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Medical Report by Dr Alastair H Bint

Dated

1st December 2010

Area of Expertise

General Practice

On behalf of the Claimant

Mrs Margaret Pink

XXXXXXXXXXXXXXXXXXXX, Kent, CT1 3DH

Instructing Solicitors

Fairweathers Solicitors,

XXXXXXXXXXXXXXXXXXXX, CT2 8AN

ref AT/S185/1

Subject

Injuries after a fall

Written by

Dr Alastair Bint, 26 Send Road, Send, Surrey, GU23 7ET

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Report

1. Introduction

1.01 The Expert

I am Dr Alastair Halford Bint. My specialist field is General Medical Practice. Full details of my qualifications and experience entitling me to give expert opinion evidence in this case are in appendix 1.

1.02 Summary background of the case

Mrs Pink aged 77 years, tripped over and fell in December 2009. She suffered several injuries.

1.03 Summary of my conclusions

There is evidence from medical records and my examination of Mrs Pink that as a consequence of her fall, she suffered an injury to her jaw and chest wall and thereafter suffered trouble sleeping and a loss of confidence, which has not fully returned.

1.04 The parties involved

Mrs Margaret Pink; Claimant
XXXX County Council; Defendant

1.05 Technical terms and explanations

I have indicated any technical terms in **bold type**. I have defined these terms when first used and included them in a glossary in appendix 3. I have explained common medical abbreviations in brackets within the text of the report. Direct quotes from records are in *italic* script.

2 The instructions and issues addressed

- 2.01** Provide a detailed commentary.
- 2.02** Describe all examination findings.
- 2.03** Answer whether on balance the various injuries were caused by the accident.
- 2.04** Confirm whether the duration of the various injuries was as reasonable expected.
- 2.05** Confirm the extent of psychological injury.
- 2.06** Comment on extent of scarring to the chin.
- 2.07** Advise what recommendations to improve the appearance of scar and to what extent these would recommendations would improve the scar
- 2.08** Whether further experts are required in the assessment.

3 My investigation of the facts, history of events

- 3.01** According to XXXXXXXXX Hospital Minor Injuries Unit records, Mrs Pink attended on the 8th December 2009 having tripped over on the pavement. She sustained a 1.5cm laceration to her chin. The wound was glued and steri-stripped ('butterfly stitches') and she was discharged with the advice to take over-the-counter painkillers and follow-up with her General Practitioner (GP).
- 3.02** Subsequently, Mrs Pink reports in her witness statement that she suffered some jaw ache and stiffness.
- 3.03** On the 10th December 2009, Mrs Pink attended her GP surgery and the practice nurse re-dressed the chin wound and commented that the wound was healing well.
- 3.04** On the 14th December 2009, Mrs Pink attended her GP surgery again for a further nurse dressing of the wound.
- 3.05** On the 17th December 2009, Mrs Pink consulted her GP Dr Blue and the clinical notes indicate that Mrs Pink still suffered some right anterior chest wall pain after the fall, which was worse on movement. She was changed to some stronger painkillers.
- 3.06** It appears the symptoms settled as there are no further consultations recorded relating to these injuries. The witness statement from Mrs Pink advises that these physical symptoms settled three weeks after the initial injury.

- 3.07** In the statement from Mrs Pink she also mentions that after the fall she suffered some headaches, trouble sleeping and a loss of confidence.
- 3.07** Mrs Pink reports that she is left with a scar on her chin.

4 Examination Findings

- 4.01** Mrs Pink attended for an examination with me on the 27th November 2010, accompanied by her son, Mr John Holmes.
- 4.02** Mrs Pink gave a clear account of her injuries, suffering a laceration to her jaw when she fell to the ground. The wound required steristrip and afterwards her jaw was painful to the degree that for a few days she was only drinking soup through a straw and felt pain whenever she laughed. A few days later she felt achiness across her chest wall and neck and the stronger painkillers prescribed by the GP helped but she was still uncomfortable at night causing some restless nights. Mrs Pink reports that these physical symptoms continued just beyond the new year of 2010, taking her up to 4 weeks post initial injury.
- 4.03** There is a 2 centimetres diameter crescent shaped scar just underneath her chin with a maximum thickness of 2 millimetres in keeping with a healed laceration caused by falling onto the pavement. Mrs Pink reported that she is very conscious of this scar and tries to cover it with make-up.
- 4.04** Mrs Pink reported a significant loss in confidence after the fall. She was afraid to go out alone, especially with it being winter, therefore colder and darker. She was a member of a walking group that would regularly hike ten miles but she did not rejoin that group for some months.
- 4.05** It was not until the February 2010, some 2 months after the fall, that Mrs Pink felt the confidence to go out for walks alone and not until March when she re-joined her walking group, taking it slow at first.
- 4.06** Mrs Pink reported that this fall has consequently affected her confidence even now, one year afterwards, in that she had never fallen before and it has shaken her confidence to a degree that she is still much more wary when walking alone or unfamiliar territory and has slowed down quite a bit. She now also walks with 2 trekking poles for stability.

