…….. 2009

PRIVATE AND CONFIDENTIAL

Report prepared by Dr ……
Consultant Orthopaedic Surgeon

……
……..
……

Attention: Mrs ……..

Dear Madam

Re:	**X**
Date of Birth:	**../../19.. - aged .. years**
Address:	**……..**
	……..
Handedness:	**Right hand dominant**
Occupation:	**Bricklayer**
Employer:	**……**
Date of Accident:	**14 May 20..**
Your Reference:	**……..**
Date of Assessment:	**……. 2009**

Thank you for referring Mr X for medical assessment and report. Based on Mr X's medical condition as specified in your referral, I confirm that my specialty is appropriate for the conduct of this assessment.

Having reviewed the available records and file data, interviewed and examined Mr X, I now submit a detailed medical report in answer to your request.

The following details of interview are those obtained from Mr X (unless otherwise specified).

HISTORY:

Occupation/Work Duties:

I was advised by Mr X that he was born in ……. and completed his secondary level education in his home country, leaving school at age .. years. He subsequently obtained trade qualifications as a welder and immigrated to Australia in 19... He was employed by …… for about three years and then returned to welding for a short period of about three months.

He then commenced working as a bricklayer, in which trade he has worked over the succeeding 30 years.

Mechanism of Alleged Injury/Sequence of Events:

Mr X advised that at about 3:30pm on 14 May 20.. he was the driver of a one-tonne truck moving at less than 5kph when it was subject to rear end impact to the left side by an oncoming small car.

At the time of impact he was seated in a seat fitted with a head restraint and restrained by a seatbelt, advising that the impact broke the anchorage and back of his seat such that he was unable to apply the brakes and his vehicle was thereby shunted about 70m before rolling to a halt. There was no secondary impact, spin or roll.

Mr X advised that the vehicle was written off for insurance purposes, and the accident was attended by both police and ambulance. He struck the back of his head on the window behind the passenger's seat and had several pieces of glass in his scalp removed by ambulance officers at the site. He was also aware of injury to his upper back, despite which he declined ambulance transportation to hospital.

He was driven home from the accident site by friends and took a shower before proceeding to the …….. Hospital about 6:00pm.

His .. year old son who was the passenger in the vehicle, sustained injuries to his shoulder and back.

Initial/Early Treatment Received:

Upon presentation at the …….. Hospital, more pieces of glass were removed from his scalp and he was referred for a skull x-ray and provided with analgesia prior to discharge, and advised that he should follow up with his family doctor, Dr ……. at …….

Subsequent Progress/Specialist Management:

He attended Dr …….. who opined that he had suffered "strained muscles", and prescribed rest and Voltaren.

He was absented from work for the following three weeks, returned to his pre-injury duties, ongoing review by Dr …… and referral to physiotherapy which is still ongoing. Dr …… also subsequently referred him for CT scan.

Current Status:

Mr X advised that his mid-thoracic back injury continues to slowly improve with the passage of time, ongoing physiotherapy, and use of the medications Voltaren and Panadol Osteo as required.

He described a constant “pressure” sensation in the mid-thoracic/interscapular region which is typically aggravated by resuming upright posture after a period of leaning forward, such as often happens in the course of his employment as a bricklayer. The discomfort is described as a “pain like a marble pressure” in the designated area, which was previously felt over a wider area, and which is gradually diminishing with the passage of time. There is no particular discomfort when he is in a forward flexed position, the discomfort primarily felt upon extension away from that flexed position.

He advised that he carries his analgesic medication with him and takes it about two or three times each week.

Current Work Status:

Mr X continues in his occupation as a bricklayer full time, for about 40 hours per week.

Present Activities:

He is able to drive motor vehicles, feeling the reported discomfort as he exits the vehicle.

He is not required to undertake cooking activities nor the bulk of housework, occasionally doing some light dusting. Clothes are machine washed and he is able to carry the basket of wet items to the line without difficulty and is not required to iron clothing articles.

