A First Medical Report from Dr Nigel Hinds

FOR THE ATTENTION OF THE COURT

Subject:	Road Traffic Accident
Name:	Joseph Bloggs
Address:	21 Gower Close
	Southgate
	Swansea, SA3 4TB
Date of Birth:	19/1/1966
Dominant hand:	Right
Instructing Party:	JS Brown Solicitors
Instructing Party Ref:	JSB/JB/123423
Date of Accident:	31/12/2012
Date of examination:	1/3/2013
Place of examination:	Sancta Maria Hospital
Date of report:	17/8/2013

Dr Nigel Hinds MBBCh FRCP
Consultant Neurologist
Sancta Maria Hospital
Ffynone Road
Swansea
SA1 6DF
Tel: 01792 479050
Fax: 01792 463071
Secretary: Sian Van-Den-Bogerd 01792 703688

1. INTRODUCTION

1.1 Expert's Qualifications and Experience

Dr N P Hinds is a Consultant Neurologist based at Abertawe Bro Morgannwg University Health Board in Swansea. His qualifications include MBBCh and FRCP and he is experienced in a wide range of neurological disorders including headache, brain injuries, epilepsy, disorders of the spine and peripheral nervous system. Dr Hinds qualified from the University of Wales College of Medicine in 1989. He completed specialist training at the University Hospital of Wales in Cardiff and the National Hospital for Neurology and Neurosurgery in London and is accredited in both Neurology and Clinical Neurophysiology. He was appointed Consultant Neurologist and Honorary Clinical Lecturer at the Walton Centre for Neurology and Neurosurgery in Liverpool and the Department of Neuroscience at the University of Liverpool in 2002. He was appointed Consultant Neurologist at ABM University Health in 2005. Dr Hinds is a member of the Association of British Neurologists, British Peripheral Nerve Society, British Society for Clinical Neurophysiology and Fellow of the Royal College of Physicians

1.2 Instruction

This report was compiled for the court under the current civil procedures protocol. The instructions were received from JS Brown Solicitors. There was a requirement to provide a medical report in respect to an accident which occurred on 31/12/2012. I have been instructed to examine Mr Bloggs and provide a full and detailed report dealing with any relevant pre-accident medical history, the alleged injuries sustained,

treatment received, present situation and prognosis. My report is prepared for the Court.

1.3 Background to the dispute

On 31/12/2012 it is alleged that Mr Bloggs was involved in a road traffic collision in which he suffered a number serious injuries including fractures to his spine and a head injury. It is alleged that the injuries caused him some neurological symptoms and limitation with certain of his normal everyday activities.

1.4 Documents Considered

For the purpose of the preparation of this report I have had sight of the following documents:

Letter of instruction from JS Brown Solicitors dated 1/6/2013

Report of of Professor T Brown, Orthopaedic surgeon dated 24/5/2013

Mr Bloggs' immediate needs assessment report prepared by Newton rehabilitation

Mr Bloggs' hospital records to 25/4/2012.

Mr Bloggs' General Practitoner records up until May 2012

Mr Bloggs produced identification in the form of a driver's licence.

1.5 Assumed Facts

The information contained in the report is based on that supplied to me by the claimant, the letter of instruction and other documents provided to me by JS Brown Solicitors.

2. THE ACCIDENT AND RECOVERY PERIOD (from the claimant)

2.1 Accident details

The Circumstances and Events of the Accident

2.1.1 Mr Bloggs told me that the accident occurred on 31/12/2012 at approximately 06:00 hours. He told me that was driving his motorcycle along a road at approximately 50 mph. He told me he was wearing a helmet. He told me a car pulled out from a side junction into his path resulting in a collision. He told me that he collided head-on with a side of the car.

2.1.2 He told me he was thrown by the force of the impact over the bonnet of the car and on to the road.

2.1.3 Mr Bloggs told me that he lost consciousness for a few seconds and recalls coming around and being aware of lying on the road.

