

# Medical Report

Prepared for The Court on



Mobile Doctors

## Mr Sample Report

Claimant's Address	1 The Lane Anytown AA1 1AA
Claimant's Date of Birth	01/01/1980
Instructing Party	Mobile Doctors
Instructing Party Address	PO Box 6334, Basildon, SS14 0GW
Instructing Party Ref	12345678
Solicitors Ref	12345
Corex Ref	545370
Primary Referrer	Test Solicitors
Date of Examination	Thursday, 3rd June 2010
Place of Examination	The Gumption Centre, Glydegate, Bradford, BD5 0BQ
Medical Expert	Dr Corex Reports
Specialism	A Doctor
Expert Qualifications	N/A

## Section A - Summary

This report has considered the symptoms that the Claimant alleges have occurred as a result of the accident and has reached the conclusion that the following symptoms are related to the accident:

Symptom	Attributable
Pain and stiffness in the neck, radiating to the right shoulder	12 months
Pain and Stiffness in the Thoraco-Lumbar Spine	12 months
Psychological Symptoms (manifest as: Generalised anxiety, Fear of travel, Insomnia, Flashbacks)	12 months
Soft tissue injury to left lower leg	9 months

**Time off Work:** 1 week

**Future Treatment:** I would recommend a course of driving lessons.

## Section B - Instructions

I have been instructed to examine the Claimant and provide a full and detailed report dealing with any relevant pre-accident medical history, the alleged injuries sustained, treatment received, present situation and prognosis. My report is prepared for the Court.

## Section C - Documents

- C.1** The information contained in the report is based on that supplied to me by the client. A letter of instruction from Mobile Doctors.
- C.2** This first report is without notes except where requested by the medical examiner.
- C.3** Identification: Passport and utility bill.

## Section D - Claimant's details

- |            |                                       |                                  |
|------------|---------------------------------------|----------------------------------|
| <b>D.1</b> | Claimant's full name                  | Mr Sample Report                 |
| <b>D.2</b> | Address                               | 1 The Lane<br>Anytown<br>AA1 1AA |
| <b>D.3</b> | Date of Birth                         | 01/01/1980                       |
| <b>D.4</b> | Age(at time of accident)              | 30                               |
| <b>D.5</b> | Date of examination                   | 03/06/2010                       |
| <b>D.6</b> | Date of report                        | 03/06/2010                       |
| <b>D.7</b> | Name of instructing solicitors/agency | Mobile Doctors                   |

## Section E - Personal details

- |            |                 |   |
|------------|-----------------|---|
| <b>E.1</b> | Gender          | Male  |
| <b>E.2</b> | Dominant Hand   | Right Handed  |
| <b>E.3</b> | Domestic Status | Has spouse/partner and children at home                         |
| <b>E.4</b> | Dependants      | He has one dependent child.                                     |
| <b>E.5</b> | Family Status   | Dependants include:<br><br>Children between 5 and 11 years old. |
| <b>E.6</b> | Work            | Doctor  |
| <b>E.7</b> | Job Status      | Full-time   |

E.8 General health

He tells me that he has always enjoyed good health.

## Section F - Accident details

F.1 Accident Date

01/01/2010

F.2 Time of day

Early morning

F.3 Vehicle

Hatchback car

F.4 Situation

The driver

F.5 Protection

He was wearing a seatbelt with a headrest fitted.

F.6 Impact

He tells me that the vehicle was stationary and was hit from behind.

F.7 Severity

There was extensive damage to the vehicle.

F.8 Movement

He remembers being thrown forwards and backwards in the vehicle.

## Section G - Treatment

G.1 Medical treatment

Total primary care visits: **1**

Total visits to hospital: **1**  
Hospital: **Bradford Royal Infirmary**

G.2 Rehabilitation

Total rehabilitation visits: **3**

Treatment Provider: **Physiotherapist**

Area(s) treated: **cervical spine**

G.3 Self Help

The Claimant has followed a home exercise/self-help regime.

G.4 Medication

Ibuprofen 400mg, three times daily

G.5 Medication type

More than one preparation lasting over one month with breaks

G.6 Treatment review

Whilst I have not been provided with the Claimant's medical records to confirm or refute these claims, the above history appears to be consistent with the nature and extent of the Claimant's injuries.

## Section H - Injuries

### H.2 Pain and stiffness in the neck, radiating to the right shoulder

H.2.1 Onset

Within 24 hours of the accident.

