

Report of: Dr Christopher Norris
Specialist field: Musculoskeletal injury
On behalf of: Mrs J Smith

Dated: 12th June 2009

Specialist field: Musculoskeletal injury

On behalf of the claimant: Mrs J Smith

On the instruction of: Smyth Cuthbert and Ramsbottom, Solicitors

Subject matter: Expert witness report on injuries sustained as a result
of a road traffic accident

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1. SUMMARY

1.1 The expert witness

I am Dr Christopher Norris, Chartered Physiotherapist. My specialist field is musculoskeletal injury and rehabilitation. My qualifications are PhD MSc MCSP MBAcC. I am the director of a private physiotherapy company and the author of clinical textbooks on Backpain (Human Kinetics), Sports Injuries (Elsevier) Acupuncture (Butterworth Heinemann) and Exercise (A&C Black). I deal on a daily basis with musculoskeletal injuries. Details of my qualifications and experience enabling me to give an expert opinion are shown in appendix 1.

1.2 Summary of case

The case concerns Mrs J Smith who sustained injuries as a result of a road traffic accident on 14th May 2006. I have been asked to comment on her injuries, capacity for work and prognosis.

1.3 Summary of my conclusions

- The claimant is suffering from right sided shoulder and upper back pain aggravated by deskwork and computer work.
- The claimant had suffered from a right lower leg fracture some five years previous to the accident and was complaining of no symptoms as a result of this.
- The claimant stated that she had stopped at traffic lights and was hit by a van from behind. She attended Tintown hospital accident and emergency department and later saw her GP.
- There was no bony injury.
- Neck and shoulder movements and strength remain limited.

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- The claimant has altered sensation in her right arm, nerve tightness and pain on certain movements.
- Here sitting posture, work and leisure are detrimentally affected.
- The claimant will require physiotherapy treatment and a monitored rehabilitation programme.
- Following rehabilitation I expect the claimant to make a full recovery.

2.0 INSTRUCTIONS

2.1 The issues to be addressed

I have been instructed by Smyth Cuthbert and Ramsbottom solicitors in their letter dated 21st Jan 2009.

My letter of instruction stated:

“ we should be obliged if you would examine our client and let us have a full and detailed report dealing with any relevant pre-accident medical history, the injuries sustained, treatment received and present condition, dealing in particular with the capacity for work and giving a prognosis”.

2.2 Documentation reviewed

- Hospital notes which were hand written and partially legible
- General practitioner notes consisting of a single paragraph computer print out

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3.0 HOSPITAL NOTES

3.1 First entry 14/05/2006 13.42

The claimant was examined by a Doctor following a walk in referral. The notes state that the claimant had been involved in a road traffic accident (RTA) as a driver and was hit from behind while stationary at traffic lights. She had neck pain for 1.5 hours following the incident which was right sided and radiated into the right shoulder. The claimant was tearful, and had an increased heart rate.

The examining doctor noted that the claimant had a history of leg fracture 5 years since but had no other relevant medical history.

Neck movements were limited by 50%. Reflexes were normal as were shoulder movements. There was minimal pain to palpation and no sign of bony deformity.

The notes state that the attending doctors impression was of a whiplash injury. No grade was given.

3.2 Second entry 14/05/2006

At 15.01 a cervical x-ray showed “*no bony injury*”. Nursing treatment was given consisting of advice only.

The claimant was discharged.

4.0 GENERAL PRACTITIONER NOTES

4.1 First entry 22/05/2006 13.42

The claimant was examined on 25th May 2006 at 10.32 following a walk in appointment for neck pain and arm pain.

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The claimant was examined by a Dr J. Bond. The notes state that the claimant had been involved in a road traffic accident (RTA) on 14th May and had visited the emergency department at Toytown Hospital. An x ray had been taken which was unremarkable.

Dr Bond noted that the claimant had pain in her right arm and difficulty in moving her head.

Dr Bond examined the claimant by asking her to turn her head to the right and left.

The claimant remained fully clothed throughout the examination.

The doctors opinion was of “non-specific neck pain”. A prescription for co-codamol 500mg was issued.

5.0 MY EXAMINATION OF THE CLAIMANT

5.1 Pre-incident health

The claimant is 46 years old, her height is 5.0ft and weight 9.5 stones. She sits and stands with her shoulders rounded, and demonstrates slightly restricted cautious movements.

The claimant is a non-smoker, and was participating in regular twice weekly exercise classes prior to her accident.

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The claimant is a hotel receptionist and spends 80% of her day sitting. She has a supportive chair and has had a display screen equipment (DSE) assessment at work.

5.2 Claimants report of the incident

The claimant described being the driver of a small hatchback car (Ford Fiesta) whilst stationary at red traffic lights. She was hit from behind by a white van and thrust forwards striking her chest on the steering wheel. The car airbag did not activate but the seatbelt cut into her right shoulder. The claimant remembers the van driver opening her car door and asking if she was alright. Still dazed she stepped from the car and exchanged insurance details with the van driver. She telephoned a friend who took charge of her car contacting a local garage. The friend drove the claimant to the accident and emergency department at Tintown hospital. The claimant began to notice neck and shoulder pain whilst waiting at the hospital and pain gradually got worse that afternoon.

Her sleep was disturbed that night and for 1 week following the accident.

She is still unable to turn her head freely, and notices shoulder pain with prolonged sitting.

