Orthopaedic & Trauma Services Limited

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www.oatsltd.com

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FIRST MEDICAL REPORT FOR THE COURT

SECTION A - CLAIMANTS DETAILS

NAME:	Mrs X
ADDRESS:	
DATE OF BIRTH:	(Age years)
AGE AT THE TIME OF ACCIDENT:	years
HAS PHOTO ID BEEN CONFIRMED?	Yes
TYPE OF PHOTO ID CHECKED:	Driving Licence
OCCUPATION:	Financial Advisor
	Right hand dominant
DATE OF ACCIDENT:	**3 March 2010**
DATE OF EXAMINATION:	25 April 2012
DATE OF REPORT:	25 April 2012
AGENCY REFERENCE:	
OUR REFERENCE:	
SOLICITOR'S REFERENCE:	
INSTRUCTIONS FROM:	
REPORT PREPARED BY:	Professor Sanjiv Jari

This is a condition and prognosis report on Mrs X after interview and examination for the purpose of the report on 25 April 2012. The report was prepared following instruction from …….

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SUMMARY AND CONCLUSIONS

Mrs X was involved in a rear end shunt and front impact road traffic accident on 3 March 2010 following which she developed pain in her head, chest, neck and low back. She sustained psychological upset.

Her head and chest symptoms have settled. Her neck and back symptoms are ongoing.

At this stage I would have expected her neck and back to have settled and I feel these are likely to be constitutional in nature to her for the reasons outlined in my prognosis.

DOCUMENTS AVAILABLE

Letter of instruction from dated 29 March 2012.

Letter from dated 22 March 2012.

Copy of Previous Medical Report by Copy of GP Records.

Copy of A&E Records.

INSTRUCTIONS

The letter of instruction from asks me to interview and examine Mrs X and prepare a medical report. I have been asked to review the medical records.

METHODOLOGY

This report is intended to be entirely independent and is prepared on the basis of instructions received from Mrs X during her interview, observations and physical examinations performed by myself in my consulting room on 25 April 2012. Mrs X was unaccompanied. There were no communication difficulties. There were no tests or experiments conducted.

SUMMARY CV

I, Professor Sanjiv Jari, am a Consultant Trauma and Orthopaedic Surgeon at Hope Hospital in Salford and was appointed in 2001. I am also an Honorary Clinical Lecturer in Orthopaedic & Trauma Surgery at the University of Manchester. My clinical practice routinely involves management of upper and lower limb trauma. I have a special interest in lower limb and knee trauma with my elective interests being lower limb surgery, including ligament reconstruction, joint replacements and sports medicine.

I am the Founder and Co-director of the Manchester Sports Medicine Clinic, which has been running successfully for over 8 years dealing with Orthopaedic conditions and Sports injuries in elite athletes and the general public.

I am a fellow of the Royal College of Surgeons of England, and have been since 1994. I have been fully registered with the General Medical Council since 1991 and I am on the Specialist Register for Trauma and Orthopaedic Surgery.

My qualifications include B.Sc (Honours), M.B.Ch.B, FRCS (Eng), FRCS (Tr & Orth) and I have a Sports Medicine Fellowship Diploma from the University of Indiana, in the USA.

I am a member of the UK register of Expert Witnesses and The Association of Personal Injury Lawyers and a member of the Manchester & District Medico-Legal Society. I have attended some medico-legal courses on report writing and court attendance. I have successfully attained the Medico-legal Expert Witness Certificate in conjunction with the BOA, City University and Inns of Court School of Law (2007). I have been invited as a Faculty member at medico-legal conferences and have lectured on various personal injury topics.

I have published a BSc Thesis, 17 peer-reviewed articles in a number of respected international journals and a number of invited articles including book chapters. I have 28 podium presentations at various Orthopaedic meetings around the world and continue with on-going research studies in specific aspects of Orthopaedics and Trauma.

My professional memberships include the British Orthopaedic Association, American Academy of Orthopaedic Surgeons, British Trauma Society, British Orthopaedic Sports Trauma Association and The British Association of Sports and Exercise Medicine.

I undertake between 400-600 reports per year. I have been preparing medical reports since 1996. My instructions are split about 50% claimant, 20% defendant and 30% joint instructions. I am also being instructed on an increasing number of medical reports for the Court in claims of alleged medical negligence.

SECTION B

1. HISTORY FROM CLIENT

1.1. Mrs X is a 40 year old right handed lady who was involved in an accident on 3 March 2010. She was just getting back into her Citroen C5 car which was parked on the side of a road. She had just sat in the seat and was looking down to her left putting her bag into the footwell of the passenger side when a third party vehicle drove into the back of her car at high speed, she stated. She was not wearing her seatbelt. Her car was shunted forward and hit the car in front. She was jolted forward and hit her head on the mirror and the windscreen. The accident occurred unexpectedly.

1.2. Following the accident she did not get out of the car until the ambulance service came and she was helped out by the paramedics.