2.1.4 He told me "he felt dizzy and nauseous." He says that he felt "a sharp pain in his neck" that extended down his spine to his lower back. He felt very shaken and began to develop an intense headache which he says felt like "a migraine."

2.1.5 He told me that an ambulance was called and he was attended to by paramedics who immobilised his neck and transferred him to an ambulance using a spinal board. He told me he was taken to the accident and emergency Department of the Royal Hospital in Fulchester.

2.2 Injuries (from the claimant)

Initial symptoms

2.2.1 Mr Bloggs told me that he developed pain throughout his spine and torso which was severe initially. Some of the pain in his spine has improved but in other parts, he continues to experience severe pain.

2.2.2 He told me he experienced severe headaches which started within a few minutes of the accident. The headaches were severe for two months after which they gradually improved. He still experiences intermittent headaches of moderate severity approximately twice a week, lasting between 3 and 6 hours.

Later symptoms

2.2.3 Mr Bloggs told me that he developed psychological problems three months after the initial accident. These were severe initially and have improved and are now of moderate severity.

2.2.4 Mr Bloggs told me that he noticed short term memory loss and other cognitive problems three months after the accident which were severe initially and now is of moderate severity.

.

2.3 Treatment (from the claimant)

Initial treatment

2.3.1 He told me he had a number of investigations were performed including a CT of whole body. He told me that after approximately a week, he was transferred to the Department of Spinal Surgery at University Hospital of Fulchester where he underwent fixation of his spinal injury.

2.3.2 He told me that he was subsequently transferred back to Fulchester Royal Hospital where he stayed for approximately 10 days before being discharged home. He told me that after he was discharged to home, he required daily nursing care for a further three weeks.

Later treatment

2.3.3 He told me that consulted his general practitioner on a number of occasions following the accident was given advice.

2.3.4 He told me that he consulted the neurology department Fulchester Royal Hospital approximately 2 months after the accident and underwent an MRI of Brain. He was given advice and referred to the Psychology department of Fulchester Hospital.

2.3.5 He told me that he consulted the rehabilitation Department of Fulchester Royal Hospital was given advice.

2.3.6 He told me that he consulted a psychologist following the accident and is currently undergoing treatment for post-traumatic stress disorder.

2.3.7 He told me that underwent weekly physiotherapy for 6 months following the accident.

2.4 Effect of accident on claimant's life (from the claimant)

Effects of the Accident on the Claimant's Ability to Work

2.4.1 The claimant reports that at the time of the accident, he was working full time as an architect.

2.4.2 He told me that he has not returned back to work because of the combination of his cognitive problems and the musculoskeletal pain.

2.4.3 He told me that he cannot perform the calculations that are required for his previous employment and he cannot sit for long periods or do much travelling. The claimant told me that he is not working at the present time.

Effects of the Accident on the Claimant's Daily Life

2.4.4 At the time of the accident, the Claimant was living with his wife. He told me that as a result of the accident, he had to stop driving for approximately 6 months. He told me that he now drives short distances but tries to limit this as he feels he cannot concentrate.

2.4.5 Mr Smith told me that immediately following the accident, after his discharge home from hospital, he required daily nursing care for approximately 3 weeks.

2.4.6 He told me that his activities of daily living have been severely curtailed.

2.4.7 He told me that he has been unable to perform domestic chores around the house since the time of the accident.

2.4.8 He told me that he is unable to sit in a chair for sustained periods due to discomfort in his back.

Effects on Sport & Leisure

2.4.9 He told me that prior to the accident, he used to cycle 2-3 times per week. He has been unable to cycle since the time of the accident.

2.4.10 He told me that he would go running on a daily basis, prior to the accident. He has been unable to return to this activity since the time of the accident.

