

MEDICAL REPORT

ON

MR XXXX

BY

PROFESSOR BIJAYENDRA SINGH
CONSULTANT ORTHOPAEDIC SURGEON
Professor, Canterbury Christchurch University
FRCS (T&O), FRCS, PG Dipl (T&O), DNB (Orth), MS (Orth)

KIMS Hospital
Newnham Court Way
Maidstone
Kent ME14 5FT

ON THE INSTRUCTIONS OF:

APPLEBYS SOLICITORS
INTAKE HOUSE
INTAKE ROAD
BRADFORD BD2 3JR

EXAMINATION DATE:

REPORT DATE:

SOLICITOR REFERENCE: xxx

Curriculum Vitae:

Name:	Prof. Bijayendra Singh
Occupation:	Consultant Orthopaedic Surgeon
Registration:	Full Registration GMC Number: 4747347 Specialist Register for Orthopaedics
Qualifications:	MBBS MS(Ortho), DNB (Ortho) FRCS FRCS (T&O) PG Dipl (T&O)
Current appointment:	Consultant Orthopaedic Surgeon Medway Foundation NHS Trust, Windmill Road, Gillingham, Kent, ME7 5NY
Memberships:	British Orthopaedic Association British Elbow and Shoulder Society British Society for Surgery of Hand British Indian Orthopaedics Society American Asso, of Orthopaedic Surgeons
Medical interests:	General Orthopaedics Trauma Sports Injury Upper limb surgery Arthroscopic & Arthroplasty Shoulder surgery Medico-legal work

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1. BASIC INFORMATION:

Medical Report
prepared by

PROFESSOR BIJAYENDRA SINGH
CONSULTANT ORTHOPAEDIC SURGEON

Consulting rooms & correspondence address:

KIMS Hospital
Newnham Court Way
Maidstone
Kent ME14 5FT

On
MR xxx

Date of Birth: a date

Address: address

UK

UK

Occupation: office-based

Hobbies: Fishing, football - goalkeeper

Date of injury : XXX

Date of examination: XXX

Time elapsed: 11 months

Date of report: XXX

XXX SOLICITORS

XXX

XXX

UK

SOLICITOR REFERENCE: UK

2. MY INSTRUCTIONS:

I was invited to examine Mr xxx and instructed to prepare a Medical Report and give an opinion on the following matters:

1. Accident circumstances.
2. Past medical history.
3. Injuries sustained.
4. Present position of injuries and any resulting disability and effect on day-to-day activities.
5. Treatment received for injuries.
6. Prognosis.
7. Future treatment recommended.
8. Capacity to work and any absences.
9. Effect on social and domestic activities.

3. MY INVESTIGATION OF THE FACTS:

3.1 Sources of Information:

1. History from patient.
2. My examination of patient xxx.
3. Medical report by Dr abc.

3.2 History of the Injury:

I, Professor Bijayendra Singh, am a registered orthopaedic surgeon holding the qualifications of MBBS, MS, FRCS(Orth).

I am a consultant orthopaedic and trauma surgeon and I am on the specialist register at the General Medical Council. My CV will be found in the beginning of this report.

I interviewed XXX at KIMS Hospital on a date. He informed me as follows:

On a date Mr x was walking along Street in UK when he tripped over a water stopcock valve and fell on to his outstretched hand. He had pain and swelling around the wrist and hence attended A&E. At that stage he had some plain radiographs which did not show any obvious bony injury. As his pain wasn't settling he then went back to A&E 2 days later, where he had repeat radiographs as well as a CT scan, wherein he was told that he probably had a ligament injury around the scaphoid. He was initially referred to the Fracture Clinic where he was seen by a Foot & Ankle Surgeon who referred him to a specialist, Mr a surgeon. He was then put on the waiting list for a diagnostic wrist arthroscopy but this hasn't been undertaken because of his unstable epilepsy, and he has currently been removed from the waiting list until his epilepsy stabilises.

3.3 Past medical history:

Mr Mxxx has suffered from epilepsy for a number of years and until 3-4 months ago this was quite unstable, but for the last 4 months or so it has been stabilizing and he hasn't had any fits since he was put on Epilim.

