

JOINT MEDICAL REPORT ON

Mr XXXXXXXX XXXXXXXX

**000 XXXXXX Road
XXXXXXX
XX00 0XX**

Date of Birth: 00 00 0000

**Joint Medical Report compiled following a joint discussion
on 00 00 0000**

**Joint Report prepared at the
request of:**

**Defendants Solicitors
(Mr. XXXXXXXX)**

**Claimants Solicitors
(Mr. Ampat)**

JOINT MEDICAL REPORT PREPARED BY

**MR XXXXXX X XXXXXX BA (Hons) FRCS
CONSULTANT ORTHOPAEDIC AND SPINAL SURGEON
XXXXX XXXXXX HOSPITAL
XXXXXXX, XXXXXXXXXXXXXXX**

**MR GEORGE AMPAT MS FRCS (Tr & Orth)
CONSULTANT ORTHOPAEDIC AND SPINAL SURGEON
Talita Koum, 3 Ayr Close, Southport PR8 5PA**

JOINT MEDICAL REPORT

Mr XXXXXXXX has seen Mr Ampat's report which is dated 3rd November 0000. Mr Ampat has seen Mr XXXXXXXX' reports dated 1st June 0000 and 6th June 0000. Both experts have reviewed a surveillance video consisting of three DVDs with surveillance clips in March and April 0000 and March and April 0000 and September 0000.

1. AREAS OF AGREEMENT:

Both experts agree the following :-

- 1.1. Mr XXXXXXXX XXXXXXXX was involved in a road traffic accident in April 0000 when he was the driver of a car which was stationary and which was struck in the rear by a lorry. He was taken by ambulance to XXXXXXXX Hospital complaining of low back pain, neck pain and pain in his legs. X-rays revealed no fractures and he was discharged home.
- 1.2. He has consulted his General Practitioner. He has had physiotherapy, he has also seen an osteopath and he has had an MRI scan of his lumbar spine.
- 1.3. He has received appropriate treatment.
- 1.4. The MRI scan of the lumbar spine taken in July 0000 showed minor degenerative changes only and no evidence of any traumatic abnormality although it is accepted that in injuries of this nature MRI scans rarely if ever show soft tissue injuries.

- 1.5. Since the accident he has complained of persistent neck and low back pain to the extent that he has not worked since the accident and that all activities of daily living are substantially affected by the pain as outlined in both their reports.
- 1.6. There is evidence of some low back pain between 0000 and 0000 but no evidence of any neck pain prior to the accident.
- 1.7. There is no evidence of any substantial periods of time off work prior to the index accident.
- 1.8. As a result of the accident Mr XXXXXXXX suffered a soft tissue injury to his neck resulting in neck and low back pain, though the period of time over which he has suffered such pain due to the accident is disputed.
- 1.9. Details regarding the psychiatric reports that Mr XXXXXXXX has had and details relating to his cannabis and alcohol abuse are outside the area of their expertise.

2. AREAS OF DISAGREEMENT:

Mr XXXXXXXX' opinion

- 2.1 Mr XXXXXXXX, while accepting that Mr XXXXXXXX suffered a soft tissue injury to his neck and low back resulting in neck and low back pain, does not consider it possible that such severe disability and such severe pain in his neck and back can be the result of the index accident in 0000. He would have anticipated gradual improvement and substantial recovery at a time nine months from the date of the accident with a period of three months off work. Initially Mr XXXXXXXX concluded that the persisting disability might be due to the development of constitutional degenerative spinal pain, psychological issues or conscious exaggeration of symptoms. However, having seen the surveillance video, Mr XXXXXXXX has come to the very firm

conclusion that Mr Xxxxxxxx is consciously exaggerating his symptoms. At the time of his consultation with him, he stated that walking was so difficult that he had to use a stick and that on a good day he could walk sixty yards and on a bad day twenty to thirty yards, that he could do no lifting of any note, that he was only able to drive for thirty to forty-five minutes before he had to stop. At the medico legal examination, he walked very slowly with a thumb stick, there was substantial pain during the course of the examination, he was unable to flex or extend his back, movements of the lumbar spine were essentially zero and following the examination he felt tingling in his hands and legs and nausea.

