

MEDICAL REPORT

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

NAME: Nr Anklesprain

ADDRESS: The North

DOB:

ACCIDENT DATE: 2005

REPORT DATE: 2007

INSTRUCTIONS FROM: Ref:
Solicitors details.

REPORT BY: **DR S L BROWN**
MA, (Cantab) LLB, (Hons), LLM, MB, ChB, DRCOG,
DCH, FRCGP



1. Professional Qualifications

I am Dr S.L.Brown of Pailton Court, Pailton, Rugby, Warwickshire. I hold the following qualifications; MA, (Cantab) LLB, (Hons), LLM, MB, ChB, DRCOG, DCH, FRCGP 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.

Undertaken for Messrs ?, Solicitors.

2. Summary

Mr Anklesprain was involved in an accident where he fell suffering a severe inversion injury. He needs Physiotherapy and possibly further investigations.

Undertaken for Messrs ?, Solicitors.

Page 3

**Dr S L Brown
Pailton Court
Coventry Road
Pailton
Rugby
CV23 0QA**

3. Circumstances of Accident

Mr Anklesprain had just finished work on the night shift. He explained that he was leaving work and this involved steps and stairs to the road level. It was dark, he could not see and he missed one of the bottom steps. He went down and his ankle was inverted underneath him and he was in dramatic pain lying in a puddle. He describes that he struggled to get up and had to be carried back into work by friends. He went to the *Local* Infirmary where he was X-rayed and told that he had no bony issue but a serious soft tissue sprain type injury. He was given crutches and had Tubigrip.

He describes that he took a week off during which he could do virtually nothing. He was sat, following the RICE (Rest Ice Compression Elevation) regime as advised.

He was concerned about his job security and also about finances before Christmas. He actually returned to work on crutches initially.

He describes that by the end of a day at work in the initial weeks he was in severe pain and most of the time when he got home all he could do was sit and put his foot up in the air.

Subsequently there was a slow recovery and there are on going problems.

Work

Mr Anklesprain works as a Tufter. This involved operating a carpet making machine. He, unfortunately, had to continue with normal duties once he returned and was in considerable pain and discomfort.

Domestic Role

Gardening Mr Anklesprain describes that he is a keen gardener. He now does no more than is necessary to keep the garden tidy because he feels that his ankle is weak and often whilst doing tasks he is in pain.

Hobbies/Sports/Interests

Mr Anklesprain describes that he has four sons and his main hobby is regularly playing football with them. He was unable to play with them at all initially and even now has to be very careful and is limited by the weakness of his ankle.

Effects on Activities of Daily Living

Mobility This was markedly reduced initially. Even now, he finds that his foot aches if he walks too far and he feels uncomfortable if he walks on uneven ground. He feels as if his ankle is going to go over at times.

Transferring Initially, getting out of bed and putting his foot to the floor was very painful.

Undertaken for Messrs ?, Solicitors.

Dr S L Brown
Pailton Court
Coventry Road
Pailton
Rugby
CV23 0QA

Stairs Going up and down stairs initially was extremely painful. He had to hop or go up one step at a time.

5 **Bathing** Getting in and out of the bath was awkward and difficult.

Dressing Putting on shoes was impossible initially.

Psychological Impact

10

Sleep Mr Anklesprain describes that initially he had major problems with sleep. He had cramps in his foot and it was difficult to find a comfortable position to get off to sleep. Turning over in bed would drag bed clothes and cause considerable pain and wake him up.

15

Present State

Mr Anklesprain describes that his ankle feels tired and weak after relatively little exercise. At times, when he is walking, his ankle wobbles as if it is going to go over but, fortunately, never has. If he walks too far then his ankle becomes weaker.

20

4. Examination

I was able to observe Mr Anklesprain 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.

25

Mr Anklesprain had major problems with proprioception with considerable balance problems standing with the simple standing test i.e., standing flat-footed on one leg. This was exaggerated further by asking him to try and balance on tiptoes.

30

The shape and appearance of the ankle was normal compared with the left. There appeared to be a possible excessive inversion on the right ankle.

5. Past Medical History

35

Mr Anklesprain told me that he had always been generally fit and well and had no previous significant accident or injuries and specifically no previous ankle problems.

I have been provided with the Casualty records and these confirm his attendance at the hospital in Blackburn, the negative X-ray and the diagnosis of a soft tissue injury.

40

The GP records confirm the details given that Mr Anklesprain is generally fit and well. There were no previous accidents of relevance.

6. Prognosis

45

Mr Anklesprain was involved in an accident where he fell twisting his ankle. He has
Undertaken for Messrs ?, Solicitors.

considerable on-going problems. His description of the original injury and his initial symptoms are entirely compatible. It is not unusual, in my experience, that patients will function relatively normally but have intrusive problems with the ankle feeling weak or feeling as if it will go over for several months after the accident. Eighteen months is a little
5 unusual if there is no ligament disruption. However there is evidence that even highly treated American basketball players will have degrees of perceived weakness in their ankle for 2 years after a severe strain, 40% in the study.

10 There has to be a question of whether there is disruption of the ankle ligaments. Clinical examination, unless the damage is gross, is difficult to be unequivocal.

The most pragmatic approach would be for Mr Anklesprain to have intensive Physiotherapy. He would need 8 sessions. This would be very much exercise, strength and proprioception based. Proprioception is the joints sense of position and it is vital in terms of balance and in
15 terms of walking. What appears to be happening is that Mr Anklesprain's ankle is wobbling over too far when he is on uneven ground before the natural reflex recognises this and corrects the position. If this is simply a loss of proprioceptive function because of the injury, a relatively rapid response to Physiotherapy would be expected. Unfortunately, this level of Physiotherapy for someone at this stage is often difficult to obtain on the NHS with a long
20 waiting list, if it is available at all. In practical terms, this needs to be provided privately and would cost approximately £50 per session with 8 sessions required for the assessment.

If there was no response to the Physiotherapy then an MRI scan to establish whether there was any ligament damage would be appropriate. A further review would be required once
25 the relevant therapy and investigations are complete.

Undertaken for Messrs ?, Solicitors.