

# 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:** Travelanx Whiplash

**ADDRESS:** Manchester

**DOB:** Age 48

**ACCIDENT DATE:** 2006

**REPORT DATE:** 2007

**INSTRUCTIONS FROM:** Your ref:  
A N Others Solicitors

**REPORT BY:** **DR S L BROWN**  
MA, (Cantab) LLB, (Hons), LL.M, 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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**Dr S L Brown  
Pailton Court  
Coventry Road  
Pailton  
Rugby  
CV23 0QA**

## **2. Summary**

Mrs Travelanx Whiplash was involved in a Road Traffic Accident. Her neck problems have fully resolved. She has on going anxiety problems which are discussed in the prognosis section.

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### 3. Circumstances of Accident

Mrs Travelanx Whiplash was the driver of her vehicle and wearing her seatbelt at the time of the accident. She was proceeding around a roundabout when she was hit by a motorcyclist entering from another junction of the roundabout. The impact was on the left of the front wing. The motorcycle was travelling at some speed. The motorcyclist went up and over the car and landed the other side of the road. Her car suffered significant damage and her three year old vehicle was written off. She was in a state of shock, anxiety and disbelief initially. The motorcyclist was simply lying there and she thought he was dead. She was aware that someone told her that the ambulance had been called and to collect her handbag from her car and sit in their car until the Police and ambulance arrived.

Subsequently, after dealing with the motorcyclist she was checked by the ambulance staff and discharged.

It was later in the evening when the shock had dissipated to a degree but she was aware that she had stiffness in her neck and across her shoulders. She had a disturbed night. The following day she describes that her neck and shoulders had become increasingly stiff and this was not simple stiffness but stiffness with considerable pain and discomfort associated with almost any movement.

The neck was a severe problem initially and it was only after 3-4 weeks that it began to ease and within 4-5 months Mrs Travelanx Whiplash feels that her neck was back to normal for her, providing she was careful about how she slept on her pillows.

She describes being normal for herself as she very openly acknowledged that as someone who has used a computer for many years she more than frequently had a non-intrusive degree of stiffness in her neck. This had been treated with previous Physiotherapy hence she was aware of what to do with pillows at night etc....

Mrs Travelanx Whiplash also developed what she initially thought was severe indigestion. This was associated with tremendous upper flatulence. This was a major problem in that it was an intrusive problem on her holiday cruise. She had problems with severe attacks of pain which were debilitating. This was subsequently investigated and diagnosed as Oesophageal spasm of the nutcracker variety.

There were significant psychological problems.

#### Work

Mrs Travelanx Whiplash works as an accountant and was unable to work for 3-4 weeks. She had major problems with concentration when she returned to work. Initially she returned full time but after discussion and assessment by the human resources department she worked part time for six weeks with low pressure work.

#### Psychological Impact

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### **Sleep**

Mrs Travelanx Whiplash describes that her sleep was disturbed for a number of weeks. The dominant component was the pain and discomfort at night which made it difficult to get off to sleep and often woke her during the night with pain as she turned over. In the initial weeks anxiety was also a significant component of her poor sleep. In the first few days there were nightmares.

### **Anxiety**

Mrs Travelanx Whiplash describes that she had severe anxiety particularly over the first weekend when she was very worried about the state of the motorcyclist. She describes that her chest was bruised and felt heavy. She felt breathless and had palpitations. She went to see her GP who confirmed whiplash and prescribed Diazepam for anxiety.

Mrs Travelanx Whiplash also had significant anxiety about unavoidably having to use the roundabout each time she left the town. For the first two weeks she did not leave home. She was suffering intrusive flashbacks. Her GP organised counselling but, unfortunately, the appointment was not for a number of weeks by which time she was on holiday.

### **Domestic Role**

#### **Housework**

Initially, Mrs Travelanx Whiplash did virtually nothing. She limited herself to items that were only essential and it was 6-8 weeks before she was back to normal in terms of housework.

#### **Gardening/DIY**

Mrs Travelanx Whiplash describes that she did nothing in the first 3 months after the accident.

### **Hobbies/Interests**

Mrs Travelanx Whiplash enjoys playing internet chess on her computer. Initially, this caused considerable pain and she was very limited in this activity.

### **Driving**

Mrs Travelanx Whiplash did no driving at all initially because she did not have a car. It was 4-6 weeks before she could drive. She describes that initially she was incredibly anxious and very, very agitated if she saw a motorcyclist. Although she now drives locally this causes her major anxiety and she avoids driving if at all possible. She now takes the bus to work even though this takes longer and is more inconvenient. She tries to ensure a colleague drives when making client visits. She has avoided all long journeys and for example, no longer drives to Leeds to visit her sister.

