

Medical Report

Prepared for The Court on

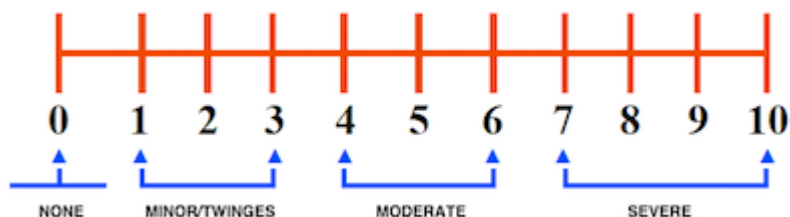


Mr Sample Report

Claimant's Address	1 The Lane Anytown AA1 1AA
Claimant's Date of Birth	01/01/1980
Instructing Party	Mobile Doctors Limited
Instructing Party Address	4 The Courtyard, Waters Meeting Road, Calvin Street, The Valley, Bolton, BL1 8PB
Instructing Party Ref	12345678
Our Ref	545370
MedCo Ref	000000/0
Primary Referrer Ref	12345
Date of Accident	Mon, 1 Feb 2016
Date of Examination	Mon, 1 Aug 2016
Place of Examination	Anytown Surgery, The Avenue, Anytown, AA1 9AA
Medical Expert	Dr Corex Reports
Specialism	General Practitioner
Expert Qualifications	N/A

Key - Visual Analogue Pain Scale

The grading of symptoms within the history of this report has been done by reference to a visual analogue pain scale.



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 ankle	6 months

Time off Work: 1 week

Total Treatment: 3 sessions of rehabilitation treatment have occurred.

Future Treatment: I do not believe that any future rehabilitation is required.

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

C.1.1. The information contained in the report is based on that supplied to me by the client. A letter of instruction from Mobile Doctors Limited.

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

D.1

Claimant's full name

Mr Sample Report

D.2

Address

1 The Lane
Anytown
AA1 1AA

D.3

Date of Birth

01/01/1980

D.4

Age(at time of
accident)

36

D.5

Date of examination

01/08/2016

D.6

Date of report

01/08/2016

D.7

Name of instructing
solicitors/agency

Mobile Doctors Limited

Section E - Personal details

E.1

Gender

Male

E.2

Dominant Hand

Right Handed

E.3

Domestic Status

Has spouse/partner and children at home

E.4

Dependants

He has one dependent child.

E.5

Family Status

Dependants include:

Children between 5 and 11 years old.

E.6	Work	Salesman
E.7	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	01/02//2016
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: Anytown Infirmary
G.2	Rehabilitation	Total visits to date: 3
		Treatment Provider: Physiotherapist
		Area(s) treated: left leg, 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.1 Pain and stiffness in the neck, radiating to the right shoulder

H.1.1 Onset Within 24 hours of the accident.

H.1.2 Description
The pain radiated down the right hand side of the neck and into the right shoulder region.

H.1.3 Intensity

Severe	Moderate	Minor
1 month	3 months	Ongoing

H.1.4 Associated Headache
Affecting: household, domestic, appetite
Medication: self medication
Duration up to: 2 months

H.1.5 Neurological sequelae
Causing: left arm paraesthesia
Currently: resolved

H.1.6 Pre-existing Condition
The accident has not aggravated any pre-existing neck condition.

H.1.7 Past Medical History
The Claimant states that there is no significant history of neck pain prior to the accident.

H.1.8 Neck Examination
Neck examination showed a severe restriction in movement with associated trapezius tenderness, especially on the left.

Neck Movement	Degrees	Normal
Saggital 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.1.9 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.1.10 Prognosis
12 months from the date of the accident.

H.1.11 Resolution of Neurological sequelae
Attributable to the accident for up to **9 months**.

H.1.12 Acceleration of Osteoarthritis

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

H.2 Lower Back Pain and Stiffness

H.2.1 Onset

Within 24 hours of the accident.

