

Personal Independence Payment

Consultation report form – PA4

Surname

Other Names

PIP Reference Number

Date of consultation

18/08/2017

Place of consultation

Islington AC

Time consultation started

13:34

Name of professional
carrying out consultation

Ms

Type of professional

Nurse

List all evidence considered alongside the consultation findings

| <i>Item</i> | <i>Date</i> |
|-------------------------------|-------------|
| PIP questionnaire | 15/09/2015 |
| PIP consultation report (PA4) | 26/10/2015 |
| - | |
| - | |
| - | |
| - | |

Other (please list)

Award Review - 08/05/2017

The purpose and nature of the consultation has been clearly explained to the claimant



The following individual attended the consultation with the claimant:

Name of individual

[REDACTED]

Relationship to claimant

Friend

History

History of conditions

Dislocated Left Shoulder/Dislocated Left Hip/Metal Plate on Left Ankle - he was involved in a road traffic accident in 2004, he was hit by a car. He had an operation where a plate was inserted on his left ankle. He states that it didn't heal properly. He was offered to have an operation on his shoulder but he declined. He last had physiotherapy 2 years ago. He states that it did not help. He was told that there is nothing that can be done than to manage his pains with medications. His GP looks after his conditions at present. He sees his GP as needed and when he need to get his prescriptions. He states that the pains on his left shoulder, hip and leg are constant. He struggles to lift his left arm up. He cannot stand and walk for too long. He has unsteady balance. He also finds it difficult to bend forward. He is taking pain killer daily. He states that it helps but makes him sleepy.

Depression and Anxiety - diagnosed early this year. His GP monitors his mental health condition at present. He does not see a mental health specialist. He was given medications for depression and states that it helps him. Symptoms includes stress, low mood, poor concentration and self isolation. He added that he feels low all the time but the medications help in stabling his mood. He added that he feels frustrated of his condition. He has never been admitted to the mental health unit. He denies thoughts of self harm.

Current medication and treatment

Citalopram 10 mg, once a day for depression.
Amitriptyline 10 mg, once a day for pains.
Tramadol 50 mg, 3 times a day for pains.

Side effects: sleepiness, drowsiness, constipation

Efficacy: States that his medications are helping.

Social and occupational history

Lives with his 6 year old son. His friend helps him take his son to school and take care of him. They live in a 2nd floor flat with one bedroom. There is no lift in the building. They have a shower over the bath. There are no aids and adaptations at home except for his crutch. He does not drive. There are no pets at home. He goes out at least three times a week on his own. He goes to his local shop to top up his electricity. The shop is about 70 metre distance from his building. Sometimes his friend drives him and help him to do shopping. When he is at home, he can usually be seen sitting and watching television. He sometimes read newspaper. He stopped working in 2004 when he had the accident. He used to work with young people. His friend drove him to the centre for his PIP assessment.

Continuation box

[Continued from...]

Variability

He states that his pains are there all the time. He does not get any good days at all.

Preparing food

He does not really prepare or cook food. He mostly prepare microwaveable and ready made meals. His friend also cook food for them which can last for two days. He cannot cook because in the past he burned himself with hot oil. He cannot stand for too long. He does not have aids in the kitchen. He is able to chop and peel vegetables provided that he is seated. He is able to lift pots and pans with his right arm but unable to do it with his left arm.

Taking nutrition

He eats once or twice a day. He can feed himself. He can hold the spoon and fork and put the food in his mouth. He can also cut the food on his plate. His friend states that he need to be reminded to eat. He does not see a dietitian. He does not take food supplements. He states that he lost weight.

Managing therapy or monitoring a health condition

He states that he needs to be reminded by his friend to take his medications. He tends to forget to take his medications. He is able to take the tablet out of the boxes and packaging. He knows what his medications are for.

Washing and bathing

He is having strip wash daily. He does not need to be reminded to have a wash but has to be reminded to have a bath. He states that he does not like having a bath or shower because of the pain it can involve. He struggles to get in and out of the bath. He holds on the sink to be able to get in and out. He needs to sit down on the side of the bath because he cannot stand for too long. He is able to wash his hair using his right hand. He is able to wash his chest and private areas. He needs to sit to wash his legs and feet. He does not have a long handled sponge.