### **Effects on Activities of Daily Living**

#### **Transferring**

In the initial weeks Mrs Travelanx Whiplash was very much aware that her neck was much worse first thing in the morning. It seemed to be worse if her sleep had been poor.

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**Sitting** Mrs Travelanx Whiplash found that if she sat still for too long the stiffness in her neck would increase and the pain would increase with this.

#### **Present State**

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Mrs Travelanx Whiplash describes that her neck is generally back to normal and does not cause any problems and was back to normal for her at approximately 3-4 months after the accident.

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Mrs Travelanx Whiplash still has significant anxiety about the accident and, particularly, in respect of driving.

#### **4. Examination**

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I was able to observe Mrs Travelanx 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.

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There were slight restrictions with movements of flexion and extension, rotation to the right and left and side bending to the right. This was approximately 10% reduction from normal. There was a slightly increased reduction on side bending to the left of 20%. There was no neurological abnormality. The findings were consistent with a stiff neck and mild early Osteoarthritis.

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#### **5. Past Medical History**

Mrs Travelanx Whiplash describes that she had had previous stiffness problems with her neck and had had Physiotherapy which had resolved this.

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She had had indigestion and a single similar attack of pain ten years ago at a particularly stressful time at work and has had antacids intermittently from the GP with no debility.

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Mrs Travelanx Whiplash, on this episode of indigestion and pain, had full investigations at University Hospitals of Coventry and Warwickshire where she was diagnosed as having Hyperacidity Oesophagitis and Oesophageal spasm of the nutcracker variety.

I have been provided with the GP records and they appear to be complete.

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In this example case records confirm nutcracker oesophagitis and a previous episode of anxiety treated with relaxation exercises.

*In a normal report the relevant sections of the notes will be produced in a table.*

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#### **6. Prognosis**

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Mrs Travelanx Whiplash was involved in a frightening accident.

5 Mrs Travelanx Whiplash describes typical neck injuries. These are clearly on a base line of a slightly stiff neck and her description of her symptomatology, the accident and the examination findings are all consistent.

10 In my opinion, in terms of her neck, Mrs Travelanx Whiplash had fully recovered by 3-4 months from the accident and no long term consequences are attributable to the accident.

Mrs Travelanx Whiplash still has significant anxiety problems around the accident but these are particularly in respect of driving.

15 The other issue is the Oesophageal spasm.

20 The letters from the hospital and the details from the GP confirm that Mrs Travelanx Whiplash has had a degree of problems with Oesophagitis and indigestion for a number of years but this has usually been associated with eating certain foods and one episode apart has been mild and non limiting. The several occurrences associated with the accident were severe..

25 Nutcracker Oesophagitis is a muscular spasm of the Oesophagus which is often mistaken for a heart attack. The aetiology is unclear though it is recognised and documented that it is often associated with stress.

On the balance of probability, the episodes of pain and discomfort were directly related to the stress of the accident. Clearly the background Oesophagitis are chronic problems and not related to the accident.

30 Mrs Travelanx Whiplash has not had any further episodes of Oesophageal spasm and this would appear to have settled.

35 Mrs Travelanx Whiplash has major on-going psychological problems with travel. This is a major intrusive problem in this day and age.

40 The travel anxiety is a major intrusion into Mrs Travelanx Whiplash's life. In my experience, this will not resolve easily or significantly without some active management and needs to be fully evaluated. The evaluation needs to be by an experienced Psychologist with particular interest in psychological injuries associated with accidents. Therapy would be required and, in my experience, there is little chance of the relevant intensive psychotherapy being available on the NHS within any reasonable timescale or at all.

45 I have made enquiries from two local psychiatric hospitals that have previously treated my patients. Unfortunately both hospitals quote a very large range of fees. The subsequent costs after the initial assessment vary significantly according to whether a Consultant Psychologist / Psychiatrist or a Therapist is required and according to the nature of therapy. I have made an

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average cost estimate it should be remembered that the costs could vary as much as 30% in either direction.

5 On average the initial consultation costs approximately £225.00 and follow up consultations £140.00. Based on my experience, I would estimate that 10 – 12 sessions will be required.

10 I would stress that these costings are from recognised specialist units working to the highest standards with very clear professional supervision and regulatory standards. There are some well qualified individuals or small organisations providing desensitisation psychotherapy or cognitive behavioural therapy to a professional standard and it may be possible to obtain lower prices locally. However, it is important to ensure that only individuals with the relevant professional qualifications and experience are used.

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