

Medical report form

Dr Alec Manchester

MBBS, MRCP, MPH MBBS, MRCP, MPH

Section A - Claimant's details

Claimants full name

Mr Joe Blogg

Date of Birth

01/01/1976

Address

108 Ellesmere Road
Newcastle Upon Tyne

Occupation

Sales Assistant

Postcode NE4 8TR

1.1 Has photo ID been confirmed ?

Yes No

If Yes, what type of ID was checked?

Photo Driving Licence

1.2 Date of accident

10/02/2009

1.3 Age of the claimant at time of accident ?

33 years

1.4 Date of examination

15/06/2009

1.5 Accompanied by

Spouse

1.6 Date of report

04/05/2010

1.7 Name of instructing solicitors/agency

ABC Solicitors/Fast Medico-Legal
Ltd
Instructing Party Reference:
FRSSSCH
Agency Reference: 343435/Blogg

Section B

History

History of the Accident in Question:

Mr Blogg informs me that he was involved in a road traffic accident. The accident occurred in the morning on 10 February 2009. At the time of the accident the road surface was wet but the visibility was good.

Mr Blogg was the driver of the car. He was wearing a seat belt and the car was fitted with a headrest. At the time of the accident, the car was moving on a main road. The car was hit by another car from the driver's side which suddenly pulled out from a side road. Air bag was fitted but did not deploy.

Mr Blogg was not able to brace himself before the accident. He was looking straight ahead at the time of the impact. He was jolted forward and backward.

Mr Blogg required help to exit the vehicle. Due to the accident the car was written off.

Symptoms:

(As described to me at the time of examination)

Developed mild discomfort in the left knee 1 week after the accident. This has not improved yet. It sometimes feels as if it will give way.

Developed severe pain in the neck 2 days after the accident. This has not improved yet. The pain is still present all day and worse when looking up or lying down in bed.

Developed mild occasional pain in the left leg 4 days after the accident. This has not improved yet.

Developed moderately severe pain in the elbows 6 days after the accident. This has not improved yet. The pain is triggered by lifting and he has a dull pain throughout the day.

Treatment:

Mr Blogg informs me that he was attended to by paramedics at the scene of the accident. After the accident he went to King George Hospital, London casualty by ambulance. Initial treatment comprised of advice and analgesia. Mr Blogg confirms that an x-ray of his right leg showed no bony injuries.

He attended his GP surgery 1 week after the accident and on a further 2 or 3 occasions later. He received a sick note for 2 weeks and was referred for physiotherapy.

He attended physiotherapy 2 weeks after the accident. He has had 2 sessions.

The treatment is still continuing.

Past Medical History:

Mr Blogg was involved in a road traffic accident about 3 years ago which caused injuries to his left shoulder and left arm. He fully recovered after a few weeks. These injuries have not been exacerbated by the accident.

Mr Blogg mentioned other issues from his past medical history, but they were not relevant to this report, therefore I have not included them here.

Present position reported by claimant

Discomfort to the left knee

Developed mild discomfort in the left knee 1 week after the accident. This has not improved yet. It sometimes feels as if it will give way.

Pain to the elbows

Developed moderately severe pain in the elbows 6 days after the accident. This has not improved yet. The pain is triggered by lifting and he has a dull pain throughout the day.

Pain to the left leg

Developed mild occasional pain in the left leg 4 days after the accident. This has not improved yet.

Pain to the neck

Developed severe pain in the neck 2 days after the accident. This has not improved yet. The pain is still present all day and worse when looking up or lying down in bed.

Section C

Employment position/Education

Mr Blogg states that his main occupation is as a Sales Assistant for 28 hours per week. He took 2 weeks off work following the index accident. He was restricted to reduced hours for 1 week, during which time he worked 20 hours per week.

Mr Blogg explains me that he had difficulty in sitting for prolonged periods of time for 4 weeks.

He still has difficulty using a computer for prolonged periods of time.

Consequential effects

Home Circumstances:

Mr Blogg confirms that he lives with his wife and children.

Effects on Domestic Lifestyle:

His ability to walk the dog has been moderately restricted. The problem has improved and is now mild.

Childcare, domestic chores and sleep had been severely restricted. The problem has improved and resolved after 2 days.

Effects on Social and Leisure:

Mr Blogg states that his cricket, cycle and walking activities have been severely restricted. He would normally do these activities once a week prior to the accident. These activities have improved and are now moderate.

Missed Events:

He had to miss one wedding function due to the index accident.

Travel:

Mr Blogg confirms that he has not travelled as a passenger since the accident.

He was especially anxious when passing the scene of the accident.

He was especially anxious travelling long journeys.

He was especially anxious checking blind spots.

Mr Blogg informs me that he felt anxious while driving. This resolved after 2 months. He complains that he experienced discomfort while driving that was

fully resolved 2 months after the accident.

Section D

Past medical history

Review of Pre Accident Medical Records

General Practitioner Records

19 Mar 2001

MRI scan of the cervical spine shows loss of disc height consistent with degenerative disease, no vertebral body collapse, no fracture, normal cervical and upper thoracic cord, minor narrowing of C4/5 exit foramen but no nerve root compression, no neurological abnormalities seen.

Physiotherapy Records

7 Jan 2009

Seen by physiotherapist for assessment, neck pain, left elbow and knee pain since RTA. He has history of spinal stenosis, on warfarin for pulmonary embolism, very limited neck extension due to queer feeling. Limited shoulder movement, unable to lie flat due to queer feeling. Physiotherapist advised need to exclude vertebral/carotid artery involvement.