2.4.11 He told me that he used to play golf every 1-2 weeks and has been unable to do so since the time of the accident.

2.4.12

Effects on Sleep

2.4.13 The Claimant told me that he is normally a good sleeper however, since the accident, it is very disturbed the majority of nights

3. PRESENTING CONDITION (from the claimant)

3.1.1 Six months on from the accident, Mr Bloggs still has not returned to work. He tell me it is because of a combination of cognitive problems (he cannot do the calculations required for his work) and persistent pain in his spine which means he cannot sit in one position for prolonged periods of time. The pain in his spine is of moderate severity.

3.1.2 He tells me that he continues to suffer occasional headaches (on average once every two weeks) that require bed rest for up to half a day. He says he cannot undertake any household activities during these episodes.

3.1.3 Mr Bloggs told me that he had a history of depression in the past but no other significant prior medical problems before the accident.

4. MEDICAL HISTORY (from the medical records)

Analysis of General Practitioner's records

4.1.1 The following entries in the GP notes are relevant to my assessment of causation for the claimant's injuries:

4.1.2 25th March 20010: presented with mild back ache. He was prescribed painkillers (Ibuprofen) and advised to rest for three days.

4.1.3 26th April 2011: presented with stress and depression. He was prescribed an antidepressant (citalopram) for 6 months

Analysis of Hospital records

4.1.4 Analysis of the hospital records confirm that Mr Bloggs was admitted to the Accident and Emergency Department of Fulchester Hospital after being involved in a road traffic accident. It is recorded that he sustained multiple musculoskeletal injuries. No

neurological deficit or sensory loss was recorded in his initial assessment. He subsequently underwent the following investigations:-

4.1.5 A chest x-ray performed on 31/12/2012 revealed mildly displaced rib fractures on the right and in particular, the second and third with elevated diaphragm on the right.

4.1.6 A CT of head, neck and chest was performed performed on 31/12/2012. The CT scan of head showed no evidence of any acute brain injury.

4.1.7 The CT of chest revealed a contusional haemorrhage at the base of the right lung with haemothorax. There was a fracture of the posterior segment of the right side of rib at that level. There was compression of fractures of D5, D6 and D7 vertebral bodies.

4.1.8 CT neck revealed fracture of the spinous process of the 7th cervical vertebra, shoveler's fracture, anterior marginal osteophytes were also seen with reduced disc space between C5 and C6.

4.1.9 Mr Bloggs underwent an MRI scan of the cervical and thoracic spine on 2/1/2013. The MRI scan confirmed multiple vertebral fractures but no spinal cord compression or spinal cord damage was seen.

4.1.10 The records confirm that he was transferred to the University Hospital of Fulchester for fixation of his thoracic spine, undergoing this surgery on 3/1/12. He was subsequently transferred back to Fulchester General hospital and discharged on 15/1/12. Following discharge he was reviewed periodically by the orthopaedic Department of University hospital of Fulchester. His brace was removed and he was allowed to mobilise on

13/4/12. He was last assessed by the Physiotherapy service on 28/7/2012. At that stage he was washing and dressing independently, and walking up to 1 to 2 miles daily.

4.1.11 The records confirm he consulted Dr John, consultant Neurologist on 17/3/13 at that stage he reported a number of symptoms including headache, emotional lability, blurring of vision, dizziness and poor balance. He subsequently underwent a MRI Brain on 1/4/2013 which was normal and he was then referred to a psychologist. At that stage he thought his main problems were headache, poor concentration, low mood and abnormal thought processes which was affecting his sleep.

4.1.12 The records confirm he was seen by Dr Smith, Consultant Psychologist on 17/4/2013. Dr Smith diagnosed Post-Traumatic stress disorder and arranged a course of Cognitive behavioural therapy.

5. EXAMINATION FINDINGS

Mr Bloggs was accompanied by his wife. He was alert and orientated. He had a scar on his back at the site of his spinal surgery.

His pupils were equal and reactive to light and accommodation. Fundoscopy and cranial nerves examination was normal. Examination of the power in his upper limbs was limited because of pain, no gross weakness was detected. All reflexes were present in the upper limbs. In the lower limbs, he had normal bulk, tone, power, co-ordination, sensation and reflexes in all limbs. He had bilateral flexor and plantar responses.

