Expert Medical Report

Section 1 - Claimant Details

1.1 Claimant`s Name	1.2 Date of Birth
Mr.Tony Sample	01-01-1980
1.3 Address	1.4 Gender
22, 22 London Rd, Sandback, Cheshire East, UNITED KINGDOM	Male
1.5 Age (At the time of the Incident)	1.6 Date of Accident
45Years	05-03-2025
1.7 Identification	Passport
1.8 Accompanied by	The claimant attended the appointment unaccompanied.
1.9 Interpreter	Not Required

Section 2 - Expert Details

2.1 Medical Expert	Dr.Sam Smith, General Practice, Consultant
2.2 Regulatory	GMC - 1234567
2.3 Medco Registration	7788/5

Section 3 - Instruction Details

3.1 Agency	Sample Agency (1234567)
3.2 Solicitor	First Plus Law Firm (88998899)
3.3 Medco Reference	223344/67
3.4 Review of Records	A&E

Section 4 - Appointment Details

4.1 Date of Appointment	05-09-2025 10:00 Method - Clinic
4.2 Time spent by the Claimant	30 Minutes
4.3 Place of Examination	Blue Venue, Finchley Rd, London, England, UNITED KINGDOM
4.4 Date of Report	26-09-2025

Section 5 - Statement of Instruction

This report is entirely independent and is prepared for the injuries sustained in the accident. The instructing party has requested an examination to be conducted with a report to include the nature and extent of the claimant`s injuries, treatment received, effects on lifestyle and whether any further treatment is appropriate.

The report is produced for the Court based on the information provided by the client and the instructing party.

Section 6 - Summary of Injuries

Injuries	Prognosis
Wrist (Right) (Pain)	10 Months
Neck (Pain, Stiffness, Discomfort)	12 Months
Back (Lower) (Pain, Stiffness, Discomfort)	12 Months
Anxiety	12 Months

Section 7 - Accident/ Incident Details

7.1 Road Traffic Accident (Vehicle)

Road Traffic Accident

Time of Accident	The time of the accident was in the morning.
Vehicle	At the time of the incident, the claimant was in a car.
Claimant's Position	The claimant was right side seated driver.
Vehicle Location	The vehicle was located on a main road.
Speed	The vehicle was travelling forward at 20 MHP (Approximate).
Description	The vehicle was struck at 30 MPH. The vehicle was struck by a Car causing the Claimant`s vehicle to spin a few times before it came to a standstill.
Movement	The Claimant remembers being thrown forwards and backwards.
Damage	The Claimant`s vehicle sustained a damage to the right rear. The Claimant`s vehicle status - written off.
Safety	**Seat Belt :** The Claimant was wearing a seat belt. **Head Rest :** The vehicle was fitted with a Head rest. **Air Bags :** The airbags did not deploy during the incident.

7.2 Third Party Details

The third party details of RTA are matching with the clients version.

Section 8 - Past Medical History

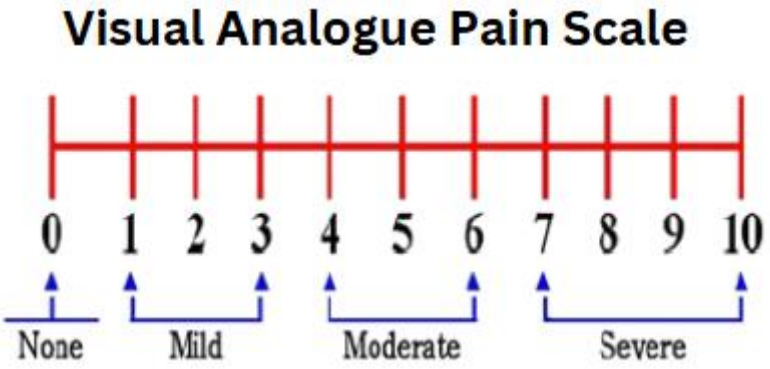
8.1 RTA

RTA

Date	February 2017
Injuries / Problem	Neck
Current Status	Resolved (Within 5 months)

Visual Analogue Pain Scale

The severity of the symptoms within this report has been done by reference to a visual analogue pain scale.



