

Personal Independence Payment

Consultation report form – PA4

Surname

Other Names

PIP Reference Number

Date of consultation

Place of consultation

Time consultation started

Name of professional
carrying out consultation

Type of professional

List all evidence considered alongside the consultation findings

Item

Date

PIP questionnaire

15/09/2015

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Other (please list)

None.

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

Relationship to claimant

FRIEND

History

History of conditions

DISLOCATED LEFT SHOULDER (2004) & LEFT HIP (1999)

- > Diagnosed by hospital.
- > Currently on medication to manage.
- > No current input.
- > Previously had physiotherapy in the past July 2015. Says he has exercises to do at home, says he finds it hard as the pain is too much.
- > Says he was given an option to have a pin put in his left shoulder, says he declined this procedure.
- > Symptoms: says he has constant pain, cannot stand or walk for long, says most of the time, he can sometimes manage short distances, says he cannot sleep well due to pain in left hip and left shoulder. Says the pain is severe and other days the pain is bearable, says cold weather affects the hip and shoulder joint. Says his left shoulder is dislocated and doesn't sit in the correct position.
- > Variability: says this is everyday,

METAL PLATE IN LEFT ANKLE (1999)

- > Diagnosed by hospital.
- > Currently on medication to manage.
- > No current input.
- > Hospitalised at the time on life support, not sure how long he was in hospital for.
- > Says he was supposed to have the metal plate removed.
- > Symptoms: says due to his religion he only take the medication when the pain is unbearable, standing for too long causes pain, pins and needles sensation all the time especially in the cold weather. Says the pain fluctuate daily basis.
- > Variability: says this is all the time.

DEPRESSION & ANXIETY (06/2015)

- > Diagnosed by GP. Diagnosis given on reported symptoms.
- > Currently on medication to help him sleep.
- > No current input.
- > Has never been hospitalised or sectioned under the Mental Health Act.
- > Friend says he now a full time carer for his son, and due to his condition at times he cannot do things due to his conditions.
- > Symptoms: says he feels to give up most days, feels low in mood, says son is the only person that makes him happy, says he cannot do anything, says he has to ask for help from family and friends. Sometimes feels as though life is not worth. Says he has never had thoughts of self harm or suicide, says thinking of his son makes him remember.
- > Variability: says this happens every week.

Nothing further to add.

Current medication and treatment

Tramadol 50mg when needed (pain relief)
Amitriptyline 25mg 2x daily (sleep)

Side effects: says stomach ache, diarrhoea, drowsiness.
Says when he takes his medication, he finds they help with the pain.

Says he has no upcoming therapy or treatment.

Social and occupational history

Questionnaire completed by friend, says he finds it hard to write and understanding some of the questions.

Lives in 1 bedroom flat, lives on 2nd floor maisonette, with son (4years). All rooms on one level. Has just a bath.

No pets.

Doesn't drive or own a vehicle.

Aids / Adaptations: 2 walking sticks - provided by hospital.

Occupation: Currently had Employment Support Allowance stopped on 20/10/2015 says he's currently appealing the decision. Housing and council tax benefit, child tax credit and child benefit. Last worked 2006, as a youth worker with teenagers for Haringey Council leaving care team. Stopped working due to medical condition.

Hobbies / Interests: None.

Variability

See condition history.

Preparing food

Says he cannot peel and chop vegetables or put food into the oven, says due to pain in his left hip on standing.

Taking nutrition

Says he can cut his food and feeds himself.

Managing therapy or monitoring a health condition

Says he sometimes takes his medication himself, says friends and family watch what he takes as he takes the pain relief medication to relieve him of his pain. Says he can take his medication out of the packaging. Says if his conditions got worse he would be able to tell his GP about it.

Washing and bathing

Says he cannot get in and out of the bath, says due to pain in his left hip, says he doesn't feel confident enough and feels he may slip and fall over. Says friend helps him in and out of the bath. Says he can wash his upper body himself. Says his friend helps him wash his lower body due to pain in left hip. Says she cannot reach his back to wash his back, says his friend washes his back. Says his friend washes his hair, says he has a lot of hair and too much to manage.

Managing toilet needs or incontinence

Says he sometimes needs help to get on and off the toilet, due to pain in left hip.

Dressing and undressing

Says his friend helped him dress his upper and lower body, says due to pain in left hip. Says he cannot manage buttons and laces, due to pain and states buttons take too long. Says she can manage zips when he's not in pain.

