



REHABILITATION REVIEW

Case Details

Report Date	Date	Our Reference	Ref
Defendant	Defendant (if known)	Def Reference	Ref (if known)
Solicitor	Solicitor	Sol Reference	Ref
Liability	Pending	Funding	TBC

Review Purpose

Medicess has reviewed this case to provide advice on the likely clinical and rehabilitation needs of The Patient.

Patient Details

Patient Name	The Patient	Gender	Male
Date of Birth	19/07/1990	Age	34
Incident Date	02/10/2024	Months Elapsed	4

Recommendation

Initial Recommendation	INA and Rehabilitation Management
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Rehabilitation Strategy

We anticipate that this patient will have significant rehabilitation needs and, therefore, we are recommending an Initial Needs Assessment (INA).

All of our INAs include contributions from our doctor-led multi-disciplinary team to ensure the clinical quality, objectiveness and robustness of our reports and recommendations.

The cost of our INA will be £1175.

Travel costs will be capped at a maximum of £300.

All rehabilitation recommendations and costs will be detailed within the INA and will be subject to further authorisation.



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At this stage we estimate that this case may require 6-12 months rehabilitation management. Please note this is speculative and will be re-assessed once the INA has been completed

Justification

Incident Details

The Patient was walking on a gangway at work when it collapsed and fell into the water.

Injury Overview

The Patient sustained a sprained ankle, and tissue, muscle, and nerve damage to his back.

Recovery Expectation

The Patient sustained a soft tissue and nerve injury to the back and a sprained ankle, both of which require different recovery periods.

Sprained Ankle:

- Mild sprain: 2-4 weeks recovery
- Moderate to severe sprain: 6-12 weeks recovery
- Risk of chronic instability if rehabilitation is inadequate

Back Tissue, Muscle, and Nerve Damage:

- Soft tissue injuries (muscle strains): 4-8 weeks
- Nerve damage: Recovery varies widely based on severity
- Chronic pain risk if nerves do not fully heal
- Full recovery for minor nerve injuries: 3-6 months
- If nerve damage is significant: Symptoms may persist beyond 12 months

Potential Clinical Complications:

- Chronic back pain and mobility issues
- Nerve pain, numbness, or tingling in lower limbs
- Recurring ankle weakness and instability if not rehabilitated properly
- Altered gait due to compensatory movement patterns
- Increased risk of re-injury from reduced mobility or balance issues

At 4 months post-injury, full recovery should be well underway, but lingering nerve pain and musculoskeletal stiffness are likely if rehabilitation has been inadequate.

Anticipated Current Condition

At 4 months post-accident, The Patient may still be experiencing:

- Persistent lower back pain and stiffness, especially after prolonged standing or physical exertion
- Residual nerve symptoms (tingling, numbness, or weakness in legs or lower back)
- Ongoing discomfort or instability in the ankle when walking or carrying loads
- Reduced flexibility and mobility impacting work-related physical demands
- Fatigue and reduced endurance due to chronic pain and stiffness



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If rehabilitation has been delayed or incomplete, he may still have significant limitations in physical function, potentially prolonging recovery.

Risk Factors Effecting Recovery

Clinical Factors:

- Nature of nerve damage: If nerve compression or irritation persists, chronic pain and limited mobility may continue.
- Risk of chronic back pain: Without structured physiotherapy, musculoskeletal imbalances could develop, leading to prolonged discomfort.
- Gait changes due to ankle injury: Altered movement patterns could create additional strain on the back and lower limbs.
- Occupational physical demands: As a port operative, repetitive strain on the back and legs could exacerbate symptoms and slow recovery.

Psychological Impact:

- Fear of re-injury: A fall-related accident may lead to anxiety when working at height or near water.
- Frustration with slow recovery: Chronic pain or reduced physical ability may impact emotional well-being.
- Work-related stress: If symptoms persist, concerns about job security and future ability to work may arise.

Potential On-going Treatment Needs

1. Physiotherapy & Musculoskeletal Rehabilitation
 - a. Targeted strengthening and flexibility exercises for the back and ankle
 - b. Gait retraining to prevent compensatory movement patterns
 - c. Postural correction therapy to reduce strain on the lower back
2. Pain and Nerve Symptom Management (Orthopaedic & Neurology Assessment)
 - a. Pain management through manual therapy and medication (if necessary)
 - b. Nerve function assessment to determine if symptoms persist beyond expected recovery time
3. Functional Rehabilitation (Occupational Therapy & Ergonomic Assessment)
 - a. Training on safe lifting and movement strategies for his return to work
 - b. Workplace modifications if needed (e.g., supportive footwear, posture aids)
4. Psychological Support (CBT or Stress Management Therapy)
 - a. Support for post-accident anxiety or fear of re-injury
 - b. Coping strategies for managing chronic pain and work-related stress
5. Follow-Up Assessments (Orthopaedic, Neurological, & Physiotherapy Reviews)
 - a. Monitoring of nerve recovery and musculoskeletal function
 - b. Early intervention if long-term nerve damage is suspected