He participates in shopping excursions and is able to carry the bags and push shopping trolleys without restriction. He is able to undertake light gardening activities and is not required to mow lawns.

Apart from these usual activities of daily living, he is able to walk for fitness and leisure without impairment.

Present Treatment:

As stated, he continues to attend physiotherapy bi-weekly and use the medications Voltaren and Panadol Osteo as required.

Past Medical History:

There were no significant features in Mr X’s past medical history and he advised that he otherwise enjoys good health.

Family History:

Both parents are deceased, two brothers having been killed in a motor vehicle accident, two sisters apparently alive and well.

There were no relevant features in his family history.

Personal/Social History:

He has been married for .. years to his wife who is employed full time in home duties. They have two sons and a daughter who enjoy good health.

They current reside in their own four bedroom home and are coping satisfactorily financially.

He does not smoke cigarettes and partakes of alcohol of about two beers each week.

PHYSICAL EXAMINATION:

Mr X presented his history in a pleasant, reasonable and forthright manner in no overt distress and without suggestion of exaggeration, embellishment or feigning of injury. Despite his accent, communication was considered acceptable.

He had dark, thinning and greying hair, and was seen to sit and arise from the seated position and move about satisfactorily when asked to do so, including bending to remove garments to allow physical examination.

He was of medium height at 167cm and solid build, weighing 80kg at this time.

Head/Neck:

There was a postural increase in cervical lordosis. There was no tenderness to pressure applied over the spinous processes or paravertebral muscles. Flexion was full, with restriction of extension to approximately half normal range such that the occipitomental line barely reached horizontal.

Lateral flexion and rotation movements were similarly restricted to about half normal range, unassociated with any report of discomfort provoked thereby.

Upper Limbs/Shoulder Girdles:

There was no abnormality of posture nor alignment of the shoulder girdles or upper extremities, bilateral, non-tender acromioclavicular joints noted, the palms of the hands moderately callused and early Dupuytren's contracture at the base of both fourth fingers observed.

There was no evidence of any neurologic abnormality in either upper extremity.

Back/Spine:

As stated, he was of solid build with a slight paunch, a hairy patch noted over the lumbosacral region and increase in anatomical thoracic kyphosis associated with the previously noted increase in cervical lordosis.

He reported tenderness to pressure applied to the thoracic spinous processes in the interscapular region. Thoracolumbar movements were normal with no reversal of spinal rhythm.

He reported some provocation of the described discomfort when resuming upright stance after forward flexion, situated slightly to the right of the midline.

Lower Limbs:

He exhibited a normal gait pattern and was able to heel and toe walk, and execute a full squat, once again reporting aggravation of the discomfort arising from the squatting position.

There was no neurologic abnormality in either lower extremity.

INVESTIGATIONS:

The following imaging investigations and report were presented for inspection:

CT Scan – Thoracic Spine (28 April 20..): Scans performed from T1 to T7. This was reported as:

> "There are mild degenerative changes present at each level with small anterior endplate osteophytes present. At T1/ 2, a prominent right anterolateral osteophyte is present. This is predominantly separated from the vertebral body and may represent previous fracture of the osteophyte. This could account for back pain. The margins of the separate osteophyte are well circumscribed, indicating the appearance is not acute. There is no evidence of acute or chronic fracture elsewhere. No disc protrusion, canal stenosis or neural compromise is seen".

Note is also taken of the following report within the documentation provided for my assistance:

X-Ray – Thoracic Spine (25 June 20..): This was reported as:

> "The lateral view is rather underpenetrated, making appreciation of bone detail difficult. There is degenerative change between T6 and T12. No definite fracture has been identified on the films obtained".

SUMMARY AND ASSESSMENT:

In summary therefore, this now .. year old bricklayer reports ongoing but steadily resolving disability derived from an injury to the mid-thoracic level of his spine sustained in a motor vehicle accident which occurred on or about 14 May 20...

In my opinion, he presents with history and clinical findings consistent with provocation and aggravation of symptoms derived from pre-existent multi-segmental degenerative changes within his thoracic spine, caused by his involvement in the index motor vehicle accident.

