

MEDICAL REPORT

THIS IS A REPORT TO THE COURT BASED UPON THE HISTORY OF THE INJURIES SUSTAINED BY THE CLAIMANT, HIS/HER TREATMENT, CONDITION AND PROGNOSIS.

NAME: PTSD Whiplash

ADDRESS: Birmingham

DOB: Age 50

ACCIDENT DATE: Mid 2006

REPORT DATE: Early 2007

INSTRUCTIONS FROM: Ref:
The Solicitors LLP.

REPORT BY: **DR S L BROWN**
M.A., L.L.B, Ch B., D.R.C.O.G., D.C.H., F.R.C.G.P.



1. Professional Qualifications

I am Dr S.L.Brown of The Surgery, Brinklow, Rugby, Warwickshire. I hold the following qualifications; M.A., M.B., LLB, ChB., D.R.C.O.G., D.C.H., F.R.C.G.P., and have experience in general medicine, general surgery, casualty, psychiatry, hypnotherapy, paediatrics, and obstetrics and gynaecology.

I have been a GP since 1984 and a GP Vocational Training Scheme Trainer since 1987. I have a special interest in musculo skeletal problems. I am advisor to Rugby PCT on orthopaedic services and a GP with special interests in musculoskeletal medicine.

I was a Disability Analyst for the Benefits Agency for ten years.

I was Chairman of the Warwickshire Multi-disciplinary Audit Advisory Group for the ten years of its existence.

I was an Associate Research Fellow of the University of Warwick for ten years.

I am a member of the British Institute of Musculoskeletal Medicine and the British Society of Medical and Dental Hypnosis.

I am registered in the Law Society Directory of Expert Witnesses.

I understand my duty to the Court is to help the Court on matters within my expertise and I have complied with that duty and will continue to do so.

5 I confirm that insofar as the facts stated in my report are within my knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

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2. Summary

Mrs PTSD Whiplash was involved in a road traffic accident. She has on-going problems with her knee which should resolve within a year of the accident. She also has a neck problem. The speed of her recovery depends on whether she has active manual therapy.

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She has significant on-going psychological problems.

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3. Circumstances of Accident

Mrs PTSD Whiplash was the front seat passenger wearing her seatbelt in a vehicle being driven by her husband which was in a collision with a vehicle that pulled out of a side road; their vehicle span through 540°. She explained that she was nodding off when this happened and she was extremely shocked and anxious. She was particularly concerned about her two daughters who were in the rear of the car and the fact that there was a smell of burning and she was extremely frightened that there would be a fire. She was struggling with one of her daughters who blacked out in the back of the car and could not get her out. She describes that at this stage she was in a state of shock and adrenalin was pumping and she felt very little and can remember very little of how she felt at that stage physically.

Subsequently, the arrangements were made for the vehicle to be towed away and her father collected them. She remembers that she began to feel extremely cold to the point that her teeth were chattering despite that fact that it was July. The heating had to be put on and her teeth continued to chatter in the house. She went to Northwich Victoria Infirmary where she was diagnosed as suffering from shock. At this stage she was aware that her neck was painful. Her neck was checked. as was the right knee which was bruised.

She was advised that she was suffering from shock and soft tissue injuries.

Mrs PTSD Whiplash describes that the following day she was even worse and she tried to go into work and continued to take painkillers all the time. She works in the Catering Department at the Council and holds the Lack of Sickness Time Off record. She was determined to not lose that.

Mrs PTSD Whiplash describes that she was having constant spasms in her neck and became concerned that she there was something more serious going on and that she would have to stop work. She saw her GP because of this. The GP confirmed the diagnosis and advised stonger painkillers. Mrs PTSD Whiplash found that with the more powerful painkillers she could cope at work.

Mrs PTSD Whiplash describes that life in the initial weeks after the accident was effectively taking painkillers in the morning to reduce the pain to allow her to go to work, working and then coming home and doing what she could but effectively resting for considerable periods of time and then going back to bed.

Mrs PTSD Whiplash describes that there was a holiday in Spain and she tried to swim to ease the pain and stiffness in her neck. This caused intense pain in her neck with pain going down her right arm. She had to avoid swimming and this was a particular disruption to the holiday when she could not join in with the family on a day out to a water theme park.

There has been a steady but slow improvement. Mrs PTSD Whiplash describes that she still uses a heat on her neck and needs to use the hot shower every morning to ease the pain in her neck.

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The pain in her knee subsided to a significant degree over the first 5-6 weeks as the bruising settled. However, she still has aching in the knee.

5 Mrs PTSD Whiplash describes that she also has had pain in the lower part of her bottom since Christmas 2006. This began six months after the accident. This was particularly painful when she was sitting down.

Domestic Role

10 **Housework** Initially, Mrs PTSD Whiplash could do virtually nothing; only things that were absolutely essential were done.

15 **DIY/Gardening** Mrs PTSD Whiplash enjoys DIY and gardening but found that she did very little last summer and even now feels uncomfortable with various aspects of gardening.

Hobbies/Sports/Interests

20 Mrs PTSD Whiplash is a regular walker but finds that her knee and, in particular, her neck are uncomfortable.

Mrs PTSD Whiplash swam regularly before the accident. Apart from trying on holiday she has not swam since.

Driving

25 Mrs PTSD Whiplash describes that she is extremely anxious about driving and has not driven since the accident. She avoids using the car even to the extent of going to work. When she is on a late shift she insists that the Doorman drop her home.