Vocational Considerations

The Patient's current reduced hours suggest that he has some functional limitations preventing full work capacity. Given his role as a port operative, his job likely involves:

- Heavy lifting and repetitive movements, which could aggravate back pain
- Standing for prolonged periods, which may cause discomfort
- Navigating uneven surfaces or working at height, requiring strong balance and stability



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To support his return to full work capacity, he may require:

- Workplace accommodations such as reduced lifting duties or alternating standing and seated tasks
- Gradual return-to-work with phased workload increases
- Continued physiotherapy to ensure he regains full function without risk of re-injury

Clinical Risks of Inadequate Rehabilitation Provision

Without proper rehabilitation, The Patient risks:

- Chronic back pain and mobility restrictions
- Permanent nerve symptoms affecting quality of life
- Increased risk of future falls or musculoskeletal injuries
- Ongoing difficulty performing work duties, potentially leading to long-term work absence
- Emotional distress or reduced confidence in returning to normal activities

Timely and structured rehabilitation is essential to ensuring full functional recovery and preventing long-term disability.

INA Recommendation

- Multiple injuries requiring different specialists (orthopaedics, physiotherapy, neurology)
- 6-12 months recovery timeframe, with risk of chronic nerve pain
- Impact on daily function & work ability, requiring structured rehabilitation planning
- Potential psychological distress necessitating therapy support

Based on the extent of clinical impairments and ongoing treatment requirements, an Initial Needs Assessment (INA) is recommended to ensure structured rehabilitation and full return to work function.

Rehabilitation Management Team

Medicess manage cases through **doctor-led** multidisciplinary rehabilitation teams tailored to every case.

We have considered The Patient's rehabilitation needs and would like to propose the following team to manage their rehabilitation:

Case Director	Dr Shamim Jenner MBChb dch MRCP distn MLCOM MSc SEM
Rehabilitation Manager	Alex Butterworth Bsc (Hons) Physio
Case Assistant	Beatrice Overton
MDT Psychologist	Jo Ablett DClín Psy, BSc (Hons) Psychology, MBPsS
MDT Physiotherapist	Vicki Nadarajah MSc MCSP

As the Rehabilitation Manager Alex Butterworth will be your contact point. The rehabilitation management team will be managing the case under the supervision of Dr Jenner.

In the first instance Alex Butterworth will make arrangements to complete The Patient's INA.

The proposed team may be subject to change following the INA.

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Next Steps

Our clinical review has recommended INA and Rehabilitation Management on this case.

The next step will be to use the information in this review to secure funding for an INA from the defendant.

Please let us know when you receive a response to the letter of claim together with the defendants' contact details.

We will dairy a follow-up in a couple of weeks' time.

Anticipated Rehabilitation Costs

PLEASE NOTE: these are estimated costs to support for 12 months anticipated rehabilitation needs. Accurate costs will be provided on completion of an INA.

Activity		Est. Costs
Medical notes (if charged).		£100.00
Private physiotherapy assessment and 30 treatment sessions.		£2,020.00
Private osteopath referral for initial assessment plus 12 therapy sessions (to complement the physiotherapy).		£800.00
Private Pilates sessions for ongoing back pain management x 10.		£500.00
Referral to a consultant spinal specialist or neurologist:		
• Assessment @ £300		£300.00
• Possible scans and/or nerve conduction tests, @ £800 + £500		£1,300.00
• Review appointments x 4 @ £200 each.		£800.00
Referral to a private pain clinic plus 4 follow up appointments.		£950.00
Private psychological referral for initial assessment plus 12 therapy sessions.		£3,500.00
12 months Estimated Rehabilitation Management		
Quarter 1	12 hours per month @ £120ph x 3 months	£4,320.00
Quarter 2	10 hours per month @ £120ph x 3 months	£3,600.00
Quarter 3	8 hours per month @ £120ph x 3 months	£2,880.00
Quarter 4	6 hours per month @ £120ph x 3 months	£2,160.00

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Total Estimated Rehabilitation Management	£12,960.00
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Total Estimated Costs	Estimated fees may deviate by $\pm 20\%$	£23,230.00
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Sign off

Name	Position	Date
Dr Shamim Jenner MBChb dch MRCPG distn MLCOM MSc SEM	Rehabilitation Director	Date

Contact Details

Medicess Limited Grove House, Lutyens Close, Chineham Court, Basingstoke, RG24 8AG Tel: 01256 341660 Web: www.medicess.co.uk
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