- 2.2 The video clearly shows someone whose activities are substantially better than this. He was seen walking at a reasonable walking speed, usually without aids, and was able to bend his back without any apparent discomfort or restriction nor was there any evidence of stiffness in his neck and shoulders as was apparent on his clinical examination. The surveillance video was performed on several days, therefore Mr Xxxxxxxx does not think that the discrepancy can be accounted for by the fact that the surveillance happened to coincide with a bad day.

2. Mr Ampat's opinion

- 2.3. As stated in my report I accept the argument by Mr. Xxxxxxxx that considering the mechanism of the accident the effects should have resolved within nine months following the index accident.
- 2.4. I have quoted the following two peer-reviewed medical articles in my report.
- 2.4.1. Whiplash injury. by Bannister G, Amirfeyz R, Kelley S, Gargan M. J Bone Joint Surg Br. 2009 Jul;91(7):845-50. Review.
- 2.4.2. Whiplash injury: 30-year follow-up of a single series. Rooker J, Bannister M, Amirfeyz R, Squires B, Gargan M, Bannister G.J Bone Joint Surg Br. 2010 Jun;92(6):853-5.

- 2.5. The above articles clearly shows that 2 to 4% of patients have chronic severe disability which can be up to Grade D according to the classification by Bannister & Gargan. The description of Grade D is - severe, causing patients to lose their job and to rely continually on analgesia, orthoses and repeated medical consultations. The patients in the above two publications also sustained similar accidents as sustained by the Mr Xxxxxxxx.
- 2.6. My final opinion is that following a similar accident 96 to 98% recover to a great extent. Unfortunately 2 to 4% have severe chronic disability. On the balance of probabilities I believe that this was the case in Mr Xxxxxxxx. He suffered severe chronic disability following the index accident.
- 2.7. With regards to the surveillance videos the only conclusion that I can make from viewing the surveillance videos is that Mr Xxxxxxxx is performing reasonable activity. It is difficult to state the extent of pain that Mr Xxxxxxxx suffered doing these activities.
- 2.8. My understanding is that Mr Xxxxxxxx worked conscientiously and continually until the index accident with a good work attendance record. He abruptly stopped working immediately after the index accident. To me this can only be attributed to the index accident and the resultant pain and disability. On the balance of probabilities I have to state that this abrupt stopping of work cannot be simply explained by medical deception or conscious exaggeration.
- 2.9. I also have to state that I have had no formal training or experience in determining medical deception or conscious exaggeration. I have however taken the liberty of attaching the following peer reviewed article to explain the complexity of the subject.
- 2.9.1. Illness related deception: social or psychiatric problem? Bass C, Halligan PW. J R Soc Med. 2007 Feb;100(2):81-4.

2.9.2. That article on Page 82 Column 2 Para 2 states "Thus, the clinical reality of arriving at a reliable and compelling diagnosis of medical deception is complicated by the possibility that several different motivations underlie the desired goal. While the sick role may well be one of the intended goals, it is not possible to ascertain with any degree of reliability that this is the only goal (conscious or unconscious) nor that the targeting of the sick role is without consideration of some of the associated positive personal or 'positive self-presentational outcomes.' The likelihood that more than one type of conscious intention or motivation could be concurrently involved in most forms of illness behaviour makes this distinction impractical and unrealistic for both diagnosis and legal presentation.

We understand that my duty in writing this report is to help the Court on the matters within our expertise. We understand that this duty over-rides any obligation to the person from whom we have received instructions or by whom we are paid.

We confirm that we have complied with that duty in writing our report.

We confirm that we have made clear which facts and matters referred to in this report are within our own knowledge and which are not. Those that are within our own knowledge we confirm to be true. The opinions we have expressed represent our true and complete professional opinions on the matters to which they refer.

Signed

**Xxxxx X XXXXXXXX BA (Hons) FRCS
Consultant Orthopaedic and Spinal Surgeon**

A handwritten signature in blue ink, appearing to read 'G Ampat', written over a horizontal line.

**George Ampat MS FRCS (Tr & Orth)
Consultant Orthopaedic and Spinal Surgeon**