Managing toilet needs or incontinence

He can control his bladder and bowels. He does not use incontinent pads. He states that he can have accidents from urine because he struggles to get into the bathroom in time. He has to hold on the sink to be able to sit down and get up due to his back pains and leg pain. He is able to clean his private areas after using the toilet.

Functional history continued

Dressing and undressing

He is able to change his clothes regularly without encouragement. He is able to put his t-shirt on. He puts the left sleeve first then the right. He need to be seated to to be able to put his trousers on. He cannot stand for a long time and he tends to loose his balance. He struggles to put his shoes and socks. He prefers wearing loose clothing and slip on shoes.

Communicating verbally

He is able to understand when people speaks to him. He can verbalise his needs and feelings. He can use his mobile phone to make and receive calls. He does not have hearing problem.

Reading and understanding signs, symbols and words

He can read and understand his posts and medical documents. He can understand and follow signs and directions that he sees.

Engaging with others face to face

He states that he does not really mix with other people. He gets anxious and nervous around people especially people he doesn't know. He needs to be encouraged to attend social gatherings. He added that he prefers to be on his own most of the time.

Making budgeting decisions

He has his own bank account. He is able to understand where his money comes from and where it goes. He can add and subtract. He need help to budget his money to make sure that he is spending it correctly. He states that he just wanted it that way. He can make financial decisions for himself and his son.

Planning and following journeys

He states that he does not really like to go out on his own. He prefers to be with someone when going out. He gets anxious and nervous whenever he is outside and in public places. He wants to be indoors most of the time. He needs to be encouraged to attend his appointments.

Functional history continued

Moving around

He states that he struggles when walking. He can generally walk for 2 to 3 minutes but cannot walk more than that due to the pain on his left hip and left leg. He always use his always have his crutch when walking indoors due to unsteady balance. When he is outdoors he doesn't like using it. He prefers to hold on to his friend. He walks on a slow speed all the time. He states that he struggles using the stairs and uneven ground.

Other relevant functional history

Observations

General appearance and Informal Observations

Heard his name when called in the waiting area. He sat on and off with difficulties while holding on the armrests of the chair using both hands. He walks on a slow pace with slightly abnormal gait and slightly unsteady balance using his crutch. He did not appear to be in pain when walking. He managed to hold his belongings with good grip using both hands. He managed to lift his legs on the examination couch with minimal difficulties but managed to do it himself. He managed to lift his shins when seated. He has adequate attention. No anxiety, distress and breathlessness noted. Normal breathing pattern observed. He managed to answer all questions appropriately and give information about his condition. He wears clean and appropriate clothing. His words and sentences are clean and understandable. He managed to tell what his medications are for and when he need to take it. No signs of confusion observed.

Claimant consent: The claimant consented to a physical examination

Mental state

Look tired.
Average build, does not look undernourished.
Well kempt.
Casually dressed.
Looks slightly unwell.
Did not appear to be trembling.
Increased sweating was not apparent.
Normal complexion. Normal facial expression.
Interaction normal, not restless or withdrawn.
Coped well at interview.
Normal manner, not anxious, agitated or tense.
Adequate rapport. Adequate eye contact.
Normal amount of speech. Speech content was normal.
Behaved normally, not hostile, or withdrawn.
No delusions. Does not report hallucinations.
Orientated in time, place and person.
Did not require prompting.
Adequate general memory.
Adequate concentration.
No cognitive test needed.
Had good insight into their illness.
Normal long term memory. Normal short term memory.

All of the joints in his upper/lower limbs, head, neck and back have normal range of motion and no functional restrictions except for the following:

Only able to crouch less than half way down to the floor.

Spine can bend forward to reach knee level only.

Left straight leg raise less than 70 degrees (ability to lift straight left leg when lying down reduced).

Upwards movement (dorsiflexion) of left ankle slightly reduced.

Left ankle plantarflexion less than 50 degrees (downwards movement of left ankle reduced).

Left knee flexion reduced to 90 degrees (left knee bending slightly reduced).

Left knee extension less than full (unable to fully straighten left knee).

Power in left leg moderately reduced.

Shoulder abduction reduced to 120 degrees - 150 degrees (can raise left arm away from side to above shoulder level, but not fully).

Other relevant systems (e.g. Vision, Hearing, Cardiovascular, Respiratory etc)

Not examined.

