

Medical Report

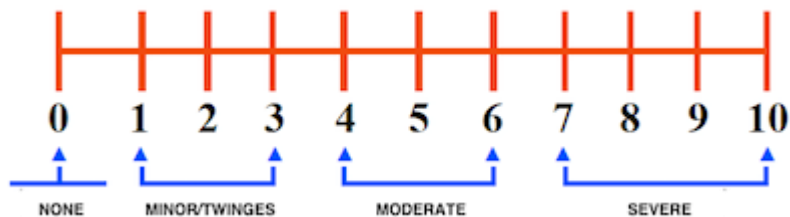
Prepared for The Court on

Mr Forename Surname

Claimant's Address	## Address, Address, Town County Post Code
Claimant's Date of Birth	DD/MM/YYYY
Instructing Party	Generic Agency
Instructing Party Address	Generic Agency Centre, Road, Town, Post Code
Instructing Party Ref	Reference
Our Ref	Reference
Primary Referrer Ref	Reference
Date of Accident	Tue, ## Month Year
Date of Examination	Friday, ## Month Year
Place of Examination	International House, George Curl Way, Southampton, SO18 2RZ
Medical Expert	Dr Asef Zafar
Specialism	General Practitioner
Expert Qualifications	MBBS MRCP

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
Neck pain and stiffness	5 months
Psychological Symptoms (manifest as: Fear of travel)	6 months
Left Hand	4 months
Right Arm	4 months
Right Hand	4 months

Time off Work: 4 weeks

Total Treatment: 6 sessions of rehabilitation treatment are currently envisaged.

Other Treatment: If the patient does not recover within the anticipated time scale then a re-examination by an orthopaedic surgeon will be required to determine prognosis and further management.

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 Generic Agency.
- C.2 A copy of the Claimant's Physiotherapy records.
- C.3 Identification: He showed his Passport..
- C.4 Accompanied By: N/A

Section D - Claimant's details

- D.1 Claimant's full name Mr Forename Surname
- D.2 Address ## Address Address Town
.
County
Postcode
- D.3 Date of Birth DD/MM/YYYY
- D.4 Age(at time of accident) Age
- D.5 Date of examination DD/MM/YYYY
- D.6 Date of report DD/MM/YYYY
- D.7 Name of instructing solicitors/agency Generic Agency

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 three dependent children.
- E.5 Family Status Dependants include:
Children over the age of 11 years old.

E.6	Work	Carpenter
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	DD/MM/YYYY
F.2	Time of day	Morning
F.3	Vehicle	Saloon car
F.4	Situation	The driver
F.5	Protection	The Claimant was wearing a seat belt and the airbag did not discharge in the accident.
F.6	Impact	He tells me that the vehicle was stationary and was hit from behind by a car.
F.7	Severity	There was a moderate amount of damage to the vehicle.
F.8	Movement	He tells me he was jolted forwards and backwards

Section G - Treatment

G.1	Medical treatment	Total primary care visits: 1 Total visits to hospital: None
G.2	Rehabilitation	Total visits to date: 6 Treatment Provider: Physiotherapist Area(s) treated: Neck
G.3	Medication	Paracetamol and Ibuprofen
G.4	Treatment review	I have reviewed the Claimant's Physiotherapy assessment. He was diagnosed as having suffered from a soft tissue injury to the neck . He was recommended to have 6 sessions of Physiotherapy, which he has completed. He has been discharged with a home exercise regime and advice on further pain relief.

Section H - Injuries

H.1 General Observations

The Claimant was pleasant and co-operative.

H.2 Neck Pain and Stiffness

H.2.1 **Onset** Within 24 hours of the accident.

H.2.2 **Description**
The pain affected the whole of the neck region and radiated out towards the shoulders and down the upper part of the back.

H.2.3 **Intensity**

	Severe	Moderate	Minor
	1 week	5 weeks	Ongoing

H.2.4 **Associated Headache**
Affecting: household, domestic, mobility
Medication: self medication
Duration up to: 4 weeks

H.2.5 **Neurological Sequelae**
Causing: left arm sensory loss, right arm sensory loss
Currently: ongoing minor

H.2.6 **Pre-existing Condition**
The accident has not aggravated any pre-existing neck condition.

H.2.7 **Past Medical History**
The Claimant states that there is no significant history of neck pain prior to the accident.

H.2.8 **Neck Examination**
Neck examination showed a slight restriction in movement with associated trapezius tenderness, equal on both sides. Axial loading was negative. Distraction testing was negative.

Neck Movement	Degrees	Normal
Saggital flexion and extension combined	110°	120°
Right lateral rotation	75°	80°
Right lateral flexion	40°	45°
Left lateral rotation	75°	80°
Left lateral flexion	40°	45°

H.2.9 **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.2.10 **Prognosis**
5 months from the date of the accident.

H.2.11 **Resolution of Neurological Sequelae**
4 months from the date of the accident.

H.2.12 Acceleration of Osteoarthritis

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

H.3 Lower Back Pain and Stiffness

H.3.1 Description

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

H.4 Situational Anxiety and Psychological Sequelae

H.4.1 **Manifest as** Fear of travel

H.4.2 **Onset** Within 24 hours of the accident.

H.4.3 Description

The client states that they are more nervous when travelling in a vehicle after the accident.

H.4.4 Intensity

Severe	Moderate	Minor
		Ongoing

H.4.5 **Classification** Untreated but not medically verified

H.4.6 Past Medical History

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

H.4.7 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.4.8 Opinion

On the balance of probability the psychological symptoms from which the Claimant is suffering are related to the events of the accident. They do not represent Post Traumatic Stress Disorder.