3.4 Examination:

Examining him today shows some diffuse swelling around the wrist. He is tender over the scaphoid and the scapholunate area. He has about 5-10° less movement on dorsiflexion and palmarflexion on the right compared to the left. He has full supination and pronation. There is some weakness in his grip strength because of pain. His Kirk-Watson test was positive to pain but no clicking or clonking was felt in his wrist. He has normal sensation in his hand. There is no vascular deficit in his hand.

4. REVIEW OF THE MEDICAL RECORDS:

4.1 There were no hospital notes or any investigations available for me.

5. PRESENT CONDITION

5.1 Current situation:

He has not yet made a full recovery and is still awaiting further intervention to his wrist. He continues to have pain and his sleep is disturbed because of the pain.

5.2 Period of Suffering:

The period of suffering was from May xxxx and is still ongoing. He used to work as a warehouse operative prior to this injury, he used to enjoy fishing and used to play football and was in goal. He hasn't been able to play football or go fishing since the date of his injury. From May xxxx until January xxxx when he was off work he wasn't entitled to any sick pay and this has caused significant financial and social problems for him and his family.

5.3 Effect of the Injury on Social/Domestic Activities:

He lives with his partner and has a 10 year old stepson, 4 year old and 6 month old daughters. This injury has certainly affected his day to day life.

He did not require any day to day care and attendance with personal needs and tasks as a result of the injury.

5.4 Effect of the Injury on Occupation:

Mr xxxx was not able to work from May xxxx to January xxxx. He used to work as a warehouse operative and, as there were no light duties for him, he basically had to give up that job. He is currently working with BT at a desk job.

5.5 Psychological Effects of the Injury:

He used to love his job and was very active as a warehouse operative. Since he was unable to do this he felt depressed and withdrawn and was put on an antidepressant, which he still currently takes.

6. MY OPINION and DIAGNOSIS:

6.1 Consistency:

Mr xxxx account of events is entirely consistent with my own findings.

6.2 Diagnosis:

Mr xxxx sustained an injury to his right wrist when he tripped and fell on to his outstretched hand. It was suggested that there was damage to the ligament around scaphoid. However, I did not have access to his medical records including any investigations

7. SUMMARY:

Mr xxxx sustained an injury to his right wrist on 19th May xxxx. He had swelling around the wrist and attended A&E on two occasions. A CT scan was performed and he was told he probably had a ligament injury around the scaphoid. He was referred to Mr abc and put on the waiting list for a diagnostic wrist arthroscopy, but this was not undertaken because of his unstable epilepsy, and his name was removed from the waiting list until his epilepsy stabilizes.

Mr xxxx was out of work from May xxxx until January xxxx. He was unable to continue working as a warehouse operative and now has a desk-based job with BT.

He has not yet made a full recovery and is still awaiting further intervention to his wrist.

8. PROGNOSIS, FUTURE TREATMENT and CONCLUSIONS:

If there is significant injury to the wrist ligaments and he has reconstruction, then this may lead to some stiffness in the wrist, but this should not affect or have any disadvantage for him in the labour market.

Eventually the outcome will depend on what is found at wrist arthroscopy and whether he needs any further intervention in the form of a reconstruction.

If indeed there is a ligament tear, and not successfully reconstructed or repaired then there is a chance of getting degenerative changes in the next 10-20 years' time.

The injury in May xxxx has not reduced his life expectancy.

A further report would be required, not as an addendum but as an extra report, once Mr xxxx has had further investigations or further intervention.

At this stage no further report is needed but certainly he needs to see a Hand Specialist and I would be more than happy to arrange this if appropriate.

9. STATEMENTS OF COMPLIANCE AND TRUTH:

I confirm that I understand my duty to the Court and have complied with and will continue to comply with it.

I also confirm that I am aware of the requirements of CPR Part 35, Practice Direction 35, the protocol for the instruction of experts to give evidence in civil claims, and the Practice Direction on pre-action conduct.

I confirm that I have made clear which facts and matters in this report are within my own knowledge and which are not.

These 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."

Signature

Date

Bijayendra Singh
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