Time consultation ended

14:23

Health professional's opinion - Daily Living activities

| Activity | Descriptor | |
|-------------------|--|----------------------------------|
| 1. Preparing food | a. Can prepare and cook a simple meal unaided. | <input type="radio"/> |
| | b. Needs to use an aid or appliance to be able to either prepare or cook a simple meal. | <input checked="" type="radio"/> |
| | c. Cannot cook a simple meal using a conventional cooker but is able to do so using a microwave. | <input type="radio"/> |
| | d. Needs prompting to be able to either prepare or cook a simple meal. | <input type="radio"/> |
| | e. Needs supervision or assistance to either prepare or cook a simple meal. | <input type="radio"/> |
| | f. Cannot prepare and cook food at all. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

☐

If not ticked, reason given below:

States that he struggles in this activity. MSO and IO shows that he has limited movement and moderately reduced power on his back and left lower limb. He has slightly unsteady balance. He appeared tired and slightly unwell. He is taking pain medications regularly.

He has normal power on both upper limbs. He managed to hold his belongings with good grip and managed to support himself when standing and sitting using both hands.

MSE and IO shows that he does not require prompting. He is orientated and has good insight. He has adequate memory, attention and concentration. No anxiety and distress noted. He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present.

Therefore he will need to use an aid or appliance to be able to either prepare or cook a simple meal safely, reliably and on a timely manner.

Note: MSO - musculoskeletal observation, MSE - mental state examination, FH - functional history, IO - informal observation, SH - social history

| Activity | Descriptor | |
|----------------------------|---|----------------------------------|
| 2. Taking nutrition | a. Can take nutrition unaided. | <input checked="" type="radio"/> |
| | b. Needs – (i) to use an aid or appliance to be able to take nutrition; or (ii) supervision to be able to take nutrition; or (iii) assistance to be able to cut up food. | <input type="radio"/> |
| | c. Needs a therapeutic source to be able to take nutrition. | <input type="radio"/> |
| | d. Needs prompting to be able to take nutrition. | <input type="radio"/> |
| | e. Needs assistance to be able to manage a therapeutic source to take nutrition. | <input type="radio"/> |
| | f. Cannot convey food and drink to their mouth and needs another person to do so. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

☐

If not ticked, reason given below:

States that he needs to be reminded to eat. MSE and IO shows that he does not require prompting. He does not look undernourished. He is orientated and has good insight. He has adequate memory, attention and concentration. No anxiety and distress noted. He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present. FH shows that he does not see a dietitian and does not take food supplements.

He has normal power on both upper limbs. He managed to hold his belongings with good grip and managed to support himself when standing and sitting using both hands.

Therefore he can take his nutrition unaided safely, reliably and on a timely manner.

| Activity | Descriptor | |
|---|---|----------------------------------|
| 3. Managing therapy or monitoring a health condition | a. Either – (i) Does not receive medication or therapy or need to monitor a health condition; or (ii) can manage medication or therapy or monitor a health condition unaided. | <input checked="" type="radio"/> |
| | b. Needs either – (i) to use an aid or appliance to be able to manage medication; or (ii) supervision, prompting or assistance to be able to manage medication or monitor a health condition. | <input type="radio"/> |
| | c. Needs supervision, prompting or assistance to be able to manage therapy that takes no more than 3.5 hours a week. | <input type="radio"/> |
| | d. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 3.5 but no more than 7 hours a week. | <input type="radio"/> |
| | e. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 7 but no more than 14 hours a week. | <input type="radio"/> |
| | f. Needs supervision, prompting or assistance to be able to manage therapy that takes more than 14 hours a week. | <input type="radio"/> |

Justification for descriptor choice

| | |
|---|--------------------------|
| <p>The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.</p> <p>If not ticked, reason given below:</p> <p>States that he needs to be reminded to take his medications. However, his MSE and IO shows that he does not require prompting. He is orientated and has good insight. He has adequate memory, attention and concentration. No anxiety and distress noted. He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present. He managed to tell what his medications are for and when he need to take it.</p> <p>He has normal power on both upper limbs. He managed to hold his belongings with good grip and managed to support himself when standing and sitting using both hands.</p> <p>Therefore he can manage his medications unaided safely, reliably and on a timely manner.</p> | <input type="checkbox"/> |
|---|--------------------------|

| Activity | Descriptor | |
|-------------------------------|---|----------------------------------|
| 4. Washing and bathing | a. Can wash and bathe unaided. | <input type="radio"/> |
| | b. Needs to use an aid or appliance to be able to wash or bathe. | <input checked="" type="radio"/> |
| | c. Needs supervision or prompting to be able to wash or bathe. | <input type="radio"/> |
| | d. Needs assistance to be able to wash either their hair or their body below the waist. | <input type="radio"/> |
| | e. Needs assistance to be able to get in or out of a bath or shower. | <input type="radio"/> |
| | f. Needs assistance to be able to wash their body between the shoulders and waist. | <input type="radio"/> |
| | g. Cannot wash and bathe at all and needs another person to wash their entire body. | <input type="radio"/> |

