

EXPERT MEDICAL REPORT FOR THE COURT

Prepared by

Mr Harish Kurup

MS (Orth), MRCS Ed, PG Cert (Podiatry), FRCS (Tr&Orth)

Consultant Trauma and Orthopaedic Surgeon
Pilgrim Hospital, Boston PE21 9QS
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Our ref: xxx

Report Date: 21 January 2015

Case Ref: 00000

Claimant

Name: **xxxxxxx**
Date of Birth: xxxxxx
Age: 44
Address:

Date of accident: ...
Date of examination:

Place of examination: Bostonian Wing, Pilgrim Hospital, Boston, Lincs, PE21 9QS.

PREPARED AT THE REQUEST OF:

xx Solicitors Limited

Ref: xx

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2. BRIEF CURRICULUM VITAE

Name: Mr. Harish Kurup

GMC No: 6046708

Current NHS Appointment:

Consultant Trauma and Orthopaedic Surgeon (Since June 2010)
Current Employer: Pilgrim Hospital, Boston, Lincolnshire (substantive).

Qualifications:

- **M.B.B.S.**, Batchelor of Medicine & Surgery, India, 1996.
- **M.S.** Orthopaedic Surgery , University of Pondicherry, India, 2000
- **MRCS**, Fellow of the Royal College of Surgeons of Edinburgh , 2004
- **FRCS (Trauma & Orthopaedics)**, Intercollegiate Board, 2008
- **PG Cert (Podiatry)**, Queen Margaret University, Edinburgh 2013

3. INSTRUCTIONS

I have been instructed by xx Limited to give a full and detailed report dealing with pre-accident medical histories, injuries sustained, treatment pursued, present condition, also dealing in particular with capacity for work and giving a prognosis.

4. ISSUES

None.

5. DOCUMENTATION

GP records.

Identification Document check done – ID UK passport.

6. HISTORY AS GIVEN BY THE CLAIMANT

On xxxxxx was a driver of a car when he was hit hard on the left hand side by a car pulling onto the road. He lost complete control of the car. His left arm became trapped in the steering wheel and rotated to the right lifting him off from the seat at impact. He thought that his arm had dislocated. He stayed in the car for a short while and then was helped out by public.

Accident details:

Date: xx
Time: Around 16:30.
Location: xx
Vehicle: Driver.
Situation: xx.
Protection: Seat belt fastened. Airbags present – did not deploy.
Damage to vehicle: Car written off.

Injuries

Neck pain:

Neck pain started by the next morning with severity of 10/10 on visual analogue scale for pain. The neck pain radiated towards his left shoulder. This resolved fully in around 6 weeks' time with no ongoing symptoms.

Pain left shoulder and upper arm:

Immediate onset of pain left shoulder and upper arm with severity of 10/10 on visual analogue scale for pain. This resolved in around 10 weeks with no ongoing symptoms.

Numbness left hand:

Numbness in his left hand started by the next day. It has improved but not completely resolved.

Treatment

First medical treatment: He saw his GP xxxx within the next day or so. He gave him painkillers, sling, brace and was started on physiotherapy.
Further treatment: He had many follow-up appointments. He also had an MRI scan.
Physiotherapy: He is continuing with physiotherapy at xxxxxxxxx and has had around 12 sessions of physiotherapy to neck, shoulder and arm.
Current treatment: None.

Personal details

Gender: Male.
Hand dominance: Right hand dominant.
Occupation: xx.

Past Medical History:

No previous RTA.

Can't recall any previous neck, arm or hand problems.

7. CURRENT STATUS

Physical symptoms:

Tingling in left index and middle fingers:

He has ongoing tingling in his left hand index and middle fingers. At times the arm can feel a bit tight as well.

Psychological symptoms:

None.

8. LOSS CONSEQUENTIAL TO INJURY

Time off work: He was off-work between 1 – 2 months.
Started driving again: April 2014.
Effects on domestic duties: He struggled with self-care such as dressing, bathing and showering for up to 3 months. He also had difficulty with shopping for the same period. He was unable to do any gardening, working on computer and DIY which has improved since the accident. He was helped by his partner whilst he recovered from this.
Effect on Sports & Leisure: He resumed private flying and running in May 2014 and shooting in October 2014.
Effect on sleep: His sleep was disturbed for a long time up to around May 2014.