Section 9 - Injuries / Symptoms

9.1 Physical

Wrist (Right)

Symptoms	The claimant developed the following symptoms - Pain.
Onset	The Claimant recalls that symptoms began immediately after the accident/incident.
Initial Severity	The symptoms were moderate.
Current Status and Severity	The claimant`s symptoms are ongoing and mild to moderate in severity.
Similar symptoms	The Claimant reported no prior similar symptoms before the index accident.

9.2 Physical

Neck

Symptoms	The claimant developed the following symptoms - Pain, Stiffness and Discomfort.
Onset	The Claimant recalls the symptoms beginning within 6 hours of the accident/incident.
Initial Severity	The Claimant's symptoms were initially severe for 1 weeks.
Current Status and Severity	The claimant`s symptoms are ongoing and mild to moderate in severity. They are intermittent.
Similar symptoms	The Claimant reported no prior similar symptoms before the index accident.
Activities	**Exacerbated by :** Sitting, Sleeping.

9.3 Physical

Back (Lower)

Symptoms	The claimant developed the following symptoms - Pain, Stiffness and Discomfort.

Onset	The Claimant recalls the symptoms beginning within 6 hours of the accident/incident.
Initial Severity	The Claimant’s symptoms were initially severe for 2 days.
Current Status and Severity	The claimant`s symptoms are ongoing and mild to moderate in severity. They are intermittent.
Similar symptoms	The Claimant reported no prior similar symptoms before the index accident.
Activities	**Exacerbated by :** Sitting, Sleeping.

9.4 Psychological

Anxiety

Onset	The Claimant recalls the symptoms beginning within 1 days of the accident/incident.
Initial Severity	The Claimant’s symptoms were initially moderate.
Current Status and Severity	The claimant`s symptoms are ongoing and very mild in severity.
Similar symptoms	The Claimant reported no prior similar symptoms before the index accident.

Section 10 - Prognosis

10.1 Physical

Wrist (Right)

Symptoms	Pain.
Opinion	In my opinion, the Claimant`s symptoms are due to a Soft Tissue Injury. They are classed as a non-whiplash injury. On the balance of probabilities, they are attributable to the index accident. The injury falls within subsection 1.3 of the Civil Liability Act 2018.
Mechanism of Injury	The injury is caused by a direct trauma to the steering wheel.
Additional Treatments	I would recommend the below for the recovery. **Physiotherapy** - The required number of sessions to be determined by the Physiotherapist.
Prognosis	In my opinion , on the balance of probabilities, I anticipate that the symptoms are likely to continue at their present level of severity for a further 2 months and be fully resolved within 10 months from the date of the accident.
OIC Tariff	Yes
Exacerbation and Apportioning	The current symptoms are not an exacerbation of the claimant’s previous symptoms.
Additional Report	In my opinion, no further additional reports are required.
Long Term	In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.
Future	If the symptoms persist beyond the specified period, I advise referring the claimant to an Orthopaedic Consultant.

10.2 Physical

Back (Lower)

Symptoms	Pain, Stiffness, Discomfort.
Opinion	In my opinion, the Claimant`s symptoms are due to a Whiplash Injury. On the balance of probabilities, they are attributable to the index accident.
Additional Treatments	I would recommend the below for the recovery. **Physiotherapy** - The required number of sessions to be determined by the Physiotherapist.
Prognosis	In my opinion , on the balance of probabilities, I anticipate that the symptoms are likely to continue at their present level of severity for a further 8 months and be fully resolved within 12 months from the date of the accident.
OIC Tariff	Yes
Exacerbation and Apportioning	The current symptoms are not an exacerbation of the claimant’s previous symptoms.
Additional Report	In my opinion, no further additional reports are required.
Long Term	In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.
Future	If the symptoms persist beyond the specified period, I advise referring the claimant to an Orthopaedic Consultant.