Justification for descriptor choice

| | |
|--|--------------------------|
| <p>The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.</p> <p>If not ticked, reason given below:</p> <p>States that he struggles when having wash and shower. MSO and IO shows that he has limited movement and moderately reduced power on his back and left lower limb. He has slightly unsteady balance and slightly abnormal gait. He appeared tired and slightly unwell. He is taking pain medications regularly.</p> <p>Even though he has slight restriction on his left upper limb, MSO shows that he managed to fully abduct his right upper limb above his head. He has normal power on both upper limbs. He managed to hold his belongings with good grip and managed to support himself when standing and sitting using both hands. He managed to lift his legs on the examination couch with minimal difficulties but managed to do it himself.</p> <p>MSE and IO shows that he does not require prompting. He appears well kempt. He is orientated and has good insight. He has adequate memory, attention and concentration. No anxiety and distress noted. He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present.</p> <p>Therefore he will need to use an aid or appliance to be able to complete this activity safely, reliably and on a timely manner.</p> | <input type="checkbox"/> |
|--|--------------------------|

| Activity | Descriptor | |
|---|--|----------------------------------|
| 5. Managing toilet needs or incontinence | a. Can manage toilet needs or incontinence unaided. | <input type="radio"/> |
| | b. Needs to use an aid or appliance to be able to manage toilet needs or incontinence. | <input checked="" type="radio"/> |
| | c. Needs supervision or prompting to be able to manage toilet needs. | <input type="radio"/> |
| | d. Needs assistance to be able to manage toilet needs. | <input type="radio"/> |
| | e. Needs assistance to be able to manage incontinence of either bladder or bowel. | <input type="radio"/> |
| | f. Needs assistance to be able to manage incontinence of both bladder and bowel. | <input type="radio"/> |

Justification for descriptor choice

| | |
|---|--------------------------|
| <p>The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.</p> <p>If not ticked, reason given below:</p> <p>States that he struggles when using the toilet. MSO and IO shows that he has limited movement and moderately reduced power on his back and left lower limb. He had difficulties sitting on and off. He has slightly unsteady balance. He appeared tired and slightly unwell. He is taking pain medications regularly.</p> <p>FH shows that he can control his bladder and bowels. He states that he can clean his private areas after using the toilet. He also states that he can have urine leakage. However, he also states that this is due to his inability to reach the toilet in time.</p> <p>Therefore he will need to use an aid or appliance to be able to manage his toilet needs safely, reliably and on a timely manner.</p> | <input type="checkbox"/> |
|---|--------------------------|

| Activity | Descriptor | |
|-----------------------------------|---|----------------------------------|
| 6. Dressing and undressing | a. Can dress and undress unaided. | <input type="radio"/> |
| | b. Needs to use an aid or appliance to be able to dress or undress. | <input checked="" type="radio"/> |
| | c. Needs either – (i) prompting to be able to dress, undress or determine appropriate circumstances for remaining clothed; or (ii) prompting or assistance to be able to select appropriate clothing. | <input type="radio"/> |
| | d. Needs assistance to be able to dress or undress their lower body. | <input type="radio"/> |
| | e. Needs assistance to be able to dress or undress their upper body. | <input type="radio"/> |
| | f. Cannot dress or undress at all. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

☐

If not ticked, reason given below:

States that he struggles when changing his clothes. MSO and IO shows that he has limited movement and moderately reduced power on his back and left lower limb. He has slightly unsteady balance. He appeared tired and slightly unwell. He is taking pain medications regularly.

Even though he has slight restriction on his left upper limb, MSO shows that he managed to fully abduct his right upper limb above his head. He has normal power on both upper limbs. He managed to hold his belongings with good grip and managed to support himself when standing and sitting using both hands. He managed to lift his legs on the examination couch with minimal difficulties but managed to do it himself.