5 My Opinion

- 5.01** Clearly Mrs Pink suffered scarring to her chin as a result of the fall. I understand photographs have been provided with the statement of claim.
- 5.02** It is very much more likely than not that the physical symptoms of jaw ache and stiffness, chest wall pain, neck stiffness and headaches were as a result of the fall. The jolting mechanism of falling to solid ground on one's front is commonly associated with these symptoms. Mrs Pink also suffered difficulty sleeping in relation to the discomfort she was in and this would be expected. Mrs Pink confirms that these symptoms lasted for up to 4 weeks, which would be as reasonably expected.
- 5.03** Psychologically, following the fall Mrs Pink suffered lost confidence in her ability to walk unaided, cancelling several planned walks with friends and it took some months for her confidence to gradually return, leaving a residual wariness which was not present prior to the fall. In my experience, as a full time GP, I have seen many patients who have fallen and it is very common that they lose confidence, which once lost, takes time to re-build. I would class this loss of confidence as a reasonable and normal reaction to such a fall and Mrs Pink may find that some wariness remains for life.
- 5.04** Regarding the scar, in my opinion it is unlikely that there is much that can be done surgically to improve the look of this scar. Mrs Pink does report that she is able to hide it with make-up. A cosmetic Plastic Surgeon could be instructed to comment further and advise whether he felt he could excise the scar and re-suture it to make a very thin barely noticeable scar, however you may find that he would not believe it to be possible given the crescent nature and its location in an area of the face known to carry a certain amount of torsion.

6 Statement of compliance

- (a) I understand that my overriding duty is to assist the Court in matters within my expertise, and that this duty overrides any obligation to those instructing their Clients or me. I confirm I have complied with that duty and will continue to do so, I am aware of the requirements set out in Part 35 of the Civil Procedure Rules and the accompanying Practice Direction, the Protocol for the Instructions of Experts to give Evidence in Civil Claims, and the Practice Direction for Pre-action conduct. I have obtained the Bond Solon Civil Procedure Rules for Expert Witnesses Certificate to evidence my understanding and compliance with the above requirements.
- (b) 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.
- (c) 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.

- (d) I consider that all the matters on which I have expressed an opinion lie within my field of expertise.
- (e) I have drawn to the attention of the court all matters, of which I am aware, which might adversely affect my opinion.
- (f) In preparing and presenting this report I am not aware of any conflict of interest actual or potential save as expressly disclosed in this report.
- (g) In respect of matters referred to which are not within my personal knowledge, I have indicated the source of such information.
- (h) 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.
- (i) Where, in my view, there is a range of reasonable opinion relevant to the opinions I express, I have indicated the extent of the range in the report.
- (j) 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 alteration, correction, or qualification.
- (k) I understand that this report will be the evidence that I will give, if required, under oath, subject to any correction or qualification I may make before swearing to its veracity.
- (l) I have attached to this report a statement setting out the substance of all the facts and instructions given to me, which are material to the opinions expressed in this report or upon which those opinions are based.

7 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 matter to which they refer.

Signed by Dr Alastair Bint

MBCbB DGM DFSRH DRCOG FRCGP MEWI PGCert

Dated

Appendix 1

Consulting room: St.Lukes Surgery,
Warren Road, Guildford,
GU1 3JH.

My experience and qualifications:

I am a full time NHS GP in a practice with a 10,000 patient population and I am a trainer of foundation doctors in General Practice. I am Chairman of the South West Thames faculty of the Royal College of General Practitioners and I sat on the executive committee for postgraduate General Practice education in Kent, Surrey and Sussex for 8 years. I work as a clinical lead and have sat on the Guildford Practice Based Commissioning board, one of the roles of which is appraising clinical pathways and protocols. I currently sit on the joint GP revalidation board supporting GPs through the educational requirements of the revalidation process and I am a commentator for the Royal College of GPs on professional regulatory and medico-legal issues.

Qualifications:

- MBChB, Bachelor of Medicine and Bachelor of Surgery, Edinburgh, 1998
- Advanced life support; ACLS (1999), ATLS (2000), PALS and APLS (2001).
- DGM, Diploma in Geriatric Medicine, Royal College of Physicians, 2001
- DRCOG, Diploma from Royal College of Obstetricians and Gynaecologists, 2002.
- DFSRH, Diploma from Faculty of Sexual and Reproductive Healthcare, 2002
- FRCGP, Membership of Royal College of General Practitioners, 2003, Fellowship elected 2009.
- MEWI, Membership of Expert Witness Institute 2008.
- PGCert, Postgraduate Certificate in Diabetes Care; Warwick, 2010

Memberships:

- General Medical Council number 4546883
- Medical Defence Union number 307265G
- Royal College of General Practitioners number 53602
- Faculty of Sexual and Reproductive Healthcare number D015276
- Expert Witness Institute number 1776

Appendix 2

List of documents examined

GP records

Letter of Instruction dated 17th November 2010

XXXXX Hospitals NHS Trust Records

Claimant's Witness Statement 15th November 2010

Letter of Claim dated 10th February 2010

Appendix 3

Glossary of terms used

None