Medical Records Summary:

I have reviewed Mr Blogg's hospital records dated 10/03/1985 to 16/05/2009. I have also reviewed General Practitioner records dated 01/01/1980 to 28/06/2009. There are no relevant significant issues of musculoskeletal and psychological problems. Medical records which I received were legible and complete.

On examination

General:

Weight: 11 stones

Height: 5' 11"

Dominant hand: Right-handed

Psychological Examination:

(Based on the interview and my clinical observations, today)

Mr Blogg had good eye contact, rapport and smiled appropriately. There was no psychotic features, delusional ideas or thought disorders. He answered my questions intelligently. He had normal speech and was oriented in time and place. He had no tearfulness, agitation or associated hand tremors.

Injuries, scars, wounds and other examination:

There were two 2 cm diameter linear bruises on the right leg. These were consistent with injuries sustained in the accident. These will fade with time. There is no surgical treatment required.

Musculoskeletal Examination:

Neck

Forward flexion, right rotation and left rotation of the neck were 76 - 99% of the normal and appeared to cause pain and discomfort.

Extension of the neck was 70% of the normal and appeared to cause discomfort.

There was trapezius muscle tenderness on the both sides.

Rest of the neck examination was normal.

There is no clinical evidence of any neurological deficit.

Upper Limbs

Examination of the upper limbs was normal.

Back

Examination of the back was normal.

There is no clinical evidence of any neurological deficit.

Lower Limbs

Right hip movement, right knee movement, right ankle movement, right toe movement, left hip movement, left knee movement, left ankle movement, left toe movement, stand on tiptoes and squat and rise were normal with full range of movements.

Section D (Continued...)

Diagnosis opinion and prognosis

Opinion:

I was able to obtain a good history

Mr Blogg injuries and recovery period were entirely consistent with the account of the accident.

Mr Blogg's treatment has been appropriate.

The problems reported in Mr Blogg's home life are consistent and reasonable.

He is currently fit for work.

PROSPECTS ON THE OPEN JOB MARKET

In my opinion on the balance of probabilities his employment prospects are likely to be unaffected.

Prognosis:

Pain to the neck

For the neck problem I recommend referral for an MRI scan and once the result is known he can go for physiotherapy. Prognosis can be determined once the scan result is known.

Discomfort to the left knee

For the left knee discomfort I recommend referral to a physiotherapist. In my opinion 15 session(s) are appropriate. This symptom is due to soft tissue injury. On the balance of probabilities, I anticipate this symptom will fully resolve in 10 - 12 months from the date of accident.

Pain to the left leg

The left leg pain is due to exacerbation of pre-existing condition. I recommend referral to a physiotherapist. In my opinion 8 session(s) are appropriate. On the balance of probabilities, I anticipate this symptom will resolve to pre-accidental stage in 10 - 12 months from the date of accident.

Pain to the elbows

For the elbows pain I recommend referral to a physiotherapist. In my opinion this symptom is due to soft tissue injury. On the balance of probabilities, I anticipate this symptom will fully resolve in 18 - 20 months from the date of accident.

In my opinion on the balance of probabilities the index accident is responsible for the injuries sustained.

In my opinion, he would have no long term deformity or problem due to this accident.

Section E

Seatbelts

Was the claimant wearing a seatbelt?

Yes

No

Section F

Future treatment and rehabilitation

On the balance of probabilities I would recommend following referrals for the complete recovery from the injuries sustained in the index accident:

- ◆ Physiotherapy

Section G

Declaration

I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.

I am aware of the requirements of Part 35 and practice direction 35, the protocol for instructing experts to give evidence in civil claims and the practice direction on pre-action conduct.

I have set out in my report that I understand from those instructing me to be the questions in respect of which my opinions as an expert are required.

I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.

I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.

Wherever I have no personal knowledge, I have indicated the source of factual information.

I have not included anything in this report, which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter.

Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.

I understand that this report will be evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

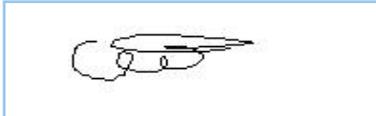
I have included in this report a summary of my instructions.

I have not entered into any agreement where the amount of payment of my fee is in any way dependant on the outcome of the case.

Statement of Truth

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.

Signature



Dr Alec Manchester
MBBS, MRCP, MPH MBBS, MRCP, MPH

04/05/2010

I am an Independent Medical Legal advisor. My Report is based on my completely independent opinion, regardless to the fact that who has instructed me for this work. I hold full registration with the General Medical Council. I am a member of the British Medical Association. I am also a member of the Medical Protection Society.

References

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Accessed at 22-June-2008

Medical Expert Curriculum Vitae

Professional Registration Details:

GMC Number - 1234567

MDU Number - 23456

Qualification:

MBBS, MRCP, MPH MBBS, MRCP, MPH

Experience:

I have wide ranging experience of working in the accident and emergency, trauma & orthopaedics spanning over two years in addition to working in different surgical and medical specialities. I have trained to become a GP and am working as a full time GP since February 1994.

I have extensive experience of writing medico-legal reports for personal injuries resulting from road traffic and work related accidents as well as assaults. Currently, in my capacity as a general practitioner I write 100 medico-legal reports every month for clients examined in special weekly medicolegal clinics.

I also have prepared reports for department for works and pensions, benefit agency and insurance industry. I have attended two days Mobile doctors annual medico-legal experts conference in 2006 and have completed the two day Premex medico-legal reporting course, based on core elements & essential elements modules, in Aug 2008.