MSE and IO shows that he does not require prompting. He appears well kempt. He wears clean and appropriate clothing. He is orientated and has good insight. He has adequate memory, attention and concentration. No anxiety and distress noted. He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present.

Therefore he will need to use an aid or appliance to be able to dress and undress safely, reliably and on a timely manner.

| Activity | Descriptor | |
|--------------------------------------|--|----------------------------------|
| 7. Communicating verbally | a. Can express and understand verbal information unaided. | <input checked="" type="radio"/> |
| | b. Needs to use an aid or appliance to be able to speak or hear. | <input type="radio"/> |
| | c. Needs communication support to be able to express or understand complex verbal information. | <input type="radio"/> |
| | d. Needs communication support to be able to express or understand basic verbal information. | <input type="radio"/> |
| | e. Cannot express or understand verbal information at all even with communication support. | <input type="radio"/> |

Justification for descriptor choice

| | |
|--|-------------------------------------|
| <p>The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.</p> <p>If not ticked, reason given below:</p> | <input checked="" type="checkbox"/> |
|--|-------------------------------------|

| Activity | Descriptor | |
|--|---|----------------------------------|
| 8. Reading and understanding signs, symbols and words | a. Can read and understand basic and complex written information either unaided or using spectacles or contact lenses. | <input checked="" type="radio"/> |
| | b. Needs to use an aid or appliance, other than spectacles or contact lenses, to be able to read or understand either basic or complex written information. | <input type="radio"/> |
| | c. Needs prompting to be able to read or understand complex written information. | <input type="radio"/> |
| | d. Needs prompting to be able to read or understand basic written information. | <input type="radio"/> |
| | e. Cannot read or understand signs, symbols and words at all. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.



If not ticked, reason given below:

| Activity | Descriptor | |
|---|---|----------------------------------|
| 9. Engaging with others face to face | a. Can engage with other people unaided. | <input checked="" type="radio"/> |
| | b. Needs prompting to be able to engage with other people. | <input type="radio"/> |
| | c. Needs social support to be able to engage with other people. | <input type="radio"/> |
| | d. Cannot engage with other people due to such engagement causing either – (i) overwhelming psychological distress to the claimant; or (ii) the claimant to exhibit behaviour which would result in a substantial risk of harm to the claimant or another person. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise. ☐

If not ticked, reason given below:

States that he struggles when engaging with other people. However, his MSE and informal observation shows that he managed to cope well during the consultation. He has adequate eye contact and managed to build rapport with the HP. He has adequate memory, attention and concentration. He was not withdrawn and he showed normal behaviour throughout the consultation. He did not show signs of anxiety and distress during the assessment. He managed to answer all the questions appropriately and give information about his condition. He does not have cognitive and learning impairment that can suggest otherwise.

He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present.

Therefore he can engage with other people unaided safely, reliably and on a timely manner.

| Activity | Descriptor | |
|---------------------------------------|--|----------------------------------|
| 10. Making budgeting decisions | a. Can manage complex budgeting decisions unaided. | <input checked="" type="radio"/> |
| | b. Needs prompting or assistance to be able to make complex budgeting decisions. | <input type="radio"/> |
| | c. Needs prompting or assistance to be able to make simple budgeting decisions. | <input type="radio"/> |
| | d. Cannot make any budgeting decisions at all. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

☐

If not ticked, reason given below:

States that he need help in this activity. MSE and informal observation shows that he did not require prompting throughout the consultation. He has adequate memory, concentration and attention. He is orientated and has good insight. No signs of confusion observed. He managed to answer all the questions appropriately and give history of his condition. He does not have cognitive and learning impairment that can suggest otherwise.

He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present.

Therefore he can manage complex budgeting decisions unaided safely, reliably and on a timely manner.

