ESA85

Employment and Support Allowance
Medical Report Form

Surname	[redacted]
Other Names	
National Insurance Number	
Date of Birth	[redacted]
Time Examination and Interview Started	11:39
Time Examination and Interview Ended	12:21
Time Report Completed	13:55
Date of Examination	16 March 2018
Place of Examination	DWP TRESCO HOUSE ASSESSMENT CENTRE
Healthcare Professional's Name	Dr [redacted] **(Registered Medical Practitioner)**

Client Interview

Medical Conditions and Treatment

Medical Conditions 1

Conditions Medically Identified
Anxiety and Depression
Musculoskeletal Problem
Bladder Problem

Other Conditions Reported

Client states no other problems

Medication 2

Medication brought.
Citalopram (antidepressant) every day at 20 mg dosage once a day.
Tramadol (for pain relief) five times a day.
Amitriptyline (antidepressant) taken as required at 10 mg dosage.

Side Effects Due to Medication 3

Feels dizzy and tired due to his medications.
These side effects are known to occur with this type of medication.

Description of Functional Ability 4

Having considered whether the condition is likely to vary during the average week and if the function can be carried out regularly and repeatedly taking into account, fluctuation, pain, fatigue, stiffness, breathlessness, balance problems etc, the description of functional ability is as follows:

Condition History

Anxiety and Depression
It was very difficult to get information from him as he was not cooperative. He was upset that he has to answer same questions again which he answered in his previous assessment.
Onset was a few years ago.
It has been getting worse for a few years.
Describes low mood, mood changes, anxiety and flashbacks most days.

This mental health problem was caused by personal problems.
Has about 2-3 times a month self harm thoughts but no plan or intent. Has never acted upon them.
Is drinking for more than 10 years. Drinks can of spirit every few days. States he is not dependent on alcohol.
Is smoking marijuana for more than 10 years. Smokes 3-4 times a week. Has never sought alcohol/ drug program.
No mental health admission.
Is under the care of GP and takes antidepressant.

Musculoskeletal Problem
Had road traffic accident twice over 10 years ago.
Once he was walking and hit by car when he injured his left shoulder. Other time he was on motorbike when involved in accident. He dislocated hip and broke left ankle. Metal plate was put in his left ankle.
Had physiotherapy for left shoulder. States he still has difficulty in lifting left arm due to pain and stiffness in left shoulder.
States he was stabbed on left side of his in 2006. He had stitches.
States he had penile bullet injury in 2005.
Has constant pain in hip (radiating to left leg with numbness) and left shoulder with pins and needles. States he has no problem with right arm and leg.
Is under the care of GP and takes pain killer.
States he has difficulty in walking and sitting for long time.

Bladder Problem
States had urinary infection about a month ago.
Did a course of antibiotic.
States his problem is resolved now.
No urinary leakage.
-
States has no problem with vision, speech and hearing.
-
States he can swallow, chew and drink independently.

Social History

Evidence reviewed includes the Questionnaire, Med 3, LT54, previous report, GP letter and POID1.
The client was seen in an assessment centre.
Came by taxi here today which took about 45 minutes.
The client was accompanied by their friend, who was present during the assessment.
Lives with their 7 years old son.
Lives in a flat with 3 flights of stairs.

Occupational History

Has never been employed.
Not currently working or studying.
The client is right-handed.

Description of a Typical Day

Is stated that:

Usually has disturbed sleep due to pain and low mood.
Usually gets up at different times.
Is able to brush his teeth and wash his face with right arm. States he has no problem with right arm and carries out every day activities with right arm.
Is unable to cook meal or do shopping, kitchen/house work due to difficulty in standing and lifting left arm. His friend or mother cook meal for him and drop at his place. Is able to warm food in the microwave.
Frequently not motivated to carry out every day activities due to lack of motivation such as shower, change of clothes or washing dishes.
Needs physical assistance for getting in and out of the bath tub due to pain in hip and left leg.
Needs physical assistance for dressing/undressing due to stiffness in shoulder and pain in hip and left leg.
Does not use public transport due to difficulty in walking and standing. Takes cab for appointments. Is mostly housebound due to pain and low mood. Leaves home for appointments only.
Usually friend drops and picks his son from school due to his difficulty in walking.
Is able to sit for 45 minutes before lying down on bed due to hip pain.
Is able to negotiate steps slowly with the help of handrail.
Is able to walk slowly with the help of a crutch for about 5 minutes before stopping due to pain in hip and left leg.
Sometimes misses medications and appointments due to poor concentration.
Frequently letters pile up due to lack of motivation.
Is able to cope with sudden changes such as change in appointment despite anxiety. It does not affect his day.
Is unable to go to unfamiliar places on his own due anxiety and fear that he may be attacked again. Feels comfortable and gets support when goes with someone.
He filled out the questionnaire.
Is able to make and take calls on mobile phone.
Is mostly at home so does not have to interact with people. Is able to interact with people if they speak to him.
Interacts with mother, friend and relatives and engages himself in the treatment.
No recent history of inappropriate behaviour.

Medical Opinion - Physical

I have considered the possible ESA activity outcomes and my advice is that the following apply:

Lower Limb - Activity Outcomes

Mobilising unaided by another person with or without a walking stick, manual wheelchair or other aid if such aid is normally, or could reasonably be, worn or used **Activity 1**

Wd Cannot either (i) mobilise more than 200 metres on level ground without stopping in order to avoid significant discomfort or exhaustion or (ii) repeatedly mobilise 200 metres within a reasonable timescale because of significant discomfort or exhaustion

Standing and sitting **Activity 2**

Sc Cannot, for the majority of the time, remain at a work station, either: (i) standing unassisted by another person (even if free to move around); or (ii) sitting (even in an adjustable chair); or (iii) a combination of (i) and (ii), for more than an hour before needing to move away in order to avoid significant discomfort or exhaustion

Lower Limb - Supporting Medical Evidence

Prominent Features of Functional Ability Relevant to Daily Living **5**

Is stated that:

Is able to walk slowly with the help of a crutch for about 5 minutes before stopping due to pain in hip and left leg.
Is able to sit for 45 minutes before lying down on bed due to hip pain.

Behaviour Observed During Assessment **6**

Appeared to have some difficulty sitting for 38 minutes due to Musculoskeletal Problem, however, did not need to get up from the chair.
Had some difficulty rising from sitting in an upright chair (with chair arms) but did not need physical assistance from another person.
Used one crutch to walk 30 metres to the examination room.
Walked 30 metres, slowly, to the examination room and I found this consistent.

Relevant Features of Clinical Examination **7**

Other Findings:

He refused to stand up for examination due to pain in hip and left leg.
No evidence of muscle wasting in the legs.
Healed surgical scar mark was seen on left ankle.

Upper Limb - Activity Outcomes

Reaching **Activity 3**

Rd None of the above apply

Picking up and moving or transferring by the use of the upper body and arms **Activity 4**

Pd None of the above apply

Manual dexterity **Activity 5**

Me None of the above apply

Upper Limb - Supporting Medical Evidence

The evidence does not suggest significant functional disability.

Vision, Speech, Hearing - Activity Outcomes

Navigation and maintaining safety, using a guide dog or other aid if either is or both are normally, or could reasonably be, used — **Activity 8**

Vd None of the above apply

Making self understood through speaking, writing, typing, or other means which are normally, or could reasonably be, used, unaided by another person — **Activity 6**

SPd None of the above apply

Understanding communication by - i) verbal means (such as hearing or lip reading) alone, ii) non-verbal means (such as reading 16 point print or Braille) alone, or iii) a combination of i) and ii), using any aid that is normally, or could reasonably be, used, unaided by another person — **Activity 7**

Hd None of the above apply

Vision, Speech, Hearing - Supporting Medical Evidence

The evidence does not suggest significant functional disability.

Continence (Other than Enuresis) - Activity Outcome

Absence or loss of control whilst conscious leading to extensive evacuation of the bowel and/or bladder, other than enuresis (bed-wetting), despite the wearing or use of any aids or adaptations which are normally, or could reasonably be, worn or used **Activity 9**

Cc None of the above apply

Continence - Supporting Medical Evidence

The evidence does not suggest significant functional disability.

Consciousness - Activity Outcome

Consciousness during waking moments **Activity 10**

Fc None of the above apply

Consciousness - Supporting Medical Evidence

Client has no problem with this activity.

