

Medico-legal Expert: Dr Asef Zafar GP
Injured Party: Ms *Forename Surname*
Instructing Party: *Instructing Party*

Medico-legal Report of Dr Asef Zafar

Ms *Forename Surname*

On behalf of *Instructing Party* (ref: 547355)

Medico-legal Expert: Dr Asef Zafar GP
Injured Party: Ms *Forename Surname*
Instructing Party: *Instructing Party*

TITLE OF ACTION:

In the case of: *Forename Surname v. Generic Insurance* (Defendant: *Name Surname*)

COURT REFERENCE: ECC/234451/ABC

REPORT TYPE: Final Report of Dr Asef Zafar for Essex County Court

SPECIALIST FIELD OF EXPERT: General Practitioner and Orthopaedic Medicine

MEDICAL EXPERT REFERENCE: 71165

ON BEHALF OF THE CLAIMANT: Ms *Forename Surname*

CLAIMANT ADDRESS: *## Address*
Town, Postcode

ID PROVIDED: Passport and Work ID Card.

ACCIDENT DATE: *Date*

REPORT DATED: *Date*

INSTRUCTING PARTY: *Instructing Party*
Address, Address,
Town, Postcode

INSTRUCTING PARTY REFERENCE: 547355

SUBJECT MATTER: Injuries and subsequent
suffering and loss caused
by accident on *Date*.

Dr Asef Zafar MBBS MRCP
Mansard House Surgery
17 Clarendon Road, Watford,
Hertfordshire,
WD17 1JR.

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Medico-legal Expert: Dr Asef Zafar GP
Injured Party: Ms *Forename Surname*
Instructing Party: *Instructing Party*

1 BRIEF INTRODUCTION OF THE EXPERT

NAME: Dr Asef Zafar

GMC REGISTRATION: Full

GMC NUMBER: 5207520

MPS NUMBER: 338018

QUALIFICATIONS: MBBS - Bachelor of Medicine and Surgery

CURRENT POSITION: General Practitioner
Mansard House Surgery,
17 Clarendon Road, Watford,
Hertfordshire.
WD17 1JR

THE AUTHOR:

My name is Dr Asef Zafar, I qualified as a Doctor in 1993 and I am currently working in a busy GP Surgery in Surrey. I regularly assess and manage soft tissue injuries, typically but not restricted to the neck, back, shoulder and knee regions. I have maintained a keen interest in Orthopaedic Medicine and the Medico-legal Aspects of Injuries. I have worked in various specialties ranging from Accident & Emergency Medicine, Trauma & Orthopaedics to Psychiatry. Further details of my qualifications and experience entitling me to give expert evidence are in Appendix 1.

2 SUMMARY BACKGROUND OF THE CASE

2.1 Ms *Surname* suffered an accident on the *Date*. This report is based on instructions received. The instructing party has requested an examination to be conducted with a report to include the nature and extent of the claimant's injuries, treatment received, effects on lifestyle and whether any further treatment is appropriate. The report is produced for Court purposes and prepared on the basis of information provided by the client, my examination, any relevant documentation at the time of the examination (including any special instructions) and my own professional medical opinion.

3 SUMMARY OF MY CONCLUSIONS

3.1 This report will show in my professional opinion the injuries sustained and subsequent suffering and loss the claimant alleges have occurred as a result of the index accident. In my opinion the injuries sustained will recover in the following timescales.

Symptoms	Attributable
Chest Pain	5 days
Headaches	6 months
Neck Pain	6 months
Back Pain	9 months
Psychological Symptoms	9 months

Medico-legal Expert: Dr Asef Zafar GP
Injured Party: Ms *Forename Surname*
Instructing Party: *Instructing Party*

4 PARTIES INVOLVED

4.1 The parties involved in this case are as follows:

The Claimant: *Ms Forename Surname*

The Insurer for the Claimant: *Generic Insurance*

The Defendant: *Mr Name Surname*

The Insurer for the Defendant: *Generic Car Insurance*

5 TECHNICAL TERMS AND EXPLANATIONS

5.1 I have indicated any technical terms with a corresponding superscript number. An example of this would be Cervical Distraction Testing⁵. I have defined these terms in Appendix 3. I have also included in Appendix 2 relevant literature that forms the basis of my opinion and conclusions.