9. REVIEW OF MEDICAL RECORDS

(Hand written and scanned notes where not legible may not have been commented upon.)

GP records from xxxx reviewed:

xx/13 – seen by Dr xxx. Accident xx/xx evening. Another car came in front of him. Arm was caught in the steering wheel. Wrenched arm right across body and lifted body up. Left shoulder sore. Had pins and needles. Tender left shoulder. Can abduct to only 30°. Advised painkillers.

9. REVIEW OF MEDICAL RECORDS – continued:

xx/13 – for physiotherapy. Appears to be soft tissue injury. No need for x-ray. Advised MRI scan.

Having regular appointments with physiotherapy and GP surgery through January and February 20xx.

xx14 – having physiotherapy. Shoulder better. ? nerve entrapment.

MRI cervical spine xx/14 – loss of height C6 posteriorly ? previous trauma. No bone marrow oedema. No abnormal signal from ligaments. Disc degeneration present.

MRI left shoulder xx/14 – mild acromioclavicular joint degenerative changes and supraspinatus impingement. Rotator cuff intact. No abnormal oedema.

xx/14 – ongoing physiotherapy.

xx/14 – minimal ongoing symptoms only. Physiotherapy helped.

xx/14 – still getting numbness in fingertips.

September 1997, July 1998, November 1999 – neck sprain.

Soft tissue injury left hand (little and ring fingers) xx/11.

10. EXAMINATION OF THE CLAIMANT

Examination of cervical spine:

No tenderness felt in cervical spine midline or paraspinal.
Mild left trapezius tenderness.
Normal neck range of movements.
Normal left shoulder range of movement and no tenderness.
Normal power in rotator cuff.

Examination of left hand:

Positive carpal tunnel compression test at 10 seconds causing numbness of index and middle fingers.
No motor weakness left hand.

11. OPINION & PROGNOSIS

Diagnosis:

- 1). Resolved whiplash injury to neck.
- 2). Resolved left shoulder soft tissue injury.
- 3). Ongoing symptoms from left carpal tunnel syndrome.

Causation:

Based on the information available to me and in view of absence of any significant pre-existing injuries and on the balance of probabilities, the injuries described above and ongoing symptoms are attributable to the index accident the claimant has sustained as above.

Reasonableness:

The claimant is a reliable historian and gives a clear account of the accident and subsequent events. There were no inappropriate findings during my physical examination. In my opinion, there is no inconsistency between the facts of the incident, the claimant's complaints and my physical examination findings.

Consequential loss:

In my opinion and on the balance of probabilities, the consequential loss as mentioned above is reasonable and the treatment received is reasonable.

Prospects on the open labour market:

Not affected.

Recommendations and prognosis:

Resolved whiplash injury to neck:

xxxxxx had a whiplash injury to his neck and the symptoms resolved in 6 weeks' time with no significant ongoing symptoms.

Resolved soft tissue injury left shoulder:

xxxxxx had a soft tissue injury to his left shoulder and the symptoms resolved fully with a course of physiotherapy in 12 weeks with no significant ongoing symptoms.

Recommendations and prognosis – continued:

Ongoing numbness left hand/carpal tunnel syndrome:

xxxxxxx has ongoing symptoms from left carpal tunnel syndrome. I would recommend nerve conduction studies for his left hand to confirm this. If the nerve conduction studies show evidence of carpal tunnel syndrome, he may benefit from carpal tunnel decompression. The prognosis regarding this may need to be reviewed following the nerve conduction studies with the results.

12. SUMMARY OF CONCLUSIONS

This report is produced for court purposes and prepared on the basis of information provided by the client, my examination, any relevant documentation made available to me at the time of examination and my own professional medical opinion.

A medical records review was undertaken in this case.

I believe there is a range of expert opinion in relation to the matters set out in this report. The reasons why I have concluded that my opinion of this matter is at a particular point within this range are set out in the body of this report.

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 injuries are related to the accident.

