

# Expert Medical Report

## Section 1 - Claimant Details

1.1 Claimant's Name

Mrs.Liam Corner

1.2 Date of Birth

09-09-1980

1.3 Address

10, Donald St, Cardiff, Carmarthenshire, UNITED KINGDOM

1.4 Gender

Female

1.5 Age (At the time of the Incident)

44Years

1.6 Date of Accident

01-10-2024

1.7 Identification

Passport

1.8 Accompanied by

The claimant attended the appointment unaccompanied.

1.9 Interpreter

Not Required

## Section 2 - Expert Details

2.1 Medical Expert

Dr.Sam Smith, General Practice, Consultant

2.2 Regulatory

GMC - 1234567

2.3 Medco Registration

7788/5

## Section 3 - Instruction Details

3.1 Agency

Sample Agency (122222222)

3.2 Solicitor

First Plus Law Firm (55555555)

3.3 Medco Reference

12345/7

3.4 Review of Records

A&E

## Section 4 - Appointment Details

4.1 Date of Appointment

06-12-2024 11:30  
Method - Clinic

4.2 Time spent

30 Minutes

4.3 Place of Examination

Blue Venue, Finchley Rd, London, England, UNITED KINGDOM

4.4 Date of Report

06-12-2024

## Section 5 - Statement of Instruction

This report is entirely independent and is prepared for the injuries sustained in the accident. 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 the Court based on the information provided by the client and the instructing party.

## Section 6 - Summary of Injuries

Injuries	Prognosis
Knee ( Right ) (Pain, Stiffness)	1 Months
Back ( Lower ) (Pain, Stiffness, Discomfort)	1 Months
Neck (Pain, Stiffness, Discomfort)	3 Months
Anxiety	7 Days

## Section 7 - Accident/ Incident Details

### 7.1 Road Traffic Accident (Vehicle)

#### Road Traffic Accident

<b>Time of Accident</b>	Morning
<b>Vehicle</b>	Car
<b>Claimant's Position</b>	Right side seated Driver
<b>Vehicle Location</b>	Main Road
<b>Speed</b>	The vehicle was travelling forward at 20 MHP .
<b>Third Party</b>	Car
<b>Description</b>	The vehicle was struck at 10 MPH. The vehicle was struck by a Car.
<b>Movement</b>	The Claimant remembers being thrown forwards and backwards.
<b>Damage</b>	The Claimant's vehicle sustained a damage to the rear. The Claimant's vehicle status - written off.
<b>Safety</b>	<b>Seat Belt :</b> The Claimant was wearing a seat belt. <b>Head Rest :</b> The vehicle was fitted with a Head rest. <b>Air Bags :</b> Unable to recollect

### 7.2 Third Party Details

The third party accident description confirms the claimant.

## Section 8 - Past Medical History

### 8.1 Medical and Psychological

#### Medical and Psychological

<b>Date</b>	August 2017
<b>Injuries / Problem</b>	Anxiety
<b>Current Status</b>	Resolved (Within 3 months)

## 8.2 RTA

### RTA

Date	March 2019
Injuries / Problem	Neck
Current Status	Resolved (Within 3 months)

## Section 9 - Injuries / Symptoms

### 9.1 Physical

#### Knee ( Right )

Symptoms	Pain and Stiffness.
Onset	The Claimant recalls that symptoms began immediately after the accident/incident.
Initial Severity	The symptoms were severe.
Current Status and Severity	Resolved within 1 months (from the date of accident / incident)
Similar symptoms	The Claimant reported no prior similar symptoms before the index accident, indicating that there were no pre-existing symptoms that could have been exacerbated by the accident.
Opinion	In my opinion, the Claimant`s symptoms are due to a Soft Tissue Injury. They are classed as a non-whiplash injury. On the balance of probabilities, they are attributable to the index accident. The injury falls within subsection 1.3 of the Civil Liability Act 2018.
Mechanism of Injury	The injury is caused by a direct trauma to the vehicle Interior.
Additional Report	No additional reports are required.
OIC Tariff	No
Exacerbation and Apportioning	In my opinion, On the balance of probabilities, the symptoms are not exacerbated by the index accident.

### 9.2 Physical

#### Back ( Lower )

Symptoms	Pain, Stiffness and Discomfort.
Onset	The Claimant recalls the symptoms beginning within 1 days of the accident/incident.
Initial Severity	The symptoms were severe. They were severe for a period of 7 days.
Current Status and Severity	Resolved within 1 months (from the date of accident / incident)
Similar symptoms	The Claimant reported no prior similar symptoms before the index accident, indicating that there were no pre-existing symptoms that could have been exacerbated by the accident.
Opinion	In my opinion, the Claimant`s symptoms are due to a Whiplash Injury. On the balance of probabilities, they are attributable to the index accident.
Additional Report	No additional reports are required.
OIC Tariff	Yes

## Exacerbation and Apportioning

In my opinion, On the balance of probabilities, the symptoms are not exacerbated by the index accident.