6 ISSUES TO BE ADDRESSED AND A STATEMENT OF INSTRUCTIONS

6.1 I have been instructed as a single joint expert by *Instructing Party* and *Generic Car Insurance* to provide a medical report regarding an accident involving the claimant Ms *Forename Surname* with the defendant Mr *Name Surname* on the *Date*. I have been asked to detail the relevant pre-medical history, brief details of the accident the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis on each of the injuries.

I have also been asked to comment on any areas of continuing complaint, disability or impact of daily living, if there is such a continuing disability, the level of suffering or inconvenience caused and when or if the complaint or disability is likely to resolve.

6.2 The purpose of the medical report is to provide the court with the details of my investigation into the accident. My investigation is based on the facts presented to me by the client, the findings of my examination and my unbiased professional opinion.

7 CLAIMANT DETAILS

- 7.1 The Claimants name is Ms *Forename Surname*.
- 7.2 The Claimant currently lives at *## Address, Town, Postcode*.
- 7.3 The Claimant was born on the *Date*.
- 7.4 Ms. *Forename Surname* is a *Age* year old lady. She is currently employed for 37.5 hours a week as a cleaner. She tells me that she is in good health and regularly attends her local gym. She is a non-smoker and does not drink alcohol. She informs me that she has not been involved in any other accidents in the past.

8 ACCIDENT DETAILS

- 8.1 Ms. *Surname* was involved in a road traffic accident. The accident occurred on the morning of *Date*. At the time of the accident the road surface was dry and the visibility was good. Ms *Surname* was the driver of a VW Polo car. She was wearing a seat belt and the car was fitted with a headrest. At the time of the accident, the car was stationary in a queue of traffic on the M25 motorway. Her car was hit by a Citroen C3 Picasso driven by *Mr Name Surname* from the rear which failed to stop. The impact occurred at about approximately 50 mph. Air bags were fitted but did not deploy. Ms *Surname* was not able to brace herself before the accident. She was looking straight ahead at the time of the impact. She was jolted forward and backward. Ms. *Surname* was able to exit the vehicle by herself. She informs me that her vehicle suffered extensive damage due to the accident. She parked her car on the hard shoulder following the accident and exchanged details with the third party. Ms. *Surname* informs me that she was attended to by paramedics and police at the scene of the accident and received advice to attend her GP. After the accident she got a lift home in a recovery vehicle.

9 INJURY DETAILS

Ms *Surname* described the following injuries and symptoms as a result of the index accident:

9.1 PHYSICAL INJURIES / SYMPTOMS

9.1.1 Pain to the chest.

This injury presented itself immediately. The severity of this injury was described as moderate. She experienced moderate chest pain anteriorly 1 hour after the accident. This resolved after 5 days. She noticed a small area of redness across her right upper chest. This symptom was due to trauma from the seatbelt.

9.1.2 Headaches.

Ms *Surname* described suffering from persistent headaches as a result of the index accident. She experienced moderate headaches to the front half and back half side of the head 4 hours after the accident. These symptoms have not shown any improvements as of yet. This resulted from being thrown forward and backward in her seat as well as an impact with the head rest.

9.1.3 Pain, stiffness and discomfort to the neck.

This injury presented itself 2 hours after the index accident. The severity of this injury was described as severe at the initial stages of the injury. This improved after 2 weeks and is now moderate and constant. The pain extends down into the para-spinal muscles¹ from the base of her neck and also extends to the posterior aspect of her scalp. This is a result of her upper torso being jolted forwards and backwards. This is also made worse by turning her head sideways suddenly and in cold weather.

9.1.4 Pain, stiffness and discomfort to the lower back.

This injury presented itself 2 hours after the index accident. The severity of this injury was described as severe pain at the initial stages of the accident. This improved after 3 weeks and is now moderate and constant. The pain extends along the para-spinal muscles¹ on both sides with pain radiating into the lumbo-sacral region². This is also made worse by bending, lifting or sitting for prolonged duration of time.