6. OPINION AND PROGNOSIS

6.1 Summary of examination findings

The medical records are consistent with the claimant's account of being involved in a road traffic accident resulting in multiple musculoskeletal injuries and a head injury. The musculoskeletal injuries are not dealt with in this report as they are the sphere of my expertise and have been dealt with by Professor Brown. The neurological symptoms which he claims to experience as result of the accident are memory loss and headaches. My examination revealed no neurological signs.

6.2 Opinion as to present condition

Mr Bloggs described significant disabilities are a result of his musculoskeletal injuries and reported that the accident had a significant psychological impact on him. These areas are outside the sphere of my expertise. The significant memory problems which he describes are unlikely to be due to brain injury arising from the accident but may be due to the psychological sequelae of the accident and should be addressed by an expert in Neuropsychology. The frequency and severity of the headaches which he currently suffers from are within the expected range following such injury and are consistent with the mechanism of injury as described to me.

6.3 Causation of neurological injuries/symptoms

<u>Memory loss</u>

6.3.1 One of the main disabling problems that Mr Bloggs reports is memory loss. It is my opinion that is more than likely that his memory loss is not due to brain injury arising from the accident. My reasoning is as follows:-

6.3.2 From the claimant's description of the accident and the subsequent events, he appears to have lost consciousness for only a brief length of time (seconds to minutes).

He suffered no significant post traumatic amnesia. When he was initially assessed in the accident and emergency department, he had a Glasgow coma scale of 15/15. The Glasgow coma scale is widely used by clinicians as an assessment tool to make an initial assessment of the severity of a patient's brain dysfunction. A score of 7 or lower indicates coma, below 10 suggests serious dysfunction and 15 is normal i.e. no evidence significant brain dysfunction. There is therefore no clinical evidence of any significant brain injury when he was assessed at Fulchester Royal Hospital on 31/12/2013. The initial CT scan of his brain did not show any evidence of a contusion or brain injury. His subsequent MRI Brain performed on 1/4/2013 was normal. These facts lead me to the conclusion that whilst Mr Bloggs is more than likely to have suffered a mild traumatic brain injury.

6.3.3 A mild brain injury would not be expected to give rise to longstanding or serious cognitive deficits and is unlikely to give rise to any permanent neurological sequelae. There is a range of opinion regarding the duration of cognitive impairment following mild traumatic brain injury. A minority of experts are of the view that persistent cognitive impairment can occur after even mild traumatic brain injury but this view is not supported by the medical literature. The World Health Organisation report on mild Traumatic Brain Injury (Carroll et al. 2004) reviewed 427 studies of prognosis after mild traumatic brain injury and deemed 120 of those of sufficient scientific merit to include in their final report. On the basis of these studies they concluded that there was strong evidence for cognitive dysfunction shortly after injury (days to 1 week) and that there was strong and consistent evidence that these deficits resolve by 3 months after injury. I believe my opinion is representative of the majority of experts in this field and is supported by the medical literature.

6.3.4 Although the claimant's complains of disabling cognitive problems such as memory loss, these cognitive can be due to a number of factors including psychological problems. I note that Mr Bloggs reports that he developed severe psychological problems a number of months after the accident and it is therefore possible that these problems are contributing to his memory problems. For this reason I recommend he undergo a formal neuropsychological evaluation including symptom validity tests and an expert in psychiatry provide opinion with regards to memory loss arising from the psychological effects of the accident.

Headaches

6.3.5 Mr Bloggs reports severe daily headaches for 2 months following the accident followed by a gradual improvement. It is my opinion that Mr Bloggs suffered a mild traumatic brain injury which resulted in the headaches which he described. Headache is very common following mild traumatic brain injury and because Mr Bloggs has no past history of headaches, I have concluded that they are due to mild traumatic brain injury sustained in the accident. The claimant's account of this symptom is within the expected range following such injury and is consistent with the mechanism of injury as described to me.

