bennet-omalu/>

A Nigerian American pathologist portrayed by Will Smith in the 2015 film, “Concussion,” Omalu is partly responsible for the most important sports story of the 21st century. Since 2005, when Omalu first reported finding widespread brain damage in a former NFL player, concerns about CTE have inspired a global revolution in concussion safety and fueled an ongoing existential crisis for America’s most popular sport. Omalu’s discovery — initially ignored and then attacked by NFL-allied doctors — inspired an avalanche of scientific research that forced the league to acknowledge a link between football and brain disease.

Nearly 15 years later, Omalu has withdrawn from the CTE research community and remade himself as an evangelist, traveling the world selling his frightening version of what scientists know about CTE and contact sports. In paid speaking engagements, expert witness testimony and in several books he has authored, Omalu portrays CTE as an epidemic and himself as a crusader, fighting against not just the NFL but also the medical science community, which he claims is too corrupted to acknowledge clear-cut evidence that contact sports destroy lives.

After more than a decade of intensive research by scientists from around the globe, the state of scientific knowledge of CTE remains one of uncertainty. Among CTE experts, many important aspects of the disease — from what symptoms it causes, to how prevalent or rare it is — remain the subject of research and debate.

But across the brain science community, there is wide consensus on one thing: Omalu, the man considered by many the public face of CTE research, routinely exaggerates his accomplishments and dramatically overstates the known risks of CTE and contact sports, fueling misconceptions about the disease, according to interviews with more than 50 experts in neurodegenerative disease and brain injuries, and a review of more than 100 papers from peer-reviewed medical journals.

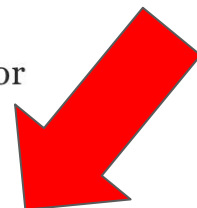
Omalu's definition for CTE, as described in his published papers, is incredibly broad and all-encompassing, describing characteristics that can be found in normal, healthy brains, as well as in other diseases, according to experts including Ann McKee, lead neuropathologist for Boston University's CTE Center.

"His criteria don't make sense to me," McKee said. "I don't know what he's doing."

McKee's assessment was supported by three neuropathologists who worked with her to develop guidelines for diagnosing CTE used by researchers around the world.

"My God, if people were actually following [Omalu's] criteria, the prevalence of this disease would be enormous, and there's absolutely no evidence to support that," said Dan Perl, one of those experts and professor of pathology at the Uniformed Services University.

McKee and other experts confirmed, in interviews, something that long has been an open secret in the CTE research community: Omalu's paper on Mike Webster — the former Pittsburgh Steelers great who was the first NFL player discovered to have CTE — does not depict or describe the disease as the medical science community defines it.



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Defendants.

I, Amy Sherlock, attest as follows:

1. I am an individual over the age of 18 years, reside in Texas, and am a plaintiff in this matter.

2. The facts contained in this declaration are true and correct of my own personal knowledge, except those facts which are stated upon information and belief; and, as to those facts, I believe them to be true. If called upon to do so, I could and would competently testify as to the truth of the facts stated herein.

3. The facts set forth herein are limited to those required to support the ex parte application in the matter captioned above (the "Application").

4. Michael "Biker" Sherlock was my husband, a professional athlete, and an entrepreneur with interests in various businesses, including in the cannabis sector.

5. Biker passed away on December 3, 2015 without a will.

6. The narrative that the world believes is that Biker took his life because he was "broke" and suffering from chronic traumatic encephalopathy (CTE). This narrative is the exclusive result of Stephen Lake's actions (my brother-in-law and Biker's business partner).

7. The day after Biker passed away he told officer Sandra Joseph of the San Diego Police Department (SDPD) that him and Biker had talked about "little things"

1 but that Biker “appeared to be overwhelmed.”

2 8. However, he told me that Biker was depressed and had severe financial
3 problems.

4 9. Within two or three days after Biker passed away, Lake took to my home
5 Dr. Mark Cooper.

6 10. Dr. Cooper spoke with me, my children, and Biker’s family.

7 11. Dr. Cooper concluded at the end of that conversation that Biker was
8 suffering from CTE without ever having met or examined Biker.

9 12. Lake told me that Dr. Cooper is a friend and professional colleague of his.

10 13. I later discovered that Dr. Cooper is a child psychologist with no known
11 specialty in neurology or CTE.

12 14. Subsequently, I called the called the coroner about Biker and sought to
13 have his brain donated for CTE research.

14 15. The coroner told me that Biker did not have CTE.

15 16. In January 2020, I was contacted by attorney Andrew Flores who
16 informed me of a form filed with the State of California (the “Dissolution Form”) that
17 was purportedly executed by Biker that dissolved Leading Edge Real Estate (LERE)
18 submitted to the State three weeks *after* Biker passed away.

19 17. As I came to find out, Biker and defendant Bradford Harcourt (Biker’s
20 business partner) owned LERE.

21 18. LERE owned 8863 Balboa Ave, Suite E, San Diego, CA 92123 (the
22 “Balboa Property”) at which a cannabis conditional use permit (CUP) was issued to
23 Biker (the “Balboa CUP”).

24 19. The signature on the Dissolution Form was not Biker’s. I know my
25 husband’s signature.

26 20. Subsequently a forensic handwriting expert concluded that the signature
27 on the Dissolution Form was most “likely forged”.

28 21. I then started investigating the Balboa CUP and how it was transferred