10.3 Physical

Neck

Symptoms	Pain, Stiffness, Discomfort.
Opinion	In my opinion, the Claimant`s symptoms are . On the balance of probabilities, they are attributable to the index accident.
Additional Treatments	No additional treatments are required.
Prognosis	In my opinion , on the balance of probabilities, I anticipate that the symptoms are likely to continue at their present level of severity for a further 8 months and be fully resolved within 12 months from the date of the accident.
OIC Tariff	Yes
Exacerbation and Apportioning	The current symptoms are not an exacerbation of the claimant’s previous symptoms.
Additional Report	In my opinion, no further additional reports are required.
Long Term	In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.
Future	If the symptoms persist beyond the specified period, I advise referring the claimant to an Orthopaedic Consultant.

10.4 Psychological

Anxiety

Opinion	In my opinion, the Claimant`s symptoms are due to a Psychological Trauma. On the balance of probabilities, they are attributable to the index accident.
Additional Treatments	No additional treatments are required.
Prognosis	In my opinion, on the balance of probabilities, I anticipate that the symptoms will recover within 12 months from the date of the accident.
OIC Tariff	Yes
Exacerbation and Apportioning	The current symptoms are not an exacerbation of the claimant’s previous symptoms.
Additional Report	In my opinion, no further additional reports are required.

Long Term	In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.

Section 11 - Injury Causation

11.1 Injury Causation

The stated RTA has no element of LVI.

Section 12 - Treatment

12.1 Treatment

Treatment

Assistance at the Scene	The Claimant was assisted by First aider.
Treatments Received	The Claimant received the following treatments. **Self Medication** Paracetamol, Ibuprofen,
Rehabilitation Treatments	The Claimant received the following rehabilitation treatments. **Physiotherapy** **Treatment status** - Not started
Opinion	In my opinion, the treatments received are consistent with the accident.

Section 13 - Records

13.1 A&E

A&E

Record Details	**Organisation Name** - Test Hospital **Availability - Date From** - th February 2017 - **Date To** - th January 2023 **Records Status** - Complete **Records Clarity** - Good
Record Entries	The records show A&E Visit for neck, back and shoulder.
Opinion	In my opinion on the balance of Probabilities, the records support the claimant.

Section 14 - Examination

14.1 General Physical Examination

In my observation, the Claimant was not tearful, not agitated, good eye contact, good rapport, time and place orientation, and showed signs of no psychotic features, no delusional ideas, and no thought disorder. Communication was normal. Claimant was not using any walking aids.
Dominant Hand - Right

14.2 Physical Examination

Neck

Observation	Normal
Tenderness	Para Cervical - (Left and Right Side)
Movements	Flexion, Extension, Left Lateral Rotation | Restricted (80%) | Painful Right Lateral Rotation, Left Lateral Flexion | Restricted (60%) | Extremes Painful
Neurovascular Deficit	No neurovascular deficits noted.

14.3 Physical Examination

Back

Observation	Normal
Tenderness	Para Lumbar - (Left and Right Side)
Movements	Flexion | Restricted (80%) | Discomfort Left Lateral Flexion, Right Lateral Flexion | Restricted (60%) | Discomfort
Special Tests	Straight Leg raise | Left side | Positive
Neurovascular Deficit	No neurovascular deficits noted.

Section 15 - Employment

15.1 Employment

Receptionist

Employment Status	Employed as a Receptionist (Salaried – Full Time) at the time of the accident.
Time off	The claimant has taken a time off period for 1 Weeks.
Restrictions	The Claimant experienced restrictions due to the index accident, which include Light Duties.
Current Employment	The employment has not changed since the accident.
Opinion on Restrictions	In my opinion, the restrictions are consistent and attributable to the index accident.
Opinion on Time off	In my opinion, the time off period is consistent and attributable to the index accident.