9.2 PSYCHOLOGICAL SYMPTOMS

9.2.1 Situational Anxiety/Travel Anxiety.

This symptom presented itself on the *Date* and is specifically in relation to travel in cars. The severity of this psychological complication was described as moderate the day after the accident. This has been manifested as fear of travel and initial flashbacks. This has now improved to a level that the client would describe as mild to moderate. This has not prevented travel per se, but this has led to an increased anxiety when travelling in a car. She feels that she has lost her confidence in driving since the accident especially when using the same motorway which she uses to travel to work. She is especially anxious on the motorway, travelling long journeys and when other vehicles appear to be driving too close to her. She experiences pain on turning to check the blind spots and during long journeys. There is no significant past psychological or psychiatric history of note.

10 TREATMENT DETAILS

Ms *Surname* reported receiving the following treatments as a consequence of the index accident:

10.1 PHYSICAL INJURY TREATMENTS

10.1.1 The claimant informs me that she was assessed by paramedics at the scene of the accident approximately 20 minutes after the accident. The claimant did not receive any treatment from the paramedics for her symptoms, but was advised to contact her GP if any symptoms did occur later.

10.1.2 The claimant informs me that she visited her local Accident and Emergency Department at *Name* Hospital approximately 6 hours after the accident. She was examined and appropriate treatment was given in the form of a patient information leaflet on whiplash and soft tissue injuries. An X-ray for the neck pain was taken 8 hours after the accident. Ms *Surname* confirms that the X-ray results of her neck were normal. She was advised to start over the counter ibuprofen at a dosage of 400mg three times a day. She was advised to see her own GP if symptoms persisted.

10.1.3 The claimant informs me that she visited her GP after one week and on one other occasion later as the pains had persisted. She was given a prescription for Cocodamol tablets 30/500mg (1-2 tablets every 4-6 hours). She was advised to buy over the counter Piroxicam gel for local application for the neck and back pain.

10.1.4 The claimant informs me that she has not undergone any rehabilitation i.e. physiotherapy to date for her injuries.

10.1.5 The claimant informs me that she took medication regularly for duration of approximately 2 weeks initially and then intermittently since then.

10.2 INVESTIGATIONS

10.2.1 The claimant informs me that she did not undergo any other investigation other than the X-ray at *Name* Hospital.

11 PREVIOUS ACCIDENT HISTORY

11.1 Ms *Surname* denied any involvement in previous accidents resulting in injury

12 PREVIOUS MEDICAL HISTORY

12.1 Ms *Surname* denied having suffered any previous medical / surgical problems in the areas affected by the index accident.

13 MEDICAL RECORDS REVIEW

13.1 A medical records review has not been undertaken in this case. I do not consider that a medical records review is required as it should not influence my opinion and prognosis given in this assessment. The history provided to me, details of injuries, subsequent natural progression and management are consistent with the soft tissue injuries normally sustained in road traffic accidents.

14 LOSSES CONSEQUENTIAL

14.1 EFFECTS ON DOMESTIC LIFESTYLE

14.1.1 Ms *Surname* reported the following effects on her domestic lifestyle as a consequence of the index accident:

14.1.2 Lifting heavy items.

Prior to the index accident, she would be able to lifting heavy items e.g shopping files and books. Ms *Surname* reported that she remains incapable of this activity. The claimant informs me that her performance of this activity is currently 20% of normal.

14.1.3 Gardening.

Prior to the index accident, this activity took place 4 times per year. Ms *Surname* reported that she remains incapable of this activity at the moment although she is not doing any gardening at the moment. The claimant informs me that her performance of this activity is currently 30% of normal.

14.1.4 Walking the dog.

Prior to the index accident, this activity took place once per day. Ms *Surname* reported that she remains incapable of this activity. The claimant informs me that her performance of this activity is currently 30% of normal.

14.1.5 Sleep.

The claimant is normally has a good sleep pattern however after the accident she had difficulty getting to and maintaining sleep due to her troublesome physical and

psychological symptoms. The claimant informs me that her sleep pattern is currently 50% of normal.