On xxxxxx was a driver of a car involved in a road traffic accident. He had a whiplash injury to his neck and the symptoms resolved in 6 weeks' time with no significant ongoing symptoms. He had a soft tissue injury to his left shoulder and the symptoms resolved fully with a course of physiotherapy in 12 weeks with no significant ongoing symptoms. He has ongoing symptoms from left carpal tunnel syndrome. I would recommend nerve conduction studies for his left hand to confirm this. If the nerve conduction studies show evidence of carpal tunnel syndrome, he may benefit from carpal tunnel decompression. The prognosis regarding this may need to be reviewed following the nerve conduction studies with the results.

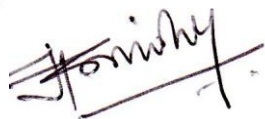
13. EXPERT'S DECLARATION

- 1 I understand my overriding duty is to the Court, both in preparing reports and giving oral evidence. I have complied with and will continue to comply with that duty.
- 2 I am aware of the requirements of Part 35 and practice direction 35, the protocol for instructing experts to give evidence in civil claims and the practice direction on pre-action conduct.
- 3 I have set out in my report what I understand from those instructing me to be the questions in respect of which my opinion as an expert is required.
- 4 I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters that I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.
- 5 I have drawn attention to all matters, of which I am aware, that might adversely affect my opinion.
- 6 Wherever I have no personal knowledge, I have indicated the source of factual information.
- 7 I have not included or excluded anything which has been suggested to me by anyone, including those instructing me, without forming my own independent view of the matter.
- 8 I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.
- 9 I understand that this report will be the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity and I may be cross-examined on my report by a cross examiner assisted by an expert.
- 10 I have not entered into any agreement where the amount of payment of my fee is in any way dependant on the outcome of the case.

14. STATEMENT OF TRUTH

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

Signature:



Mr. Harish Kurup
Consultant Trauma and Orthopaedic Surgeon

Date: xxxxx 2015

15. APPENDIX

i) GLOSSARY

| | |
|-----------|---|
| A&E | Accident & Emergency Department |
| AC joint | Acromioclavicular joint – near shoulder |
| ATFL | Anterior Talofibular ligament- ankle |
| Bilateral | Left & right, both sides |
| BMI | Body Mass Index |
| C1/C2.... | Cervical (neck) vertebrae number 1,2.. |
| CBT | Cognitive Behavioural Therapy |
| CD | Compact Disc |
| CFL | Calcaneo-fibular ligament – ankle |
| CT | Computerised Tomography Scan |
| DIP joint | Distal Inter-phalangeal joint – finger/toe |
| DIY | Do It Yourself |
| DVT | Deep Vein Thrombosis |
| ECG | Electrocardiogram |
| FABER | Flexion Abduction External Rotation for SI joint pathology |
| GP | General Practitioner |
| HGV | Heavy Goods Vehicle |
| L1/L2.... | Lumbar (Lower back) vertebrae number 1,2.. |
| LIMSS | Lincolnshire Intermediate Musculoskeletal Services |
| LLP | Limited Liability Partnership |
| MCP joint | Metacarpo-phalangeal joint hand |
| MIU | Minor Injuries Unit |
| MRI | Magnetic Resonance Image Scan |
| MTP joint | Metatarso-phalangeal joint foot |
| NAD | No Abnormality Detected |
| NHS | National Health Service |
| NSAID | Non-Steroidal Anti-inflammatory drugs |
| PACS | Picture archiving and communications system- medical images |
| PIP joint | Proximal Inter-phalangeal joint – finger/toe |
| ROM | Range of movement |
| RTA | Road Traffic Accident |
| S1 | First Sacral Vertebra |
| SI joint | Sacro-iliac joint (junction of spine/pelvis) |
| SLR | Straight Leg Raising Test for disc prolapse |
| T1/T2.... | Thoracic (Upper Back) vertebrae number 1,2.. |
| TENS | Transcutaneous electrical nerve stimulation machine |
| TFCC | Triangular Fibro cartilage complex |
| TMT | Tarsometatarsal joint |
| UK | United Kingdom |
| ULHT | United Lincolnshire Hospitals NHS Trust |
| VAS | Visual Analogue Scale for Pain, 10 being worst |
| X-ray | Plain Radiographic Examination |