6.4 Relevant pre-existing conditions

Mr Bloggs has a history of depression which may be relevant to the psychological problems he experienced following the accident.

6.5 Future treatment

Mr Bloggs' is currently undergoing treatment for his psychological problems. His memory problems should be addressed by a Neuropsychologist who may be able to offer him advice.

6.6 Prognosis of injuries

6.6.1 Mr Bloggs tells me his headaches have diminished in frequency and severity such that he now experiences occasional headaches (on average once every two weeks) that require bed rest for up to half a day. In my opinion, it is more likely than not that his symptoms will continue to improve over the next 3-6months, such that at 9-12months following the accident he will be left with only minor and very infrequent headache.

6.6.2 Mr Bloggs is still experiencing memory problems. In my opinion, Mr Bloggs suffered a mild traumatic brain injury which caused memory problems for up to three months following the index accident. Any continuing memory problems may be due to his psychological problems and should be address by an expert in neuropsychology.

6.6.3 In my opinion, he will not develop any future neurological problems as a result of the accident. In particular, he will not be at increased risk of developing epilepsy as a result of the mild traumatic brain injury.

7. CONSEQUENCES OF INJURIES

7.1.1 I have not addressed the consequences of the claimant's musculoskeletal and psychological injuries which should be address by the appropriate experts in these fields.

7.1.2 It is my opinion that the majority of the effects on the claimant's employment and loss of amenity do not arise from neurological injury.

7.1.3 In my opinion, Mr Bloggs suffered a mild traumatic brain injury at the time of the accident which could reasonably be expected to cause some mild memory difficulties for up to 3 months after the index accident. These problems would be expected to impair his ability to work in his profession as an architect. The claimant's persistent memory difficulty and resultant disability is unlikely to be due to neurological injury occurring at the time of the accident. It is possible that the memory problems are due to psychological factors arising from the accident and this should be addressed by an expert in neuropsychology.

8. SUMMARY OF CONCLUSIONS

In this report I have considered the neurological symptoms that Mr Bloggs alleges have occurred as a result of the accident which occurred on 31/12/2012. In my opinion the claimant's main loss of amenity and disability arise from the musculoskeletal and psychological injuries.

It is my opinion that Mr Bloggs probably suffered a mild traumatic brain injury which could reasonably be expected to cause headaches up to 12 months from the index accident and mild memory problems up to 3 months following the index accident. Mr Bloggs reports significant psychological problems following the accident and it is possible that these are responsible for the claimant's persistent memory problems. No long term neurological consequences

9. ADDENDA

9.1 References

Carroll LJ, Cassidy JD, Peloso PM, et al: Prognosis for mild traumatic brain injury: results of the WHO collaborating centre task force on mild traumatic brain injury. J Rehabil Med (suppl 43):84–105, 2004

9.2 Curriculum Vitae of Dr Nigel Hinds

Qualifications:
MBBCh Bachelor of Medicine & Bachelor of Surgery, University of Wales 1989
MRCP(UK) Member of the Royal College of Physicians, June 1992
CCST Certificate of completion of specialist Training in Neurology, 1999
CCST Certificate of completion of specialist Training in Neurophysiology, 2002

Professional Associations

Royal College of Physicians
Association of British Neurologists
British Peripheral Nerve Society

Current NHS appointments

Consultant Neurologist
Abertawe Bro Morgannwg University Health Board, Swansea

Previous NHS appointments

Consultant Neurologist
Walton Centre for Neurology and Neurosurgery, Liverpool

Honorary Clinical Lecturer
Department of Neuroscience, University of Liverpool

Clinical experience

I have been a consultant Neurologist since 2002 and have been employed at my current post based in Morriston Hospital in Swansea since 2005 providing a general neurology service to the population of South West Wales. I also provide a specialist peripheral nerve and Nerve conduction/EMG service at this centre. Prior to my current appointment, I was a Consultant Neurologist at the Walton centre for the previous 3 years, and provided a general neurology service to the population of Merseyside and Cheshire and a specialist peripheral nerve and Nerve conduction/EMG service at this centre. I lectured medical students from the University of Liverpool on a regular basis. Prior to my Consultant appointments, I undertook specialist training in Neurology and clinical Neurophysiology at the National Hospital for Neurology and Neurosurgery, London and University Hospital of Wales, Cardiff.
Areas of expertise include all general Neurological disorders including epilepsy, peripheral nerve disorders, and spinal cord disease/injuries including whiplash and head injury.