The functional restriction affecting the **daily living** activities identified in this report is likely to have been present for:

At least 3 months

☒

Not applicable

☐

Less than 3 months

☐

(no functional restriction present)

The functional restriction affecting the **daily living** activities identified in this report is likely to remain for:

At least 9 months

☒

Not applicable

☐

Less than 9 months

☐

(no functional restriction present)

Mobility activities

| Activity | Descriptor | |
|--|--|----------------------------------|
| 11. Planning and following journeys | a. Can plan and follow the route of a journey unaided. | <input checked="" type="radio"/> |
| | b. Needs prompting to be able to undertake any journey to avoid overwhelming psychological distress to the claimant. | <input type="radio"/> |
| | c. Cannot plan the route of a journey. | <input type="radio"/> |
| | d. Cannot follow the route of an unfamiliar journey without another person, assistance dog or orientation aid. | <input type="radio"/> |
| | e. Cannot undertake any journey because it would cause overwhelming psychological distress to the claimant. | <input type="radio"/> |
| | f. Cannot follow the route of a familiar journey without another person, assistance dog or an orientation aid. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

☐

If not ticked, reason given below:

States that he needs support with this activity. However, his MSE and informal observation shows that he managed to cope during the consultation. He has adequate memory, attention and concentration. He is orientated and has good insight. He did not show signs of anxiety and distress during the assessment. He managed to answer all the questions appropriately and give history of his condition. He does not have sensory, cognitive and learning impairment that can suggest otherwise.

He states that his 1st line antidepressant is helping and he does not see a mental health specialist at present.

Therefore, he can plan and follow the route of a journey unaided safely, reliably and on a timely manner.

| Activity | Descriptor | |
|--------------------------|--|----------------------------------|
| 12. Moving around | a. Can stand and then move more than 200 metres, either aided or unaided. | <input type="radio"/> |
| | b. Can stand and then move more than 50 metres but no more than 200 metres, either aided or unaided. | <input checked="" type="radio"/> |
| | c. Can stand and then move unaided more than 20 metres but no more than 50 metres. | <input type="radio"/> |
| | d. Can stand and then move using an aid or appliance more than 20 metres but no more than 50 metres. | <input type="radio"/> |
| | e. Can stand and then move more than 1 metre but no more than 20 metres, either aided or unaided. | <input type="radio"/> |
| | f. Cannot, either aided or unaided – (i) stand; or (ii) move more than 1 metre. | <input type="radio"/> |

Justification for descriptor choice

The claimant did not report significant functional problems with this activity in their questionnaire or at consultation, and there was no evidence to suggest otherwise.

☐

If not ticked, reason given below:

He states on his PIP2 that he cannot walk more than 50 metres. However, he states on his FH that he can generally walk for 2 to 3 minutes but cannot walk more than that due to the pain on his left hip and left leg.

IO shows that he walks on a slow pace with slightly abnormal gait and slightly unsteady balance using his crutch. He did not appear to be in pain when walking.

MSO and IO shows that he has limited movement and moderately reduced power on his back and left lower limb. He appeared tired and slightly unwell. He is taking pain medications regularly.

Therefore he can stand and then move more than 50 metres but no more than 200 metres aided safely, reliably and on a timely manner.

The functional restriction affecting the **mobility** activities identified in this report is likely to have been present for:

At least 3 months ☒

Not applicable ☐

Less than 3 months ☐

(no functional restriction present)

The functional restriction affecting the **mobility** activities identified in this report is likely to remain for:

At least 9 months ☒

Not applicable ☐

Less than 9 months ☐

(no functional restriction present)

Based on the claimant's likely future circumstances, it would be appropriate to review the claim in:

Years

3

Months

0

OR

Based on the available evidence, I consider there to be no requirement to arrange a review of this claim as significant change is unlikely: ☐

Justification for review period choice

The claimant's condition has been the same for many years now. He does not see any specialist at present with regards to his physical condition.

There were no restrictions observed with regards to his mental state.

Therefore a long term review of 3 years is recommended.

It is likely that the functional restriction identified in this report will be present at the recommended point of review:

Yes

☒

Not applicable

☐

No

☐

(no restriction present)

Although they have not claimed under the terminal illness provisions, in my opinion they are terminally ill under the prescribed definition:

Yes

☐

No

☒

The claimant has a mental, intellectual or cognitive impairment and may need additional support to comply with future claim processes:

Yes

☐

No

☒

Continuation box

[Continued from...]

[if further details are required please use the following continuation page]

Continuation box

[Continued from...]

Consideration/writing
up time (mins)

60

I can confirm that there is no harmful information in this report.

Name

Ms [REDACTED]

Type of professional

Nurse

Date

18/08/2017

Last updated by

Type of professional

Date

For office use only

Musculoskeletal disease (regional) | Injuries/fracture/dislocation | Multiple