14.2 EFFECTS ON WORK LIFESTYLE

14.2.1 Ms *Surname* states that her main occupation is as a Cleaner for 37.5 hours per week. She took 2 weeks off work following the index accident. She is still restricted to light duties. She is also still restricted to reduced hours, at 15 hours per week. She is subsequently restricted in her work activities and this restriction remains ongoing. Ms *Surname* informs me that she has suffered a financial loss of income as a consequence of the sustained injuries. Ms *Surname* explains that she still has difficulty in sitting for prolonged periods of time. She still has difficulty in the bodily movements required to perform her duties especially when having to move furniture or lifting the vacuum cleaner. She sometimes suffers from lack of concentration due to the injuries sustained in the accident.

14.3 EFFECTS ON SOCIAL LIFESTYLE

14.3.1 Ms *Surname* reported the following effects on her social lifestyle as a consequence of the index accident:

14.3.2 Attending the gym.

Prior to the index accident, this activity took place 3 times per week. Ms *Surname* reported that she was incapable of this activity for a period of 3 weeks. She has since been moderately restricted in this activity and this is ongoing at the moment. The claimant informs me that her performance of this activity is currently 30% of normal.

15 PHYSICAL EXAMINATION

Ms *Surname* is 5' 5" tall and weighs 9 St. She has a Body Mass Index of 22.4. Ms *Surname* is right handed.

15.1 GENERAL OBSERVATIONS

15.1.1 The claimant was pleasant and co-operative. She was a reasonable historian.

15.1.2 Observation of the client's casual movements appeared normal, with no gait disturbance. There was mild discomfort evident during the interview and when preparing for the examination. The claimant permitted me to examine her in a comfortable environment.

15.2 EXAMINATION DETAILS

15.2.1 Pain to the chest.

Inspection appeared normal. No visible scarring or bruising noted.

Chest movements were normal and painless.

Palpation was normal and excluded tenderness to touch.

15.2.2 Headaches.

Inspection of the scalp appeared normal. No visible scarring or bruising noted.

Palpation was normal and excluded tenderness to touch.

15.2.3 Pain, stiffness and discomfort to the neck.

She appeared to move a little stiffly during the assessment.

On examination: Forward flexion, extension, right rotation, left rotation, right lateral flexion and left lateral flexion of the neck were 60 - 79% of normal and

appeared to cause pain.

There was trapezius muscle tenderness on both sides, paravertebral muscle³ tenderness on both sides, muscle spasm and soft tissue tenderness.

Axial loading⁴ was negative. Distraction testing⁵ was negative.

Neck Movement	Degrees	Normal
Saggital flexion and extension combined	100°	120°
Right lateral rotation	70°	80°
Right lateral flexion	35°	45°
Left lateral rotation	70°	80°
Left lateral flexion	35°	45°

15.2.4 Pain, stiffness and discomfort to the lower back.

She appeared to move a little stiffly during the assessment.

On examination: Back movements were 60 - 79% of normal and appeared to cause pain and discomfort.

There was para-spinal muscle¹ tenderness on both sides, muscle spasm and soft tissue tenderness.

Back Movement	Degrees	Normal
Flexion	100°	120°
Left lateral flexion	20°	30°
Right lateral flexion	20°	30°
R/Straight leg raise	70°	90°
L/Straight leg raise	70°	90°

15.2.5 Neurological examination.

Power was normal on both sides.

Sensation was intact.

Co-ordination was normal.

Reflexes were normal.

15.2.6 Psychological examination.

Mental state examination was essentially normal.

16 FURTHER EVIDENCE

16.1 RANGE OF OPINION

There is a great deal of literature published on the diagnosis and prognosis of whiplash / musculoskeletal injuries some of which I have summarized in Appendix 2. The overall conclusion is that it is very difficult to accurately and objectively diagnose and predict the outcome of soft tissue injuries sustained in road traffic accidents. This coupled with the fact that the litigation process adds a confounding factor in many studies further effects objectivity of some of the available evidence.

However based on my personal experience in dealing with a wide range of soft tissue injuries and observing their progression taken together with the available evidence the following general points can be made:

The majority of patients/claimants will recover quite quickly in the first 6-9 months.

If this has not occurred, recovery can take longer with 80-85% of claimants recovering in 18-24 months.

