

Medical Report

Prepared for The Court on

Mr Test Test13

Claimant's Address

hjkh
hjkh
hjkh
hjkh

Claimant's Date of Birth

12/12/1956

Instructing Party

On Medical

Instructing Party Address

52 Heaton Road, Heaton, Newcastle, NE6 1SE

Instructing Party Ref

1231231

Our Ref

607541

Date of Examination

Wed, 9 Mar 2011

Place of Examination

Telephone Consultation,

Medical Expert

Dr David Pearce

Specialism

General Practitioner

Expert Qualifications

MB ChB, BSc Hons

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
Psychological Symptoms (manifest as: Fear of travel, General fatigue, Flashbacks)	2 months

Time off Work: None

Future Treatment: I would recommend **5** future sessions of Physiotherapy (The exact number of sessions may vary based on the physiotherapist's ongoing assessment of clinical need.)

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 The information contained in the report is based on that supplied to me by the client. A letter of instruction from test sol.
- C.2 This first report is without notes except where requested by the medical examiner.
- C.3 Identification: The Claimant provided an appointment letter..

Section D - Claimant's details

D.1 Claimant's full name Mr Test Test13

D.2 Address
hjkh
hjkh
hjkh
hjkh

D.3 Date of Birth 12/12/1956

D.4 Age(at time of accident) 54

D.5 Date of examination 09/03/2011

D.6 Date of report 05/09/2011

D.7 Name of instructing solicitors/agency On Medical

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 two dependent children.

E.5 Family Status
Dependants include:
Children up to 5 years old.
Children between 5 and 11 years old.

E.6	Work	Factory worker
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	12/12/2010
F.2	Time of day	Lunchtime
F.3	Vehicle	5 door hatchback car
F.4	Situation	The driver
F.5	Protection	The Claimant was not wearing a seat belt and the airbag discharged in the accident.
F.6	Impact	He tells me that the vehicle was stationary and was hit from behind.
F.7	Severity	There was a moderate amount of damage to the vehicle.
F.8	Movement	He remembers being thrown backwards and forwards in the vehicle.

Section G - Treatment

G.1	Medical treatment	Total primary care visits: 1
		Total visits to hospital: 1 Hospital: Birmingham Heartland's Hospital
G.2	Rehabilitation	Total rehabilitation visits: None
G.3	Medication	Ibuprofen 400mg, three times daily and CoCodamol
G.4	Medication type	More than one preparation lasting over one month with breaks
G.5	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	Description There is no history of neck pain following this accident.

H.2 Lower Back Pain and Stiffness

H.2.1 Description

There is no history of lower back pain following this accident.

H.3 Situational Anxiety and Psychological sequelae

H.3.1 Manifest as

Fear of travel, General fatigue, Flashbacks

H.3.2 Onset

Within 24 hours of the accident.

H.3.3 Description

The Claimant has been a nervous driver since the accident. This has not prevented driving but makes him a great deal more wary.

H.3.4 Intensity

Severe	Moderate	Minor
1 day	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

I would anticipate that these symptoms will improve and resolve by **2 months** from the date of the accident.

Section I - Effects on Daily Life

I.1 Total time off

None

I.2 Light duties/reduced hours

None

I.3 Work Related Duties

The following difficulties were experienced at work: fatigue, postural difficulties and pain for a period of 6 days.

I.4 Effects on Domestic Duties

The Claimant managed to continue to perform domestic duties after the accident without the need for paid or unpaid help. However looking after the children and self-care were more strenuous for up to 1 week after the accident.

I.5 **Effects on Household Duties**

The Claimant managed to continue to perform household duties after the accident without the need for paid or unpaid help. However DIY and gardening were more strenuous for up to 5 days after the accident.

I.8 **Additional Effects**

The Claimant is a taxi driver and found his job extremely difficult following the accident. Turning his neck at junctions and when reversing aggravated the pain. He was forced to reduce the length of his shifts for the first XXX months after the accident. He has also suffered from problems getting comfortable in bed at night and he says that his neck is very stiff when he wakes in the morning.

Section J - Future treatment and reporting

J.1 **Physiotherapy**

Regions to treat - cervical spine
Guideline No. of sessions: **5** (The exact number of sessions may vary based on the physiotherapist's ongoing assessment of clinical need.)

J.2 **Other Treatment**

I do not believe the Claimant would benefit from any future therapy or treatment.

J.3 **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 David Pearce

L.2 **Specialism** General Practitioner

L.3 **Qualifications** MB ChB, BSc Hons

L.4 **GMC Number** 3691823

L.5 **Medical Experience**

I qualified in General Practice in 1997. 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 over 5000 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 confirm that 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 own 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 am aware of the requirements of part 35 of the Civil Procedure Rules Practice Direction 35, protocol for the instruction of experts to give evidence in Civil Claims 2005 as amended and the practice direction of Pre Action Conduct.

I understand that my duty as an expert witness is to the Court. I have complied with that duty. 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.

Section N - Training Certificates/Accreditations

N.1 **Bond Solon**

Section O - Signed & Dated

O.1 **Signature**

O.2 **Date**

05/09/2011