**H.2.2****Description**

The pain radiated down the right hand side of the neck and into the right shoulder region.

**H.2.3****Intensity**

Severe	Moderate	Minor
1 month	3 months	Ongoing

**H.2.4****Associated Headache**

Affecting: household, domestic, appetite

Medication: self medication

Duration up to: 2 months

**H.2.5****Neurological Sequelae**

Causing: left arm paraesthesia

Currently: resolved

**H.2.6****Pre-existing Condition**

The accident has not aggravated any pre-existing neck condition.

**H.2.7****Past Medical History**

The Claimant states that there is no significant history of neck pain prior to the accident.

**H.2.8****Neck examination**

Neck examination showed a severe restriction in movement with associated trapezius tenderness, especially on the left.

Neck Movement	Degrees	Normal
Sagittal flexion and extension combined	120°	120°
Right lateral rotation	65°	80°
Right lateral flexion	35°	45°
Left lateral rotation	80°	80°
Left lateral flexion	45°	45°

**H.2.9****Opinion**

In my opinion the Claimant's symptoms are related to a soft tissue, whiplash injury affecting the neck region. On the balance of probability they are attributable to the accident. This injury involves muscles and ligaments. There is no evidence of any damage to nerves, vertebrae, or spinal cord.

**H.2.10****Prognosis**

I would anticipate that these symptoms will improve and resolve by **12 months** from the date of the accident.

**H.2.11****Resolution of Neurological Sequelae**

Attributable to the accident for up to **9 months**.

**H.2.12****Acceleration of Osteoarthritis**

I do not believe that this injury will cause or accelerate any degeneration of the cervical spine.

## H.3 Lower Back Pain and Stiffness

### H.3.1 Onset

Within 24 hours of the accident.

### H.3.2 Description

The Claimant describes central back pain, made worse by prolonged standing, sitting and especially painful when bending and lifting.

### H.3.3 Intensity

Severe	Moderate	Minor
1 month	3 months	Ongoing

### H.3.4 Neurological Sequelae

The Claimant did not experience any paraesthesia, limb pain or sensory loss.

### H.3.5 Pre-existing Condition

The accident has not aggravated any pre-existing back condition.

### H.3.6 Past Medical History

Medical records confirm no significant history of lower back pain.

### H.3.7 Thoraco-lumbar Spine Examination

Examination of the lower back revealed a normal range of movement with slight pain on forward flexion and some paravertebral tenderness, equal on both sides.

### H.3.8 Opinion

In my opinion the Claimant's symptoms are related to a soft tissue injury affecting the lumbar spine. On the balance of probability they are attributable to the accident. This injury involves muscles and ligaments. There is no evidence of any damage to nerves, vertebrae, or spinal cord or cauda equina.

### H.3.9 Prognosis

I would anticipate that these symptoms will improve and resolve by **12 months** from the date of the accident.

### H.3.10 Acceleration of Osteoarthritis

I do not believe that this injury will cause or accelerate any degeneration of the Thoraco-Lumbar spine.

## H.4 Situational Anxiety and Psychological Sequelae

### H.4.1 Manifest as

Generalised anxiety, Fear of travel, Insomnia, Flashbacks

### H.4.2 Onset

7 day(s) after the accident.

### H.4.3 Description

The Claimant says that he has been very nervous as a driver since the accident. This has not prevented driving, but makes him very wary.

### H.4.4 Intensity

Severe	Moderate	Minor
		Ongoing

### H.4.5 Classification

Untreated but medically verified

#### H.4.6 Past Medical History

The Claimant states that he has no past medical history of significant psychological or psychiatric illness.

#### H.4.7 Psychological Assessment

The Claimant appeared well adjusted. There were no signs of any overt psychological or psychiatric illness. He was clearly upset when talking about the events of the accident.

#### H.4.8 Opinion

On the balance of probability the psychological symptoms from which the Claimant is suffering are related to the events of the anxiety. They do not represent Post Traumatic Stress Disorder.

#### H.4.9 Prognosis

I would anticipate that these symptoms will improve and resolve by **12 months** from the date of the accident.

### H.5 Soft tissue injury to left lower leg, ongoing minor

#### H.5.1 Description

The Claimant suffered from pain and bruising over the left knee after the accident.

#### H.5.2 Initial Treatment

None

#### H.5.3 Subsequent Treatment

None

#### H.5.4 Complications

None

#### H.5.5 Medical care

The Claimant was under medical supervision for up to 1 month.