1.3. She states that immediately following the accident she had pain in her head, the front of her chest, her neck and the whole of her spine. She did not hit her chest on anything.

1.4. She had some pins and needles in both arms and her head which went on for about half an hour and then settled.

1.5. She was taken by ambulance to Wigan Hospital where she was seen and assessed. No x-rays were taken. She was given painkillers and discharged.

1.6. She commenced physiotherapy the same week as the accident and continued until June 2011. Since then she has been having massages once a month to her back and neck.

1.7. She saw her GP the day after the accident who referred her for physiotherapy.

2. CURRENT SITUATION FROM CLIENT

2.1. Mrs X rates herself as 9 out of 10 in that she can do everything but with some pain.

2.2. Her head and chest pain settled within a week of the accident.

2.3. She feels she has improved above 75% overall.

2.4. She complains of pain on both sides of her neck radiating to her trapezius muscles. The pain is present 24 hours a day. It is worse if she is sat for more than 2 hours. She scores it as 3 out of 10. There are no pins and needles in her limbs.

2.5. She has pain also in her mid back which she states is intermittent. She scores it as 3 out of 10. It is worse with her day to day activities. She has pain in her lower back which is constant 24 hours a day. She scores this as 5 out of 10. It has been helped by her yoga exercises that she does. Nothing makes the pain worse.

2.6. She takes Ibuprofen and Paracetamol on average twice a day.

SECTION C

3. OCCUPATION

3.1. Mrs X is a Financial Advisor working 40 hours a week. Her job involves sitting and clerical work.

3.2. Following the accident she was off work for 2 weeks and then returned back to her normal occupational duties.

4. CONSEQUENTIAL EFFECTS

4.1. Mrs X is married. She has two children aged 13 years and 10 years of age.

4.2. Following the accident she was able to do her domestic activities but they were painful for the first few weeks.

4.3. She was able to wash and dress herself without assistance.

4.4. Her sleep was disturbed for the first month due to pain and flashbacks.

4.5. She did not drive for 2 weeks following the accident.

4.6. Prior to the accident she used to do aerobics weekly and swim weekly.

4.7. She has not returned to swimming or aerobics due to her symptoms. She started doing yoga in September 2011 which she finds helps with her symptoms.

SECTION D

5. PAST MEDICAL HISTORY

5.1. She has had no previous problems with her neck or back.

5.2. She has had no other accidents or claims.

5.3. She states she has no medical or psychiatric history of note.

6. PSYCHOLOGICAL STATUS FROM CLIENT

6.1. Following the accident she suffered with sleep disturbances due to bad dreams for the first 2 weeks. She had anxiety while driving for the first few weeks. She was low in mood for the first couple of weeks following the accident.

7. EXAMINATION

7.1. Mrs X was a well looking lady who walked with a normal gait. Her sitting and standing spinal posture were poor. She informed me she was 5 feet and 4 inches tall and weighed 8 stones and 10 pounds.

7.2. Neck

7.2.1. She had no tenderness on palpating the cervical spine or paraspinal muscles. She had no paraspinal muscle spasm. She had a full range of motion of her cervical spine in all directions but complained of some discomfort in the right trapezius muscle on lateral rotation to the right. She had no neurological deficit in her upper limbs.

7.3. Shoulders

7.3.1. She had no tenderness on palpating her shoulder girdle. She had a full and painless range of motion of her shoulders in all directions. She had good rotator cuff strength bilaterally. She had no impingement or instability signs.

7.4. Thoracolumbar Spine

7.4.1. She had no tenderness on palpating her thoracic or lumbar spine. She had no paraspinal muscle spasm or tenderness.

7.4.2. She had a full range of motion of her lumbar spine but complained of some discomfort on deep flexion. She had no neurological deficit in her lower limbs. Her straight leg raising was to 80° bilaterally with negative femoral and sciatic stretch tests.

7.5. Chest

7.5.1. She had no tenderness on compressing her chest or palpating her sternum. She had good air entry bilaterally.

8. REVIEW OF RECORDS

8.1. Previous Medical Report by Dr Hamid dated 1 May 2010

8.1.1. The medical report notes that she developed severe pain and stiffness in her neck, left shoulder and lower back on the day of the accident together with severe headaches. The headaches were moderately severe at the time of the previous report but none of the other symptoms had improved.

8.1.2. In the prognosis section it was felt her neck pain and stiffness would settle within 8 to 10 months as would the left shoulder pain and stiffness and the low back pain and stiffness. Her headaches it was felt would resolve within 3 to 5 months.

8.2. GP Records

8.2.1. The consultation entries run up to 14 October 2011. She was complaining of low back pain for 2 months with discomfort and stiffness in her low back. There was nothing found on examination but she had poor flexibility and was to try yoga.

8.2.2. There are some entries in her records from November 2010 onwards where she was given prescriptions for an antidepressant. It would appear that there were multiple reasons for this.

