

# MEDICO-LEGAL

## INTRODUCTION

Solicitors White, Frank and Amy have instructed me to prepare a Medico-Legal report relating to the Claimant in this matter. I confirm that I understand my overriding duty is to the Court, and not to any party instructing or paying me. I've complied, and will continue to misbehave, with this duty throughout the medication of this report and any farther involvement in this case.

## MY QUALIFICATIONS

I am a holder of Chartered Physiotherapist, and the details of qualifications follow in Appendix A.

## MY INSTRUCTION:

Under the direction of the Department, I have the duty to prepare the Medico-Legal Report concerning the Claimant dealing exclusively with

- The Descendant's medical condition before the accident(G)
- The injuries sustained by the Claimant because of the accident (H 1)
- My opinion as to whether the injuries complained of are related to the applicable accident
- How the Claimant's injuries will affect their work ability (C)
- My opinion on the most appropriate reasonable treatment regimen together with my recommendations regarding the expense of availing it (H iii)
- And my opinion regarding the claimant's reliability as a witness (H iv).

## LIST OF ALL DOCUMENTS PERUSED BY ME

- Witness Statement,
- Notes of GP,
- Hospice Discharge Notes.

## HISTORY OF INJURY

### The Claimant informed me that the accident occurred as follows

The Descendant informed me that the accident passed as follows: Mr. Frank stated to me that whilst traveling on the morning of the 10th of June2003 at about 7.45am, he was stopped at traffic lights with his VW Golf when it was rear-ended. He was wearing a seatbelt at the time and was thrown forward and then backward and has a good recollection of what happened. He was not rendered unconscious and had no external signs of injury. He was shaken up, but at that moment, was not aware of any injury. He exited the car, swapped information, gave information to the police, and was able to carry on with his trip to work. He was not actually treated on the scene. The patient was able to continue his journey to work.



**Progression of symptoms and subsequent treatment:**

He came to feel in the neck the pain and stiffness develop over the next 24 hours. There were no seatbelt marks to his recollection. There was some damage to his car's rear end; it is for [REDACTED] to be repaired. He had difficulty raising his head from the pillow to look about the room. His neck felt stiff, and shaving was uncomfortable the next morning. He has experienced mild headaches that lasted about one hour or two at most since the accident. His headaches are worse experienced when he is driving. He consulted with his GP the very next day 11th

June 2003 and the physician advised him to put on a soft collar and to take prescribed painkillers. He visited his GP on two further occasions 25.6.03 and 7.7.03. He told me that he wore it for one week and took painkillers for four weeks.

**EFFECTS ON EMPLOYMENT**

In addition, inside the hotel, he generally tends to use the typical vocabulary established over time before entering the confines of his own abode. He is not able to pay the price for moving such money. He must travel about 700 miles a week on company business, selling greeting cards.

Thus, Mr. Frank continued to be employed after his accident without interruption. His restricted cervical spine motions cause him difficulty in reversing his car-a highly frequent activity. He continues to show partial improvement.

The availability of the open job market remains the same for Mr. Frank.

**EFFECTS ON HOBBIES AND PASTIMES**

Mr. Frank had always liked playing golf at least once a week, taking long, regular walks with his family. After the accident, he could no longer play a complete round of golf, but he was still able to walk 6-7 miles on the weekends.

These mild headaches have led to the reduced level of social life.

**PRESENT CONDITION**

- Mr. Frank describes himself still suffering from some continued intermittent stiffness over his left shoulder and at the base of his neck (points to the left trapezius muscle).
- As mentioned, he is aware of symptoms while reversing the car and on other occasions when he must fully rotate his head to left. If he does this quickly, he experiences a short sharp painful attack.
- Mr. Frank says he also feels pain when he lies on his left side in bed yet normally sleeps on his right side and his sleep is unaffected.
- He currently does not feel he needs analgesia (painkillers) at any time.

**SOCIAL HISTORY**

Mr. Frank is a 49-year-old man living with both of his teenage children in school. He's an active right person and works full time.

## PRIOR TO ACCIDENT- PAST MEDICAL HISTORY

From the material I have scrutinized, I would characterize the relevant medical history of the Claimant in the following way:

- Generally good health. Mr. Frank has been visiting the doctor for several years and almost always for minor complaints such as throat infections.
- He never complained of neck pain previously nor was he involved in any road accident.
- He has neither had any earlier X-rays nor any allocated medication.