15.2 Employment

Section 16 - Home & Lifestyle

Home & Lifestyle

Living	The claimant lives in a House with Family.

Activities	**Home** The claimant experiences the following restrictions - Sleep | Cleaning | Cooking | Dressing. The restrictions are moderate and Intermittent. Assistance was received by the claimant for the restrictions from Family. The claimant continues to receive ongoing unpaid assistance. **Sports** The claimant experiences the following activities (Swimming) being affected due to the index accident. The claimant has not resumed participation in the activities. **Social** The claimant`s social activities which were affected as a result of the index accident. Affected Activities Missed Events - Birthday.
Opinion	In my opinion, the restrictions are consistent and attributable to the index accident.

Section 17 - Future

Long Term Complications : In my professional opinion, it is unlikely that the claimant will develop long-term complications as a direct result of the index accident.
Exceptional Injuries Claimed : Yes
Exceptional Injuries Awarded : Yes
Exceptional Circumstances Claimed : Yes
Exceptional Injuries / Circumstances : Pain and restrictions due to the accident

Section 18 - Soft Tissue Injury Claim

Please confirm whether the claimant was an occupant of a Motor vehicle : (Exclude – Pedestrians, Motorcyclist and Cyclist)	Yes
Please confirm whether the claim satisfies as a Soft Tissue Injury :	Yes
Is this the first report in relation to the client`s injuries from the index accident :	Yes

Section 19 - Case Declaration

I have not provided treatment for the claimant.
I am not associated with any person who has provided treatment.
I have not recommended a particular treatment provider.

Section 20 - References

Whiplash. 1966 abstract. Brussels 15-16 November 1996:1-67.

The Quebec whiplash associated disorders cohort study. Spine 1995 : 85 vol.20 (supple B): 12 -39.

Galasko CSB, Murray PM Pitcher M, et al. neck sprains after road traffic accidents: a modern epidemic injury 1993:24:155-7.

Carette S. Whiplash injury and chronic neck pain. N Engl. J med 1994; 330:1083-4.

Post traumatic stress disorder http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=293.Accessed at 24-April-2008.

Post traumatic stress disorder. ABC of Mental Health. P 22. Published by British Medical Journal. First published 1998.

Flashbacks and post-traumatic stress disorder: the genesis of a 20th-century diagnosis.

The British Journal of Psychiatry (2003) 182: 158-163. The Royal College of Psychiatrists Accessed at: http://bjp.rcpsych.org/cgi/content/abstract/182/2/158. On 24-April-2008.

Whiplash. http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=395. Accessed at 24-April-2008.

Clinical guidelines for the physiotherapy management of whiplash-associated disorder. http://www.csp.org.uk/director/libraryandpublications/publications.cfm?item_id=4ABF75C4AB43DA912D12EFF2DC6FF1E4 Accessed at 22-June-2008.

Section 21 - Declaration

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

I have done my best, in preparing this report, to be accurate and complete. I have mentioned all matters, which 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 to the attention of the court all matters, of which I am aware, which might adversely affect my opinion. Wherever I have no personal knowledge, I have indicated the source if factual information.

I have not included anything in this report, which has been suggested to me by anyone, including the lawyers instructing me, without forming my own independent view of the matter. Where, in my view, there is a range of reasonable opinion, I have indicated the extent of that range in the report.

At the time of signing the report I consider it to be complete and accurate. 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 evidence that I will give under oath, subject to any correction or qualification I may make before swearing to its veracity.

I have included in this report a summary of my instructions.

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.

Section 22 - Statement of Truth

I confirm that 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 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.

I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Section 23 - Training and Accreditations

Attended MedCo Training 2024 Jan.

Section 24 - Signed and Dated

(Electronically signed) *26-09-2025*
Dr.Sam Smith, MBBS , MRCGP , General Practice, Consultant
GMC - 1234567
MedCo - 7788/5