5.3 Impact on work

The claimant returned to work 2 weeks following the incident.

For 1 week following the incident her sleep was disturbed. She described waking “several times” during the night.

For the next 2 weeks (3 weeks following the incident) she was able to perform light activities only.

She described noticing significant pain around in her neck and right shoulder for 3 months following the accident.

5.4 Physical examination of the claimant

General appearance

- There were no visible skin changes to the neck or shoulder region. The claimant held her head forwards in a poking chin posture with her shoulders hunched.
- There was increased tone to the upper trapezius muscles (a sign of postural tension)
- The sternocleidomastoid muscles were prominent to both sides (a sign of prolonged postural poor posture)

Movements

Shoulder movements

Left

- All movements full and painless,

Right (ranges as a percentage of un-injured arm, pain from 0 best to 10 worst)

- Abduction 75%
- Flexion 90%
- Lateral rotation 90%
- Medial rotation 60%

Strength

Left

- All movements full and painless

Right (strength as a percentage of un-injured arm, pain from 0 best to 10 worst)

- Adduction 75%, pain 6/10
- Adduction 90% pain 2/10

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- Flexion 90% pain 2/10
- Extension 90% pain 2/10
- Lateral rotation 50% pain 7/10
- Medial rotation 70% pain 3/10

Cervical spine movements

- Flexion 90% range, pain 2/10
- Extension 80% range, pain 3/10
- Right rotation 50% range, pain 5/10
- Left rotation 80% range, pain 2/10
- Right side flexion 30% range, pain 5/10
- Left side flexion 80% range, pain 3/10

Thoracic spine movements

- Full and pain free

Skin sensation

- Normal over both arms

Neural tension tests

- The upper limb tension test (ULTT I - median nerve) full and painless to the left ULTT I is moderately limited to the right showing elbow extension 10 % reduced and wrist extension 15% reduced. The claimant experiences pins and needles in her right arm to her wrist.
- Movement and sensation are normal to ULTT 2b (ulnar nerve) and 3 (radial nerve)
- Straight leg raise (sciatic nerve) is painless and limited to 80° by hamstring tightness.

6.0 OPINION AND PROGNOSIS

On the balance of my examination it is likely that the claimant suffered a grade 2 whiplash injury showing musculoskeletal injury without neurological signs ⁽³⁾.

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It is clear that the claimant has failed to recover fully from the road traffic accident, and that both her work and home life are affected. Commonly 50% of whiplash injuries do not recover fully within 1 year of onset ⁽¹⁾.

Physiotherapy is a significant factor shown to aid recovery of this condition ^(2, 3) and it is recommended that the claimant be referred for a course of physiotherapy management. The estimated cost for this treatment is £500-800.

It is usual for individuals with this condition to make a full recovery following a rehabilitation programme.

7.0 Statement of compliance

I understand my duty as an expert witness is to the court. I have complied with that duty. This report includes all matters relevant to the issues on which my expert evidence is given. I have given details in this report of any matters which might affect the validity of this report. I have addressed this report to the court.

7.2 Statement of Truth

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.

Signed *Qualifications* PhD MSc MCSP MBAC

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References

1. Carroll L, J et al (2008) Course and prognostic factors for neck pain in whiplash-associated disorders (WAD): results of the Bone and Joint Decade 2000-2010 Task Force on Neck Pain and Its Associated Disorders. *Spine*. 15;33(4 Suppl):S83-92
2. Moore A et al (2005) Clinical guidelines for the physiotherapy management of whiplash associated disorder (WAD). Chartered Society of Physiotherapy. London
3. Spitzer W et al (1995) Scientific monograph of the Quebec Task Force on whiplash-associated disorders: Redefining 'Whiplash' and its management. *Spine* 20 (8).

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Appendix 1

Qualifications and experience

Qualifications

- 1981 Pinderfields College of Physiotherapy. Diploma in Physiotherapy. (MCSP)
- 1988 Society of Orthopaedic Medicine. Full membership (MSOM)
- 1988 Diploma in Occupational Health Physiotherapy. CSP validated (DipOH)
- 1988 University of Liverpool. Master of Science Degree. Exercise Science (MSc)
- 1992 South Trafford College. Certificate in Business Administration (CBA)
- 2000 Acupuncture Assocⁿ of Chrtrd Physio. Advanced member & approved tutor (Adv AACP)
- 2002 Membership British Acupuncture Council (MBAcC)
- 2009 Staffordshire University. Doctor of Philosophy (PhD)

Career history

- Senior Physiotherapist in various NHS hospitals and Rehabilitation centres
- Physiotherapy Consultant to several blue chip industries North West
- Clinic Director, Norris Associates, Chartered Physiotherapists, established 1986.
- Postgraduate lecturer, Back stability & muscle imbalance. AACP basic and intermediate courses

Publications

- Eight books with Elsevier, A&C Black, and Human Kinetics
- 120 popular articles in sports and exercise magazines
- Lead author in peer reviewed scientific studies
- 3 CD ROMs with Physiotoools, and Human Kinetics.

Lecturing

- External lecturer to Salford, Manchester Metropolitan and Edge Hill universities.
- Postgrad lecturer presenting 3 day course on Back Stability & Muscle Imbalance in UK, Europe & USA, 4 day basic AACP acupuncture course and 2 day intermediate AACP course