Medico-legal Training

Attended all modules of the Cardiff University Bond Solon Expert Witness programme (CUBS), which consists of the following:-
Excellence in report writing

Courtroom Skills Training
The Cross Examination Day
Law and Procedure (modules 1 and 2)

Medico-legal experience

I have been writing medico-legal reports since 2004. I currently receive approximately 30 instructions per year. I prepare reports for both civil and criminal cases. Approximately 90% of the civil cases I prepare are for personal injury and 10% are medical negligence. Approx 70% Claimant, 30% defendant.

Publications

Peters G, Hinds N. 2005 Feb. Inherited neuropathy can cause postpartum foot drop. Anesth Analg. 2005 Feb;100(2):547-8.

Petzold A, Hinds N, Reilly M et al. CSF Neurofilament Protein levels predict the primary pathology (axonal versus demyelinating) in Guillain-Barre Syndrome. (Published abstract) Journal of the Neurological Sciences. 199 Suppl. 1:S119.

Hinds NP, Hillier CEM, Wiles CM. 2000 Oct. Possible Serotonin syndrome arising from an interaction between nortriptyline and selegeline in a lady with Parkinsonism. Journal of Neurology. Journal of Neurology. 247(10):811.

Hinds NP, Wiles CM. 1998 Dec. Assessment of swallowing and referral to speech and language therapists in acute stroke. Quarterly Journal, of Medicine. 91(12): 829-35.

European Study Group on interferon b-1b in Secondary progressive MS. 1998 Nov. Placebo-controlled multicentre randomised trial of interferon b-1b in treatment of secondary progressive multiple sclerosis. Lancet 352: 1491-97.

Hinds NP, Hughes TAT, Wiles CM. 1997 Feb. Assessment of Swallowing function in the acute Neurological patient. Journal of Neurology, Neurosurgery Psychiatry. 62(2) 208 -209. (Published abstract)

Hinds NP, Wiles CM. 1996 Oct. A randomised, double-blind, parallel group clinical study to assess the safety-in-use of a 4.5mg lignocaine hydrochloride containing throat lozenge in subjects suffering from sore throats associated with acute upper respiratory tract infections, when compared to placebo lozenge. Internal report for Proctor & Gamble (H &BC) Limited. Study R1995077

Davies JS. Hinds NP. Millward EM. McDowell I. Scanlon MF. 1998 Aug. Hypokalaemia during insulin-induced hypoglycaemia in hypopituitary adults with and without growth hormone deficiency. Clinical Endocrinology. 49(2):217-20 .

Davies JS, Hinds NP, MF Scanlon. 1996 Jan. Growth Hormone deficiency and hypogonadism in a patient with multiple sclerosis. Clinical Endocrinology. 44, 117- 119.

9.2 Declaration and Signature

I understand my overriding duty is to the court, both in preparing reports and giving oral evidence. I have complied with 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 what I understand from those instructing me to be the questions in respect of which my opinion as an expert is required.

I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters that 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 attention to all matters, of which I am aware, that might adversely affect my opinion.

Wherever I have no personal knowledge, I have indicated the source of factual information.

I have not included or excluded anything which has been suggested to my by anyone, including those instructing me, without forming my own independent view of the matter.

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 the evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity and I may be cross-examined on my report by a cross examiner assisted by an expert.

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.

Statement of truth:

I confirm 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 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: N P HINDS Date: 17/08/2013