Communicating verbally

Says he can speak on the phone verbally to family and friends. Says he cannot articulate or put his point across sometimes when speaking.

Reading and understanding signs, symbols and words

Says he can read, can use a TV remote control and mobile phone.

Engaging with others face to face

Says he wouldn't ask the shop assistant for help, says he would probably look for it himself.

Making budgeting decisions

Says he manages his account when his benefits are paid in, can use a cash point. Says he knows and understands what bills he has to pay, says sometimes his friend will pay his bills when he's unable to do so, due to pain in left hip.

Planning and following journeys

Says he knows his local area where he lives. Says if it was an unfamiliar area he would ask his friend to search the route or go with him. Says he would use a taxi to an unknown area. Says he uses public transport - bus sometimes when pain in left hip is not that severe. Says he came to assessment centre by cab.

Moving around

Says his friend does the food shopping for him, due to pain in left hip. Says he can walk for 5 minutes on average due to pain in his left hip.

Other relevant functional history

Nothing further to add.

Functional history continued

Observations

General appearance and Informal Observations

Casually dressed in jeans, a top, outer jacket, trainers and a hat on his head.
He walked from the waiting area to assessment room at a slow and steady pace using his walking stick independently, with antalgic gait. Approximately 35 metres, with no other restrictions in movement or breathlessness.
Attended with his friend.
Able to sit and rise using his walking stick independently.
Appeared to have some discomfort throughout assessment.
Observed sitting on chair but sat leaning on his right leg.
Able to hold and grip his walking stick with both hands.
There was no breathlessness throughout assessment.
Name and state uses of his medication from memory independently.
He heard, understood and conversed well throughout assessment.
Provided detailed and focused condition history from memory independently.
Able to access assessment centre toilet.
There was no dizziness or balance issues.

Claimant consent: The claimant consented to a physical examination

Mental state

Does not look tired, average build. Well kempt and casually dressed.
Did not appear to be trembling, increased sweating was not apparent.
Normal complexion and facial expression.
Interaction normal, not restless or withdrawn.
Coped well at interview.
Normal manner, not anxious, agitated or tense.
Adequate rapport and eye contact.
Speech was normal in tone, rate and volume.
Behaved normally, not hostile, or withdrawn.
No reports of hallucinations, delusions or rumination.
Orientated in time, place and person.
Did not require prompting.
Adequate general long short term memory and concentration.
Had good insight into their illness.

Able to complete five rounds of 'serial sevens' (tests concentration, memory and thinking).
Able to calculate correct change when asked a sum.
Able to spell 'world' backwards.
Able to remember three objects after a few minutes(normal).

Denied ever having any thoughts of self harm or suicidal ideation. Says thinking of his son makes him remember, he needs a dad.

Left knee flexion - Declined stating due to pain in left hip cannot sit straight. Appeared to have some discomfort.

Left knee extension full (able to fully straighten left knee).

Left hip flexion - Declined stating due to pain in left hip, appeared to have some discomfort.

Power in left leg slightly reduced.

Right knee flexion 120 degrees or more (right knee bends within normal range).

Right knee extension full (able to fully straighten right knee).

Right hip flexion 130 degrees or more (right hip bends within normal range).

Power in right leg normal.

Spinal curves appear normal.

Spine can bend forward to reach knee level only.

Shoulder abduction reduced to 70 degrees - 110 degrees (raising right arm away from side restricted to around shoulder level).

Left hand cannot reach behind back. - Declined, stating due to pain.

Cannot put left hand fully behind neck. - Declined, stating due to pain.

Power in the left arm slightly reduced.

Power in left fist grip normal.

Left thumb-finger pinch grip normal.

Shoulder abduction 170 degrees (can raise right arm away from side within normal range).

Right hand can reach fully behind back.

Can put right hand fully behind neck.

Power in the right arm normal.

Power in right fist grip normal.

Right thumb-finger pinch grip normal.

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

BALANCE – Able to stand using his walking stick, he was observed to have his left foot slightly raised from the ground, stating he had pain in his left hip. No balance issues. Appeared to have some discomfort throughout assessment. When asked by assessor he stated he has pain in his left hip.

Time consultation ended

11:54

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:

- Exam findings indicated, he was able to sit and rise using his walking stick and able to hold and grip his walking stick with both hands.
- MSO indicated, upper limb left shoulder had some slight restriction in movement and power, with normal pinch and fist grip to both hands, lower limbs had some restriction in movement and power of left leg.
- He's currently on prescribed moderate dose of pain relief medication and has current input.