In my opinion, Mr X's presentation is consistent with the findings present at the time of this assessment.

Therefore, in response to the specific matters raised within you referral letter of ……. 2009,

I have the following information to provide:

The relationship of the injuries to the motor vehicle accident

1. Are the reported injuries and disabilities to the above affected areas a direct result of the motor vehicle accident?

In my opinion the reported injuries and disabilities are a direct result of the motor vehicle accident.

2. Does the claimant report any pre-existing injuries/disabilities to the above affected areas unrelated to the accident? Do these impact on the injuries sustained in the motor vehicle accident?

Mr X did not report any pre-existing injuries/disabilities unrelated to the accident.

3. Are any of the claimant's restrictions and treatment needs attributable to their previous condition? If so, what proportion?

This question is not applicable.

4. Is the claimant on any disability support pension in relation to a pre-existing medical condition/disability?

Mr X is not on any Disability Support Pension in relation to a pre-existing medical condition/disability.

Treatment

5. Please give your opinion on whether treatment received to date by the claimant has been effective.

In my opinion, treatment received to date by Mr X has been effective.

6. Is further treatment or specialist review required for accident related injuries? Please specify the type, purpose expected duration and outcome of any treatment required.

No further treatment or specialist review is required for his accident related injuries.

7. Would the claimant benefit from any surgical intervention for accident related injuries? Please specify the type and rationale.

Mr X would not benefit from any surgical intervention for accident related injuries.

Care

8. Did the claimant report any inability to carry out self care activities or home duties since the accident? If so, are these inabilities consistent with the injuries sustained?

Mr X did not report any significant inability to carry out self care activities or home duties since the accident.

9. Did the claimant report receiving any personal or domestic assistance prior to the motor vehicle accident? If so, please specify.

He did not report receiving any personal or domestic assistance prior to the motor vehicle accident.

10. In your opinion, what are the claimant's requirements for personal and domestic assistance related to the injuries sustained in this accident? Please be specific about the nature of the assistance required and the hours per week required.

Mr X has no requirements for personal and/or domestic assistance, related to the injuries sustained in this accident.

11. Will the claimant's need for assistance change in the future?

His need for assistance will not change in the future.

Work Capacity

12. Is the claimant fit to return to work as a bricklayer on his pre-injury duties and hours? If so, from what date?

Mr X advised that he has returned to work as a bricklayer on his pre-injury duties and hours. He reported that he resumed his pre-injury activities after three weeks rest following the motor vehicle accident.

13. Is the claimant fit to return to work on alternate duties? If so, from what date?

This is not applicable.

14. Please specify any restrictions to the claimant's usual duties or hours? Are these restrictions permanent? If not what is their expected duration?

Mr X advised that he is undertaking his pre-injury usual duties and hours. Apart from some minor aggravation of his symptoms, which are slowly resolving, there are no restrictions on his activities

15. Because of the injuries sustained in the motor vehicle accident will the claimant's future earning capacity be affected?

It is not likely that the injures sustained in the motor vehicle accident will adversely affect Mr X's future earning capacity.

16. Are there any pre-existing medical or physical conditions which impact on the claimant's employment?

There are no pre-existing medical or physical conditions which affect Mr X's employment.

Stabilisation

17. Have the claimant's injuries stabilised?

Mr X's injuries have not yet stabilised. He reported slow but continuous improvement and resolution of his minor ongoing disability which, optimistically, will eventually resolve completely.

18. If not when do you expect the claimant's condition to stabilise?

Indefinite, possibly six to nine months speculatively

I trust that the information offered addresses the purpose of your referral of ……. 2009, but if there are any other matters arising, please do not hesitate to advise.

I acknowledge that I have read the Expert Witness Code of Conduct and agree to be bound by it.

The contents of this report are true to the best of my knowledge and belief.

Yours faithfully

Dr ……
MB BS, FRCSC, FRACS, FASMF, FAOrthA
Consultant Orthopaedic Surgeon