Finally between 5-10% can take up to 2-3 years to complete recovery.

It is recognized that low velocity impacts have the potential to produce injury despite minimal damage to vehicles however it is also reasonable that in some cases no injury will occur.

17 OPINION AND PROGNOSIS

17.1 PHYSICAL INJURIES OPINION AND PROGNOSIS

17.1.1 Pain to the chest.

In my opinion the chest pains were related to a soft tissue injury affecting the chest area.

More likely than not, this injury is solely attributable to the index accident. This injury resolved 5 days from the date of the index accident. This was due to a seatbelt injury.

17.1.2 Headaches.

In my opinion the headaches are related to a whiplash injury affecting the neck and a soft tissue injury from the head rest.

More likely than not, this injury is solely attributable to the index accident. This injury has not resolved. I anticipate that the ongoing residual symptoms will resolve at 6 months from the index accident. If this symptom has not resolved in the time period defined I would recommend a re-examination with a view to further investigation and referral.

More likely than not, no future complications are anticipated for the injured party as a consequence of the index accident.

17.1.3 Pain, stiffness and discomfort to the neck.

In my opinion the neck symptoms are related to a whiplash injury affecting the neck.

More likely than not, this injury is solely attributable to the index accident. This injury has not resolved. I anticipate that the ongoing residual symptoms will resolve at 6 months from the index accident. If this symptom has not resolved in the time

period defined I would recommend a re-examination with a view to further investigation and referral.

More likely than not, no future complications are anticipated for the injured party as a consequence of the index accident.

17.1.4 Pain, stiffness and discomfort to the lower back.

In my opinion the back symptoms are related to a soft tissue injury affecting the lower back.

More likely than not, this injury is solely attributable to the index accident. This injury has not resolved. I anticipate that the ongoing residual symptoms will resolve at 9 months from the index accident. If this symptom has not resolved in the time period defined I would recommend a re-examination with a view to further investigation and referral.

More likely than not, no future complications are anticipated for the injured party as a consequence of the index accident.

17.2 PSYCHOLOGICAL SYMPTOMS PROGNOSIS

17.2.1 Situational Anxiety/Travel Anxiety.

In my opinion the psychological symptoms are related to a circumscribed anxiety state relating to travel in cars. I am of the opinion that the account of the accident is compatible with this problem.

More likely than not, this injury is solely attributable to the index accident. This injury has not resolved. I anticipate that the ongoing residual symptoms will resolve at 9 months from the index accident. If this symptom has not resolved in the time

period defined I would recommend a re-examination with a view to further investigation and referral.

More likely than not, no future complications are anticipated for the injured party as a consequence of the index accident.

18 RECOMMENDATIONS/FURTHER TREATMENT

18.1 RECOMMENDATIONS FOR PHYSICAL INJURIES

18.1.1 I can confirm that the medication in the form of painkillers are appropriate to facilitate recovery.

18.1.2 Having assessed the injured party, I would recommend Physiotherapy treatment for the neck and the lower back symptoms.

In order to aid recovery of the claimants physical symptoms within the timescales defined, I would recommend a course of physiotherapy no less than 8 sessions.

18.2 RECOMMENDATIONS FOR PSYCHOLOGICAL INJURIES

Having assessed the injured party, I do not believe that any additional treatments or referrals are necessary for the described psychological signs and symptoms.

19 PROSPECTS ON THE OPEN LABOUR MARKET

More likely than not, Ms *Surname's* prospects on the open labour market will not be affected as a result of the index accident.

20 STATEMENT OF TRUTH

20.1.1 Statement of Compliance

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).

20.1.2 Statement of Conflicts

I confirm that I have no conflict of interest of any kind, other than any which I have already set out in this report. I do not consider that any interest which I have disclosed affects my suitability to give expert evidence on any issue which I have given evidence and I will advise the party by whom I am instructed if, between the date of this report and the trial, there is any change in circumstances which affects this statement.

20.1.3 Declaration of Awareness

I understand my duty to the court and have complied and will continue to comply with it. I am aware of the requirements of Part 35 and practice direction 35, this protocol and the practice direction on pre-action conduct.