H.4.9 Prognosis

6 months from the date of the accident.

H.5 Left Hand, ongoing moderate

H.5.1 Description

The Claimant suffered from numbness after the accident.

H.5.2 **Initial Treatment** None

H.5.3 **Subsequent Treatment** None

H.5.4 **Complications** None

H.5.5 Medical care

Specific medical care was not administered.

- H.5.6 **Past Medical History**
The Claimant states that he has had no previous history of this.
- H.5.7 **Examination**
The parasthesia in left hand is due to whiplash injury to the neck which is compressing the nerve roots at the neck.
- H.5.8 **Opinion**
In my opinion the left hand symptom is due to a whiplash injury.
- H.5.9 **Prognosis**
4 months from the date of the accident.

H.6 Right Arm, ongoing moderate

- H.6.1 **Description**
Claimant has suffered with pain, stiffness and numbness in the right arm.
- H.6.2 **Initial Treatment** None
- H.6.3 **Subsequent Treatment** None
- H.6.4 **Complications** None
- H.6.5 **Medical care**
Specific medical care was not administered.
- H.6.6 **Past Medical History**
The Claimant states that he has had no previous history of this.
- H.6.7 **Examination**
Examination of the right arm revealed a normal range of movement. There was normal anatomy with no deformity or tenderness.
- H.6.8 **Opinion**
In my opinion the right arm symptom is due to a whiplash injury.
- H.6.9 **Prognosis**
4 months from the date of the accident.

H.7 Right Hand, ongoing moderate

- H.7.1 **Description**
Claimant suffered with numbness in the right hand after the accident.
- H.7.2 **Initial Treatment** None
- H.7.3 **Subsequent Treatment** None
- H.7.4 **Complications** None
- H.7.5 **Medical care**
Specific medical care was not administered.

H.7.6 **Past Medical History**

The Claimant states that he has had no previous history of this.

H.7.7 **Examination**

The parasthesia in right hand is due to whiplash injury to the neck which is compressing the nerve roots at the neck.

H.7.8 **Opinion**

In my opinion the right hand symptom is due to a whiplash injury.

H.7.9 **Prognosis**

4 months from the date of the accident.

Section I - Effects on Daily Life

I.1 Total time off 4 weeks

I.2 Light duties/reduced hours Ongoing

I.3 **Work Related Duties**

The following difficulties continue to be experienced at work: pain.

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 cleaning and self-care were more strenuous for up to 2 months 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 driving was more strenuous for up to 2 months after the accident.

I.6 **Effects on Sport & Leisure**

The Claimant normally takes part in regular (twice per week) leisure activities. At worst these were prevented by the Claimant's symptoms. The Claimant remains unable to participate in them.

Activities particularly affected: Gym, Cycling.

I.7 **Effects on Sleep**

The Claimant is normally an excellent sleeper. At worst this was reduced to 20% of normal. The Claimant estimates that sleep is currently 10% of normal. The Claimant has had no difficulties in his sleep following the accident.

I.8 **Additional Effects**

Christmas and New Year were affected.

Section J - Future treatment and rehabilitation

J.1 **Other Treatment**

If the patient does not recover within the anticipated time scale then a re-examination by an orthopaedic surgeon will be required to determine prognosis and further management.

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

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 Asef Zafar

L.2 **Specialism** General Practitioner

L.3 **Qualifications** MBBS MRCP

L.4 **GMC Number** 5207520

L.5 **Medical Experience**

My training has equipped me with skills and experience in delivering high quality, evidence based medical care. Specifically; I have attained proficiency in assessment, diagnosis and formulation of all forms of medical illness relevant to General Practice through direct assessment and integrating information from other sources. I have also gained competent skills in the management and treatment of medical conditions by employing or combining pharmacological, physical, psychological or social interventions as necessary or by seeking referral to specialist services. I gained a good grounding in theoretical knowledge of medical and sub specialty conditions as well as understanding and applying treatments in my routine clinical work. I have skills in identifying and prioritizing interventions for associated physical, psychological and social dysfunction including when and how to arrange appropriate after care such as residential rehabilitation or day programs. I have worked extensively in inpatient settings both public and private in Ireland and UK. I have developed clinical and leadership skills for this setting as well as General Practice and have on many occasions lead multidisciplinary team reviews, planning immediate and after care. I have a strong sense of when and how to use inpatient care appropriately. I developed initiative, reliability, self-reliance and administrative abilities. I gained good experience in broad spectrum of medical problems and also have lead acute care community teams in Ireland. I have the skills and the experience in outreach work, risk management, balancing crisis management with routine tasks and working with families and colleagues.

L.6 **Medico-Legal Experience**

I qualified as a Doctor in 1993 and worked in various specialities ranging from Accident & Emergency Medicine, Trauma & Orthopaedics to Psychiatry. I trained as a General Practitioner in Cambridge and I have a special interest in Orthopaedic Medicine and the Medicolegal Aspects of Injuries. Since 2006 I have developed my own medicolegal practice. I have gained good understanding of various Acts in Ireland and the UK over the years. I have a firm understanding about litigation laws, patients' rights, and consent. I have been involved in writing reports for medico-legal agencies brought to the Tribunal. From these experiences I learnt that thorough clinical notes and good record keeping are essential to avoid litigation and I practice that religiously to prevent any mishaps in my day-to-day practice. I am competent at using various reporting systems and do over 5000 reports/year for various medico-legal agencies in the UK and am on the panel of experts for various reputable UK based medico-legal agencies as well as solicitors.

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 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. 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**

**Dr Asef Zafar's
signature omitted in
the example report**

O.2 **Date**

DD/MM/YYYY