## 9.3 Physical

### Neck

<b>Symptoms</b>	Pain, Stiffness and Discomfort.
<b>Onset</b>	The Claimant recalls the symptoms beginning within 24 hours of the accident/incident.
<b>Initial Severity</b>	The symptoms were severe. They were severe for a period of 2 days.
<b>Current Status and Severity</b>	Ongoing with mild to moderate symptoms and intermittent.
<b>Similar symptoms</b>	The Claimant reported no prior similar symptoms before the index accident, indicating that there were no pre-existing symptoms that could have been exacerbated by the accident.
<b>Activities</b>	<b>Exacerbated by :</b> Sitting, Sleeping

## 9.4 Psychological

### Anxiety

<b>Onset</b>	The Claimant recalls the symptoms beginning within 24 hours of the accident/incident.
<b>Initial Severity</b>	The symptoms were moderate.
<b>Current Status and Severity</b>	Resolved within 7 days (from the date of accident / incident)
<b>Similar symptoms</b>	The Claimant reported no prior similar symptoms before the index accident, indicating that there were no pre-existing symptoms that could have been exacerbated by the accident.
<b>Opinion</b>	In my opinion, the Claimant's symptoms are due to a Psychological Trauma. On the balance of probabilities, they are attributable to the index accident.
<b>Additional Report</b>	No additional reports are required.
<b>OIC Tariff</b>	No
<b>Exacerbation and Apportioning</b>	In my opinion, On the balance of probabilities, the symptoms are not exacerbated by the index accident.

## Section 10 - Prognosis

### 10.1 Physical

#### Neck

<b>Opinion</b>	In my opinion, the Claimant's symptoms are due to a Whiplash Injury. On the balance of probabilities, they are attributable to the index accident.
<b>Additional Treatments</b>	I would recommend the below for the recovery. <b>Physiotherapy</b> - The required number of sessions to be determined by the Physiotherapist.
<b>Prognosis</b>	3 Month from the date of accident.s
<b>OIC Tariff</b>	Yes

<b>Exacerbation and Apportioning</b>	In my opinion, On the balance of probabilities, the symptoms are not exacerbated by the index accident.
<b>Additional Report</b>	No additional reports are required.
<b>Long Term</b>	In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.
<b>Future</b>	If the symptoms persist beyond the specified period, I advise referring the claimant to an Orthopaedic Consultant

## Section 11 - Injury Causation

### 11.1 Injury Causation

The RTA is not an LVI.

## Section 12 - Treatment

### 12.1 Treatment

#### Treatment

<b>Assistance at the Scene</b>	The Claimant was assisted by the paramedics.
<b>Treatments Received</b>	The Claimant received the following treatments. <b>Self Medication</b> Paracetamol, Ibuprofen
<b>Rehabilitation Treatments</b>	The Claimant received the following rehabilitation treatments. <b>Physiotherapy</b> <b>Treatment status</b> - Not started
<b>Opinion</b>	In my opinion, the treatments received are consistent with the accident.

## Section 13 - Records

### 13.1 A&E

#### A&E

<b>Record Details</b>	<b>Organisation Name</b> - Royal London Hospital <b>Availability - Date From</b> - May 2021 - <b>Date To</b> - April 2024 <b>Records Status</b> - Complete <b>Records Clarity</b> - Good
<b>Record Entries</b>	Records confirm A&E visit.
<b>Opinion</b>	In my opinion on the balance of Probabilities, the records support the claimant.

## Section 14 - Examination

### 14.1 General Physical Examination

In my observation, the Claimant was not tearful, not agitated, good eye contact, good rapport, time and place orientation, and showed signs of no psychotic features, no delusional ideas, and no thought disorder. Communication was normal. Claimant was not using any walking aids.

**Dominant Hand** - Right

## 14.2 Physical Examination

### Neck

**Examination**

<b>Observation</b>	Normal
<b>Movements</b>	Flexion, Extension   Left side   Restricted (80%)   Extremes Painful Left Lateral Flexion, Right Lateral Flexion   Left side   Normal
<b>Neurovascular Deficit</b>	No neurovascular deficits noted

## 14.3 Physical Examination

### Back

**Examination**

<b>Observation</b>	Normal
<b>Tenderness</b>	Para Lumbar
<b>Movements</b>	Flexion, Left Lateral Flexion, Right Lateral Flexion   Left side   Restricted (60%)   Painful
<b>Special Tests</b>	Straight Leg raise   Right side   Normal Straight Leg raise   Left side   Positive
<b>Neurovascular Deficit</b>	No neurovascular deficits noted

## Section 15 - Employment

### 15.1 Employment

#### Receptionist

<b>Employment Status</b>	Employed as a Receptionist (Salaried – Full Time) at the time of the accident.
<b>Time off</b>	Not taken time off due to the index accident.
<b>Restrictions</b>	The Claimant experienced restrictions due to the index accident, which include Light Duties.
<b>Opinion on Restrictions</b>	In my opinion, the work restrictions are consistent and attributable to the index accident.
<b>Current status</b>	The status has not changed since the accident.