20.1.4 Statement of Truth

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.

Medico-legal Expert: Dr Asef Zafar GP
Injured Party: Ms *Forename Surname*
Instructing Party: *Instructing Party*

20.1.5 Statement of Correctness

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.

Signature:

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

Date of
Report: *Date*

DR ASEF ZAFAR MBBS MRCP
GENERAL PRACTITIONER

Medico-legal Expert: Dr Asef Zafar GP
Injured Party: Ms *Forename Surname*
Instructing Party: *Instructing Party*

21 APPENDICES

21.1 Appendix 1 – Medico Legal Experience

Qualifications

1994 - MBBS

2013 - MRCGP

General Experience

I have been a qualified GP for over 17 years now working in a busy General Practice in Surrey. I regularly assess and manage soft tissue injuries typically but not restricted to the neck, back, shoulder and knee regions. I have maintained a keen interest in orthopaedic medicine and medico-legal aspects of injuries. I have been performing independent Medico-Legal examinations for 8 years.

Medico Legal Experience

I have been carrying out Medico-legal examinations and independent reports since 1996. This has been mainly in cases of soft tissue injuries in road, traffic accidents, work place accidents and criminal injuries and clinical negligence. I have attended courses on the Civil Procedure Rules and Practice Direction. I have prepared Joint reports and Defendant reports however more than 90% of my work is as a single joint expert.

Membership of professional Bodies

I am fully registered with the GMC:5207520 and am on the General Practitioners Medical register. I am indemnified for my work through the Medical Protection Society - number: 338018

21.2 Appendix 2 – Literature used to form the basis of opinions

1. Whiplash. 1966 abstract. Brussels 15-16 November 1996:1-67.
2. The Quebec whiplash associated disorders cohort study. Spine 1995; 85 vol.20 (supple B): 12-39.
3. Carette S. Whiplash injury and chronic neck pain. N Engl. J med 1994; 330:1083-4
4. Post traumatic stress disorder.
ABC of Mental Health.P22. Published by British Medical Journal. First published 1998.
Post traumatic stress disorder.
<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=293>.
Accessed at 24-April-2008
5. Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis.
The British Journal of Psychiatry (2003) 182: 158-163. The Royal College of Psychiatrists
Accessed at: <http://bjp.rcpsych.org/cgi/content/abstract/182/2/158>. On 24-April-2008
6. Galasko CSB, Murray PM Pitcher M, et al. neck sprains after road traffic accidents: a modern epidemic injury 1993:24:155-7.
7. Whiplash <http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=395>.
Accessed at 24-April-2008.
8. Clinical guidelines for the physiotherapy management of whiplash-associated disorder.
http://www.csp.org.uk/director/libraryandpublications/publications.cfm?item_id=4ABF75C4AB43DA912D12EFF2DC6FF1E4
Accessed at 22-June-2008

21.3 Appendix 3 – Glossary of Terms

1 – Para-spinal Muscles- 'The muscles next to the spine are called the Para-spinal muscles'

2 – Lumbosacral region- 'Referring to the lower part of the backbone or spine'

3 – Paravertebral muscles- 'pertaining to the area alongside the spinal column or near a vertebra.'

4 – Axial Loading of neck - 'A pure tension or compression load acting along the long axis of a straight structural member. If Axial Compression on the head (which reduces the space in the neural foramina) worsens symptoms, pressure on the exiting nerve roots can be the cause.'

5 – Cervical Distraction Testing- 'This test is performed in the presence of radicular symptoms in attempt to unload the compressed nerve and lessen the radicular symptoms.'

6 – Whiplash Classification -

The "Québec Task Force" ("QTF") has divided whiplash-associated disorders into five

Grade 0:

No neck pain, stiffness, or any physical signs are noticed

Grade 1:

Neck complaints of pain, stiffness or tenderness only but no physical signs are noted by the examining physician.

Grade 2:

Neck complaints and the examining physician finds decreased range of motion and a point tenderness in the neck.

Grade 3:

Neck complaints plus neurological signs such as decreased deep tendon reflexes, weakness and sensory deficits.

Grade 4:

Neck complaints and fracture or dislocation, or injury to the spine.