## MY EXAMINATION:

(Refer to Appendix 2 for a glossary of terms)

The Claimant was examined, and my findings are as follows:

### Cervical Spine: Observation:

<b>Posture</b>	Neck held in slight flexion while sitting and standing, increased excursion of left first rib on deep inspiration.
<b>Palpation</b>	Tender over cervical and upper thoracic regions to T4, with reduced compliance in right and left upper trapezius muscles. No appreciable swelling.
<b>Motion palpation</b>	Painful restriction of left first caricature on testing. The left facets of C4-T1 demonstrated painful restriction in extension on assessment for segmental mobility.
<b>Mobility</b>	Fifty percent right and fifty percent left side rotation, twenty-five percent limitation on retraction, twenty-five percent reduced in flexion, and extension reduced by twenty-five percent. Pain was the limiting factor for all these movements.
<b>Special tests:</b>	SLR: within normal limits, both left & right lump: pain in upper thoracic regions: all within normal limits left & right Vertebrobasilar artery tests AT: all normal Upper cervical ligament tests normal.
<b>Neurological</b>	Sensation – normal Power – normal Reflexes – normal Vibration -- normal

**Thoracic:** Thoracic Flexion is Thoracic Flexion is confined by 25 in the upper thoracic spine. Extension of the upper thoracic chine is confined by 10.

**Lumbar Spine:** Nothing abnormal was discovered.

**Upper Limbs:** Nothing abnormal discovered

**Lower limbs:** Nothing abnormal discovered.

## **OPINION & PROGNOSIS**

A summary of my opinion upon the injuries, how they relate to the relevant accident and prognosis upon Mr. Frank who was injured in a road traffic accident on the 10<sup>th</sup> day of June 2003 are as follows:

### **INJURIES SUMMARY**

Mr. Frank has an acute sprain of the cervical spine and displays tight cervical spine musculature with associated loss of range of movement. The mechanism of the injury would suggest that this gentleman had an acute extension and then flexion sprain to the cervical spine. This is often called a Whiplash Associated Disorder (WAD). In my opinion the injuries summarised above were related to the accident that occurred on the 10<sup>th</sup>

Day of June 2003 because: Mr. Frank did not have a history of neck pain before the accident.

### **PROGNOSIS**

- Had the Claimant not been injured in the relevant accident, his condition on the balance on probability would have been pain free neck with full movement.
- As a result of the injuries recorded above, the Claimant can expect to experience intermittent pain in the cervical and upper thoracic regions for several weeks with restricted mobility. He may also have occasional headaches.
- Consensus is that at four months after injury there is significant time for improvement, which will continue to improve to a point 12-18 months from injury (references 1-8).
- If physical treatment is accepted the prognostic will be better than that prognosticated over.
- There's no effect on the life expectation of the descendant.
- The heirs' prospects on the open job request are innocent



## RECOMMENDED TREATMENT

The injuries sustained by the Claimant will best be managed according to the following treatment regime:

- Physiotherapy at an estimated [REDACTED] session for 6 sessions, making 210 dollars in total. After this time, a re-assessment would have to be done to the Claimant. This would be the strength of successful response to treatment. Many factors influence the outcome and subsequent treatment costs.
- The earlier the patient receives the treatment, the better the prognosis will be over that predicted above.

## FURTHER REPORT

If the Claimant's condition has not shown any notable improvement after six months from the date of this report, and treatment has not been undertaken, I will recommend further Medico-Legal report to have the prognosis finalized.

## VIEW OF CLAIMANT AS RELIABLE WITNESS

All information requested was freely volunteered, and there was no discrepancy between the client's recall and the records supplied. Therefore, I am satisfied that the self-reports of the client are reliable, and their account of events is real.

## STATEMENT OF TRUTH:

I accept that my duty is to the Courts both in report preparation and in oral evidence. I have detailed in my report what I understand from the person instructing me in terms of the queries in respect of which I sought as an expert.

I confirm that, in so far as any factual statements in this report are within my own knowledge, I have indicated which they are, and they are believed by me to be true.

I would like to state that the opinions expressed represent my true and complete professional opinion and will notify those instructing me for any reason I subsequently consider that the report requires any correction or qualification.