

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: Shoulder Whiplash

ADDRESS: Midlands

DOB: Age 22

ACCIDENT DATE: 2006

REPORT DATE: 2007

INSTRUCTIONS FROM: Ref:
The Solicitors LLP.

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.

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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

Mr Shoulder Whiplash was involved in a road traffic accident suffering neck, side and shoulder injuries. His neck and side have fully recovered and no long-term consequences are anticipated. His shoulder has on-going problems and the speed of his recovery depends on whether he has active management.

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3. Circumstances of Accident

Mr Shoulder Whiplash was the front seat passenger in a vehicle which was parked in a parking spot at the Services. Another car ran into the passenger side door at the side of him. The impact was described as substantial and there was some concern that the car was actually going to be tipped over such was the lifting force initially. He was not wearing a seatbelt as he was sat still talking and there was no intention to drive at that point in time. He was not knocked out but was shocked. He was slightly sore and bruised and as the impact was next to him he was aware that some of the impact had been transmitted through the door to him on the point of his shoulder.

The following morning when he woke up he was in severe pain with discomfort in his neck, left shoulder and down his left side. He attended the *Local* Royal Infirmary casualty. He was fully assessed, including x-rays before being told he had soft tissue injuries to his neck and shoulder. He was advised to use Paracetamol and ibuprofen purchased over the counter.

Mr Shoulder Whiplash was unable to work in the first 2 weeks after the accident. He describes the first week as particularly miserable. He saw his GP towards the end of the first week because of the constant and unremitting nature of the pain.

He was in significant pain and described the typical whiplash pain paradox. If he sat still he became increasingly stiff; the more stiff he became the more painful his neck was particularly to move. The pain could be relieved by the increased pain of movement and, subsequently, he would be more comfortable moving. However, paradoxically, if he was moving for too long this would cause increased pain and the only way to relieve this would be to sit still and rest the neck immobile.

His GP prescribed co-codamol 30/500 (a mixture of Paracetamol and high dose codeine. Mr Shoulder Whiplash describes that although slightly nauseated by the codeine he had significant relief and was able to move more and sleep better.

He had considerable pain in his left shoulder, which was stiff and tender. Any movement of the arm above shoulder height was particularly uncomfortable.

His side and ribs were also painful.

During the second week things improved with the pain killers. Mr Shoulder Whiplash saw his GP again in the second week. He was told that he had improved moderately and there was a long wait for physiotherapy. Mr Shoulder Whiplash had to return to work for financial reasons. He struggled at work and had light duties wherever possible, and used the co-codamol on a regular basis "to get by".

Work

Mr Shoulder Whiplash works as a Painter and Decorator. He had two weeks off but returned for financial reasons and was on light duties for several weeks.

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Domestic Role

5 **DIY** Mr Shoulder Whiplash was in the process of doing a significant amount of decorating for his mother. This had to stop and he did nothing at all outside work for 2-3 months.

Hobbies/Sports/Interests

10 Mr Shoulder Whiplash is a keen fisherman but it was out of season so his hobby was unaffected.

Driving

15 Mr Shoulder Whiplash did no driving at all for two weeks. When he returned to driving he found that he was very uncomfortable. It was painful to turn to look for on-coming vehicles at junctions and particularly painful to look over his shoulder to reverse.

Effects on Activities of Daily Living

20 **Transferring** In the morning he had increased pain and stiffness in his neck, shoulder and left side. This eased as he moved. This was a particularly significant problem in the first week to 10 days.

25 **Sitting** Sitting still for too long invariably increased the pain.

Dressing Putting his arms above his head to put on T-shirts caused pain and discomfort.

30 **Grooming** Mr Shoulder Whiplash describes that initially bending his head forward and putting his hands up to his head to wash was very painful and uncomfortable.

Toilet Mr Shoulder Whiplash suffered severe constipation as a result of the co-codamol (this is a well recognised side effect of codeine).

35 **Sex life** Mr Shoulder Whiplash describes that his neck was so painful that intimate relations were impossible in the first four weeks after the accident. It was three months before things were normal

Psychological Impact

40 **Sleep** Mr Shoulder Whiplash had major problems with sleep. Initially, he could not lie on his left side. He found it difficult to find a position to get off to sleep and, problematically, he was woken during the night if he turned over. This caused considerable pain and often he was awake for a significant period of time.

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Present State

5 Mr Shoulder Whiplash describes that his neck and the pain and bruising in his side all resolved over a period of 6-7 weeks without any on-going problems.

His left shoulder, although significantly improved, still causes problems especially at work. One of the main problems he has is that when he is using rollers to paint a ceiling he has increased pain and discomfort in the shoulder and if it is a large ceiling the pain is intense.
10 The pain will often last for several hours once it has started.

4. Examination

I was able to observe Mr Shoulder 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.

Passively there was a full range of movements. Active movements were equally full in range but resisted abduction caused pain in the body of supraspinatus. There was a very marked trigger point in the muscle belly of supraspinatus.
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Neck movements were full in range with no limitations and there were no deformities on the left side and no residual tenderness or problems with pressure.

5. Past Medical History

Mr Shoulder Whiplash told me that he has always been generally fit and well. He has had no previous significant medical problems.

30 The casualty records confirm details of attendance, assessment, investigations and diagnosis.

I have been provided with the GP records. These appear complete. These, in general, confirm that Mr Shoulder Whiplash has been generally fit and well with no previous significant musculoskeletal problems.
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Consultations on dd/mm/yyyy and dd/mm/yyyy are documented. The consultation notes confirm limitations in neck and shoulder movements, pain and prescription of analgesics.

6. Prognosis

40 Mr Shoulder Whiplash was involved in a road traffic accident where he suffered both impact and whiplash injuries. He has recovered in terms of his neck and side and no long-term consequences would be anticipated.

45 His shoulder continues to give him problems particularly with active movements, largely at work. He appears to have a degree of supraspinatus tendonitis and this is consistent with the

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impact of the car door against his shoulder. The point of his shoulder has been injured by the impact causing damage to the supraspinatus muscle and/or its tendon. Things are improving but he is struggling at work. In my opinion, given the nature of his work it is particularly important that this should be addressed. It is now five months since the accident.

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In my opinion in the absence of active management I believe that Mr Shoulder Whiplash will go on to have symptoms from the shoulder for a further 12-15 months, with a small but significant risk of the problem becoming more chronic with long term tendon damage.

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However, with the appropriate Physiotherapy I would expect a more rapid resolution. Unfortunately, Physiotherapy on the NHS tends to be relatively short-lived, if available at all, and often only available after a very significant wait. In real terms the only way to provide adequate Physiotherapy is privately. Mr Shoulder Whiplash would need 8-10 sessions costing approximately £50 each. I would expect a relatively rapid resolution within 10-12 weeks of starting Physiotherapy.

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Once a full recovery has been achieved, with or without active management, no long-term consequences would be anticipated.

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