Medical Opinion - Mental, Cognitive and Intellectual Function

Understanding and Focus - Activity Outcomes

Learning tasks	**Activity 11**

LTd None of the above apply

Awareness of everyday hazards (such as boiling water or sharp objects)	**Activity 12**

AHd None of the above apply

Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks)	**Activity 13**

IAc Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions

Understanding and Focus - Supporting Medical Evidence

The evidence does suggest some functional disability.

Adapting to Change - Activity Outcomes

Coping with change **Activity 14**

CCd None of the above apply

Getting about **Activity 15**

GAc Is unable to get to a specified place with which the claimant is unfamiliar without being accompanied by another person

Adapting to Change - Supporting Medical Evidence

Prominent Features of Functional Ability Relevant to Daily Living **20**

Is stated that:

Is unable to go to unfamiliar places on his own due anxiety and fear that he may be attacked again. Feels comfortable and gets support when goes with someone.

Relevant Features of Clinical Examination **21**

Abnormal Findings:
Appearance
Looks unwell
Behaviour
Reduced facial expression (may indicate depression)
Appeared tense
Speech
Spoke quietly
Mood
Occasional thoughts of self-harm
Cognition - General
Needing prompting at interview

Relevant Normal Findings:
Appearance
Did not appear to be trembling
Increased sweating was not apparent
Behaviour
Did not make rocking movements (rocking may indicate anxiety)
Was able to sit still during the interview
Adequate rapport
Adequate eye contact
Speech
Normal amount of speech
Spoke at a normal rate
Speech content was normal
Mood
Behaved normally
Cognition - General
Orientated in time, place and person
Adequate concentration on examination
Insight
Had good insight into their illness

Social Interaction - Activity Outcomes

Coping with social engagement due to cognitive impairment or mental disorder	Activity 16

CSd None of the above apply

Appropriateness of behaviour with other people, due to cognitive impairment or mental disorder	Activity 17

IBd None of the above apply

Social Interaction - Supporting Medical Evidence

The evidence does not suggest significant functional disability.

Exceptional Circumstances

Non-Functional Descriptors

The non-functional descriptors were not considered for this case as curtailment applied.

Limited Capability for Work-Related Activity

Evidence to support the opinion that the person does not meet any of the descriptors for limited capability for work-related activity **26**

Terminally Ill:
There are no conditions reported that are likely to result in death within 6 months.

Chemotherapy/Radiotherapy:
From the available evidence, the client is not receiving, likely to receive in the next 6 months or recovering from treatment for cancer by way of chemotherapy or radiotherapy.

Pregnancy Risk:
Male client.

Substantial Mental or Physical Risk:
The client has Anxiety and Depression. The condition history and mental state examination does not suggest there would be a substantial risk to the mental or physical health of any person if they were found capable of work related activity. No history of self harm or suicidal attempt. No mental hospital admission. He is under the care of GP and takes antidepressant..

Conveying food or drink to the mouth and chewing or swallowing food or drink:
The evidence does not support that the client cannot eat and drink independently.

Assessment Summary

Personalised Summary Statement 27

Mr [redacted] has Anxiety and Depression, Musculoskeletal Problem, Bladder Problem.

His bladder problem is resolved.

He has pain in left shoulder, hip and left leg. He is under the care of GP and takes strong pain killer. His typical day shows that he is unable to walk to a reasonable distance and cannot sit for reasonable time due to pain in left leg and hip. He carries out every day activities with right arm mostly due to difficulty in lifting left arm. Physical examination and observations were consistent with his physical health conditions. Given above, some disability in mobilising and sitting and standing is likely. He will not be able to propel wheelchair due to pain and stiffness in left shoulder. He has only unilateral upper limb problem.

He has anxiety and depression. He is under the care of GP and takes antidepressant. His typical day shows that is frequently not bothered to carry out every day activities due to lack of motivation and cannot go to unfamiliar places on his own due to anxiety and fear. His mental state examination was consistent with his mental health problem. He came with her friend for the assessment today. Given above, some disability in initiating and completing personal action tasks and getting about is likely.

Prognosis

Expected Change 28

Functional Problems :
I advise that work could be considered within 12 months.