#### H.5.6 Past Medical History

The Claimant denies any previous significant related symptoms.

#### H.5.7 Examination

Examination of the left lower leg revealed a normal range of movement. There was normal anatomy with no deformity or tenderness.

#### H.5.8 Opinion

In my opinion these symptoms are related to a self limiting soft tissue injury affecting the left lower leg and are consistent with the accident as described to me.

#### H.5.9 Prognosis

Up to: 9 months from the accident date.

## Section I - Effects on Daily Life

#### I.1 Total time off

1 week

#### I.2 Light duties/reduced hours

None

#### I.3 Work Related Duties

The following difficulties were experienced at work: loss of mobility/stability, postural difficulties and anxiety or depression for a period of 2 months.

#### I.4 Effects on Domestic Duties

The Claimant required unpaid assistance to help with domestic duties for an average of 1 hour per day for 2 months following the accident. Especially difficult were cleaning, ironing and vacuuming.

#### I.5 Effects on Household Duties

The Claimant required unpaid assistance to help with household duties for an average of 1 hour per day for 3 months following the accident. Especially difficult were DIY, driving, gardening, picking up his child and shopping.

#### I.6 Effects on Sport & Leisure

The Claimant normally takes part in frequent (3-4 times each week) leisure activities. At worst these were prevented by the Claimant's symptoms. They are currently 50% of normal.

Activities particularly affected: training at the gym.

#### I.7 Effects on Sleep

The Claimant is normally a good sleeper. At worst this was reduced to 50% of normal. It is currently 80% of normal.

### Section J - Future treatment and rehabilitation

#### J.1 Other Therapy

I would recommend a course of driving lessons.

### Section K - Future job prospects

I would not expect the injuries sustained in the accident to have any future affect on the Claimant's job prospects.

### Section L - Resumé

L.1 Name Dr Corex Reports

L.2 Specialism A Doctor

L.3 Qualifications N/A

L.4 GMC Number 1234567

#### L.5 Medical Experience

I qualified in General Practice in 2000. I have a range of experience in General Practice both as a GP principal and as a sessional GP. I also have extensive hospital and primary care experience in the diagnosis and treatment of soft tissue and musculoskeletal injuries.

#### L.6 Medico-Legal Experience

I have written reports for the Court for over 10 years. I have an up to date knowledge of the Civil Procedure Rules and am compliant with my duties under them. I have written of 2000 reports as a single joint expert since the Woolf reforms.



## Section M - Declaration of Independence

1. I understand that my overriding duty in preparing this report and giving evidence is to the Court rather than to the party who engaged me.
2. I have endeavoured in my report and in my opinion to be accurate and cover all relevant issues concerning the matters stated, of which I have been asked to address.
3. I have endeavoured to included within this report those matters which I have knowledge of, or of which I have been made aware, that might adversely affect the validity of my professional opinion.
4. I have indicated within this report all sources of information used in its completion.
5. I have indicated within my report the identity of any person, other than myself, who has carried out tests or experiments that have been relied upon in its completion, including their qualifications and experience.
6. I have not, without forming an independent view, included or excluded any information that has been suggested to me by others.
7. I will notify those who have engaged me immediately in writing of any reason my existing report requires any correction or qualification.
8. I have attached to my report:
  - a) All written instructions given to me;
  - b) A note of any oral instructions given to me;
  - c) Any supplemental instructions given to me since the original instructions were given;
9. I understand that my report, subject to correction before swearing as to its correctness, will form the evidence to be given under oath or affirmation.
10. I confirm I have not entered into any arrangement between the parties whereby the amount of payment in respect of my fee is dependent upon the outcome of the case.
11. I confirm that my report contains a comprehensive summary of the conclusions reached and includes any relevant pre-accident medical information and history, treatment received and present condition, dealing in particular with the capacity for work (where appropriate) and giving a full prognosis. I have fully assessed the Claimant's injuries to establish the extent and duration of any continuing disability and impact on daily living in my opinion.
12. 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.
13. I am aware of the requirements set out in Part 35 of the Civil Procedure Rules and the accompanying Practice Direction, the Protocol for the Instructions of Experts to give Evidence in Civil Claims, and the Practice Direction for Pre-action conduct.
14. If the Claimant's symptoms do not resolve in line with my stated prognosis, it may be necessary and appropriate for further medical evidence to be obtained.

## Section N - Signed & Dated

**N.5.1**      **Signature**



**N.5.2**      **Date**

03/06/2010