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

<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> <ul style="list-style-type: none"> - Exam findings indicated he was able to hold and grip his walking stick with both hands. - MSO indicated, normal pinch and fist grip to both hands. - He reports currently managing this independently. - MSE indicated, he was not anxious or withdrawn, did not need prompting and had adequate memory and concentration. 	<input type="checkbox"/>
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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> <ul style="list-style-type: none"> - Exam findings indicated, he was able to name and state the uses of his medication from memory independently. - MSE indicated, he was not withdrawn or anxious, had good insight into his condition, did not need prompting and had adequate memory and concentration. 	<input type="checkbox"/>
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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

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:

- Exam findings indicated, he was able to sit and rise using his walking stick and appeared to have some discomfort throughout assessment.
- There was no dizziness or balance issues.
- MSO indicated, upper limbs left shoulder had some slight restriction in movement and power, with normal pinch and fist grip to both hands, lower limbs had some restriction in movement and power of left leg.
- He's currently on prescribed moderate dose of pain relief medication and has current input.
- There was no breathlessness throughout assessment.

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> <ul style="list-style-type: none"> - Exam findings indicated, he appeared to have some discomfort throughout assessment and was able to sit and rise using his walking stick. - MSO indicated, lower limbs had some restriction in movement and power of left leg, he declined some aspects of physical examination stating due to pain in his left hip. - He's currently on prescribed moderate dose of pain relief medication and has current input. - There was no dizziness or balance issues. 	<input type="checkbox"/>
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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

<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> <ul style="list-style-type: none"> - Exam findings indicated, he was casually dressed, able to hold and grip his walking stick and appeared to have some discomfort throughout assessment. - MSO indicated, upper limbs left shoulder had some slight restriction in movement and power, with normal pinch and fist grip to both hands, lower limbs had some restriction in movement and power of left leg. - He's currently on prescribed moderate dose of pain relief medication and has current input. - There was no breathlessness throughout assessment and he did not report any issues with breathlessness. - There was no dizziness or balance issues. 	<input type="checkbox"/>
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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"/>
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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

<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> <ul style="list-style-type: none"> - Exam findings indicated, he heard, understood and conversed well throughout assessment and provided detailed and focused condition history from memory independently. - MSE indicated, he was not anxious or withdrawn, did not need prompting, had adequate rapport and eye contact, normal manner and adequate memory and concentration. - He has a condition of depression and anxiety, is not prescribed any medication for his mental health condition and has no specialist input. 	<input type="checkbox"/>
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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

<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> <ul style="list-style-type: none"> - Exam findings indicated, he provided detailed and focused condition history from memory independently. - MSE indicated, he understands the concept of counting backwards, able to calculate simple change, did not need prompting, able to recall 3 objects and had adequate memory and concentration. 	<input type="checkbox"/>
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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:

- Exam findings indicated, he was able to provide detailed and focused condition history from memory independently and attended assessment with his friend.
- MSE indicated, he was not withdrawn or anxious, did not need prompting, had adequate memory and concentration and was well orientated to time, place and person.
- He reports using public transport - buses at times.
- He has a condition of depression and anxiety, is not prescribed any medication for his mental health condition and has no specialist input.

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:

- Exam findings indicated, he walked from the waiting area to assessment room at a slow and steady pace using his walking stick independently, with antalgic gait. Approximately 35 metres, with no other restrictions in movement or breathlessness.
- MSO indicated, lower limbs had some restriction in movement and power of left leg.
- There was no breathlessness or balance issues.
- He reports using public transport bus at times.
- Although he reports being able to walk for 5 minutes at slow pace, this is 200 - 300 metres, he appeared to have some discomfort throughout assessment.
- He's currently on prescribed moderate dose of pain relief medication and has current input.

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

1

Months

6

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

He has a combination of health conditions, for which he is still receiving treatment and is managed with his medication. It would be appropriate to review in 18 months. Medical evidence suggests improvement is possible with treatment, therapy or surgery. His mental health condition could also fluctuate.

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)

20

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

Name

Mrs J [REDACTED]

Type of professional

Nurse

Date

26/10/2015

Last updated by

Type of professional

Date

For office use only

Musculoskeletal disease (regional) | Hip disorders | Other / type not known