Effects on Activities of Daily Living

30 **Transferring** Getting out of bed in the morning is painful because of the increased stiffness which has developed over night.

Psychological Impact

35 **Sleep** Mrs PTSD Whiplash describes that her sleep is poor. She goes to bed very late to try and get off to sleep and still wakes up early and gets up early. She suffers from nightmares and flashbacks.

40 **Anxiety/Mood** She is constantly anxious and, simply, wants to get home at all times. She avoids going out if at all possible. She feels cut off from people and avoids socialising where ever possible. She describes herself as numb in relationships with family and friends.

45 Her mood would be described as low and tearful and she has severe loss of self esteem. She has Anhedonia. Much of the time her level of anxiety borders on panic. At times she has

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from her description full blown panic attacks, with sweating, palpitations, tightness in the chest and loss of control. She normally gets her self out of the way when this is happening. Her family have not seen her full blown panic.

5 Mrs PTSD Whiplash describes very clear reactivation of memories in response to skidding or banging noises in the street or when she is in the car. She cannot bear to watch car chases/accidents on the television.

10 She demonstrates a manic defence putting on a very brave face so that most people do not realise that she has problems. On direct questioning she admitted consciously trying to appear ebullient and trying to divert attention from her so that people do not realise she is anxious.

Present State

15 Mrs PTSD Whiplash describes that her neck is still stiff and uncomfortable. She uses a hot shower on her neck every morning to ease the pain and stiffness. Things are improving but she still has pains for a significant part of most days.

20 The knee aches and she feels that there is a lump where the bruising and swelling was which, at times, aches.

Mrs PTSD Whiplash complains that she has pain in the coccyx which is uncomfortable when she sits.

25 The psychological issues are severe and intrusive.

4. Examination

30 I was able to observe Mrs PTSD Whiplash rise from the chair in the Waiting Room and walk into my Consulting Room. Movement was free with no obvious discomfort. Dressing and undressing for the examination were performed normally.

35 Mrs PTSD Whiplash demonstrated body language of anxiety and depression, hence the extension of the routine psychological check into a more in depth assessment.

40 Examination of the neck showed full flexion and extension. Side bending and rotation to the right were normal. Side bending of the neck to the right became stiff at 50% and painful at 70% of normal movement. Rotation to the right was painful and limited at 60 degrees. There were myofascial trigger points on the left but no neurological abnormalities.

45 Examination of the right knee showed a full range of movements compared with the left. There were some supra patella swelling but no effusion. Mrs PTSD Whiplash pointed out that this was where the swelling had been and where she aches at times. It would appear that she has a supra patella bursitis.

I was able to confirm that Mrs PTSD Whiplash is very tender over the coccyx.

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5. Past Medical History

Mrs PTSD Whiplash tells me that she has always been fit and well and she has had no major illnesses or operations. She takes no regular medications and has had no previous significant neck or back injuries.

The medical records confirm attendance at casualty and confirm details of the shock and injuries.

The GP records are complete and confirm no previous accidents or musculoskeletal problems of significance or relevance. Notes of attendances on dd/mm/yyyy and dd/mm/yyyy confirm attendance and the details of assessment and prescription of stronger painkillers (co-codamol 30/500, a mix of Paracetamol and a high dose of codeine).

6. Prognosis

Mrs PTSD Whiplash was involved in a road traffic accident. Her description of the accident and her subsequent problems are entirely consistent. The clinical findings today are equally consistent.

It appears that Mrs PTSD Whiplash suffered a traumatic supra patella bursitis. This appears to be resolving significantly and at present causes moderate aching only occasionally. I would anticipate that at the present rate of resolution, this will be fully resolved within 12 months from the accident plus/minus 1 month.

The neck remains an intrusive problem. The asymmetric nature of the symptoms mean that Mrs PTSD Whiplash would be particularly amenable to treatment by an Osteopath. In my experience, someone who is able to function at this level will receive very little in the way of Physiotherapy from NHS resources because of priorities. Osteopathy is not available on the NHS and Mrs PTSD Whiplash would need 6-8 sessions at approximately £50 each. I would anticipate a rapid resolution of the pain and discomfort within 3-4 months of starting therapy. In my experience the probability of success is 90%

There is evidence to suggest that patients with whiplash injuries will go on to have problems for more than 2 years if they have symptoms at 3 months¹. I believe that Mrs PTSD Whiplash will have symptoms for 2 years in the absence of active manual therapy.

Once fully recovered, no long-term consequences in terms of the neck or knee would be attributable to the accident.

Mrs PTSD Whiplash clearly has major mood and anxiety problems. She has features which would fit the diagnostic criteria for Depression, Post Traumatic Stress Disorder and anxiety problems. The level of intrusiveness is such that I feel that she should be fully assessed by a Psychologist with appropriate experience in psychological traumas associated with accidents. I have grave concerns that if Mrs PTSD Whiplash is not offered and does not accept the relevant therapy that there will be significant long-term psychological problems as a result of this accident.

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Mrs PTSD Whiplash has a painful coccyx. In my experience sacral and coccyx injuries are not unusual in these sorts of accidents. However, the fact that the first symptoms occurred six months after the accident suggests that the accident was not the cause of this problem.

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7. Reference

(1)

Authors: Gargan MF. Bannister GC.

10 Institution: Trauma Service, John Radcliffe Hospital, Oxford, UK.

Title: The rate of recovery following whiplash injury.

Source: European Spine Journal. 3(3):162-4, 1994.

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