H.2.2 Description

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

H.2.3 Intensity

Severe	Moderate	Minor
1 month	3 months	Ongoing

H.2.4 Neurological sequelae

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

H.2.5 Pre-existing Condition

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

H.2.6 Past Medical History

Medical records confirm no significant history of lower back pain.

H.2.7 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.2.8 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.2.9 Prognosis

12 months from the date of the accident.

H.2.10 Acceleration of Osteoarthritis

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

H.3 Situational Anxiety and Psychological sequelae

H.3.1 Manifest as

Generalised anxiety, Fear of travel, Insomnia, Flashbacks

H.3.2 Onset

7 day(s) after the accident.

H.3.3 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.3.4 Intensity

Severe	Moderate	Minor
		Ongoing

H.3.5 **Classification** Untreated but medically verified

H.3.6 Past Medical History

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

H.3.7 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.3.8 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.3.9 Prognosis

12 months from the date of the accident.

H.4 soft tissue injury to left ankle, ongoing minor

H.4.1 Description

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

H.4.2 **Initial Treatment** Medication

H.4.3 **Subsequent Treatment** Medication

H.4.4 Rehabilitation

This injury was treated as defined in section G.2. Treatment Provider: Physiotherapist

H.4.5 **Complications** None

H.4.6 Medical care

The Claimant was under medical supervision for up to 4 months.

H.4.7 Past Medical History

The Claimant denies any previous significant related symptoms.

H.4.8 Examination

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

H.4.9 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.4.10 **Prognosis** **6 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	<p>Work Related Duties The following difficulties were experienced at work: loss of mobility/stability, postural difficulties, anxiety or depression and pain for a period of 2 months.</p>	
I.4	<p>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.</p>	
I.5	<p>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.</p>	
I.6	<p>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 reduced to about 50% of normal. Activities particularly affected: training at the gym.</p>	
I.7	<p>Effects on Sleep The Claimant is normally a good sleeper. At worst this was reduced to 50% of normal. The Claimant estimates that sleep is currently 80% of normal. The Claimant has been finding it hard to get to sleep and waking up 2-3 times each night with pain.</p>	

Section J - Future treatment and reporting

- J.1 **Other Treatment**
I do not believe the Claimant would benefit from any future therapy or treatment.
- J.2 **Future Reporting Requirements**
Additional medical evidence may be required if any of the Claimant's symptoms, attributed to the accident, do not resolve in line with my stated prognosis.

Section K - Future job prospects

The Claimant's time off work is reasonable following an injury of this nature. 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	General Practitioner
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

This report is entirely independent. It is based on information gathered from the interview and examination performed with the consent of the Claimant.

I am aware of the requirements of Part 35 and practice direction 35, guidance for instruction of experts in civil claims 2014 and the practice direction on pre-action conduct.

I believe that the facts I have stated in this report are true and that the opinions I have expressed are correct. I understand that my duty as an expert witness is to the Court. I have complied with that duty and will continue to comply. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters that might affect the validity of this report. This report is written for the Court.

I have indicated the sources of information that I have used.

I have not without forming an independent view included or excluded anything, which has been suggested to me by others (in particular the instructing parties).

I will notify those instructing me immediately and confirm in writing if for any reason my existing report requires correction or qualification. I understand that my report, subject to any corrections before swearing as to its correctness, will form the evidence to be given under oath or affirmation.

I understand that I may be cross-examined on my report by a cross-examiner assisted by an expert and I am likely to be the subject of public adverse criticism by the judge if the Court concludes that I have not taken reasonable care in trying to meet the standards set out above. I confirm that I have not entered into any arrangement where the amount or payment of my fees is in any way dependent on the outcome of the case.

STATEMENT OF TRUTH:

I confirm I have made clear which facts and matters referred to in this report are within my knowledge and which are not. Those that are within my 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.

I confirm that I have verified with the Claimant the facts as referred to in this report.

Section N - Training Certificates/Accreditations

N.1 **Bond Solon**



N.2



Section O - Signed & Dated

O.2 **Signature**

Dr Corex Reports

O.3

Date

01/08/2016