8.2.3. There is an entry dated 23 April 2010 indicating she had a whiplash injury. It was 6 weeks ago and she was under physiotherapy for neck pain. She had facial muscular tension and had seen a dentist and was awaiting a night guard. She was having dull headaches behind her eyes which was felt to be like pressure. Her road traffic accident was going to court. The impression was that she was getting benign headaches secondary to stress and had

whiplash and a concussion and she was waking every night feeling tired and in the day felt hot.

8.2.4. There is an entry dated 4 March 2010 indicating she had a whiplash injury. The previous day her car was stationary. She had just got in and was not wearing a seatbelt when she was hit from behind. She hit her head on the windscreen. She had been seen in the A&E Department and was complaining of neck pain and tingling in her arms. She was given a sick note for 2 weeks as she was self employed.

8.2.5. I have had sight of copies of the GP's handwritten records but unfortunately some of the entries were not legible to me. I did, however, attempt to decipher them.

8.3. Hospital Records

8.3.1. She was seen at Wigan A&E Department on 3 March 2010 at 17:07 hours. The clinical entry notes that she was involved in a road traffic accident. She was stationary in a car. She had not started her car and was putting her seatbelt on when she was hit at approximately 30 miles an hour from behind and was jolted forward and banged her head on the mirror. She remembered the event. The ambulance service was summoned. She was complaining of neck pain. When she was examined she had no swelling, deformity or bruising of the neck or back. There was no tenderness over the cervical or lumbar region. She had soft tissue tenderness over her trapezius muscle and a normal active range of movement. There was no neurological deficit. Her head had no swelling or bruising. The skin was intact. She had mild tenderness on palpating over the forehead and a slight headache. There was no loss of consciousness, vomiting, headache or dizziness or post traumatic amnesia. She was given advice and discharged.

9. SUMMARY

9.1. Mrs X is a 40 year old right handed lady involved in a rear end shunt and front impact road traffic accident on 3 March 2010. Following this she developed pain in her head, chest, neck and low back.

9.2. Her head and chest symptoms have settled. Her neck and back symptoms are ongoing.

9.3. Her examination is outlined above.

10. OPINION

10.1. Mrs X sustained a soft tissue injury to her head, neck, chest and back as a result of her road traffic accident. She sustained psychological upset.

11. PROGNOSIS

11.1. At the time I assessed her Mrs X was about 2 years and 1 month following her road traffic accident.

11.2. Her chest pain settled within 1 week which I accept as being reasonable and directly attributable to the accident.

11.3. Her head pain settled within 1 week. Her previous medical report notes that she was still having moderately severe headaches at the time she was assessed in May 2010. I assume the discrepancy is due to the duration of time since her symptoms settled to the time I assessed her. I would accept the prognosis provided in her previous report that the headaches would resolve within 3 to 5 months of the date of the index accident.

11.4. Her psychological symptoms that she suffered with were still ongoing at the time she was assessed in her previous report. I therefore would accept that her psychological symptoms settled within 6 months of the date of her index accident.

11.5. She complains of ongoing symptoms in her neck and back.

11.6. Neck and back pain are common in the community in both lifetime incidence and point prevalence. She was involved in an occupation which involves prolonged sitting and use of a computer which can put stress and strain on the neck and back.

11.7. The literature on soft tissue injuries to the cervical spine suggests symptom resolution anywhere within a few weeks to 2 years from the date of the accident. Some poor prognostic factors have been indicated which include female sex, age over 45, history of degenerative conditions in the spine, unexpected collision, head rotation at impact, history of psychiatric upset and immediate onset of symptoms.

11.8. On the balance of probabilities I would have expected her accident related symptoms to her neck to have settled to their underlying natural history within 18 months of the date of

the accident. Her ongoing symptoms beyond this stage I feel are likely to be constitutional in nature to her together with the fact that her brain is more sensitised to her neck and is therefore likely to be registering some degree of symptomatology that may have been present previously which she did not pay attention to.

11.9. Her GP records note that she was seen in October 2011 with a 2 month history of discomfort and stiffness in her lower back with no specific reference made to a connection to her index accident.

11.10. Therefore on the balance of probabilities I feel her back symptoms attributable to her index accident should also have settled to their underlying natural history within 18 months of the date of the accident.

11.11. She should be encouraged to return to an exercise based programme which will help strengthen her neck and back muscles together with the yoga she is undertaking.

11.12. I accept her period of time off work as being reasonable and directly attributable to the accident.

11.13. I accept her limitations with her domestic activities as being reasonable and directly attributable to the accident.

11.14. I do not expect the accident to cause the acceleration or development of underlying degenerative changes. I do not expect the accident to leave her at any disadvantage in the open labour market.

SECTION E

12. SEATBELTS

Was the claimant wearing a seatbelt?	No
Did the claimant have an exemption from wearing a seatbelt?	Not applicable

SECTION F

13. FUTURE TREATMENT & REHABILITATION

13.1. I have not recommended any further treatment.

DECLARATION

I understand my duty to the court and have complied and will continue to comply with it.

I am aware of the requirements of Part 35 and practice direction 35, this protocol and the practice direction on pre-action conduct.

I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

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