**Further Comments :**

## Section 16 - Home & Lifestyle

### Home & Lifestyle

**Living  
Activities**

The Claimant lives in a House with Family.

**Home**

The Claimant experiences the following restrictions - Sleep | Housework | Cleaning | Washing.

The restrictions are moderate and Intermittent.

Assistance was received by the Claimant for the restrictions from Family.

Received assistance, which was unpaid.

**Sports**

The Claimant experiences the following activities (Cycling) being affected due to the index accident.

The restrictions are moderate and Intermittent.

Missed Activities - Classes

**Social**

The Claimant's social activities which were affected as a result of the index accident.

**Affected Activities**

Experienced Travel restrictions due to the symptoms - Birthday.

Experienced Travel restrictions due to the symptoms - Wedding.

**Opinion**

In my opinion, the restrictions are consistent and attributable to the index accident.

## Section 17 - Future

**Long Term Complications :** In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.

**Exceptional Injuries Claimed :** Yes

**Exceptional Injuries Awarded :** Yes

**Exceptional Circumstances Claimed :** Yes

**Exceptional Injuries / Circumstances :** Pain and restrictions due to the accident

## Section 18 - Soft Tissue Injury Claim

Please confirm whether the claimant was an occupant of a Motor vehicle :

( Exclude – Pedestrians, Motorcyclist and Cyclist)

Yes

Please confirm whether the claim satisfies as a Soft Tissue Injury :

Yes

Is this the first report in relation to the client's injuries from the index accident :

Yes

## Section 19 - Case Declaration

I have not provided treatment for the claimant.

I am not associated with any person who has provided treatment.

I have not recommended a particular treatment provider.

## Section 20 - References

Whiplash. 1966 abstract. Brussels 15-16 November 1996:1-67.

The Quebec whiplash associated disorders cohort study. Spine 1995 : 85 vol.20 (supple B): 12 -39.

Galasko CSB, Murray PM Pitcher M, et al. neck sprains after road traffic accidents: a modern epidemic injury 1993:24:155-7.

Carette S. Whiplash injury and chronic neck pain. N Engl. J med 1994; 330:1083-4.

Post traumatic stress disorder <http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=293>. Accessed at 24-April-2008.

Post traumatic stress disorder. ABC of Mental Health. P 22. Published by British Medical Journal. First published 1998.

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.

Whiplash. <http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=395>. Accessed at 24-April-2008.

Clinical guidelines for the physiotherapy management of whiplash-associated disorder.

[http://www.csp.org.uk/director/libraryandpublications/publications.cfm?item\\_id=4ABF75C4AB43DA912D12EFF2DC6FF1E4](http://www.csp.org.uk/director/libraryandpublications/publications.cfm?item_id=4ABF75C4AB43DA912D12EFF2DC6FF1E4)

Accessed at 22-June-2008.

## Section 21 - Declaration

I understand that my overriding duty is to the court, both in preparing reports and in giving oral evidence. I have complied and will continue to comply with that duty.

I am aware of the requirements of Part 35 and practice direction 35, the protocol for instructing experts to give evidence in civil claims and the practice direction on pre-action conduct.

I have set out in my report that I understand from those instructing me to be the questions in respect of which my opinions as an expert are required.

I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which I regard as relevant to the opinions I have expressed. All of the matters on which I have expressed an opinion lie within my field of expertise.

I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion. Wherever I have no personal knowledge, I have indicated the source of factual information.

I have not included anything in this report, which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter. Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

At the time of signing the report I consider it to be complete and accurate. I will notify those instructing me if, for any reason, I subsequently consider that the report requires any correction or qualification.

I understand that this report will be evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

I have included in this report a summary of my instructions.

I have not entered into any agreement where the amount of payment of my fee is in any way dependant on the outcome of the case.



## Section 22 - 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.

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

## Section 23 - Training and Accreditations

Attended MedCo Training 2024 Jan.

## Section 24 - Signed and Dated



*(Electronically signed) 06-12-2024*

Dr.Sam Smith, MBBS , MRCGP , General Practice, Consultant

GMC - 1234567

MedCo - 7788/5