Reasons for the Opinion Given 29

The available evidence suggests review in the medium term.

Medical Examination Findings

The information contained in this section uses medical terminology and is intended for a reader with medical training. All relevant findings are explained in non-technical terminology in the appropriate sections earlier in the report.

General 30

The details and scope of the physical examination were explained to the client, including advice not to perform any movements causing pain or discomfort. The client gave consent for the process to proceed.

Lower Limb 31

He refused to stand up for examination due to pain in hip and left leg.
No evidence of muscle wasting in the legs.
Healed surgical scar mark was seen on left ankle.

Upper Limb 32

Left Upper Arm
Shoulder external rotation : Reduced by pain
Hands behind neck : Cannot put hand behind neck
Hands behind back : Cannot put hand behind back
Shoulder abduction : Reduced to less than 70°
Elbow flexion : Reduced to 100° - 120°
Power : Slightly Reduced

Reasons for loss of function: Pain

Right Upper Arm
Shoulder external rotation : 70° (normal)
Hands behind neck : Fingers overlap mid-line
Hands behind back : Finger to mid scapula
Shoulder abduction : 170° (normal)
Elbow flexion : 130° (normal)
Power : Normal

Left Forearm
Wrist pronation : 70° - 80° (normal)
Wrist supination : 70° - 80° (normal)
Wrist dorsi-flexion : 30° or more
Wrist palmar-flexion : 30° or more

Upper Limb 32

Pinch-grip : Normal (thumb to index finger)
Power-grip : Normal

Right Forearm
Wrist pronation : 70° - 80° (normal)
Wrist supination : 70° - 80° (normal)
Wrist dorsi-flexion : 30° or more
Wrist palmar-flexion : 30° or more
Pinch-grip : Normal (thumb to index finger)
Power-grip : Normal

There was no evidence of muscle wasting in the forearms and hands.

Cardiac, Respiratory, Vascular 33

Vision, Speech, Hearing 34

States no vision, speech and hearing problems.

Consciousness 35

Continence 36

Reported that they have no problem with continence.

Mental State 37

Appearance
Tired : Looks tired
Build : Average build
Grooming : Well kept
Dress General : Casually dressed
General health : Unwell
Tremulous : Absent
Increased sweating : Absent
Complexion : Normal

Mental State 37

Behaviour
Activity Rocking : Absent
Facial expression : Reduced
Activity General : Normal
Arousal : Tense
Rapport : Adequate
Eye Contact : Adequate eye contact

Speech
Amount : Normal
Rate : Normal
Volume : Quiet
Content : Normal

Mood
Ideas of Self Harm : Occasional thoughts of self-harm
Demeanour : Normal

Cognition - General
Orientation : Orientated in time, place and person
Prompting : Needed Prompting
General Memory : Adequate
Concentration : Adequate

Addictions
Signs of drug use : Signs of use
Smell of alcohol : Not detected
Signs of intoxication : Sober

Insight
Insight : Good
Awareness of Danger : Adequate

Observed Behaviour 38

Lower Limb & Back
Appeared to have some difficulty sitting for 38 minutes due to Musculoskeletal Problem, however, did not need to get up from the chair.
Had some difficulty rising from sitting in an upright chair (with chair arms) but did not need physical assistance from another person.
Used one crutch to walk 30 metres to the examination room.
Walked 30 metres, slowly, to the examination room and I found this consistent.

Upper Limb
Right upper limb movements were fluid and pain-free.
Appeared to have no difficulty getting out and handling medication with the right hand.
Carried small bag in right hand.

Sensory
Had no difficulty negotiating doorways and furniture within the examination centre.
No difficulty understanding the client's speech.
Appeared able to hear their name when called in the waiting room.

Declaration

This form has been completed by a healthcare professional approved by the Secretary of State for Work and Pensions.

I have completed this form in accordance with the current guidance to ESA examining healthcare professionals as issued by the Department for Work and Pensions.

I can confirm that there is no harmful information in the report other than indicated.

Healthcare Professional's Name [redacted] **(Registered Medical Practitioner)**
Approved Disability Analyst

Date 16 March 2018

Harmful Information

Harmful Information - Not to be Copied to the Client 40